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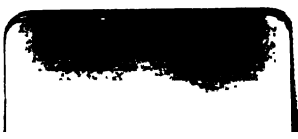


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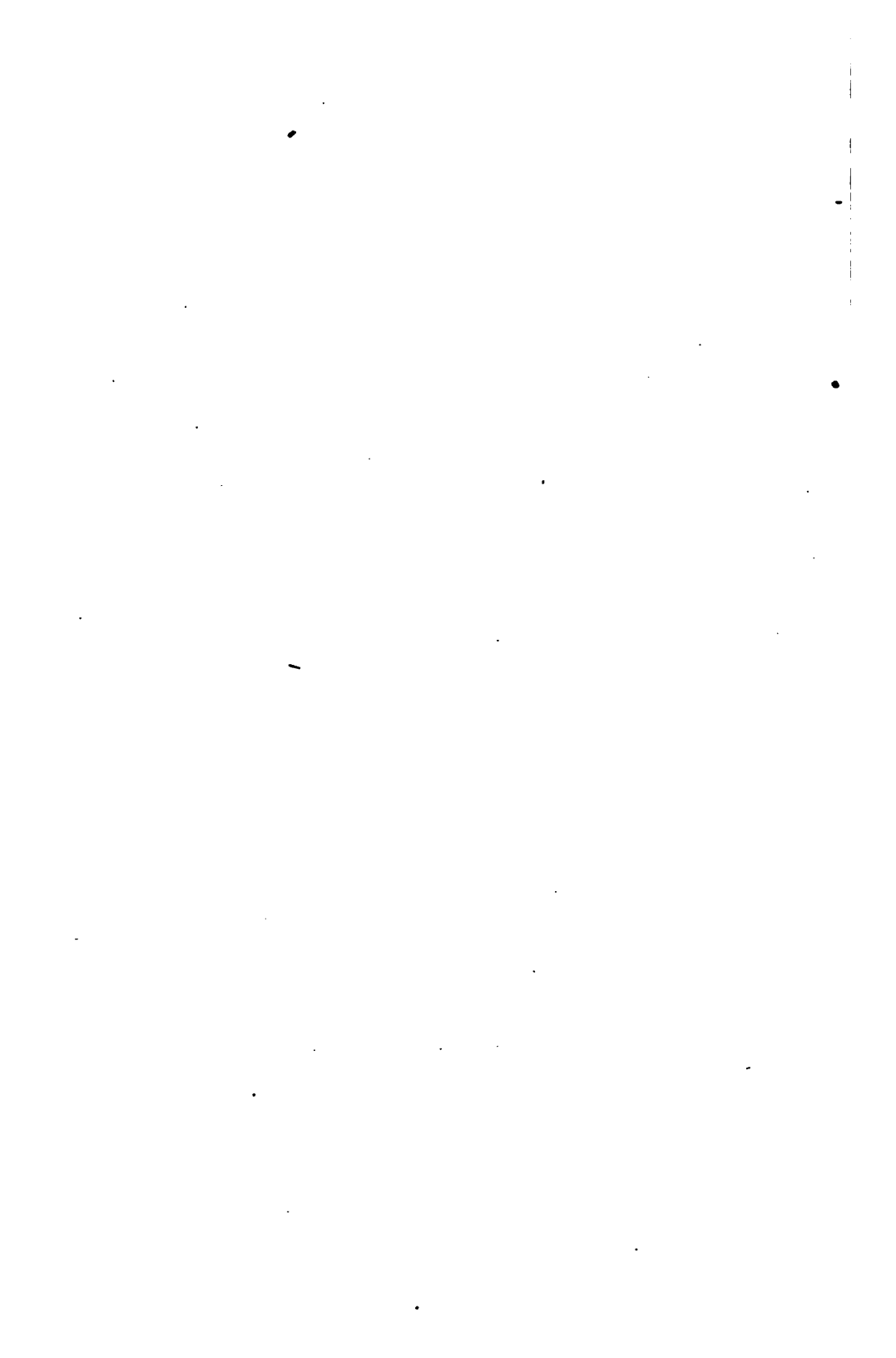
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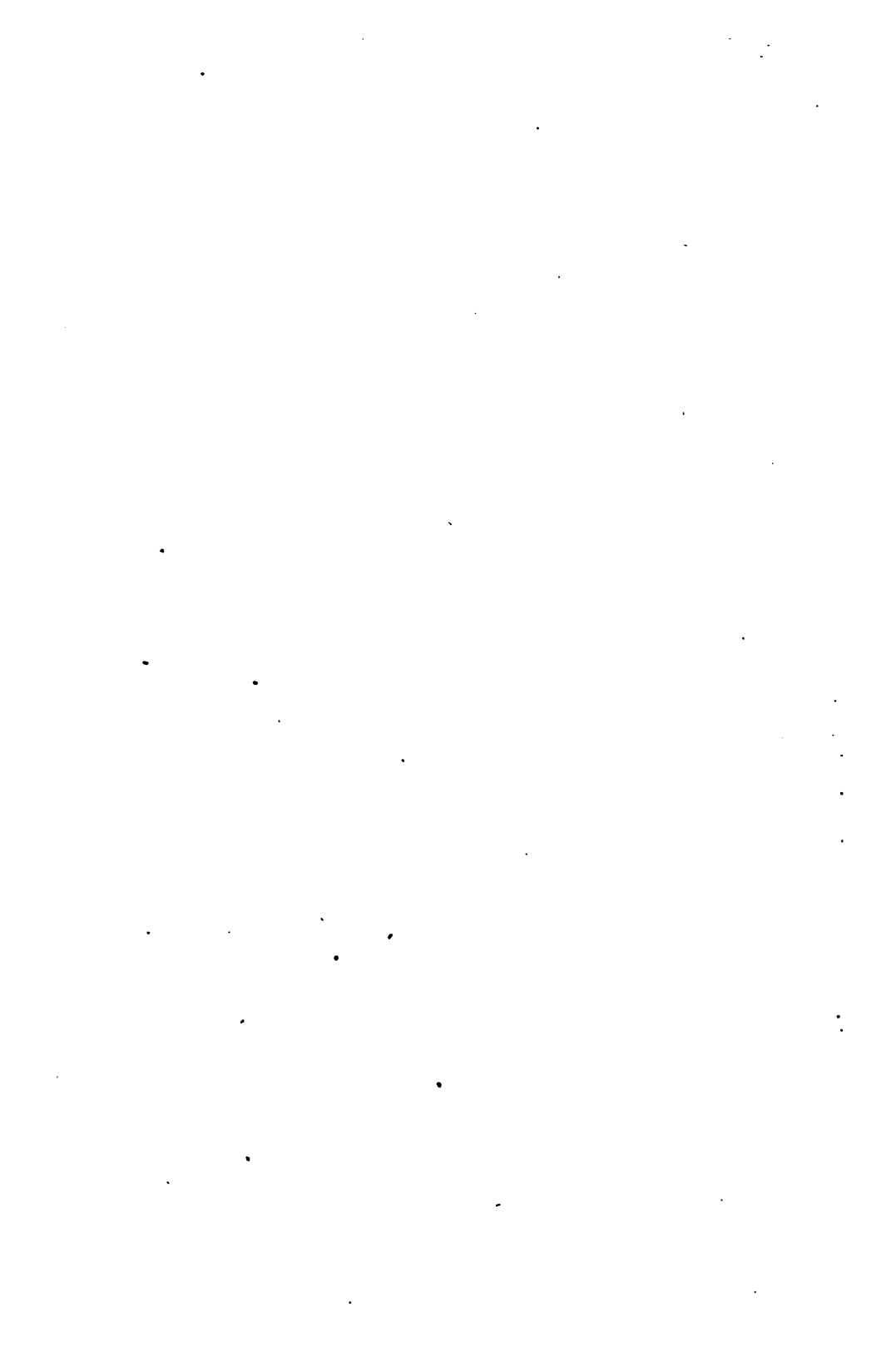
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THE MONTHLY
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EDITED BY

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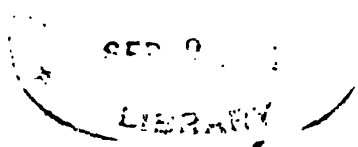
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THE MONTHLY
HOMŒOPATHIC REVIEW.

HOMŒOPATHY AND ITS INSTITUTIONS
DURING
EIGHTEEN HUNDRED AND SEVENTY-ONE.

HOMŒOPATHY we regard as the highest point of development to which the science of therapeutics has hitherto attained. We are deeply convinced that a knowledge of homœopathy adds immensely to the power a physician possesses in daily struggling with disease. Were homœopathy to form the basis upon which drugs were generally selected to cure and alleviate the sufferings of the sick, we are well assured that many lives now prematurely lost would be spared, that much physical distress and mental agony would be escaped. These opinions are, we are aware, those of a minority of physicians. But we have ample evidence at hand to show that the majority, while rejecting homœopathy, do so without any or but the slightest investigation. They know nothing and refuse to learn anything about it. The opinions of such persons are valueless. Experience alone can gauge the worth of any method of treating disease; and when experience has been appealed to, to decide the merits of homœopathy, its superiority has been invariably confirmed.

Believing, then, in the importance of the truth contained in this word homœopathy, we do our utmost in the pages of this *Review* to make it known, to cultivate it, to

illustrate it, to defend it, and to trace its progress. We have endeavoured to do so in the past, and we trust to do so in the future; the degree of success attending our labours we leave to be estimated by our readers.

Useful and necessary as our periodical literature undoubtedly is in assisting in the development of homœopathy, other agencies are at work, equally important, equally essential. Hospitals, dispensaries, and societies—all have special fields to occupy in this great and important work. The interest felt in homœopathy extends to every part of the civilized world, and its progress amongst us here in England is in no small degree influenced by that which it makes abroad.

We occupy ourselves on this New Year's Day, therefore, in a brief review of the position of our institutions at home, and of the progress which homœopathy is making abroad.

In the cultivation of medical science, no institution is so productive of real practical learning as the HOSPITAL. So has it been throughout the history of medicine—so is it now. Of British hospitals where homœopathy is practised there are four. One in London, the working of which we propose to describe at some length. One in Birmingham, which is in a highly prosperous condition, with an excellent medical and surgical staff, a large body of patients, and a warmly interested circle of Governors. St. James's Hospital, in Doncaster, is supported by our able and zealous colleague, Dr. DUNN, and has, for fifteen years, been a great boon to the poor of his neighbourhood. There is also a hospital in Bath, which we understand is in a fairly flourishing condition.

The LONDON HOMŒOPATHIC HOSPITAL is situated in Great Ormond Street, at no great distance from the Gray's Inn Lane; it is the largest, most central, and therefore the most important of British homœopathic hospitals.

We have recently visited every part of this Institution, and are happy in being able to report favourably of the great opportunities it presents for the cure of the sick. Its wards are of good size, not unduly crowded, thoroughly warmed and ventilated. The patients looked clean and comfortable, and expressed themselves as being well cared for. At the time of our visit a lady was in one of the women's wards reading aloud to its inmates. The out-patients' department, which is in the basement of the building, has an excellent waiting room, three appropriately furnished consulting rooms, and a dark closet for ophthalmoscopic and laryngoscopic observations. The dispensary is well supplied with medicines in all dilutions; the dispenser, Miss S. KEELING, the sister of the Matron, evidently taking great pride in the completeness and neatness of her arrangements. The kitchen and pantries are well adapted for their purpose, and amply stored with necessaries. The food provided is excellent in quality and abundant in quantity. The following is the hospital diet table:—

Full Diet.

Breakfast.—1 pint of cocoa with 2 ozs. of milk.

Dinner.—Men : 4 ozs. of cooked meat.

Women and Children : 3 ozs. ditto.

All $\frac{1}{2}$ lb. potatoes.

On two days in the week a pint of broth with about 2 ozs. of cooked meat in it is provided for dinner, instead of the above allowance of cooked meat.

5 o'clock p.m.—A pint of cocoa and 2 ozs. milk.

Supper.—A pint of gruel.

12 ozs. of bread per day for each patient.

The second or spare diet differs from the above, only in a pint of broth being substituted for the cooked meat at dinner. The medical officers can, in addition to or in the place of the foregoing articles, order any variety of food

they may think demanded by each case; and liberally do they avail themselves of this power.

Tea is not allowed. To place tea in a sort of dietetic *index expurgatorius* is, we think, a mistake; for it undoubtedly constitutes a most refreshing beverage for sick people, and is especially esteemed as such in the class of society whence hospital patients are derived. There can be no doubt but that cocoa is infinitely more nutritious than tea, if indeed the latter merits such an epithet at all; but cocoa does not agree with many people, neither is it so palatable or grateful as tea. The food supplied is adequate, though lacking somewhat in variety, and that its quality is good we have had ample means of ascertaining.

The housekeeping is under the direction of Miss KEELING, who has been at the head of this department for many years, and is full of devotion to her work.

The nursing is conducted by a Superintendent Nurse, who has under her nine nurses and probationers. Of these, three are at the disposal of the public for nursing in private families; four are in the wards during the day and two at night, ample opportunities being provided for the night nurses, when on duty, communicating with one another and with the Superintendent.

The probationers are women who are desirous of receiving instruction in the art of nursing, and who enter into an engagement to serve for three years either in hospital or private nursing. The term of probation in the Hospital is one year, after which they are sent out to nurse in private families, wherever their services may be required.* This plan has been in operation since the 23rd May, 1870. From that date up to November 6th, 1871, thirty-two nursing engagements had been fulfilled; and with one exception, in a manner which had given the fullest satisfaction. In addition to the great advantage a homœopathic practitioner must derive from having his

* Application for nurses should be made to the Matron at the Hospital.

directions carried out by a nurse accustomed to seeing homœopathic treatment pursued, and to the public benefit arising from the utilization of hospital experience by training nurses, the pecuniary gain to the Institution is such, that the earnings of those employed in private families nearly cover the wages of the entire nursing staff of the Hospital.

On the 7th ult. there were 55 patients in the Institution. Among them were several cases of interest—one in which lithotomy had been successfully performed by Dr. VAUGHAN-HUGHES, and two of lithotrity, also under his care. It struck us that the medical cases included too many of a chronic character—cases which are not calculated to afford much instruction in homœopathic therapeutics; albeit improvement was going on in all we saw. Mr. MAYNARD, the House Surgeon, is unremitting in his attention to his duties, and his time is, as may be supposed, fully occupied. The efficiency of the Hospital would, we conceive, be greatly increased were there two resident medical officers instead of one. If this addition were made, each might occupy some part of the day in visiting acute cases among the out-patients. This would be a means of bringing into the Institution a more suitable class of cases for hospital treatment than the majority of those we saw on the occasion referred to. It is in the treatment of acute affections, in preventing the lapsing of acute into chronic disease that the sphere of hospitals lies. It is in the treatment of acute disease that the power of remedies is most marked, that the advantages of homœopathy are most clearly perceived by the medical enquirer. A greater number of acute cases would afford valuable material for clinical instruction—if the medical officers could only be induced to supply it!

There is also a large space of ground at the back of the Hospital, on which, could money be obtained, a ward capable of containing twenty additional beds, together with (what is so much needed) a complete set of baths might be erected.

The official Manager, Mr. C. TRUEMAN, attends at the Hospital daily, and superintends the management of the entire establishment; he receives complaints, rectifies errors, and reports the state of the establishment to the House Committee and to the Board. Mr. Trueman, we may add, is ever ready—and indeed anxious—to afford every facility for the inspection of the Institution, and to explain all the details of its management to any who feel an interest in its welfare.

The Board of Management is presided over by LORD EBURY—a nobleman whose services in support of homœopathy and of homœopathic practitioners during the last thirty years, deserve the warmest acknowledgment we can give them. His Lordship has as his colleagues gentlemen who feel the deepest interest in the prosperity of the Institution, and devote the greatest care and attention to the consideration of the many details inseparable from its success as a public hospital.

The medical officers are known to all of us as gentlemen who are fully qualified for the performance of their very important duties. On their success in the treatment of disease depends the reputation of the Institution, and that this is constantly increasing is satisfactory evidence that the desired success is attained. During the past year we have had a few indications that the members of the medical staff are desirous of rendering their opportunities for the study of disease at the hospital, available for teaching homœopathic therapeutics. Dr. HALB has reported, with a few clinical remarks, some cases in the *British Journal of Homœopathy*, for January and April; and more recently has, at the British Homœopathic Society, read a paper based upon a few acute cases of diseases of the chest observed in the Hospital. Dr. BAYES, too, read a very useful paper at the Society, illustrating the action of *nitrate of silver* in dyspepsia, by observations made in the out-patients' rooms. Dr. DRURY, in the *British Journal of Homœopathy* for April, gave some

practical directions for the selection of remedies in whooping-cough, illustrating his remarks by the details of several interesting cases from among both in and out-patients. And lastly, Dr. MADDEN published in the same number of the *Journal*, a few cases of acute rheumatism, which had been under his care in the wards, adding thereto some excellent practical observations.

It remains for us only to express an earnest hope that these few contributions to practical medicine are but the forerunners of many more. We cannot but feel that twelve medical men might, without any very serious sacrifice, turn to much greater advantage the treatment in the course of one year of 7000 out and 500 in-patients. Nothing would tend more surely to the prosperity of our hospital, nothing would more certainly extend the interest felt in it, nothing would add more considerably to its efficiency, and nothing would more largely increase the reputation of its medical officers, than for these gentlemen to regard each case admitted under their care as one from which they were bound to draw some instruction, and to communicate that instruction in the form of short clinical essays to our periodicals. We are fully aware of their difficulties, of the time such work would consume, and of the labour it would entail; but we cannot believe that such difficulties are insurmountable.

The general management of the Institution we believe to be such as entitles it to the support of the charitable public; the attention and success of its medical officers give to it a still further claim to our confidence; while, if they would go a step further, and render it a field for the cultivation of therapeutics and pathology, they would accomplish that which is alone wanting to make our Hospital an institution of priceless value in advancing the knowledge of specific medicine.

On two occasions, at least, during the past year, the popular desire for homœopathic treatment has been made

strikingly manifest, by the election of homœopathic practitioners to public medical appointments. In the one case, the services of a homœopathic practitioner were specially advertised for, and Dr. GEORGE CRAIG was elected surgeon to the Provident Societies of Birmingham—an office for which his experience, gained at the Birmingham Homœopathic Hospital, and the manner in which he had discharged his duties as House Surgeon at that Institution, rendered him peculiarly well fitted. In the second instance, Dr. ARCHER, of Southampton, was appointed medical officer of a district of the Union of that town, in spite of the opposition, active and earnest opposition, of nearly all the allopathic practitioners in the place. Memorials to the Board of Guardians who made, and to the Local Government Board, whose duty it was to confirm or disallow the appointment, were presented by the Medical Society of Southampton, the District Medical Officers of the Union, and the disappointed candidate for the office, to endeavour to get the appointment cancelled; but in vain. The result has, we understand, met with complete satisfaction in Southampton, where the appreciation of homœopathy has largely increased of late years—a result due to the steady and successful work of our colleague Dr. Cooper,—and to the opposition raised by Dr. Griffin! Nothing seems to serve better to bring homœopathy into repute, than for some allopathic practitioner to write an absurd pamphlet against it! The hollowness of the position of our opponents is so fully exposed by such a proceeding, that a homœopathic practitioner, whose time is not so fully occupied as he would desire, might well exclaim, “Oh! that mine enemy would write a book!”

These appointments are certainly not of much intrinsic value. But they are, nevertheless, generally coveted by allopathic practitioners, and consequently may be supposed to be worth something. We may, therefore, fairly regard them as indications of an increasing desire for homœo-

pathic treatment, as evidence of the diminished power of our opponents to have everything their own way, and as an encouraging sign of what will result from carefully and successfully bringing homœopathy to bear upon the treatment of disease in private practice. We need scarcely add that a few years ago it would have been impossible for any homœopathic practitioner, either in Birmingham or Southampton, or anywhere else, to have secured such appointments.

In looking back on the work of our SOCIETIES, we may congratulate the members of the BRITISH HOMŒOPATHIC SOCIETY on the prospect of having annually put into their hands one volume of some important work bearing upon homœopathic therapeutics; one of a character too costly in production for any publisher to run the risk of issuing. The professional demand for works of this kind is too limited for private enterprise to embark in their publication, and unless they are provided by a society they cannot be procured at all. We believe that Dr. Roth's Criticisms on the *Materia Medica* will be the first volume to appear under the auspices of our Society. We hope that this effort of the Society to supply an urgent need will meet with the support of all British homœopathic practitioners; and that they will, by joining the Society, lend their aid in the prosecution of this very important work. Already fully one-third of those medical men who openly practise homœopathy in this country are members, and we should be glad to see the remaining two-thirds attached to it. The papers which have been read during the year have served to attract good audiences and to provoke interesting and useful discussions. The much deplored illness of the Secretary, Dr. MADDEN, will, it is to be feared, deprive the Society of his services in this capacity in the future. Dr. Madden's thorough business habits, his punctuality on all occasions, his courteous and conciliating manner, and his uniform atten-

tion to all the interests of the Society, render very serious the loss of his services, and his position one very difficult to fill.

The NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION has held its two meetings during the year, and good practical papers—one of which appears in this number of the *Review*—were read at both. The Association is rapidly adding to the number of its members; a circumstance which will excite no surprise in the minds of those who have experienced the interest, the pleasure, and the cordial good-fellowship which distinguish its meetings, or are acquainted with the zeal with which its business is conducted by its excellent Secretary, Mr. FRASER.

The MIDLAND HOMŒOPATHIC MEDICAL SOCIETY has, we understand, made arrangements for holding longer meetings, and for promoting a fuller discussion of the papers read. We trust that every effort will be made to encourage our medical brethren in the Midland Counties to aid in the development of homœopathic therapeutics, and to induce them to bring to bear upon this work the large experience they enjoy, both in public and private practice. To this end there is no more useful means than a medical society established on a sound basis and well officered; and such we know "The Midland" to be.

The proceedings of the Oxford CONGRESS are so recent that we need do no more than barely allude to them. Notwithstanding the deeply-lamented absence of the President, and the anxiety which was felt on his behalf, the assembly was one productive of much pleasant social intercourse and of many lessons of practical value. The experiment proposed by Dr. BLACK, with the view of ascertaining whether there are any cases in which it is necessary, for the purpose of achieving not only a cure but a speedy cure, to prescribe medicines in dilutions higher than the third, is now doubtless being made by many homœopathic practitioners. We shall look for the result of this investigation at our next Congress with much interest.

The HAHNEMANN PUBLISHING SOCIETY has, we are glad to state, increased the number of its members, and given an addition to our *Materia Medica* in the study of the *Nitrate of Uranium*, by Dr. EDWARD BLAKE, during the past year. The year on which we are entering promises to be more fruitful still. We trust that ere long the much-debated scheme for the Therapeutic part of the Repertory will be finally settled, and that those who have undertaken to work it out will be enabled to proceed without delay in the fulfilment of their promises. We are also led to hope that Dr. RICHARD HUGHES' study of *belladonna* will shortly be published, and that Dr. GALLOWAY'S translation of the Austrian Society's proving of *natrum muriaticum* will soon be ready for the press. We would earnestly commend this society to the support of our medical brethren. Its work is important and valuable, and cannot be carried out without substantial pecuniary aid. Every homœopathic practitioner ought to subscribe to its treasury, and in doing so he may rest assured that he will receive back the full value of his subscription.

Of the books which have appeared during the year the most useful, perhaps, is that by Dr. MEYHOFFER, of Nice, on *Chronic Diseases of the Respiratory Organs*—an admirable monograph, based entirely on carefully observed clinical facts—the forerunner, we trust, of other volumes of a similar character from the same source. Dr. BAYES' work, entitled "*Applied Homœopathy*," contains a large assemblage of practical hints on the sphere of action of all our best proved and most reliable remedies. From America we have received the first part of Dr. LUDLAM'S *Clinical Lectures on Diseases of Women*. One or two other parts have, we believe, been published, but we have not received them. The first gave promise of the completed work being a very useful addition to our libraries, and one well worthy of attentive study. Also from America we have had a translation of GRAUVOGL'S labo-

rious and ingenious *Text-Book of Homœopathy*, of which we gave a full notice in our May number.

We have had much pleasure during the past year in referring to the progress of homœopathy in AUSTRALIA. There our system is highly valued, and a large field is open for the energies of homœopathic practitioners. The demand is great, the supply all too limited.

In CANADA the Medical Act, which compels the presence on the Medical Council of a certain proportion of homœopathic practitioners, has been threatened with repeal; but so far, we believe, it has been maintained in its integrity, and the position and just claims of the medical representatives of homœopathy have not been impaired.

In the UNITED STATES our method flourishes with a rapidity and vigour unknown in any other quarter of the globe. The allopathic opposition is even more bitter there than it is with us; but this, notwithstanding any act of injustice, any attempt to restrict professional privileges on account of a faith in homœopathy, serves but to show forth the number and influence of those who believe in and practice homœopathy. Of this the prompt removal of Dr. Van Ærnam from his office, on account of his having deprived certain homœopathic practitioners of their public posts on the ground of their faith in homœopathy, and the equally prompt reinstatement by his successor of those whom he had dismissed, gave very gratifying evidence. We are glad to notice that the transfer of at least one public medical institution in the States from allopathic to homœopathic practitioners has taken place during the year. An additional hospital—that of Boston—has been opened, and promises to enjoy a wide field of usefulness. The several medical colleges have been both well officered and well attended. The deplorable fire in Chicago has fallen heavily upon our active and energetic medical brethren in that enterprising city. Happily, however, the fire appears to have destroyed, at any rate for a time,

the animosity of the allopathic practitioners of the city ; and we would gladly cherish as a sign of happier times, the remark of Dr. Johnson, of that city : “ We are no longer allopaths and homœopaths, but physicians.” Would that it were ever so the world over !

When last year dawned upon us our neighbours in *la belle FRANCE* were too engrossed in the wretched work of war to think of anything but the surest way of killing their enemies and curing their wounded ones. After passing through an ordeal unprecedented in the world’s history, peace has been once more restored, and the homœopathic periodicals have reappeared upon our tables. We earnestly trust that the day may be far distant when, from this or any other cause, the peaceful study of medicine shall be interrupted.

Our GERMAN brethren, too, have again resumed their peaceful avocations, and the meetings of their large societies were once more held during the autumn.

In ITALY the increased and increasing interest felt in homœopathy has been made manifest by the publication of two new periodicals devoted to the development of homœopathy.

During 1871 we have had to lament the removal from amongst us of Dr. GEORGE ALLSHORN, who as a chemist and a surgeon had long been connected with homœopathy ; of Mr. BUCK, a much respected practitioner in Camden Town ; of the venerable Dr. CASANOVA, a man of much learning and large experience, drawn from all quarters of the globe ; and more lately of Dr. NORTON, one of the earliest medical men who in this country devoted themselves to the study and practice of homœopathy.

As year after year passes away, we are enabled to look back gratefully and to regard the future hopefully. If the great truth it is our office to advance is slow in making itself felt, we have abundant evidence that its progress is

sure. Greater, more earnest, more careful work, whether at the bedside or in the study, will alone make this progress more rapid. The practice of medicine is an engrossing occupation; but the practice of medicine carried on without daily study is apt to degenerate—nay, certain to degenerate—into routine, and nothing is so fatal to the success of homœopathic treatment as routine. We hope that during the year that lies before us we may have yet more abundant proofs recorded in our pages of the skill, the zeal and the energy of the homœopathic practitioners of this country; yet greater evidence of the value of our societies; and that we shall find our hospitals to be more productive of sound learning in the treatment of disease than they ever have been.

THE PATHOLOGY AND TREATMENT OF BRIGHT'S DISEASE.*

By THOMAS RAYNER, M.D.,

Hon. Medical Officer of the Manchester Homœopathic Hospital
and Dispensary.

It is not my intention to detain you with any lengthy account of the pathology, ætiology or symptoms of Bright's disease, or to discuss the many interesting questions which physiologically or pathologically are connected with it, but which after much controversy are at present still undecided. The disease is sufficiently common, and many points about it sufficiently obscure, and in some of its aspects it is so little amenable to treatment, that no apology is offered for bringing the consideration of it before this Association, in the hope that, by directing special attention to it, some light may be obtained by which, with the aid of our great therapeutic law, we may be able more successfully to combat it.

Bright's disease may be defined as a disease of the kidneys, characterised by the presence permanently of albumen in the urine and of more or less dropsy.

Dr. Bright himself showed that these symptoms were not produced by an uniform condition of the kidneys, for the post mortem appearances were by no means identical

* Read before the Northern Homœopathic Association, October 1871.

in all cases of albuminuria; and he expressed a suspicion that the differences might arise from a more or less advanced stage of the same disease.

It has, however, been pretty clearly made out that several distinct diseases have been classed under the general head of Bright's disease, as they give rise to the symptoms required by our definition. Many classifications of these have been made, and almost every writer has some special mode of tabulating them, according to his view of their pathology or his idea of the changes which take place in the organ during the progress of the disease. Hence much apparent confusion has arisen and a very indifferent nomenclature been adopted.

The classification that seems to me most rational is that suggested by Virchow, and based upon the anatomical structure of the kidney. There are, says he, in the kidney three main elements, viz., tubules, vessels, and interstitial tissue; so also there are three forms of Bright's disease, one originating in each of these elements.

a. In the tubules: parenchymatous nephritis, or desquamative nephritis, acute and chronic; the latter producing the large white kidney.

b. In the vessels: amyloid, waxy, or lardaceous degeneration; essentially chronic.

c. And in the intertubular tissue, the cirrhotic, granulated, or gouty or contracting kidney.

By adopting this view we are enabled to eliminate some sources of error. Thus, the term granular kidney may be applied to the interstitial variety, but is also applicable to advanced stages of the other varieties; and fatty kidney is misleading, inasmuch as fat is detected to a greater or less extent in every variety, though undoubtedly in greatest abundance in the chronic state of parenchymatous disease.

Of course, in practice we have frequently to do with cases in which two or even more forms of the disease exist; for in an organ like the kidney, it cannot but be that structures so closely connected, and so mutually dependent on each other, must take on disease peculiar to themselves, from contact with the other portions when in a state of inflammation or degeneration.

We shall therefore take the liberty of adopting this division, and proceed at once briefly to notice them *seriatim*. And first we have

Parenchymatous or Tubular Nephritis.—The acute form—the desquamative nephritis of Johnson—we are familiar with as a sequel of scarlatina; and it is the only one which we meet with as an acute affection. Besides scarlatina and some other febrile diseases, it may arise from exposure to cold and wet, or a fit of intemperance, especially if coupled with exposure, and is announced by more or less febrile disturbance, headache, nausea, sometimes lumbar pain, and often oppression of breathing. There are more frequent calls to micturition; a small quantity of urine is passed at a time; it is observed to have a smoky hue, and on standing to throw down a copious brownish sediment, which on examination is found to consist of blood disks, granular epithelial cells, and fibrinous casts of various sizes, some of which are hyaline, others wholly or partially covered with granular epithelial cells or blood disks; others again appear granular, the cell walls having disappeared, or are only recognizable on very careful inspection. The specific gravity of the urine is at first above but soon falls below the normal standard (1.020), and it contains albumen in abundance, but is deficient in urea, uric acid, and the other solids. At an early stage the face becomes œdematous, and this may be followed by anasarca of the limbs and trunk, which are resistant to pressure, having little or no disposition to pit. As the case progresses the urine becomes scanty and more albuminous; it may even be totally suppressed for a day or two. In this way the blood is being robbed of large quantities of albumen, which the congested or ruptured capillaries are exuding or extravasating along with the corpuscles into the malpighian bodies and the uriniferous tubes. These latter being in a state of inflammation, many of them soon become blocked up by fibrinous exudation or epithelium, more granular than in health, and which is cast off in great abundance. Hence the depurating power of the organ is diminished, and excrementitious matter accumulates in the blood; so that whilst it is thinner and poorer in albumen and red corpuscles, it contains a great excess of urea, uric acid, extractives, and salts; and to this deterioration in the quality of the blood may be traced some of the most prominent features of the disease—the dropsy, anæmia, uræmic symptoms, and secondary inflammations.

If the kidney be examined at this stage, it will be found

slightly enlarged, with its surface smooth and congested, but the capsule unaltered and stripping rapidly. On section, the cortical structure is seen to be increased in volume; the vessels are congested, and the malpighian bodies dense and granular, standing out somewhat prominently; the tubules swollen from enlarged granular epithelial cells, which diminish their calibre or entirely close them, or the centre of the tubes may be filled up with a transparent homogeneous exudation, which entangles any loose cells, whether of epithelium or blood.

If resolution takes place at this point the congestion is lessened and a smaller quantity of blood is extravasated, but more water is poured out; the exudation in the tubes shrinks and is washed out, forming casts; the loose epithelial cells and blood globules are in like manner flushed away. Gradually the denuded tubes, having their epithelium replaced, resume their functions, and the blood is relieved of the excess of its urinary elements and water, the dropsy disappears, and the blood slowly has its albumen and red corpuscles restored, and although a few of the tubules may be permanently obliterated, no lasting injury results, as a sufficient number remain for all purposes of excretion.

If, however, so favourable a turn does not ensue, we have increased congestion and extravasation, and more and more of the tubules obstructed, leading to still further diminution of secreting power in the organs, and greater accumulation of impurity in the blood. This may give rise to symptoms of uræmic poisoning, characterised by headache, vomiting, diarrhœa, convulsions, and coma; or death may result from some inflammatory complication, as pneumonia, pleuritis, pericarditis, or peritonitis.

We may, however, have the disease becoming chronic. The overstretched tubes burst and are lost; the epithelium in the closed tubes becomes fatty, and is cast off or absorbed. Thus a large portion of the secreting element is destroyed, and if life is prolonged the kidneys become gradually smaller from increasing degeneration and atrophy; there is also increase of the fibrous stroma, which by its contraction assists in diminishing the bulk.

Whilst these changes are taking place the patient may have rallied considerably. The anasarca may have almost, or altogether, disappeared. The urine increased in quantity, and the general condition appears satisfac-

torily improving ; but the urine will still continue highly albuminous, and the kidney *debris*—tubes and epithelium—show marked indications of fatty change and disintegration. After no very lengthened period the anasarca returns, to be followed in most cases by general dropsy. The urine diminishes in quantity, the digestion becomes more deranged, the anæmia returns or increases. Uræmic symptoms, as headache, vomiting, diarrhœa, imperfection of vision, or complete amaurosis for a time, or even convulsions and coma, may ensue, as in the acute form, or life may be terminated by the increasing dropsy and its immediate consequences, as by œdema of the lungs and glottis, or by secondary inflammations.

Having thus sketched the pathology and symptoms of tubular nephritis, we come to consider its treatment, which in the acute form, according to my experience, is very satisfactory ; for although the cases may be severe or protracted, the termination under homœopathic treatment is nearly always in perfect recovery.

Remembering the organs implicated and the dire results which follow the arrest of their functions, we endeavour, whilst allaying their inflammation, to have their duty reduced to a *minimum*, and have that little done vicariously, as far as possible. The first point is accomplished by a suitable diet, from which animal food, and, as far as possible, nitrogenous food, should be excluded, so as to reduce as much as can be done the urea and uric acid, and other excrements, in the blood which the disabled kidneys cannot now remove.

A well-fed, healthy man, on a mixed diet, passes in twenty-four hours from 30 to 40 grammes of urea. Franque found, when he lived on a purely animal diet, he passed in twenty-four hours from . 51 to 92 grammes.

On mixed diet	36 to 38	„
On vegetable	24 to 28	„
On non-nitrogenous	16	„

The vicarious secretion is best accomplished by the skin ; for although in many cases the vomiting and diarrhœa spontaneously set up are of this character, and help to get rid of the urea *or* its product, carbonate of ammonia, these are of too exhausting a character to be desired, and we may in many cases prevent their necessity by forestalling them, and inducing, as we usually may, profuse diaphoresis. To this end the patient must be kept in bed

between blankets, and have hot baths, or, better still, hot air baths.

I have for some years employed a modification of these, which is very easy of application—avoids exposure, and is scarcely at all depressing. The patient remaining in bed has one blanket put under and another over him, and the night-dress drawn well up under the arms. Several stone bottles, containing each a quart of boiling water, and securely corked, are thrust into separate woollen stockings, wrung as dry as possible out of hot water, and are now placed up each side of the patient from the axilla to the heels, and one or two between the legs, and additional blankets are thrown on the bed. The bottles must not, of course, touch the skin: a little dry flannel interposed will prevent any uneasiness. In a few minutes profuse perspiration will ensue, and may be kept up for half an hour or more, when, by a little care, the bottles may be withdrawn one by one without disturbing the bed, and the patient left to sweat at his leisure, as he frequently will continue to do for some hours, especially if he have a drop of *aconite*, 1st dec., in a tablespoonful of water every quarter or half-hour for an hour or two.

The medicines I have found most useful are *cantharides*, *digitalis*, *turpentine*, *belladonna*, *arsenic*.

Cantharides bears a close analogy in its action to acute tubular nephritis. It produces congestion, hæmaturia, with casts of epithelium and fibrine, albuminuria without the presence of blood-globules. The disturbance of the nervous centres, producing delirium, and even convulsions and coma, also are very similar to uræmia. It will be found useful in the early stage, and also when uræmia poisoning is threatening.

Digitalis is perhaps the most homœopathic remedy we know of, or it may appear so because we know more about it than of some others, so far as it relates to its action on the kidney. Its so-called diuretic action has been an enigma which many have tried to clear up, and in so doing, although they have heaped confusion upon confusion to themselves and their school, have brought out much that is truly valuable to us. Stadion made some experiments on himself with *digitaline*, beginning with a dose of $\frac{1}{2}$ of a grain, or two milligrammes a day; which was daily increased by one milligramme for 18 days. He had a uniform diet in kind and quantity. His results

were—A diminution in the quantity of urine ; also of the principal constituents of the urine—urea, chloride of sodium, phosphates and sulphates, but increase of uric acid. Acid reaction continued, but specific gravity diminished.

Digitalis produces diminution of urine, and in some cases total suppression. It covers also many of the symptoms of uræmia—vomiting, lethargy, dilated pupils, impaired vision, convulsions, coma.

It is to be regretted that no microscopical examinations of the urine are recorded after taking *digitalis*.

Turpentine is one of our best remedies when the urine is highly charged with blood, especially if it be somewhat bright and passed in very small quantity, and frequently indicating extreme congestion and more than usual irritation of the bladder. A case occurred to me a short time since of a relapse of acute nephritis following scarlatina, in a little girl 4 years old. The urine had become clear and copious, but was albuminous, when she got chilled and relapsed. The urine rapidly diminished in quantity, the blood reappeared. She complained of pain in the loins, was feverish, and occasionally vomited. There was little or no anasarca. By about the third day she was *in extremis*. When I saw her at night I found she had not been able to see for some time ; there was an amaurotic stare, with automatic movements of the lips ; delirium with an occasional convulsive start and constant picking of the bed-clothes. She was passing small quantities (a few drops at a time) of highly sanguineous urine, which solidified by heat. The pulse was frequent, weak, and fluttering ; the skin, however, was moist. I gave *turpentine*, 4 drops in $\frac{3}{4}$ j. of water, and two teaspoonfuls of the mixture every hour. When I left I quite expected to be summoned to an outburst of convulsions. In the morning I found her better. She was conscious, and could see ; she had sweat profusely during the night, and was passing more urine, which was less bloody. The *turpentine* was continued a day, and then alternated with *digitalis*. She made a good recovery, and is now a fine healthy child.

During convalescence she passed an unusually large quantity of lithic acid crystals. Of course this deposit is often seen, and its presence may, without care, mystify the testing for albumen. It is very insoluble in cold water (requires 1800 of boiling and 15,000 of cold water

for solution), but more soluble in boiling; so that when boiled in the usual way the urine becomes clearer, but on cooling deposits a slight sediment, which may be mistaken, without care, for a trace of albumen; but a pocket lens shews its crystalline form, and a higher power the instructive crystallization.

Arsenicum is a remedy almost solely relied on by some practitioners, and it covers very many of the symptoms of Bright's disease, albuminuria, diminution or suppression of urine, and anasarca. It caused—in cats poisoned by it—symptoms of uræmia, and they died comatose, with the kidneys enlarged and congested. The urine scanty, contained albumen, fibrinous casts, epithelium, and blood disks. There was also a reduction of the solids of the urine. Four of the six cats had hypertrophy of the left ventricle, which is characteristic of the chronic stage of tubal nephritis; and it is when the more acute symptoms have passed away, that I have found it most useful. When the urine has become copious, but still highly albuminous, and of a pinky hue, but deposits much fewer red globules than might be expected from its colour:—here I have found it do good service, diminishing the albumen, and improving the appearance of the urine. I am disposed to think that this pink aspect is owing to the presence of hæmatine, and if so, *arsenic* is specially adapted to it; for when inhaled in the form of arseniuretted hydrogen, it caused hæmatine to appear in the urine without any blood corpuscles.

Belladonna has also its place in the treatment of this disease especially for the disturbance of the nervous centres. Dr. Richardson reports two cases of children poisoned by it, in which he shows the analogy between their symptoms and those of uræmia. Many other remedies might be named which are more or less homœopathic, *copaiba*, *cubebs*, *juniper* and other terebinthines.

In acute cases relief is obtained by large poultices or fomentations to the lumbar region; and I am in the habit, when using turpentine or *digitalis* internally, of applying it also externally, by sprinkling a few drops of turpentine on the poultice or fomentation; or using an infusion of *digitalis* as a compress to the loins or abdomen. In very urgent cases dry cupping over the kidneys might be used; and would probably gain time for specific remedies to be beneficial. The same might be useful in pulmonary con-

gestion or pneumonia. If the bowels are obstinately constipated, enemata of warm water, or a dose of castor oil would relieve. In a case of mine, post scarlatinal, instead of oil a dose of the so-called citrate of magnesia—really soda—was administered; but in place of a cathartic it acted as a diuretic, and increased at once the quantity of urine and albumen; and caused a re-appearance in it of blood, which had been absent some time, but continued for several days.

Tubal nephritis may be complicated by secondary inflammations of the lungs, pleura, or pericardium, also in the chronic state by hypertrophy of the left ventricle; but this is less common than in the interstitial variety.

For the pulmonary complication, whether pneumonic or bronchitic, I have found *tartar emetic* in many cases give very prompt relief. For œdema of the lungs it may be alternated with *arsenicum*; but every effort must be made to relieve the general dropsy, and increase the secretion of urine by baths, &c. If this could not be promptly done, and the symptoms were urgent, I should give small doses of *elaterium*, 5 grs. of 1st centesimal trituration occasionally, so as to produce, as it usually will, one copious loose stool for each dose; and that without inducing sickness or much depression.

I will not further trespass upon your time than just to glance at the other two varieties, and say a word or two as to diagnosis and treatment.

The next form is that in which disease invades the interstitial tissue, causing the cirrhotic or granular red, or contracting kidney.

Dr. Stewart considers this a true hypertrophy of the connective tissue, not preceded by inflammation. Dr. Dickinson, however, thinks it is an effusion which becomes converted into fibrous material. It commences beneath the capsule, penetrates into the interior of the cortex at certain points as fibrinous processes or bands across the convoluted tubes, which it closes or destroys. By this closing of the tubes, cysts, which are common in this form of the disease, are produced, the spaces inclosed become distended, not with urine, but a serous fluid, and the cysts are lined with epithelium. As these fibrinous processes, which are given off from the capsule and attached to it, contract, they cause depressions to give rise to the external granular appearance.

On section, the cortex is found thickened, and cannot be peeled off without tearing the gland. It has a brownish red colour, and a coarse granular texture, and is firm and resistant.

This is the most common form of the disease, when it is chronic throughout, and commences very insidiously. Dropsy is entirely absent in many cases; and when present is often slight, merely a little œdema of the eyelids or feet. When dropsy is severe, it is usually due to some intercurrent inflammation of the kidney, or some cardiac or hepatic complication. There is for some time great thirst, and a copious discharge of urine, three or four times a day, of low specific gravity, and but slightly albuminous; and even this may frequently be absent for a time. The deposit is very slight, and often not easily found. It consists of fibrinous or hyaline casts, some of which may be finely granular, and sometimes fatty, with a few epithelial scales, not often fatty. No blood as a rule. In the latter stages the urine becomes diminished or suppressed, and symptoms of uræmia make their appearance; and these are no doubt accelerated by the anæmic condition of the patient, which frequently gives rise to headache, chiefly of the vertex, and to which iron is homœopathic.

Hypertrophy of the left ventricle is a common accompaniment of this variety; and valvular disease is also frequent. Impurity of the blood from imperfect elimination and obstruction to the circulation in the kidneys contribute to this result. Cirrhosis of the liver is present in about 15 per cent. of the cases.

Gout is also a frequent concomitant.

Lastly—

Disease of the Vessels; Waxy, Lardaceous, or Amyloid Kidney.—In this form degeneration commences in the capillary tufts of the malpighian bodies, and the transverse fibres of the middle coat of the small arteries. It commences in the cortical vessels, but soon passes on to those of the cones. The tufts become more translucent, and the small arteries thickened here and there by nodules of the same translucent material. After a time the tubules are many of them filled with hyaline material, differing from that of the degenerated arteries, which is the true waxy deposit. On section of the kidney, the cortical substance has the peculiar appearance resembling white wax somewhat; and, scattered over it, numbers of minute semi-trans-

lucent points, compared to boiled sago granules, which are the malpighian bodies. When an aqueous solution of *iodine* is poured over such a section, the degenerated parts are stained a deep mahogany red, and stand out conspicuously from the other structures; and by this means the degeneration may frequently be detected when it could not otherwise be made out. This waxy material is probably some modification of fibrin, supposed by some to be de-alkalized fibrin. Freidreich got the reaction with *iodine* in perfection upon the decolourized fibrin from an old hæmatocele. It has no relationship to the amyloid matter found in the healthy liver; and some modification of which has probably to do with producing diabetes. It cannot be converted into sugar: so that amyloid degeneration is a misnomer.

Waxy kidney comes on insidiously; and is found in persons worn down by some pre-existing disease; and is most common in connection with caries or necrosis, and probably next to these with syphilis. The first symptoms are increase of thirst, and augmentation of the quantity of urine, which may be very considerable. Dropsy is present in most cases; but very frequently is only slight. The urine is of low specific gravity, and gradually becomes albuminous; and deposits a few hyaline tube casts, and atrophied renal cells. The liver and spleen are frequently enlarged from a similar degeneration in them which also occurs in the small vessels of the stomach and intestines. Tuberculosis of the lungs and other organs occurs in about half the cases.

Death frequently ensues from the concomitant complications. Phthisis, caries, &c., or from slight intercurrent nephritis, which may cause considerable dropsy and uræmia, otherwise, these do not often occur. Hypertrophy of the heart is rare in waxy degeneration.

In the diagnosis of Bright's disease it is necessary to remember that albumen may be temporarily present in the urine from many causes, simple congestion, pregnancy, &c.; but, except in heart disease, persistently albuminous urine is a pretty sure indication of its existence.

In distinguishing the acute from the chronic forms, the quantity of albumen must be steadily watched; and if it slowly decrease, and at the same time the epithelial casts and cells with blood and uric acid crystals, are present, and little or no fat in the epithelium, the attack may be

pronounced an acute one. If the albumen show little or no sign of decrease, and all the blood has disappeared, and fatty changes appear in the deposit, it is pretty certainly chronic.

In diagnosing the different types of degeneration going on in the kidney, the general symptoms, especially the complications peculiar to each, must be taken into account. In the early stages probably this is impossible, but becomes easier as the case progresses. Hypertrophy of the heart, and of gout in the parenchymatous, and necrosis or caries, or phthisis, with enlarged spleen and liver, in the waxy form.

The treatment of these chronic forms must be that of the general cachexia to a great extent, as at present we know of no remedies which can with certainty arrest the changes taking place in the organs.

Lead, besides being capable of producing gout, is also credited with causing parenchymatous or cirrhotic kidney, and should be tried in proper cases. *Merc. corr.* also promises something in the waxy form, which appears so nearly allied to struma, in which also *phosphate of lime*, or *iron*, or *phosphorus*, or the *iodides of mercury or iron*, with cod liver oil. Of course attention to the diet is important—a nutritious easily-digested one, from which animal food should be withdrawn on the least sign of uræmia. The action of the skin kept up by warm clothing and flannel next the skin; and a dry, bracing climate obtained if practicable. The intercurrent attacks of inflammation, so liable to come on in any case from exposure, require to be treated pretty much as the acute disease; and here we need not bewail our inability to treat this efficiently, because the patient is in a prostrated condition. Our antiphlogistics will attack the inflammation without imminent risk to the patient.

Portland-street, Manchester,
October, 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 Vol. XV. page 742.)

THE various abnormal symptoms having been described in previous papers, with the exception of "pyrexia," we have now to consider that in connection with the next special "source of diagnosis," namely:—

5. *Thermometrical Observations.*—The use of the thermometer in the diagnosis of a disease and in the prognosis of its results is comparatively new in medical investigation and practice. The subject is one of very wide range, and will amply repay careful thought and study. Bearing in mind that the average normal temperature of the human body is, in health, from 98·6 to 99·5 (Fahrenheit) in the axilla, remaining nearly the same under all circumstances, it would appear that a rise above 99°, or a depression below 97°, is a sure sign of the existence of disease of some kind, provided that such rise or depression be continuous. The *Manual of Medical Thermometry*, by Dr. Wunderlich, gives a very full account of his elaborate investigations in connection with the temperature in diseases, as well as of the most approved method of using the thermometer in practice; and his results are therein recorded with scientific accuracy and precision. Having made some half-million of thermometric observations, and compared results in five thousand patients, he is justly entitled to an attentive hearing. He says: "Thermometry gives results which can be measured, signs that can be expressed in numbers, and it offers materials for diagnosis which are incontestable and indubitable, materials which are physically accurate. Thermometry presents to our judgment a phenomenon dependant upon the whole of the vital processes of the body, and no phenomenon of disease is so reliable as the temperature. The use of the thermometer in disease is therefore an objective, physical method of investigation, which gives exact and accurate results in signs which can be measured and expressed numerically, which is delicate enough to follow every step of the changing processes of the organism, and places at the disposal of the physician

a phenomenon dependant upon the sum total of the organic changes in the body. Variations of temperature are symptoms of general disturbance of function. The temperature cannot be much increased or diminished without more or less injury to health. The value of pathological thermometry is chiefly determined by the evidence that the alterations of temperature in disease, however slight and insignificant, are determined by strict laws. Thermometry is a part of our method of diagnosis or observation of disease which is indispensable in all cases when the temperature varies, very useful in many doubtful cases, and an auxiliary in almost every case. As normal temperature is evidence of health, other things being favorable, so a deviation is the contrary; and hence we may know whether a person is really ill or not by his temperature. By this we may also know the importance or degree of severity of the disease, and by the course of the temperature some diagnosis of the kind of disease may be made. An alteration in the course of the temperature during the progress of a disease is an important symptom. During convalescence the temperature will indicate a real from an apparent improvement. Thus thermometric observations show us how narrow are the limits between health and disease, and how imperceptibly one passes into the other."* Dr. Aitken also speaks of the practical importance of the thermometry of disease, and states that "the continuous daily use of the thermometer greatly facilitates the clinical recognition of diseases, and tends to elucidate the Natural History of all diseases when fever is present. The use of the thermometer helps to form the prognosis—helps also to decide in doubtful cases, and to correct a too hasty conclusion. It will also detect latent disease not otherwise indicated by general symptoms. Stability of temperature from morning to evening is a good sign; on the other hand, if the temperature remains stable from evening until the morning, it is a sign that the patient is getting worse. When the temperature begins to fall from the evening to the morning it is a sure sign of improvement. In acute tuberculosis the persistent maintenance of an uniformly high temperature will alone show that no arrest in the progress of the disease has occurred. On the other hand, if a tuberculous patient has a sudden attack of

* *On the Temperature in Diseases*, by Dr. Wunderlich. New Sydenham Society's translation.

hæmoptysis, and if the temperature of his body is normal during and subsequent to the attack, no re-active pneumonia, nor any exacerbation of the tuberculous exudation, need be expected. Again, the precise point of convalescence can only be fixed by continuous thermometric observations. The morbid process does not end until the normal temperature of the body returns and remains unchanged through the twenty-four hours. During convalescence the recurrence of a high temperature is generally the first sign of a relapse, or the onset of a new disease. The persistency of even an inconsiderable degree of abnormal temperature after apparent return to health, is a certain, and frequently for a long time the only, sign of incomplete recovery, or the existence of some lingering secondary disease. The temperature may enable us to predict a fatal issue with certainty. If it be 106° the prognosis is bad; if it be 110 , the prognosis is death."* There is a co-relation between the pulse and the temperature which it is important to notice. An increase of temperature of one degree above 98 , corresponds with an increase of 10 beats of the pulse per minute. Thus a temperature of 98 corresponds with a pulse of 60 , one of 99 with a pulse of 70 , one of 100 with a pulse of 80 , and so on up to a temperature of 106 , which corresponds with a pulse of 140 .

The co-relation of pulse, respiration, and temperature is of great importance to be determined in many acute diseases. This is especially the case in pneumonic attacks, and Dr. Aitken states "that if the mean of the temperature is not above 104° , and the pulse not above 120 beats, and respirations not more than 40 per minute, such a case of pneumonia is a slight one, and will get well in from eight to twelve days without any medical treatment, and that when in pneumonia a marked fall of temperature occurs in the evening, the period of crisis has passed."† The value of these statements is enhanced by the recollection of the important pathological changes that may be involved in an acute pneumonia not ending in resolution—changes that may lay the foundation of future phthisical disease, and hence the importance of some trustworthy external sign of the degree and persistence of the internal lesion.

It is not possible always to judge of the actual existence

* *Practice of Medicine.* by Dr. Aitken.

† *Op. cit.*

and degree of fever by the hitherto only available signs. Thermometrical observation has proved that the intense heat of skin appreciable to the touch in pneumonia, and often considered a diagnostic sign of that disease, is not always to be relied on as indicating a pyrexia of an acute form. On the other hand, there may be considerable febrile action as indicated by the thermometric registration of the temperature, and with that state much serious disease stealthily progressing or developing itself, and yet the external signs of pyrexia comparatively inappreciable. Now, if it be true that the important morbid processes involved in tuberculization of the lungs are always accompanied by a pyrexia more or less pronounced, and yet only to be recognised to a certainty by the degree of temperature, then the use of the thermometer to register that temperature becomes of paramount importance both for diagnosis, prognosis, and treatment.

This leads to the subject of pyrexia as one of the abnormal symptoms, under the head of "Sources of Diagnosis," and which, from its intimate connection with the temperature, was relegated to the heading of "Thermometrical Observations." It has already been stated that febrile symptoms more or less marked or intense in character, and occurring in the form of dry heat, afternoon chills, remittent occasional perspirations 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. In many instances, however, pyrexia is not very marked until the tubercles begin to soften. "The degree of febrile symptoms," says Dr. Pollock, "is generally a pretty exact measure of the irritation of the lung, and disintegration of the pulmonary tissue advances *pari passu* with the intensity of the hectic access."* Upon this subject of pyrexia, Niemeyer remarks "that it is one of the most constant symptoms of a chronic pneumonia as well as of a tuberculosis. The extension of the catarrh to the alveoli is always accompanied by a considerable increase of the temperature and of the frequency of the pulse, and by accurate observation of these two facts in every simple catarrh, and by the most careful treatment of every case in which pyrexia comes on in the course of

* *Elements of Prognosis in Consumption.*

a protracted catarrh, the development and progress of phthisis can very frequently be prevented. Just as the occurrence of pyrexia is an important symptom of the extension of a catarrh from the bronchi to the alveoli, so its continuance furnishes the most important proof that the pneumonic processes have not yet terminated. In tuberculous phthisis, and when tuberculosis complicates a destructive pneumonia, the differences between morning and evening temperature are as a rule much smaller. A remittent pyrexia will therefore give a more favourable prognosis than a continuous pyrexia; the former may be moderated and removed, not so the latter. From these remarks it is evident that the use of the thermometer is at least of as great, if not even of greater importance, for the diagnosis, prognosis and treatment of pulmonary phthisis than of any other disease.* The degree of fever may vary from that which is only partial or occasional and remittent, to symptoms that are very marked and continuous, and finally assuming the form of absolute hectic. It is especially in the stages of softening and excavation that true hectic fever manifests itself, although in some very chronic cases, even in the excavation stage, it may be very slight or altogether absent. The frequency of hectic may be judged from the fact that Dr. Pollock found this symptom, marked by the febrile access and sweating, to exist in 53.09 per cent. of the cases examined when they first presented themselves at the hospital.† Thus it will be seen that pyrexia in its various types of remission or continuity, its different degrees of severity, and its accompanying characteristic symptoms of rigors, thirst, perspirations, &c., becomes a very important element both of diagnosis and prognosis, for it is very often the chief indicator of the patient's actual state during his wearisome journey of phthisical disease, and hence, to be enabled accurately to determine the presence or absence of such a symptom by means of the temperature as evidenced by the thermometer, is no small boon both to the physician and his patient.

It would be inexpedient to pursue the subject of "Thermometric Observations" any further on the present occasion; but an attentive consideration of the brief statements already made will be sufficient to show that the application of thermometry to the investigation of phthi-

* *Clinical Lectures on Pulmonary Consumption.*

† *Op. cit.*

sical disease will materially aid the physician in forming an accurate diagnosis and a correct prognosis, whilst the knowledge thus gained of the patient's actual present state and probable prospective condition will be of immense help in indicating the treatment to be pursued. Upon this subject Dr. Tanner remarks: "The temperature of the body, as taken by the thermometer kept in the axilla for five minutes, is found to be continuously raised above the normal standard in all cases while the production of tubercle is going on, quite independently of the organ affected. This elevation often reaches 103° or 105° Fahr., while it sometimes does so before any evidence can be obtained of local disease. As a rule, the higher the temperature is raised, the greater is the severity of the constitutional disease, and the greater is the amount of tubercle produced. On the other hand, as the formation of tubercle ceases, so the temperature falls towards the normal standard. This standard may be said to be 98°, a variation of two or three tenths of a degree above or below this being of little or no moment."* Dr. Ringer has given great attention to the subject of thermometry in its especial relation to tuberculous disease, and he records the following important results, which are condensed for the sake of brevity.†

1. There is probably a continued elevation of the body in all cases in which a deposition of tubercle is taking place in any of its organs; this elevation, probably due either to the general condition of the body (tuberculosis) or to the deposition of tubercle in its various organs (tuberculization), but most probably to the former, namely, tuberculosis. Of 24 cases recorded, in 21 there was a continued elevation of temperature, and in these the deposition of tubercle was proved during life by an increase of the physical signs, or after death by the post mortem appearances. Dr. Ringer has met with cases of phthisis in which the temperature was greatly elevated (103—105 F.) for several weeks before there were physical signs indicative of the deposition of tubercle in any part of the body, or of any considerable increase of the already existing deposition.

2. The temperature may be taken as a measure of the

* *Practice of Medicine*, by Dr. Tanner.

† *On the Temperature of the Body as a Means of Diagnosis in Phthisis and Tuberculosis.*

amount of the tuberculosis and tuberculization, and a more accurate one than either the physical signs or the symptoms. In some cases, the temperature is considerably and permanently elevated throughout the day, in others, for only a portion of the day. As it is highly probable that there is always an elevation of the temperature during the deposition of tubercle, and that the elevation is proportionate to the activity of the deposition, therefore the continuation and amount of the disease can at any time be ascertained by the use of the thermometer. Now, if it is only a considerable deposit in the lung that can be detected by physical signs, and yet the alteration of temperature be considerable, the thermometer is a better indication than the signs. And as regards symptoms, none can be implicitly relied on as evidence of the severity or continuance of the disease. Dr. Ringer refers especially to emaciation, night sweats, and the frequent pulse, all of which may exist without an increase of the temperature, but not so if the disease be phthisis.

3. The temperature will diagnose tuberculosis and tuberculization long before the physical signs and symptoms are sufficient to justify such a diagnosis, and as regards tuberculosis, even when during the whole course of the disease there are no physical signs indicative of tuberculous deposit in any of the organs of the body.* Dr. Ringer believing that there is a continued elevation of temperature in all cases of tuberculosis and tuberculization, further states, that after numerous observations he has only noticed this continued elevation in tuberculosis, rheumatism, and ague. There can be no difficulty in diagnosing the two latter diseases from the former, so that, if we meet with a case in which the temperature rises daily during a considerable time, if this be not rheumatism or ague, it is probably tuberculosis. Dr. Ringer thinks that if this elevation of temperature continues from ten to twenty days, we may possibly suspect tuberculosis, each day adding to the correctness of the diagnosis; for by this time, inflammations and specific fevers would have rendered their diagnosis certain by the rash on the skin or some other characteristic symptom. The only disease likely to offer any difficulty would be typhoid fever, but

* By tuberculosis Dr. Ringer means the active general condition, not the general condition which is known to predispose to the deposit of tubercle.

even there, in twenty days, the disease surely could be recognized. Symptoms apart from the elevation of the temperature are not sufficient to diagnose tuberculosis. Sir William Jenner taught that a continuous fever not to be accounted for by any inflammation of the tissues or by any specific fever, means tuberculosis, especially of the acute form; and Dr. Ringer thinks that the same holds good in chronic tuberculosis.

4. The temperature will probably decide when the deposition of the tubercle has ceased, and that the physical signs existing are due to obsolescent tubercle and chronic thickening of the lung tissue. So that, if the temperature be continuously normal, even with physical signs indicating consolidation of apices, deposition has ceased, the tuberculosis is in abeyance.

5. The temperature probably affords a means by which we can diagnose between diseases in which the symptoms are either too scanty or too much alike to enable us to decide between them, such as emphysema, dilated bronchi, carcinoma of the lung, aortic aneurism.

Dr. Woodman (translator of Wunderlich's book) differs from Dr. Ringer, and agrees with Wunderlich that there are intervals (three to four weeks) free from fever in some cases of phthisis, and that in some cases miliary tuberculosis does not affect the temperature at all. Henri Roger says that the increase of temperature when tubercles are present is caused by the local irritation in the tissues; if this inflammation be wanting, or if it become chronic, the temperature will hardly rise above the average. Andral says that in adults the temperature remains normal even in impending consumption, so long as there is no fever; Hérard and V. Cornil assert confidently that apart from complications, there is no fever in the stage of deposit;* and Dr. Finlayson doubts whether there is a continued elevation of temperature in all cases of tuberculous disease, and that the thermometer will always detect it.

Presuming that Niemeyer's pathological opinions are sound, and that Dr. Ringer's observations and deductions are accurate, it is impossible to over-estimate the importance of the use of the thermometer in relation to phthisical disease. By it, latent mischief may be detected or sus-

* *De la Phthisie pulmonaire.*

picion thereof confirmed, and anomalous febrile and other symptoms explained. By it, the physician may be greatly helped when delivering his opinion to the patient and his friends, upon which opinion so many important issues may depend; by it, he may be guided in his indications for treatment, and by timely warning given, he may successfully combat the disease or ward off its more dangerous and threatening characteristics.

“Physical Signs,” as another of the “Sources of Diagnosis,” will form the subject of the next paper.

(To be continued.)

FRAGMENTARY PROVINGS.

By E. W. BERRIDGE, M.B. Lond.

Datura Stramonium.

Proving 1. E. W. Berridge took 100 drops of ϕ , prepared from the seeds, in water at 9.15 A.M. Immediately feeling of mucus at back of throat. 9.20 A.M., slight headache, lasting all day. 10 A.M., lips and mouth dry, lips sticky, the dryness lasted all day. 10.50, voice hoarse. 10.40, when walking legs feel heavy. Afternoon, when reading print, letters seemed indistinct; felt languid. Evening, after dark, sleepy; eructations.

2nd day. Headache still on waking. 8.30 A.M., luminous vibrations before *left* eye, by daylight.

Proving 2. Mr. R. M. Theobald, M.R.C.S. &c., Blackheath, proved the ϕ prepared from the seeds.

Sept. 14th. Took 10 drops.

15th. Took 20 drops.

16th. Took 30 drops at 11.30 A.M., and 20 drops at 2 P.M.

1 P.M. Disagreeable feeling of dryness in mouth, throat and nostrils, lasting till dinner at 5 P.M.; frequent sneezing from the dryness of nostrils. In the evening, dull headache, not definitely localized. Sight troubled, could not focus the letters of M.S., the letters look confused; distant objects not affected. Pupils rather contracted. (3rd day).

17th. 20 drops before breakfast. 1.30 P.M., 20 drops. The same dulness of vision for small objects near the eye. The lines of letters written look double. 1.45 P.M., sudden sharp pain in *right* heel, which returned in a few minutes and then ceased. Severe griping pains of short duration in centre of hypogastrium. Constant dull pain in entire head, deep in brain. Afternoon, while walking had a sudden shooting pain in

outer part of *right* thigh, which felt numb on rubbing it with the hand. (4th day).

18th and 19th. Took 20 to 30 drops, two or three times a day. On 18th, while playing the piano in evening, two severe stitching pains simultaneously in both lumbar regions, midway between hypochondria and iliac crest. (5th day).

19th. Great presbyopia; obliged to use the spectacles of an old person, and then can read and write as usual, otherwise cannot read a word. Distant and large objects are seen as well as ever, but small and near objects are completely confused. Great dryness of mouth, throat and nostrils; could not eat bread and butter for breakfast, but was forced to eat sopped bread and milk instead; the dryness prevented insalivation, and made swallowing difficult. When in the dark have several times seen bright flashes, suddenly coming and going, like faint and small sheet-lightning, A dull general headache, deep in brain, is constantly present. The dryness in nose often causes sneezing, rather violent. (6th day).

20th. Took 30 drops before breakfast and at noon. Presbyopia continued, and also the dryness of throat, mouth and nose; cannot insalivate dry food, swallowing such food is difficult; at dinner obliged to sip frequently to help down the food, which seems arrested in the œsophagus. From 10 A.M. to noon, violent coryza, sneezing, nostrils stuffed but not much flow; rasping, loud, violent dry cough, caused by the dryness of the throat; pain between shoulders during the act of coughing: nothing seemed to affect the cough. In evening, frequent offensive bilious eructations. Several times a day, dull griping pain in pubic region,—also during stool. Unusual straining required to empty the bladder; the stream stops before it is emptied, and then the ejection has to be completed by several successive efforts, the flow being stopped as soon as the effort is discontinued. While thus straining on the bladder, a slightly relaxed stool has occurred. Quantity of urine increased; more frequent and copious at a time than usual. To-day and yesterday, two natural stools instead of one. Unsteady, half-staggering feeling while walking in the evening; it was a very slight swaying to either side or forwards, like drunkenness. During forenoon, constant but slight bitterness in mouth. (7th day.)

21st. Took 30 drops last night at bed-time. Woke several times with excessively disagreeable dryness of mouth and throat; had to sip water several times. 8 A.M., 30 drops. Occasional staggering when walking. Constant dull frontal headache, not severe. Rather inclined to be forgetful; forgot where a paper had been put a day or two ago; hunted for the spectacles and found they were in my hand all the time. Stool this morning rather relaxed, a darker brown than usual. (8th day.)

22nd. 40 drops early in morning. During breakfast extreme dryness of throat and mouth; presbyopia; a clouded state of faculties, horrible obfuscation. Took a drachm of vinegar as an antidote, which immediately produced violent vomiting of food. I lay down on the bed; came down soon after to see a patient;—he had twice told me he was quite alarmed at seeing how bewildered and incapable I was. I upset everything I touched; he seemed to me to be talking to me out of a cloud, or as if he was a figure in a vision and not a reality, and when he ceased talking I subsided into a sort of bewilderment, from which I could with difficulty rouse myself to attend to his case. My writing was almost an unintelligible scrawl. I lay down again all day till evening, dizzy and incapable, with dull headache on vertex but not much pain. I could not realise anything; my wife sitting by my bed seemed like a phantom, and I put out my hand occasionally to feel if she were a real existence or not. There was a dull pain in lower colon, and one or two dark chocolate brown relaxed stools. Urine as before. Before this extreme condition of bewilderment came on, I was excessively forgetful; would begin a sentence with a perfectly clear idea of what I had intended to say, but forgot all about it before I had completely expressed myself; also I used wrong words, and expressed my meaning badly. My speech was thick, as if my tongue were too large for my mouth, though I felt nothing wrong in my tongue, but only a sort of globbering articulation. Several times when walking along the street, I experienced a sort of *aura* or wave of sensation running swiftly up the body from the *right* heel to the occiput, *i.e.*, all along *posterior right* side of body. Occasionally I would feel suddenly arrested as if tripped up by a backward thrust in the popliteal space, causing the knees to give way under me; several times I came to a dead stop through this sensation. (9th day.)

25th. Kept in bed till 4 or 5 p.m. on account of a severe pressure in vertex, which seemed affected by nothing, but made me unwilling to get up. (12th day.)

After 25th I lost the severe disabling symptoms, but had the following:—Headache every day at two different times, late in afternoon and evening, and early in morning, waking me before sunrise, about 4 p.m. It was a rather severe heavy pressure on vertex. I woke always at the same time with this headache, lying nearly on the back with an inclination to the right side, and my arms, one or both, especially the right, violently stretched up vertically and bent across top of head: so severely were they stretched as to make the muscles of upper arm feel strained and rather bruised. This elevation of the arms on waking continued for ten days. The last time it occurred, I detected myself gently raising my arm in the act of waking; this time there was no

straining of muscles, and very little headache. The presbyopia ceased two days after medicine was left off; while it lasted I had to wear spectacles when reading or writing.

Proving 3. The same prover. Oct. 18th, chewed 6 or 8 seeds in afternoon. Next night a smart attack of diarrhoea, lasting all next day; the stools were exactly like those in the former attack,—pappy, feculent, dark brown, with dull griping across hypogastrium *before* stool, some straining *during* stool, and a straining with the urine at the same time; the urine would only pass while the effort was continued strongly, and stopped as soon as the bearing-down was withdrawn, *e.g.*, to take breath.

Proving 4. The same prover took 10 drops of the 8rd centesimal on Oct. 22nd, 23rd, and 24th.

24th. In evening, after mental work, painful pulsative throbbing in the forehead.

25th. In middle of day, while reading in open air and walking, sudden dizziness, staggering as if he would fall *forward and to the left*. In afternoon, painful and difficult stool, requiring much straining; the last part could not be evacuated by straining, but came easily after the straining ceased. Took 5 drops before bedtime. Midnight in bed, felt quivering like live-blood in right upper eyelid.

Proving 5. Mr. —, proved the ϕ of the Homœopathic Pharmacopœia.

1st day. Took 5 drops.

2nd day. 5 drops. In lower abdomen shooting from before backwards for half hour, twenty minutes after dinner.

3rd day. Took 10 drops. Depression of spirits, indisposed to converse.

4th day. Buoyancy of spirits.

5th day. 15 drops. In two hours violent purging, with and followed by pain in rectum, shooting downwards, for two hours.

7th day. 5 drops *ter die*. Shooting inwards in stomach-pit and right side of abdomen.

8th day. 5 drops *ter die*. Sharp pain in chest about junction of middle and lower third, first on *left* side then on *right*, worse on walking; entirely disappearing when in a warm place.

9th day. 5 drops. General dull headache, worse over eyes; head feels heavy. Uncomfortable sensation in middle line of *chest* (? in œsophagus.—E. W. B.), with feeling of nausea.

10th day. Headache as yesterday.

Proving 6. The same prover took 5 drops of ϕ *ter die* for four days.

1st day. Thirst, drinking much at a time; feverish.

2nd day. Shooting inwards, very acute, of short duration, in stomach-pit.

3rd day. Bowels have not acted for two days. Feeling in right eye as if water twitched about in it.

4th day. Black spots before the eyes, moving with the eyes, in the evening after dark, by gaslight.

Proving 7. The same prover.

1st day. Took 5 drops of ϕ at 7 P.M.

2nd day. Black spots before eyes moving with eyes, by daylight only, 7 P.M. 5 drops. Shooting inwards in stomach, first on *left* side, then *right*.

3rd day. 5 drops at 7 P.M.

4th day. 5 drops at 7 P.M. Bright spot before eyes *only* when looking at gas flame.

5th and 9th days. 5 drops at 7 P.M.

10th day. Slight stationary pain in stomach-pit.

11th day. 5 drops at 7 P.M. Watery diarrhœa, preceded by violent crampy pains in bowels. This lasted three days.

12th day. 7 P.M. 5 drops.

14th day. Evening after sunset, soon after food, vomited food mixed with nearly black clotted thick blood; the vomiting was difficult, and caused shooting pain at stomach-pit, and was preceded and followed by retching. He never vomited blood before.

NOTE.—*Stramonium* is a medicine which requires a thorough proving. Very little is known of its action, save from cases of poisoning, which, though very useful, do not give us the finer shades of action necessary to be observed in homœopathic practice. The above provings have elicited some new and valuable symptoms. Will not the profession help to complete them by further experiments?

Chloroform.

Proving 1. Miss — inhaled chloroform. Her sight *gradually* went during the inhalation till everything seemed quite dark; it returned again *gradually*. When under its influence, felt extremely comfortable; she could have remained as she was for ever. On awaking from its effects, she felt almost tipsy, frequently laughing, and not understanding what she said or did. Afterwards she could scarcely be persuaded to leave the piano, of which she is very fond. She would have continued playing all night if permitted; she could scarcely be persuaded to go to bed.

Proving 2. Mrs. — inhaled it. All seemed to grow dark, except one bright spot. She felt as if floating on wings. Felt

as if hammers were beating all over her. Screamed. Talked nonsense, but spoke grammatically.

Proving 3. Mr. —, medical student, used frequently to take chloroform for an experiment. Once I administered it to him myself, and observed the following effects. He slept; then said something about one of the surgeons getting drunk (which was reported to be often the case); I asked what he was saying about him, when he denied that he had said anything about it. He then talked nonsense about the hospital and other matters, but spoke articulately and grammatically. His voice was somewhat altered and drawling at times. He kept demanding more chloroform, as he used to do on other occasions; addressed me by the name of R—, who used to give it him; on one occasion he got up from his chair, when I refused to give him more, as if to insist upon it. On knocking loudly at the door of the room, he would start up from the chair, saying, "Come in;" if this were done repeatedly, he would speak angrily about the noise. On one of these occasions, seeing his brother near him, he exclaimed, angrily, "Who is that?" but directly afterwards recognised him. Afterwards I tried to rouse him, telling him that the tea was coming up, for I thought that the servant would think he was drunk; but he replied, crossly, "Don't talk like that about the tea." Finally, I woke him by applying a wet towel to his face, to which process he objected. He remembered this on waking, but little or nothing else.

Proving 4. Mr. —, another medical student, inhaled chloroform. He spoke in an altered, drawling voice. He informed me that there were two ways of injecting morphia, viz., subcutaneously and under the skin; and that if he had his choice he should prefer it under the skin. This prover frequently had to inject morphia; therefore his remarks were a reminiscence of his ordinary life.

Other Provings. After the inhalation of chloroform, on two occasions, I have noticed involuntary discharge of fæces. On one occasion erection of the penis occurred. In two provers, obscene language was used under its influence. In two cases they sung comic songs, and one addressed the surgeon in a most familiar manner.

Chloroform deserves a thorough proving; it would probably prove useful in mental derangements.

254, St. Paul's Road, Canonbury,

REVIEW.

Discourses on Practical Physic. By BENJAMIN W. RICHARDSON, M.A., M.D., F.R.S. London: J. & H. Churchill. 1871.

This is a most disappointing book, as a book. Had Dr. Richardson published his third discourse on "Intermittent Pulse and Palpitation" separately, the reader would have had for a smaller sum all that is valuable in the book. We, fortunately, had read this last discourse first, and enjoyed its perusal, but had we begun with the first two, we should scarcely have felt much inclination for going further. Before commencing its perusal, there is everything about the book calculated to raise one's interest in, and expectation of what is coming. The work is beautifully and quaintly got up, in white cloth, with red lettering in imitation of the antique white vellum; while the titles of the discourses, viz.: 1. On Physical Disease from Mental Strain; 2. On Research in Medicine; and 3. On Intermittent Pulse and Palpitation;—the whole grouped under the general title of "Discourses on Practical Physic," are very tempting. The disappointment of the reader is, then, proportionally great, when he finds how much, or rather how little Dr. Richardson brings to pass. Dr. Richardson is a man of ability and learning, and before all things a hard worker in his profession; nevertheless, it has always struck us that, with a great appearance of work done, and scientific investigation gone through, the practical product thereof is but small in proportion. His experiments on curious chemical compounds, and their effects on animals, are all very interesting and curious, but of really no practical value, while his "styptic colloid," about which we heard so much at the time of its introduction, is now a thing of history, and his ether spray, though valuable to a certain extent, is now used, we think we are not far wrong in saying, once for fifty times that it was used when first brought out.

So with this present book. The title "*Discourses on Practical Physic*," is, except in regard to the last discourse, virtually a misnomer, and entirely so, when applied to the second on "Research in Medicine." We expected in this essay to find something eminently practical, but we were disappointed.

Let us look into the discourses more particularly.

The first one is entitled "*On Physical Disease from Mental Strain*," and we shall give our readers a summary of it. Dr. Richardson divides those who are likely to become the subjects of mental strain and consequent physical disease into six classes.

1. The mere copyist, clerk, compositor, or reporter. His dis-

orders are "chiefly confined to dyspepsia resulting from confinement at the desk, or from insufficient repose." (p. 7.)

2. The original thinker and writer. These suffer only when they have a profusion of "happy thoughts," and an irresistible impulse to jot them down by night or by day; or when they write against time, with visions of printers' devils bullying them for "copy."

3. The speculator, who lives in a constant atmosphere of commercial gambling. His state of continual excitement, even when he is successful, inevitably producing at times intense depression, cannot but undermine the health by destroying rest of mind and body, render him the subject of irregular and irritable heart, and leave him in a state unfit to cope with acute disease.

4. The man who works for others rather than for himself, such as the medical man and the politician. These have bodily as well as mental fatigue; and are apt to break down from the combined strain.

5. The artist, whose only mental strain is chagrin at inappreciation and want of success, whether poet, painter, or musician. In the case of the dramatic artist, however, besides the criticisms of the public, the intense mental strain required to put himself thoroughly into the character of another, and to give way to passion or emotion as part of the acting, is apt to react on the body, and destroy the health, if the strain is kept up too long.

6. The learner, especially the child. Precocious children, if brought forward as mental prodigies, or crammed too early with technical knowledge may, if predisposed, suffer from actual disease of the brain and die therefrom, or grow up stunted in mind and even in body. Complete physical break down also results in adult students from over cramming. Besides the above forms of mental strain, Dr. Richardson states that sudden mental shock may produce diabetes or paralysis, or intermittent pulse, or arterial relaxation with murmur; or may develop latent diseases, and intensify them if existing, such as skin eruptions, epilepsy, cancer, or insanity.

We feel obliged to Dr. Richardson for all this valuable information, but it strikes us very forcibly that we knew it all before. We admit that the subject of the discourse has an eminently practical bearing, but we cannot see that our author throws any additional light on it, practical or otherwise. A discourse like this one is just the sort of thing to give at a *conversazione*, or a semi-scientific meeting of professional men, laymen and ladies, but what the object is of publishing it as one of three papers on Practical Physic, we are at a loss to comprehend. We must, however, do Dr. Richardson the justice to

quote the concluding sentences of the discourse, which are the only ones that seem to us to contain anything like a new idea. He says, "The origin of insanity, as a concrete fact, is rather to be sought for in inactivity, hereditary and individual inactivity of brain, than in exercise of brain; and that excessive exercise of brain is a cause not of mental, but of physical derangement. Our uneducated, cloddish populations are, in short, as I venture to assume, the breeders of our abstract insanity, while our educated, ambitious, over-straining, untiring mental workers, are the breeders and intensifiers of the worst types of physical disease." (p. 18.)

The second discourse is entitled, "On Research in Medicine," truly an important subject.

Dr. Richardson commences thus: "The first necessity for medical research is a proper frame or constitution of mind. But this constitution, partly natural, partly acquired on a natural talent, is of such rarity it inevitably reduces to the smallest minority all who truly live, and who, when they are dead, command. So rare is it, indeed, that the twenty-three centuries from the father of medicine have not brought forth twenty masters who, at this moment, are powerful to command."—(p. 17.) After naming sixteen men who have made lasting names, as pioneers in different branches of physic, of whom, of course, HAHNEMANN is *not* one, he goes on to say, that it is easy to become famous by being a good surgeon, or by being erudite, or by being a great theorist. Then follows this sentence: "Lastly, by a spick and span method of ignoring fixed truths, and inventing wild dogmas, it is the easiest of all things to gain a spurious fame, and even to live, as Hahnemann has long lived, on the uplifted ignorance of the great illiterate." (p. 18.) Really, this is too much, and at this time of day too, when such steady approach is being made by the more intelligent of the old school to homœopathy. Our blood boils at seeing a physician who prides himself as being scientific and in the fore front of medicine, talking in this, to say the least of it, ignorant manner. Which of the two, Hahnemann or Richardson "ignores fixed truths?" we have hardly patience to make the comparison. We get day after day admissions in old school periodicals of the truth of Hahnemann's "wild dogma" of "similia similibus," and open appropriations of pieces of practice which would never have been thought of had it not been for Hahnemann, while the "great illiterate," who support homœopathy are the most highly educated and the noble of the land. Dr. Richardson holding forth upon "Research in Medicine," forsooth, and speaking in such an ignorant manner of the greatest medical reformer of modern times! the thing is preposterous!

The next section of this discourse is upon "unity of re-

search," and here our author laments the numberless subdivisions and specialities existing now-a-days. This subdivision of labour is carried at present unnecessarily far, but we differ from Dr. Richardson, in considering this subdivision, if not carried too far, conducive to research and knowledge. The men who have made most advance in any particular branch of physic, and given us increased knowledge of disease and means of diagnosis, are not the general practitioners, but the men who have taken up a certain speciality, however limited, and worked hard at their particular branch. We must quote Dr. Richardson's peroration, when bewailing the state of the profession as resulting from this subdivision of labour. "In these days, the Æsculapian, forgetting his nobler part, has degraded himself to a common level, where he might have stood, in the earnest consciousness of his strength, above the level, and a first power in the land. Where at the present time in this country, and in physic, is to be found the type of Richard Mead, who, in his palace, where little children now pour forth their touching woes, could command the friendship of every illustrious man who visited our shores? Where is now the physician who dare say to the Prime Minister of England, liberate a just and upright man from the duration of the political prison, or my skill is in safe keeping from your frailty? (!). Where is the representation of Haller, who shall claim, and claim to win, an equal place with the princes of philosophy? Where are the great teachers of Leyden, Padua, and London? Where are the men, who, like Harvey and Lower, in days when differences of rank were far more keenly appreciated than now, could call royal pupils to their noble demonstrations? Alas! I know not. I know only of a profession sinking fast its art into its trade, and in some, and many instances, descending even to the speculative tricks of the gambler, and to their inevitable consequences, loss of wealth, loss of mental health, and unmitigated despair." (p. 24.) This is simply grandiloquent "bosh."

In the next paragraph on "Unity of Practice," our author harps on the same string of abolishing specialities, and in the same style of lamentation. Next comes "Unity of Education," and now having done so much in the dirge line of discourse, we fancy him saying to himself, "Happy thought! try the Carlylian style," and the following is the result: "What, then, sees the student as he enters medicine? What does he hear? What does he grasp? He sees a mirage, he hears a Babel, he grasps water. What of the hundred things set before him to study shall he study first? Which one of all those debaters, for now there are no teachers, shall he believe? To what tenet, to what current shall he trust his future? Poor student! thou hast many masters, but no master; and now thy masters,

abusing with loud sounds, the scissors workers of physic out of the privileged house which thou walkest in, are so far imitating the same as to snip up further, even in that privileged house, sundry similar patterns, which thou must also learn. I do not wish to over praise the old days of apprenticeship, and seven years' surgery. But, beshrew me, student, skipping about in that big asylum, now in this lecture-room half asleep, and anon in that lecture-room very much too wide awake; this hour pouring out thy broken ideas on that operation, criticising Peter thy master, at the expense of Paul thy master, and finishing up the day with a discussion at a society's meeting, on a subject, the alphabet of which is not in thy possession, beshrew me, student, if perchance thou wert not better off in the seven years' surgery after all, and really better if then thou hadst over thee one good master, who would give thee all he has, except experience, and years, and ripeness of thought, and their own soul," (p. 32.)

Finally comes a paragraph on "the direction of research;" in which "the first step is to bring all minds to bear on the simple physical relations of animal force to animal matter." (p. 33.)

The discovery of this problem lies "at the root of the explanation of living phenomena, healthy and diseased; nor can a step be made in scientific healing" until it is solved. "With the relations of force to matter unknown, the morbid dissector, like the grave-stone carver, cuts merely to record; the pathologist is an abstraction, while the therapist is a sceptical believer, who fears to trust, dares not mistrust, and relies on an experience which varies like the deceitful sea. The simple relations of force to matter understood, all that requires to be known by the physician, in every department, would proceed as light proceeds from the sun. He would see phenomena as natural and sequential, and whatever appears to him out of the order of nature and as disease, so named in abhorrence or disgust, would be found to be in order and to be preventable, remediable, or removable, according to the necessities of order Then would he understand the full extent of his influence, and gather, I predict, such marvels of knowledge that the crude beliefs of the wondering should be shaken to their centre. But towards this end the cry is again for the unity of research." (pp. 34, 35.) This is a charming prospect for therapeutics, since no step in therapeutics can be made without discovering "the simple physical relations of force to matter." But Dr. Richardson considers that there are two facts of promise in the midst of this state of confusion. The first is the discoveries of the late Master of the Mint "on osmosis and the division of natural substances into two great classes, called respectively colloids and crystalloids," and on the diffusion of gases; and second, the abolition of the three pharmacopœias in Latin, and the substitution of the British Pharmacopœia in English.

And this is all Dr. Richardson has to offer us on "Research in Medicine!" and this is a "Discourse on Practical Physic," and delivered, too, before the St. Andrews "Medical Graduates Association!" If this is all the progress we can make in medical research and practical medicine, what a desert we homœopaths have escaped from. We feel quite melancholy as we read this discourse, and breathe freely at the end of it, when we think what a slough of despond we have left behind us. Medical research in every other branch but therapeutics is in a most satisfactory state—in anatomy, physiology, pathology, chemistry, surgery, but in therapeutics, with the greatest truth in medicine being constantly preached and practised before their eyes—men like Dr. Richardson indulge in high flown talk about the miserable state of present medicine, and possible state of Utopia at some distant time, when meanwhile they are blind to the light, for the simple reason that they keep their eyes shut.

If Dr. Richardson would only open his eyes and look, he would see that Hahnemann's "wild dogma" of *similia*, brought to light perhaps the most important "fixed truth" ever enunciated in medicine; Dr. Richardson's far distant Utopia would become a thing of the present, and he would place Hahnemann among the greatest of the great names in medicine.

We come now, with a feeling of pleasure, to the third discourse, "on Intermittent Pulse and Palpitation."

This is a very interesting and able discourse on a subject on which little has been written or observed. It is only intermittent pulse properly so called, when, after so many normal strokes, a complete cessation of pulse occurs for one or more pulse-periods, and not simply irregularity, which is treated of here.

In a case of intermittent pulse, when one listens to the heart, after a given number of times, "suddenly there is, as it were, a revulsion—I know no better term—and with that the hesitation in the arterial beat. We wait for a return of the phenomenon, we analyse it carefully, and we read that it is connected with an entire absence of the first or long cardiac sound, with a very faint second sound, and with loss of the pulse, followed usually by a heavy thud of a returning first sound, by two sharp and distinct but faint quick second sounds, and by return of the pulse." (p. 41.) The mechanical cause of this intermittent pulse, Dr. Richardson describes as follows: "The ventricles, filled by the systole of the auricles, fail to contract on the blood contained in them; thus the system altogether is left with the arterial side of the heart full, with the arteries contracted on a small column of blood, with the veins full, and with the right side of the heart full both in auricle and ventricle. In a word, the whole circulating system is left containing blood, so that the

line of the blood current continues unbroken. During the interval of the cessation of the action of the ventricles, blood is, moreover, still entering the right auricle from the two cavæ, by that continuous force which the older writers call the *vis a fronte*, and the auricle remains in motion, contracting on its contained blood. A column of blood is in this way still carried into the pulmonary artery, and, the artery contracting, a feeble second sound is produced, after the loss of the systolic sound, by the closure of the pulmonary valves. Lastly, when the ventricles again contract, contracting as they do at this time on a double charge of blood, there is produced the long heavy systolic sound, followed by the two sharp faint second sounds, the reduplication of the second sound being due either to a separate closure of the pulmonary and aortic sets of valves, or to a simultaneous double but fresh closure of both." (p. 44.)

Dr. Richardson next takes up the organic cause of intermittent pulse. He concludes (1). That it cannot be a diseased state of the heart itself. For, of four cases where this intermittent pulse had been persistent for long during life, after death, the heart was found perfectly healthy in structure.

(2). That it is not due to any form of dyspepsia, for in many persons affected with intermitting of pulse, there is not the slightest evidence of, or tendency to, dyspepsia. At the same time, an attack of dyspepsia may, Dr. Richardson admits, in cases of recurrent intermittency of pulse, aggravate the intermittency, or bring it on again if absent, from the lowering of the general tone produced by the dyspepsia. (3). That no disorder of the blood, of the lungs, liver, or kidney will produce it. (4). That therefore the nervous system is at the root of the disorder.

Further, "all the evidences point to the fact that, in every case of true intermittency, one particular point or centre of the nervous system is the primary seat of the derangement. The phenomenon is too uniform to admit of any explanation less definite The derangement might be in the ganglionic centres of the heart itself; but if it were, the nutrition of the organ would surely be more decidedly influenced, and the cardiac symptoms would not be intermittent, but persistent. The derangement might be from irritation in the periphery or in the branches of the pneumo-gastric; but if it were, it would hardly be continuous for years, with no other sign of muscular disturbance. Where, then, is the primary mischief? I believe it to be in some mental centre of the nervous system. The clinical history of every case I have seen points to that truth. In the aged, intermittency is an almost invariable follower of failing power; in the very young, it presents itself with other indications of mental derangement or febleness. But that which

impresses me most in favour of this origin of intermittent pulse is the mode in which it appears in the prime of life. I have never met with a case in which it has not been traceable to some form of mental excitement with succeeding depression. In no case, except when the symptom has belonged merely to old age, have I failed to trace the disease back to what may be called mental shock, and in many instances the patients have themselves described to me the first occurrence of the symptom as derived from their own immediate knowledge." (p. 48, 49.)

Dr. Richardson then gives examples of intermittent pulse coming on from terror of sudden death during shipwreck, from great anxiety, from grief, especially when combined with bodily exhaustion, from passion, from excessive mental and physical fatigue, and from reverse of fortune. He also gives cases of intermittent pulse developing itself immediately before an attack of acute mania.

Resuming, then, the question of the organic cause of intermittent pulse, which we saw was by the method of exclusion reduced to being situated in some mental centre, Dr. Richardson concludes that it is the sympathetic system, and not the cerebro-spinal which causes the derangement. Because 1. The ganglionic system is now believed to be the centre of "all those mental acts which the metaphysician has designated as the emotions, passions, and pure instinctive expressions of man; the cerebro-spinal being the system of the pure intellectual life,—the life that learns and teaches, and in the highest natures controls even the emotions." (pp. 62, 63.) 2. No amount of narcotism of the cerebro-spinal centres will produce intermittent pulse, until it is carried so far as to paralyze the sympathetic. (3). Irritation of the pneumogastric simply slows the pulse, but causes no intermission; nor is there nausea, or disturbance of the stomach. (4). No other symptom of cerebral lesion, such as paralysis of any kind, convulsion, cranial pain, &c., is present in cases of intermittent pulse.

(5). The symptom is evidently connected with irritation and failure, and not with exaltation of nerve-function. (6). Since as stated in (2) in narcotism by chloroform or other narcotic, the symptom only comes on when everything under cerebro-spinal influence is practically dead, and only the sympathetic, and the intrinsic cardiac ganglia live, one or other must be the cause of the intermittency. But (7) after intermittency is produced, and the sympathetic fails in function, the cardiac ganglia sustain a feeble action. The cause, then, of the symptom is not in the intrinsic cardiac ganglia, but in the sympathetic system.

The next chapter, on the "Significance of Intermittent Pulse," is extremely interesting. Occurring in a slight degree,

it seems a harmless symptom, and one that patients frequently are themselves unaware of. But when the intermission occurs after every few pulse beats, the patient becomes not only aware of it, but it may have a very depressing effect upon him, as in some cases Dr. Richardson records. As a rule it indicates failure of nervous power. Some of Dr. Richardson's remarks on this point are well worthy of quotation. He says: "Whenever this symptom is persistently present in any person, the actual value of life as compared, *ceteris paribus*, with the life of another person who has no such symptom is reduced, the power for work is less, the power to meet extremes of heat and cold are less, and the power to meet the anxieties and calamities of life is unquestionably much less. The man or woman with a hesitating heart is thereby unfitted for sudden tasks, demands, resolves, which, when the heart is firm, are considered as of comparatively little moment; for, when the heart hesitates, the brain, which reposes for its power on the blood the heart supplies to it, falters with the heart, just as the gas flickers when the steady pressure is taken off the main. From these circumstances some persons who once were known as resolute and determined, lose these qualities when they are subjected to intermittent action of the heart, becoming, as their friends say, uncertain and doubtful in character, becoming, as they themselves feel and know, less the masters of themselves, and less secure in their own work, and skill, and power. Another point is worthy of note. Persons in whom there is permanent intermittent action of the heart pass through all acute diseases with less chance of recovery than others of similar age and like constitution who have no cardiac failure. They sink more readily from surgical operations, from falls and injuries, from influenza, from acute congestion of the lungs, from inflammatory attacks, and peculiarly from typhus and typhoid fever. I would look upon a man's chance of recovery from typhoid if he were 50 years of age, and had a steady heart, as preferable to that of another man at 40, in whom intermittent action of the heart was developed before the occurrence of the disease, or in whom the symptom came on, as it sometimes does come on, in the course of the disease." (Pp. 73-74.)

Intermittent pulse, Dr. R. finds, may pass off with increased strength and growth, if occurring in a child; in an adult, it may be absent for a time, when the health gets particularly good, but never goes away entirely, being ready to recur on the least nervous debility arising from any cause. When once developed in any person past middle age, it persists.

In the chapter on treatment, absence of any excitement, or of any cause which might lower the present health, are of course recommended. Abundance of sleep is advised—ten to twelve

hours for a child, eight or nine for an adult. In extreme cases of cardiac intermission, opium in full doses is Dr. R.'s sheet anchor; or quinine and opium when there is much depression. When, besides the intermittency, "there is anæmia, with atonic condition of the bowels, and distension of the stomach and intestines with gas," Dr. Richardson recommends "Easton's syrup of the superphosphate of iron, quinine, and strychnine," which, we are told, the patient is to look upon rather as a food than as a medicine. If neuralgia is present, as we are told is not uncommon, the patient, *in addition to the above*, is to have 2 to 5 grains of quinine for a dose, together with morphia to procure sleep, or chloral, or chloral and morphia. We have thus the patient swallowing daily phosphate of iron, quinine, and strychnine, and 2 to 5 grs. of quinine and morphia or chloral, or both together. When there is great prostration or any organic disease present besides the intermittency of pulse, a mixture of carbonate of iron, carbonate of ammonia, and morphia is, we are told, the thing.

But, notwithstanding this immense array of drugs which the unfortunate patient is expected to swallow, Dr. Richardson says: "I have made many enquiries in order to ascertain if there be any one particular remedy which so influences the nervous mechanism of the heart as to exert an immediate controlling effect over intermittent action; and the result of my research is that there is only one agent which can be said positively to influence it: I mean to influence it at once in such a determinate manner that an effect is seen to follow upon a cause. The agent to which I refer is alcohol." (P. 80.) "In intermittent pulse this direct action of alcohol on the heart is shown with singular effect. I have seen in an extreme case, when the fact of intermittency was recorded ten times in the minute at least, a total cessation of the phenomena within five minutes after the administration of an ounce and a half of sound brandy, the circulation at the same time being rendered more rapid. This action of alcohol is so decisive that the patient himself soon becomes conscious of it, and perchance resorts sometimes to the remedy, as if by instinct, to his ultimate disadvantage." (P. 81.)

Dr. Richardson admits that this one powerful remedy acts in accordance with Hahnemann's "wild dogma," for he proceeds to say, "unfortunately, the remedy itself, if carried too far, increases after a time the primitive evil" (p. 82); and further, at p. 83, after recommending it to be given only occasionally, and when really necessary and urgent, he says: "Half an ounce or an ounce of brandy will act, generally, in the most effective manner. It will bring rest at once, and often, when a narcotic fails, sleep; but it must be repeated only after an interval of

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of eight hours; if it be carried to the extent of producing the third, paralyzing or narcotic, degree of alcoholic stimulation, it will have conferred evil instead of good." We suppose it did not strike Dr. R. that in these statements he is, according to his own showing, "ignoring fixed truths," and acting in accordance with a "wild dogma."

Our author's remarks on dieting are very judicious. Reserving the brandy for occasional use in urgent cases, he allows the daily use of only small quantities of sound light ale and light sherry, avoiding champagne, sweet ports, and such like beverages. Food he advises to be taken in *moderate* meals, and frequently, never allowing the patient to fast long; and while disapproving of late suppers, he equally disapproves of allowing the patient to go to bed hungry. We quite agree with him in thinking the one extreme as prejudicial as the other. A *light* meal of milk, cocoa, bread and butter, and such like, should be taken two hours before bed-time, and a glass of milk put by the patient's bedside to drink in the early morning, if a faint, exhausted feeling come on. Tea he rigidly excludes from the diet; and though he does not know of any evidence to show that either it or tobacco produce intermittent pulse, yet he believes that their use aggravates the sufferings of one already the subject of this symptom. He therefore also advises the disuse of tobacco in any form. The body should always be well clad in flannel, to keep a uniform temperature.

The last chapter of this discourse is on Palpitation of the Heart. We have never remarked the exact rhythm of the heart-beats on auscultating a patient with palpitation; but Dr. Richardson describes it as "a quick repetition of second sounds, with an occasional first sound;" and the influence at work in producing this state of heart, he says, "consists of sudden excitement or irritation of the organic nervous ganglia which supply the heart." (P. 89.)

There is a peculiar form of palpitation which Dr. R. draws attention to, and which is worth observation. It is called by older writers, *epigastric* palpitation. This is not situated in the heart at all; it is felt and heard in the epigastric region, and may exist when the heart and pulse are beating quite regularly. It is "usually accompanied with a sense of fulness in the throat, and is relieved by the eructation of flatus, or by the passage of gas along the small intestines into the colon." Dr. Richardson finds that the pulsation is "really vascular, and that it is due to motion in some of the large vessels which proceed from the aorta to feed the abdominal viscera, such as the celiac axis. It is as if the nervous supply to the vessel were rendered in an irregular or disturbed manner, and that the vessel underwent a rapid series of contractile movements independently of the cardiac movements." (Pp. 90-91.)

In an "Addendum on Treatment," Dr. Richardson praises the value of the bromides of quinine, strychnine, and morphia, in the sleeplessness and irritability occurring in intermittent heart, given alone or together. Also, he gives a fact worth remembering, that rapid relief may be given in such cases by the application of mustard to the front of the neck, so as to stimulate the sympathetics. One patient so treated says: "I passed, as the sinapism took effect, from incessant restlessness, owing to the irregular action of the heart, into deep sleep, and that so insensibly and rapidly I was not conscious of going to sleep." (P. 98.)

MEETINGS OF SOCIETIES.

THE MIDLAND HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of this Society took place on the 24th November, at the Homœopathic Hospital, Birmingham. Dr. THOMAS occupied the chair.

The following members were present:—Drs. BLAKE, COLLINS (Leamington), ROBERTSON, CRAIG, and G. CLIFTON (Leicester); Messrs. J. LAWRENCE, H. ROBERTSON, A. C. CLIFTON (Northampton), and C. WILLIAMS (Wolverhampton).

The minutes of the last meeting were read and confirmed. The treasurer's report was read and passed, and a guinea voted to the funds of the Birmingham Homœopathic Hospital.

Dr. GEORGE ROBERTSON, house surgeon of the hospital, was elected a member.

The officers for the ensuing year were then appointed:—President, Dr. THOMAS; Vice-Presidents, Dr. CARTWRIGHT and A. C. CLIFTON, Esq.; Hon. Sec. and Treasurer, Dr. GEORGE CRAIG.

On a resolution brought forward by Mr. A. C. Clifton, with the view of securing fuller discussions of the papers read before the Society, a lengthened conversation took place, and the following proposal was agreed to:—"That the paper read at one meeting be discussed at the time, and the discussion adjourned to the next meeting, such discussion to precede the paper appointed to be read thereat."

On the motion of Dr. Thomas, the hour of meeting was changed from half-past four to three o'clock.

Dr. CLIFTON then read his notes of the following cases.

The first read was one of orchitis in the left side following gonorrhœa, in a shopman aged 25, which had been treated by a druggist with a sulphate of zinc injection. At the time Dr. Clifton saw him there was considerable tenderness in the swell-

ing, especially along the spermatic cord. Pain was worse during and after micturition.

Presc.—R. Tinct. *puls.* 1x ʒss.; aq. dest. ʒvi.; and R. Tinct. *clematis*, 1x ʒss.; aq. dest. ʒvi. Direct.—Two teaspoonsful to be taken every three hours alternately. R. Lotio *plumbi diac.* to be applied on lint.

Dr. Clifton said that he gave *clematis* on account of the tendency to stricture and the symptom caused by *clematis*, "pain in the spermatic cord in urinating. The *pulsatilla* he thought indicated by the suppressed discharge.

Two days afterwards the swelling was still red and hot. There was some increase in discharge, and the urine was passed in a fuller stream.

Presc.—Tinct. *bell.* 1x, and tinct. *clematis* 1x. Continue lotion.

18th (6th day). Pain and swelling much diminished. Discharge greatly increased. Omnia repetanda.

21st (9th day). Swelling all but gone. Discharge profuse.

R. Tinct. *cannab. sat.* φ ʒss.; aq. dest. ʒviiij. Direct.—A tablespoonful to be taken every four hours. Omit the lotion and apply cold water.

25th (13th day). Discharge less. Med. Rept.—Injection of warm water.

March 4th (21st day). Discharge reduced to a drop or two. Feels weak.

Presc.—R. *Ferri sulphatis*, gr. xxiv.; *ac. sulph. dil.* ℥iv.; aq. dest. ʒss. Misce. Direct.—Four drops to be taken in water three times a day. Cold water injection to be used morning and evening.

Three weeks later he reported himself quite well, and had only been away from business one day.

E. W., æt. 52, warehouseman.

July 2nd. For some days had pain and tenderness in *left* testicle, pain going up to inguinal ring. Scrotum enlarged, hot, red, and tumid. Veins swollen. Tenderness and swelling extending into inguinal ring.

As he was accustomed to lifting weights, at first I feared it might be scrotal hernia, especially as he was complaining of nausea, furred tongue, some rigor and fever.

Still there was so much inflammation, and he noticed the pain first at the bottom of the scrotum; other symptoms of hernia were not present. Was subject to rheumatic pains; had been working hard.

Pres.—R. Tinct. *arn.* ʒ ʒss.; aq. dest. ʒviiij. A tablespoonful to be taken every three hours.

R. Tinct. *arn.* φ gtt. xii.; aqua ʒvi. Lotion to the parts on lint, and parts to be suspended.

July 3rd. Next day sent, saying he could not work; more pain; still as swollen and tender. Tongue not so furred; less feverish. More rheumatic pains in different parts of the body; drawing pains in the bones. Feeling of pressure and nausea in the stomach; has been working in a damp cellar.

Presc.—R. Tinct. *rhod.* 1x ʒss.; aq. dest. ʒvi. Two teaspoonsful every four hours. Spirit and water evaporating lotion. To keep warm, and rest in-doors.

4th (next day). Better. Scrotum less inflamed; pains in the limbs less; stomach better.

Continue treatment and resume work.

6th (4th day). Altogether better; can bear the parts handling; left gland enlarged and oval; lower lobe of epididymis very tender, with feeling of pricking shooting through it; very severe at times.

Continue medicine, but lotion *rhod.* φ on lint, covered with oil silk.

8th (6th day). Still improving; no pain where the pricking was felt, and only uncomfortable on pressure; stomach and rheumatism better.

Repeat medicine.

11th (9th day). Has taken cold: is more feverish; high pulse and increase of temperature. Pain and inflammation in parts affected increased.

Acon. 1x. Half-drop doses every two hours. Keep in bed.

12th (10th day). Better. Continue medicine. Go to work to-morrow.

13th (11th day). Traces of cold have nearly left him. Repeat *rhod.* and lotion as before.

16th (14th day.) Although three days have passed he is no better; has done no more work than usual. Not any improvement. Thinking of *phytolacca* and its action on glandular structures, the mammæ, &c., I gave—

R. Tinct. *phyto.* 1x ʒss; aq. ʒviij. Two teaspoonsful every three hours.

R. Tinct. *phyto.* φ ʒj.; *glycerins* ʒj.; aq. ʒiv. Lotion to be applied on lint covered with oil silk.

20th (18th day). Sent for more medicine and lotion. Is much better. Repeat same.

Saw him in a week. No inflammation of scrotum or testes; no tenderness, only slightly larger.

Leave all lotion off; take tinct. *phyto.* 1x in drop doses three times a day.

Three weeks after he came again quite well of the old complaint, but suffering with rheumatism of the legs. Then purpura hæmorrhagica came on, from which he is only slowly recovering.

Both of these patients took stimulants in their usual way during the time, with the exception of the first two or three days, and were at work most of the time.

Quinsy—Acute Tonsillitis—Cynanche Tonsillitis.

Having often been distressed by the length of time occupied in the treatment and cure of this painful malady by the usual remedies, I bring before you a remedy which, although not much tried, seems to be a very likely one to aid us in some cases.

My attention was called to *guaiacum* by my brother, Mr. A. C. Clifton, of Northampton, who had read some account of its use in this disease in the *Practitioner*. There its advocate used *iodine* as a gargle. At the same time my brother mentioned a case in which he had given the mother tincture of *guaiacum* with success, and I was determined to try it as soon as a well-developed case presented.

I had not long to wait. Was sent for to see a lady one evening. She had been taking *bell.* and *acon.* and also *mercurius* for a day or two, the throat gradually getting worse. I could not see her that evening, so I sent *ac. nit.* 2, a drop to be taken every four hours. Poultices to be applied.

In the morning I saw her. Fauces were dark and livid; left tonsil slightly swollen (said to have commenced there), but now the right one was worse, very swollen, nearly closing the throat; feeling hard; very red shooting pains in it and into ear and head; great difficulty even in swallowing liquids; lassitude and aching all over. All the wraps were taken off; no applications were given. Sent a mixture containing half-drop doses of *guaiacum* mother tincture every two hours.

This was early in the morning. In the evening she sent me word that the throat was much easier; less shooting pain; could swallow easier; a large quantity of urine passed towards evening; there had been suppression, with some pain, on passing it for a day or two, not previously mentioned. Ordered the same medicine to be continued every four hours when awake.

In the morning I found my patient's throat looking much better, not so deep a colour; tonsil much less in size, left one quite gone down; yet she says it was fuller than when she went to bed; only had one dose of medicine in the night; rheumatic pains in body increased; no feverish symptoms.

Cont. *guaiacum* every three hours.

Following day the throat was much better; could swallow well; but during the night rheumatism was much increased, and was worse when warm. *Rhus tox.* soon relieved this, and the throat continued well.

I have tried this remedy in two threatened cases of quinsy, and they have both passed off without any further development.

Mr. C., æt. 53, consulted me in March of this year suffering from dyspepsia and depression of spirits from overwork. His ailments soon yielded to the usual remedies. During the course of his treatment he complained of a frightful cough, which he had been subject to the last thirty-five years. He said it generally came on about October and left him again in the spring; was always worse in east winds, and when his stomach was more out of order. Had been examined by several physicians; all declared him sound. His life also was taken by a first-class insurance office. During his treatment I gave *sulphur* 3, trit. gr. ij. *pro dosi* as an intermediate remedy. At this time he thought the cough was improved. His general health being better, in about a fortnight he said, I wish you would cure my cough; all you doctors tell me it is nothing serious; I shall carry it to the grave, &c.; but it tries me sadly, and frightens all my friends. It was a deep, hoarse, loud cough—what is generally called a stomach cough. Chest and heart sounds normal; tongue clean; no expectoration; some flatus after food, and occasional pyrosis; bowels have a tendency to constipation, sometimes are suddenly relaxed.

I put him on different dilutions of *sulph.*, first 6th, then 3rd, then ϕ tincture; with no decided benefit, he thinking his cough not so bad; then *ac. sulphurosus*, 18 drops in 8 ozs. of water, a tablespoonful every four hours.

He sent me word in three days he thought the spring was coming on, as his cough was so much better. I said, continue medicine.

In a week's time he was quite cured. He could not make up his mind to give all the credit to the treatment, as the warmer weather was coming on, and he had never been relieved before.

This autumn he sent for me again, cough returning with all its violence and unpleasant symptoms. Repeat *ac. sulphurosus* mixture.

In four days he was much relieved, only coughing occasionally. In a week from the commencement he was quite cured; once or twice an attack threatened, but was quite checked by the acid.

In the course of the discussion which followed the reading of the reports of these cases,

Mr. A. C. CLIFTON said that he would have given *pulsatilla* alone and in the 12th dilution in the case of orchitis. He thought it interesting that rheumatic symptoms should have followed the use of *guaiacum*, a well-known remedy in rheumatism.

Mr. LAWRENCE used generally to give *pulsatilla* 12 or higher in orchitis. He had found aggravation precede cure. He now gave the 6th dilution of *pulsatilla* in such cases. He thought that *belladonna* 12 or 30 often prevented the recurrence of tonsillitis.

Mr. WILLIAMS used *pulsatilla* and *clematis* in orchitis, and *hepar* and *belladonna* in tonsillitis.

Dr. COLLINS thought the application of cold invaluable in orchitis, and that the spray of *sulphurous acid* was very useful in quinsy.

Mr. ROBERTSON had found the *protoiodide of mercury* successful in treating chronic orchitis.

Dr. THOMAS thought that the usual run of acute cases of orchitis was from twelve to fifteen days, and that the cure was hastened by hot fomentations and injections.

Dr. CRAIG regarded orchitis as arising from an extension of the inflammation rather than the result of the sudden suppression of the chief feature of the disease which gave it its origin in some cases.

Dr. BLAKE was surprised that no reference had been made to the power of *baryta carb.* in quinsy, as with it he had succeeded in blighting a quinsy in twenty-four hours.

Dr. G. CLIFTON having briefly replied to the remarks that had been made, and called attention to the fact of the patients in the first two not having to lay up in bed, but having continued at work more or less during the whole period, Dr. COLLINS proceeded to read a paper on *Some Forms of Uterine Displacement*. This essay will, we believe, appear in the *British Journal of Homœopathy*.

It was an extremely interesting paper, giving an excellent epitome of the state of our knowledge on the subject of which it treats, illustrated by some interesting and carefully managed cases.

After a brief discussion, in which Dr. Blake, Dr. Thomas, and Mr. Lawrence took part, and an expression of thanks to Dr. Collins for his paper, the meeting adjourned to the last Friday in March, when it is hoped that Dr. Cameron, of Derby, will read a paper.

NOTABILIA.

ILLNESS OF H.R.H. THE PRINCE OF WALES.

THE well-established convalescence of H.R.H. the Prince of Wales from the very severe attack of typhoid fever through which he has passed calls for our warmest congratulations. Everyone who has had any experience in the treatment of this insidious form of disease must be but too conscious of the many dangers which beset its progress and of the difficulties incurred in meeting them. Of these dangers, that which arises from perforation of the bowels is probably unamenable to the art of medicine—though it is believed that some few cases have recovered. Still, these reputed recoveries are but the exception which proves the rule, that perforation is fatal. From such an

event H.R.H. has mercifully been spared. The bronchitis and pulmonary congestion which attended it were sufficiently alarming to excite our most serious apprehensions. To those physicians, however, who have witnessed the controlling power over complications of this kind of such medicines as *tartar emetic*, *phosphorus* and *arsenic*, bronchitis and pulmonary congestion, even when following in the wake of so depressing and prostrating a disorder as typhoid fever, are shorn of a considerable proportion of their terrors. Hence, while recognising to the full the devotion and skill which have been brought to bear upon the treatment of H.R.H.'s case, and sympathising most deeply, as every medical man must do, with the load of anxiety which cannot fail to have oppressed the physicians who were responsible for doing all that art could do to save so valuable a life, we cannot but regret that H.R.H. had not the advantage of homœopathic or "specific medication." Experience has shown to us most clearly, that even when the oppression of the chest has been attended with very extreme exhaustion, relief is obtained, and that speedily and permanently, from medicines so thoroughly homœopathic to the entire condition as *tartar emetic*. The most skillful nursing, the most careful feeding, and the most judicious use of stimulants, aided by a strong constitution, have, with God's blessing, enabled the Prince to pull through. That H.R.H. would have done so more rapidly and with less exhaustion, had all this good nursing and good feeding been supplemented by homœopathically-acting medicines, we cannot doubt. At the same time we are too thankful for the result that has been arrived at, too glad to be able to congratulate Sir William Jenner, Dr. Gull, and Dr. Lowe on so happy a consummation of their skill and care, to feel any inclination to speculate on what might have been accomplished, had their drug-prescribing been dictated by the law of *similars*.

THE CLAIMS OF HAHNEMANN.

IN a notice of the *Transactions of the British Homœopathic Congress*, in the December number of the *Chemist and Druggist*, the reviewer of Dr. Madden's *Address* denies that, in announcing the law of *similars*, Hahnemann made any discovery at all, and adds, "all that was valuable in it was known centuries before Hahnemann." The fact that some diseases were cured by drugs given in harmony with the principle of similars was undoubtedly recognised many years before Hahnemann. But no one before him looked upon it as a general principle guiding to the drug treatment of all diseases. In short, it had before him been regarded rather as an occasional and interesting coincidence, than as a fact of the most fruitful character. No one has set forth Hahnemann's claims to be regarded as the discoverer of the law of similars better than Mr. Theobald did, in the

13th volume of this *Review*, and we therefore quote his remarks in reply to our contemporary:—

“Anyone,” writes Mr. Theobald, at p. 635, “who knows what discovery in physical science really is, knows that Hahnemann, and no one else, discovered the law of similars. Metaphysical speculation may have stumbled upon the same notion now and then, and given utterance to it more or less clearly. But this is not, in any worthy sense, discovery. The peculiarity of the discoverer is, that what other men stumble over, he is arrested by. An idea which a chance speculator takes no more notice of than ten thousand other notions that pass in and out of his mind, the true discoverer fixes upon with resolute and practical persistency—makes it a landmark for progress, a guide for investigation, a fruitful source of suggestion, the very centre and pivot of a system. Of course, those who disbelieve in homœopathy are consistent in denying that Hahnemann made any discovery when he announced the law of similars; but even disbelievers cannot deny that the method pursued by Hahnemann as the ruling idea of practice was one which had not been so anticipated and made use of by previous medical investigators. If Hahnemann did not discover this law—granting that it is a law—any discovery may be invalidated, and the laurel may be plucked from his brow of nearly every man of genius whose name is enrolled in the annals of science.”

OXYGEN GAS IN PHTHISIS, BRONCHITIS, AND PNEUMONIA.

THE *New York Medical Journal* for last October contains notes of twenty-one cases of pulmonary disease in the treatment of which oxygen gas formed an important though by no means an exclusive element. These cases are reported by Dr. READ, the house surgeon of Long Island College Hospital. Of eleven cases of phthisis four are stated to have been cured, two were greatly improved, one received no benefit, and four died. The cases cured were apparently instances of pneumonia degenerating into phthisis. Three cases of chronic bronchitis and seven of pneumonia were discharged cured. In all but the positively acute cases, cod's liver oil was given together with occasional cough mixtures and anodynes.

In commenting upon the series of cases, Dr. Read says: “It will be observed that while no specific effect is claimed for oxygen, yet it has been found a most admirable *adjuvant* to the cod-liver oil and the usual routine treatment in phthisis pulmonalis. Especially has it been found useful *in conjunction with the oil*, in those cases of phthisis where the patients, either from inability or from the state of the weather, are unable to go out of doors. In the cases of acute pneumonia in which it was given, it invariably had the effect of easing the laboured respira-

tion in the early stages, and of promoting resolution and absorption of the inflammatory products in the latter."

The particulars given of the progress of the cases referred to are certainly sufficiently encouraging to suggest the advantage which may be expected to follow the use of oxygen in phthisis and bronchitis, especially when this is of a chronic and wasting character. The apparatus and appliances of Mr. Barth place this opportunity within the reach of all of us, and we should be glad to have reports of any cases which may be treated in this way by any of our colleagues.

CAMPHOR AND OPIUM.

CAMPHOR is commonly stated by homœopathic practitioners to be an antidote to *opium*. If the idea that it is so is incorrect, it is of great importance that it should not any longer be allowed to pass unchallenged. Hahnemann, in a paper published in 1798 in Hufeland's *Journal (Lesser Writings, p. 375)*, relates a case of poisoning by camphor, in which he attributed recovery to the opium he gave the patient. In commenting upon this case he says: "The great specific power of opium in removing so speedily the dangerous effects of too large doses of camphor, seems to justify me in regarding *camphor*, on the other hand, as one of the most powerful *antidotes of opium*, as Halle also observed in some degree." And again, in the introduction to the proving of *Camphor* in the *Materia Medica Pura*, vol. i. (Hempel's Translation), we find the following: "Opium is an antidote to camphor. On the other hand, camphor is a great preserver of life in cases of poisoning by opium; the effects of these two substances neutralise each other. It is astonishing that camphor and opium should be mixed together in the same prescription by physicians of the old school." If we turn to Pereira, we meet with singularly contradictory statements. Thus, in his *Elements of Materia Medica*, vol. ii. pt. 1, p. 457, he says: "Opium greatly contributes to the sudorific effects of camphor; and when it is admissable, benefit is sometimes obtained by the administration of one grain of opium with five or eight of camphor." On the next page he quotes Orfila as an authority for the statement that "small doses of camphor (administered by the mouth or by the rectum) have been exhibited with apparent benefit in cases of poisoning by opium."

That camphor has any antidotal influence over the physiological action of opium is rendered very doubtful by a case of poisoning by opium mixed with camphor, reported in the *New York Medical Journal* (Oct. 1871). Dr. Bucklin says: "The patient had taken a pill containing one grain of opium and two of camphor every *second* instead of every *fourth* hour as directed, for an attack of dysentery which occurred during convalescence from pleuro-pneumonia." The narcotism was profound, and

followed by severe collapse the patient became wet and cold; pulse 140 per minute, and almost imperceptible at the wrist; respiration was stertorous. The patient was unable to swallow, and not susceptible of being roused. Restoration was ultimately effected by atropia—the full physiological action of which was induced.

Here then is a case in which all the indications of opium poisoning ensued, in spite of the patient having taken double the weight of camphor in combination with the narcotic. It certainly suffices to cast great doubt upon the accuracy of *Hahnemann's* conclusion as to the antidotal power of camphor in opium poisoning.

"THE AMERICAN UNIVERSITY OF
PHILADELPHIA."

It would appear from frequent notices in the newspapers that an institution having this designation is doing a good trade in diplomas. The unwary may easily confound the University of Philadelphia with the University of Pennsylvania—the degree of the latter taking as high a rank as that of any medical college in the States. To prevent this most atrocious trafficking in degrees, an Act has been passed by the legislature of the State of Pennsylvania rendering it penal for any "university, college, or institution incorporated under the laws of the State to confer a degree on any person or persons upon the payment or promise of payment by any person in consideration thereof." We may add that the Board of Censors of the American Institute of Homœopathy, at the last meeting, declined to recommend as a candidate for membership of the Institute a person whose only claim to recognition as a member of the medical profession was the possession of a document purporting to be a medical diploma from this very "American University of Philadelphia," which is doing so lucrative a trade among the chemists and druggists and other would-be doctors of this country.

OBITUARY.

JOHN EDWARD NORTON, M.D.

WE regret to have to announce the sudden death of Dr. Norton, which took place at his residence, Grey Friars, Chester, on the 5th ultimo, in the 54th year of his age.

Dr. Norton was born in the neighbourhood of Huddersfield. After serving the apprenticeship to a general practitioner, more common at that day than now, and attending the lectures and practice of a metropolitan hospital, he was admitted a member of the College of Surgeons in 1839. A few years later he made an earnest study of homœopathy at the Liverpool Homœopathic

Dispensary. In 1845 he graduated at the University of St. Andrew's, and shortly afterwards practised for two or three years at Derby. He then removed to Chester, where for many years he had a large and successful practice. Latterly he had retired from active practice, and devoted his energies to the management of a hydropathic establishment at Llanduduo and a more private one at Penmaenmawr. He had been in failing health for several months, and had recently passed through a severe attack of endocarditis, from which he was gradually recovering, when, on Saturday, the 2nd December, after some incautious exposure a relapse set in, and on the Tuesday following, after having had a light dinner he lay down on the sofa, when his wife, who was sitting beside him, heard a slight moan, and looking round saw that he was dead. Dr. Thomas of Chester, who with Dr. Drysdale of Liverpool, had attended him throughout his illness, has informed us that the cause of death was embolic apoplexy following endocarditis.

Dr. Norton's first contribution to homœopathic literature was a translation of Baron Brunnow's *Glances at Hahnemann and Homœopathy*; he subsequently published an excellent little pamphlet entitled *A Brief Attempt to show the Truth and Value of Homœopathy*, which went through three editions. There are also several papers of a practical character by him in the *British Journal of Homœopathy* and in the earlier volumes of our *Review*.

Dr. Norton was, we believe, the introducer of the pilule into homœopathic practice.

A Chester newspaper, in noticing his death, says of him :—
"His life has been a useful one, and his death is deservedly lamented and his memory revered by many in Chester, at Llandudno, and wherever he was known."

CORRESPONDENCE.

THE TREATMENT OF ABSCESSSES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your November number, I am reported to have said, at the Homœopathic Congress, 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."

I do not wonder that I was misunderstood. The minute or two that I occupied was just at the close of the Congress, and there was a good deal of movement in consequence, so that I quite felt I should be heard by but few, and perhaps very indistinctly by them. Will you allow me to state what I did say, because the sentence does not give the least idea of the object of my remark. It was to this effect :—

That in abscess, by keeping up the application of *heat*—not merely by giving *one* fomentation, but by keeping it up often for hours—we can very often bring matter to the surface—the skin will break, and the contents of the abscess will clear off through a very small aperture formed by nature if a little further heat be applied. It is very often quite unnecessary to open abscesses at all—nature will do the work better if aided by heat."

With your permission I will illustrate this statement by reference to two cases, which occurred in the early part of this year.

1. A whitlow was broken and discharged in twelve hours, chiefly by holding the finger over steam from a jug.

2. A tarsal abscess, to cure which a well-known oculist recommended the knife, discharged and healed up entirely in four or five days, by fomenting with hot water. In this case, about the third day, I allowed the patient (a nervous lady) to prick it with a needle, as she was growing impatient.

I recommend my brethren to try the effects of *heat* in the cure of disease, satisfied that they will find it a very valuable adjunct to other medical treatment.

I am, your obedient servant,

GEO. FREDK. MABERLY.

Leamington, Dec. 20, 1871.

THE DISCOVERY OF THE LAW OF SIMILARS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—The *Chemist and Druggist* of Dec. 15th, 1871, in an article on homœopathy, denies Hahnemann the credit of having discovered the law of similars. On this I would remark that it appears to me that the state of mind with which we receive any formula as the expression of a universal law of nature, and analogous to that with which we receive an axiom, and is not the result of induction, which, strictly speaking, can never legitimately lead to such a conclusion. The law may be suggested by an instance of its application, but could never be established inductively except by the examination of every individual instance in which it can operate, which is plainly impossible. Every one knew that every heavy body would fall to the ground before the introduction of Newton's real or mythical apple, and no one, I suppose, since the adoption of the law of gravitation, has occupied himself in proving its truth by testing every apple that has come within his reach. Yet, to build the truth of the universal law on induction would require, it seems to me, the examination of every material substance in the universe, for a universal law admits of no exception. Now, it is in this light that the homœopathic law, *similia similibus curantur*, commends itself to me. Instances of its operation were no doubt familiarly known before the time of Hahnemann, but to him is

due the credit of suggesting such instances as the instances of a general law of nature—not as exceptional or abnormal operations of particular medicines.

To my own mind, the law having been suggested, presents itself as an axiom which I might be quite unable to prove to the satisfaction of another, but which to me requires no instance of successful application to establish its truth, and would remain the same if all supposed cures on this principle were shown to be mistakes, while, of course, I must presume that all cures, strictly speaking, effected by the action and natural operation of the medicines used, however little they may appear to be homœopathic, are nevertheless truly so, unless they are to be regarded as a miraculous contravention of a universal law of nature.

I am always unwilling to confine the application of the law of similars to medicine. I think it will be found to operate in every analogous region of creation—spiritual, intellectual, or physical.

Yours truly,

G. A. S.

EXFOLIATION OF THE BLADDER.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—There is an exhumation of cases of exfoliation of the bladder now taking place in the columns of the *British Medical Journal*; and I would like to call the attention of your readers to an interesting case, which occurred when I was House Surgeon to the Birmingham Homœopathic Hospital in 1868.

The patient, a female, was at first visited by me at her own house, but was after a few days received into the Hospital, so that the progress of the case was carefully watched. When I first saw her, she was suffering from excessive vomiting, from frequent micturition with, if I remember accurately, bloody urine; and from frequent, *greenish, watery* stools, attended with violent tenesmus.

Her statement was, that she was married, that her husband was a man of irregular living, that she had caught from him a gonorrhœa, that she had put herself under an allopathic surgeon, and that it was the medicine which had been given her, that had produced the urgent symptoms from which she was then suffering. I attended her for a few days, and she was then brought into the hospital, and put under the care of Drs. Blake and Thomas.

After the rectal symptoms had somewhat subsided, retention of urine occurred, and it was then found that the urethral passage was obstructed by a membranous substance, which could not be removed: for several weeks the urine was regularly drawn off, and the protruding membrane and interior of the bladder carefully washed, for there was a copious excretion of *sandy* urates and phosphates; the membrane protruded more

and more, enlarging the urethral passage, so that it could be pushed back, and the finger inserted into the passage; after a period of five or six weeks it was drawn away; and it was then found to be a complete cast of the bladder; it was indeed an exfoliation of the *entire* mucous membrane.

The case is reported in the note-book of the Hospital, and the preparation is now, I believe, in the hands of the present House Surgeon. I wish to draw attention to it, because of the probable cause: the greenish, watery, dysenteric stools with the urinary symptoms point to *cantharides* (vide Frazer's *Materia Medica*): we had no means of ascertaining what had been administered; but the patient herself communicated with her former medical attendant; and he expressed his surprise at what had happened, and said that had she informed him at once, when taking his remedies, he could have stopped her sufferings.

I remain, Sir, yours truly,

Norwich.

FREDERIC FLINT, M.D.

NOTICES TO CORRESPONDENTS.

Mr. RUSSEN.—The communication you inform us you have sent through the Book Post has not been delivered.

Communications have been received from Drs. YELDHAM, DUDGEON, VAUGHAN-HUGHES and DRURY, Mr. C. TRUEMAN and Mr. MAYNARD, London; Dr. COLLINS, Leamington; Dr. RAYNER, Manchester; Dr. G. CRAIG, Birmingham; Dr. COOPER, Southampton; Dr. THOMAS, Chester; Dr. E. BLAKE, Reigate, Dr. ANDERSON, Ventnor; Dr. GEORGE CLIFTON, Leicester.

BOOKS AND PERIODICALS RECEIVED.

- Lectures on Diseases of the Heart.* By E. M. HALE, M.D. New York: Boericke and Tafel. London: Turner & Co.
- Sulphur as a Remedy in Neuralgia and Intermittent Fever.* By R. T. COOPER, M.D. London: Turner & Co.
- The Philosophy of Homœopathy.* By W. MORGAN, M.D. Second Edition. London: Longman, Green & Co.
- The Chemist and Druggist*, December 1871. London.
- The Calcutta Journal of Medicine*, September 1871. Calcutta.
- Transactions of the Fifth and Sixth Annual Sessions of the Hom. Med. Society of the State of Pennsylvania*, 1870-71.
- The North Am. Jour. of Hom.*, Nov. 1871. New York: Boericke and Tafel. London: Turner & Co.
- The Hahnemannian Monthly*, Nov. 1871. Philadelphia: Tafel.
- The Am. Jour. of Hom. Mat. Med.*, Nov. 1871. Philadelphia: Stoddart & Co. London: Turner & Co.
- The Am Observer of Hom.*, Nov. 1871. Detroit: Lodge.
- Bibliothèque Homœopathique*, Nov. 1871. Paris: Baillière.
- Allgemeine Homœopathische Zeitung.*

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 "MEDICAL DECLARATION RESPECTING
ALCOHOL."

A MANIFESTO having this title, and signed by two hundred and sixty of the principal hospital physicians and surgeons, both in town and country, has recently brought prominently into notice the important subject of the consumption of alcoholic drinks by all classes of society. It has done more; for in its very first sentence it traces "the formation of intemperate habits in many instances" to "the inconsiderate prescription of large quantities of alcoholic liquids by medical men for their patients." This is a very serious indictment to lay against the members of the medical profession, and has drawn forth earnest disclaimers from Drs. ANSTIE and BEALE, and Mr. SKEY. The *Medical Times and Gazette* also protests against the charge. That eminent pupils of the late Dr. Todd, that the author of certain lectures *On Hysteria*, and that a journal the laudatory comments of which on divers kinds of wines are frequently met with in wine merchants' circulars should protest after this fashion, is not to be marvelled at. Those, however, who have signed this manifesto are precisely the persons whose opportunities for seeing the effects of "the inconsiderate prescription of alcoholic fluids by medical men" are especially great. They are the consulting members of our pro-

fession ; those who are applied to for relief after the family doctor has more or less failed to secure it ; those who are " called in " during severe and dangerous illness. They have, therefore, unusual facilities for ascertaining the extent to which alcohol is prescribed in the ordinary run of cases by general practitioners. That they are correct in designating its prescription as " inconsiderate," we have little or no doubt. Dr. Wilks (one of the signatories) wrote as follows some three years ago :—" If I am called to consult in a case of pneumonia, I generally find that brandy is being given, and I naturally inquire if this has been found a good remedy in the disease. I obtain for answer that the patient was too weak to be treated by rule ; and his feeble condition necessitated the stimulant. If I see a case of acute rheumatism with pericarditis treated by the same universal remedy, I get the same answer—that the patient was so low that the stimulant was absolutely required. If it be scarlet fever, typhus, typhoid, bronchitis or other malady, they are all treated on the same plan." We have no doubt but that the experience of Dr. Wilks would, were investigation to be made, be found to be more or less identical with that of a considerable majority of consulting physicians.

Nevertheless, while we are fully assured that alcoholic stimulants are wholly out of place in acute disease—save, perhaps, in that form of delirium which is associated with a tremulous action of the heart, met with chiefly during the latter stage of some kinds of fever—still it is not in cases of this sort that alcohol tends to demoralise the patient. On the contrary, the stuffing a sick man suffering from inflammation of the lungs with several ounces of brandy *per diem* does, as a rule, produce a disgust for it. Where so much evil has been wrought by medical men is in their having directed the use of wine and brandy in neuralgia, in hysteria, and in countless chronic ailments attended with more or less pain. In point of fact, wine has been largely ordered as an anodyne. Here the practice is

not only bad as regards the cure of the disease, but it is terribly mischievous in respect of the *morale* of the patient. In the large proportion of instances, those who suffer from diseases of this class are women. "There is," writes Dr. Anstie, "no more dangerous trial for a female who is subject to these periodic attacks of pain and depression than the first experience of alcoholic narcotism. In such circumstances, it is a melancholy fact that the *oblivion* of slight drunkenness is most seductive, and the chances are great that in the recurrence of the same symptoms the patient will long, with increasing eagerness on each successive occasion, for the same luxurious stupefaction."

In his papers on *Indiscriminate Stimulation in Chronic Disease* and on *The Use and Abuse of Alcohol by Women*, published in the *Practitioner* for July 1869 and February 1871, Dr. Anstie distinctly proves that the "inconsiderate prescription of large quantities of alcoholic liquids by medical men for their patients has given rise in many instances to the formation of intemperate habits." Now, however, he declares (*Practitioner*, January 1872) that "in nine-tenths of the cases in which doctors have been blamed as the occasion of the evil habit, the accusation has been the mere invention of a lying drunkard, anxious for a scapegoat to bear a portion of his disgrace." We are compelled to fear that Dr. Anstie underrated very considerably the proportion of instances in which medical men have entailed responsibility upon themselves by the indiscriminate prescription of wine and brandy. The two previous papers in the same journal, the titles of which we have quoted, abundantly testify that he has underrated it in the January *Practitioner*.

In almost the next sentence to that we have quoted, Dr. Anstie more than insinuates a very serious charge against those who have signed this declaration. He suggests that were it true that the medical profession has had a relatively considerable share in the spread of intem-

perance, "the eminent physicians signing this document, among whom are included a large majority of the teachers who have educated the recent generations of medical practitioners, ought to cast dust upon their own heads for having reared their pupils in such scandalous and mischievous ignorance of their duties." Here undoubtedly Dr. Anstie hits a great blot. It is the "family doctor" who is so largely chargeable with the inconsiderate prescription of alcoholic liquids; and a very considerable proportion of the family doctors of to-day have studied the practice of medicine under the direction of some of those whose names are appended to this very document! Surely some of the responsibility rests upon their shoulders! They state, and most truly state, that "no medical practitioner should prescribe alcohol without a sense of very grave responsibility . . . that alcohol in whatever form should be prescribed with as much care as any powerful drug." Has this been the teaching of the lecturers on the Practice of Medicine during the past fifteen years? Here is an example. We open Dr. Reynolds's *System of Medicine* at the article on "Spinal Irritation," written by one whose name is attached to this manifesto—a lecturer on clinical medicine, moreover—and what does he tell of its treatment? "I believe," he writes, "the great thing to be done is to supply wine or some alcoholic drink, as well as nutritious food in sufficient quantity. I believe that nutritious food in itself is not enough." Again, he says the diet ought "to include at least an average share of the drinks in question. Indeed, the result of my own experience is unequivocal in this respect—that the somewhat bold use of alcoholic drinks is a cardinal point in the treatment of spinal irritation, and that this indication must be fully acted upon if this treatment is to lead to anything like satisfactory results." Now we are perfectly sure that Dr. Radclyffe would not direct opium, strychnine, atropine, or any other "powerful drug" to be used either in "average" quantities,

“boldly” or “fully,” as he does here in the case of alcohol. Can we wonder that the Westminster Hospital student, become a legally qualified practitioner, should, when pointing out to a sufferer from spinal irritation the proper course for her to take, say “the great thing to do” is to take plenty of wine? He does not tell her how much—but he orders a “bold use” of alcohol. His prescription is “inconsiderate” with a vengeance! But after all, who has taught him to be thus “inconsiderate”?

If, as we believe, the prescription of alcohol is far too “inconsiderate,” there can, we think, be as little doubt that this lack of consideration in prescribing is due to the absence of precision in teaching. Verily this manifesto may be looked upon as a confession of erroneous teaching—one, too, which has come none too soon!

The signatories to this declaration also assure us that “many people immensely exaggerate the value of alcohol “as an article of diet.” Are we then to understand that these two hundred and sixty physicians and surgeons repudiate the fashionable physiological doctrine that alcohol is “food”? Coupling this phrase with one that precedes it, viz., that it requires to be “prescribed with as much care as any powerful drug,” we think we may; and when we add to this Dr. Anstie’s protest against such a conclusion passing without remonstrance, we feel tolerably sure of our ground.

Once more, then, alcohol is relegated by a very considerable number of those who have distinguished themselves in the pursuit of medicine as a science, to what we have always conceived to be its proper position—that of a drug, a medicine, a remedy too of priceless value in certain cases. It is not a food. It has none of the properties of a food. While it will excite heat, it will not maintain it. Though it may, and we believe does, check waste of nervous matter when this waste is in excess of that the body is able to repair by ordinary nourishment, it is in no proper sense a nutrient of the nervous system.

It is, moreover, an admitted poison—it is competent to destroy life. Of no true food can this be asserted. “It is an agent capable of producing certain morbid conditions, a medicine remedial of disease, and not in any way a substance competent to afford pabulum for the growth of animal tissues.”*

But when we contemplate the seductive character of alcohol, the appetite which a liberal indulgence in wine, spirits or beer creates for yet greater liberality, the inevitable destruction of health and happiness which follows its excessive use; when we reflect that in certain states of the nervous system, the temporary relief which it affords is only obtained at the expense of what is to all intents and purposes a slight form of drunkenness, and further, that ailments of this kind are all but exclusively met with in women—it does indeed behove medical men to prescribe alcohol with more consideration than they have generally ordered it during the last few years.

To secure this considerate prescription, it is necessary that the morbid conditions in which alcohol is essential to the cure and prevention of disease should be clearly defined. We will here endeavour to point out a few of these conditions.

In profuse *post-partum* hæmorrhages, brandy—and brandy alone—will enable the flagging heart to continue beating. It will not check the hæmorrhage; other measures must be relied upon for this purpose; but while they are operating the heart must be kept going, and there are many, very many cases of this kind where no other measure will accomplish this end. In similar hæmorrhages from fungoid tumours, brandy is equally needed. Here it is a palliative, a temporiser; but it is invaluable as such, and without its aid life would, we are sure, be oftentimes prematurely sacrificed. It is also called for

* “Observations on the Physiological and Therapeutic Effects of Alcohol,” by ALFRED C. POPE. *Annals of the British Hom. Soc.*, Vol. III. p. 307.

where any special waste of nervous power is going on. Cases are met with very frequently now-a-days, where, after long-continued mental excitement or hard mental labour, sleep cannot be obtained. This inability to sleep is due to "nervous waste;" this morbid waste alcohol will specifically check. A tablespoonful or two table-spoonful of brandy, well diluted with water, will generally produce sleep in such instances, and remove at once all the much-dreaded consequences of over-taxing the powers of the nervous system. Again, we find a similar condition associated with low muttering delirium and a feeble action of the heart in typhus, typhoid, scarlet, rheumatic and some other forms of fever. Champagne or brandy has great influence for good in such a condition. Nervous waste is also met with when mothers have suckled their infants too long. Here port wine or burgundy are useful aids in promoting recovery. These and such as these are the chief conditions which call for alcohol. It will be observed that it is only in an indirect sense that it can be said to supply strength in either; it does so, not by affording pabulum, but by checking waste—waste of nervous power—by stopping disease. This we conceive to be the proper remedial sphere of alcohol. And it is, moreover, one to which it is thoroughly homœopathic. It is impossible to study the action of alcohol upon healthy men, without being struck with the fact that it is nervous waste which is the source of all the illness its excessive indulgence induces.

Beyond cases of this kind, the homœopathic practitioner has no need, no excuse for prescribing alcohol. To give alcohol in neuralgia, instead of searching for the right remedy in the *Materia Medica*, is a neglect of duty of a very serious order. To prescribe brandy in pneumonia or rheumatic fever, after the fashion taught by the late Dr. Todd, would, in a homœopathic practitioner, amount to a confession of ignorance which we hope none are prepared to make. To give stimulants in fever—save

under the circumstances we have referred to—is equally needless.

A consciousness of the power of homœopathically-acting drugs to cure disease has hitherto kept us from the necessity of falling back upon alcohol in order “to do something.” It is, on the other hand, a want of faith in “the actions of drugs, as ordinarily prescribed,” that has led to the inconsiderate prescription of alcoholic liquids which has called forth this declaration. Thirty years ago venesection, black draught and blue pill were the chief sources of reliance in the hour of danger. Then it was found that people really recovered better without than with such aids. Hence scepticism in the power of drugs at all was engendered—patients were to be fed instead of starved; but the difficulty arose of finding a food that sick people could swallow. Alcohol was stated to be such a food—and they were and have been from that time to this most largely fed with it.

We do trust that this declaration may be productive of some good. That it may lead medical men to think twice before they prescribe alcohol once. That it may induce them to study more closely still its physiological action, and to be guided by this in prescribing it.

Together with opium, nux vomica, and many other powerful drugs, it is a valuable remedy in diseases the like of which it will excite in health; but outside of this line it is, like them, useless and dangerous.

ŒSOPHAGEAL STRICTURE: TREATMENT BY DILATATION.

By Dr. H. NANKIVELL.

At the annual meeting of the British Homœopathic Society, in June 1867, Dr. George Moore related a case of spasm of the œsophagus, culminating in organic stricture, occurring in a woman, who had previously suffered from albuminuria, œdema, and puerperal convulsions. The symptoms came on during the presence of the ana-

sarca, which had continued after the confinement. They were, first, cramp in the stomach, severe grinding pain at bottom of sternum, painful flatulent eructations, and pain after eating. These were afterwards followed by regurgitation of food soon after eating, and emaciation. She was at this time in London, and was under both kinds of treatment. Dr. Moore saw her again in six months, and passed a bougie, detecting stricture. The symptoms at that time were great weakness and emaciation, tongue dry and furred in centre, tip and edges red, great craving to eat solids, but inability to swallow the least crumb. She returned to London, and lived for twelve months, being supported chiefly by beef tea enemata. Dr. Moore showed to the society a preparation of the œsophagus with a narrow stricture about its middle. He added :—

“ I cannot account for the organic stricture except by assuming that recurrent spasmodic constriction, such as undoubtedly began to exist soon after delivery, can lay the foundations of organic occlusion from sub-mucous deposit. As far as I know, all the usual causes of permanent stricture were absent in this instance.

“ With respect to the treatment, had the patient remained in my hands, I should have perseveringly used bougies. A most successful and encouraging case, of many years' duration, and of exceptional difficulty, is reported in the *Lancet* of 1865, as having been successfully treated by mechanical dilatation.”

In the discussion which followed, Dr. Watson mentioned a case of supposed œsophageal stricture, in which the passing of a bougie saved the patient, by proving to her that the gullet was pervious. I also adduced two instances—one of prolonged, the other of temporary stricture of the œsophagus—occurring in cases of laryngeal ulceration, in which the passage of a bougie gave the patient relief. These were probably cases of contraction from a reflex action from the diseased larynx.

The relation of these cases will be a fitting introduction to that which I now bring under the notice of the readers of this *Review*.

E. Barrow, æt. 45, married, has had three children. Attended at the Homœopathic Dispensary on Sept. 26, 1871. She is a thin, pale, weak woman, and gives the following history. Seven years ago was awoke suddenly one night by a woman in the street shrieking “ Murder.” She was excessively frightened, and suffered from cold

rigors for three or four hours after. Soon after this she began to notice slight difficulty in swallowing, and on lying down at night had sensations of tickling and cough in the throat, which did not pass away until she sipped and swallowed cold water. Twelve months after she was nearly choked by a bit of meat, and since then has been afraid to swallow anything but beef tea, gruel, and such like. Nevertheless, the difficulty of swallowing increases, and she has no doubt the passage gets narrower. Her general health has become considerably impaired.

As to treatment, she has been under the care of a great many medical men (allopathic). They have prescribed large quantities of medicine at different times. The only effect of this has been the decay of nearly all her teeth. Three years ago a surgeon passed a bougie, "the smallest size he had," through the stricture, but nothing more was done in this way.

I passed a No. 4 bougie into the œsophagus, and came on an obstruction about an inch and a-half below its commencement. I then withdrew it and passed No. 1, which also stopped at the same place; and though using all the pressure I dared, it evidently did not enter the strictured part. With a No. 7 gum elastic catheter I was more fortunate; it did not pass the stricture, but evidently entered it, as some flatus passed through its channel; but I was careful to use great gentleness with this instrument, as it is too small to be safe. Great distress was caused by these attempts—flatulence, hiccough, and pain; but these symptoms passed away after two or three operations. She came twice a week. I soon gave up the use of the catheter, which never passed entirely through the stricture, and stuck to the four smaller œsophageal bougies, passing No. 4 first, then 3 and 2, and finally 1; and, if there was considerable tolerance, repeating the operation at the same sitting. A decided amount of pressure was gradually used, and after four or five sittings I was pleased to find that the bougies were penetrating the stricture, but it was not until Nov. 4th, the date of the twelfth sitting, that No. 1 bougie passed the stricture, and I was immediately able to follow it by Nos. 2, 3, and 4 in succession. On Nov. 7 these bougies were again passed; on the 11th Nos. 5, 6, 7, and 8 were passed with very slight difficulty; and on Nov. 14th, the fifteenth sitting, Nos. 6, 7, 8, 9, 10, 11, and 12 were readily passed, the only difficulty being

with the last, but this was soon overcome by very slight pressure.

Remarks.—No tumour or swelling of any kind could be detected about the neck on palpation; neither did the bougies convey to the touch any idea of a tumour or growth causing the obstruction. Nevertheless, the immediate neighbourhood of the aorta, and the probably fatal effects of a laceration of the gullet, make the treatment of such a stricture a matter of care. The force with which a bougie may be used is to be calculated by the elasticity of the gullet—I mean its longitudinal elasticity. The force employed must *never* overcome this; but this natural resilient elasticity must be made use of as the chief factor in overcoming the stricture. For instance, as the bougie passes, it will drive the “barrier” before it—say half or three-quarters of an inch, the gullet elongating to that extent. The bougie should then be kept fixed at that point steadily for 25 or 30 seconds, during which time the œsophagus is steadily dilating itself in its endeavour to recur to its normal position.

The smaller the instrument the greater must be the care employed; and a small instrument should only be used after a larger one has failed.

Perseverance in the steady use of instruments should be maintained; for with care these strictures can evidently be dilated with great safety, and the cases are grave enough to demand both care and perseverance. It will be noticed that no less than twelve sittings were necessary to pass No. 1, while in the three next successive sittings the largest bougies were easily passed. This is a point worthy of notice, and shows that while the stricture is pervious to the smallest instrument, its dilatation is really a matter of *comparative* ease. We should, therefore, not waste time in merely medical treatment when these cases come to us early.

As to the etiology of this stricture, I believe the fright was the original cause of the contraction. As to its steady increase, Dr. Moore's suggestion as to what occurred in his case will hold good here. As far as I can judge, the strictured part must have been three-quarters of an inch in length.

As to the future treatment, I intend to keep up the dilatation with Nos. 10, 11, and 12 bougies for some weeks, and to keep the case under occasional inspection

for a year. Had not the power of mastication been almost completely abolished by the strong medicines (?) she has taken, her strength would very rapidly pick up; as it is, it must be a matter of time.

Penmellyn, Bournemouth, Nov. 16, 1871.

NOTE.—I may add that at the present date (Jan. 16th, 1872) this patient is steadily improving. I am passing No. 12 bougie once a fortnight, and I find that this can be done with ease. The intervals between the operation will be gradually lengthened. There is no difficulty in swallowing.

LONDON HOMŒOPATHIC HOSPITAL.
NOTES OF FOUR CASES OF VESICAL
CALCULUS.

(Under the care of Dr. VAUGHAN HUGHES.)

Reported by Mr. MAYNARD, House Surgeon.

CASE I.—J. E., æt. 63, a carpenter, living in London; admitted August 19th, 1871. General health good.

Previous History.—Had been cut for stone by Mr. Ayerst, ten years ago, in this hospital. Has had a return of symptoms of stone during the last three months.

On Admission.—Urine sp. gr. 1024, acid; no albumen nor deposit. The sound was passed several times, and the stone detected readily.

Aug. 30th. Lithotrity was performed. To take *bell.* 1x, gtt. j., *canth.* 1, gtt. j., every two hours in alternation, after operation.

Lithotrity was repeated four times. Cystitis followed on each occasion; the stone being extremely hard, and chipped off in sharp angular fragments, tearing the urethra while passing, and setting up free hæmorrhage. Violent tenesmus followed on one occasion, which was allayed by a dose of *opium*.

Sept. 20th. Free from all discomfort. He was sent for an omnibus ride, and returned free from pain. This was done to ascertain whether there was any fragment of stone left; as if there had been, such exercise would certainly have set up some irritation which would have made it manifest; while, if in any case after lithotrity, symptoms remain which are simply due to some irritability of

the urinary mucous membrane, exercise of this kind does not cause aggravation.

22nd. Discharged cured.

Dec. 7th. Continues well.

As regards the importance of a course of sounding before lithotripsy, Mr. Bryant relates a case in which a patient was sounded several times. On the third occasion the lithotrite failed to detect the stone, and the operation was postponed. Rigors and much constitutional disturbance set in, and the patient died on the fifth day. Disease of the kidneys was present.

CASE II.—G. B., æt. 72; admitted August 7th, 1871. Sent from Lynn. Patient is a large fat man, with well-marked *arcus senilis*, and many fatty tumours about his body; flabby, weak heart and highly nervous temperament. Has had symptoms of stone for eighteen months. Passes bloody urine after any unusual exertion. No stone had been detected prior to his admission. Immediately after his journey up he passed acid urine containing a large quantity of blood and pus. To take tincture of *arnica* 3x, gtt. j. thrice daily.

Aug. 9th. Urine free from blood; pus remains. Sounded, and stone felt.

Lithotripsy was performed three times. The cystitis was increased after the operation, urine becoming alkaline. Owing to his highly nervous temperament, chloroform was necessary on one occasion. The urethral fever which followed the last operation was treated by *acon.* 1x and *puls.* 1x, gtt. j. every two hours alternately; and with milk diet. Brandy was ordered when the prostration was great. Other medicines used while he was in hospital were *bell.*, *hyoscy.* and *canth.*

Oct. 3rd, 1871. Discharged cured.

Dec. 7th. Patient writes: "There is pain before and after micturition, which is frequent and in small quantity. Water thick and muddy; no grit or gravel comes away." Composition of stone: phosphatic.

CASE III.—J. J., æt. 61; admitted Sept. 27th, 1871; shoemaker. A poor and emaciated man.

On admission, micturates with great pain every five or ten minutes, both night and day. Urine acid, normal in appearance. Two months ago passed blood. Has passed red gravel. Sounded, and stone felt.

From Oct. 1st to Oct. 6th sound was passed daily to the neck of the bladder.

Oct. 6th. Lithotripsy performed. The tenesmus gradually ceased within a day or two after the operation. Up to the present time lithotripsy has been repeated five times. Large quantities of *débris* followed the first four operations.

Since Nov. 1st the patient has been free from all symptoms of stone.

Dec. 15th. The sound still detects some fragments, part of which were removed by long curved forceps. No grave constitutional symptoms have followed either of the operations. The cystitis which followed the earlier ones was treated satisfactorily, chiefly by *canth.* 1 and *bell.* 1x; the other medicines used were *acon.*, *nux v.*, *ars.* and *phos.* He has had generous diet. Composition of calculus: apparently uric acid.

In all these cases the patients have been ordered to pass water while lying on their backs, for some few days after each crushing, as recommended by Sir H. Thompson. Thus the fragments of stone are kept away from the highly sensitive neck of the bladder, and out of the urethra, until their sharp corners are worn off, when they pass more easily. A hot poultice has also been applied over the bladder, when there has been any irritability resulting from the operation.

CASE IV.—W. W., æt. 34, admitted Nov. 7th, 1871, plumber; residence, King's Lynn.

Passed a small stone a year and a-half ago. Did not suffer from any stone symptoms until a few days before this occurrence, and has not been free from them since. Seven weeks ago an unsuccessful attempt was made to crush his stone at Lynn. On admission, pain after micturition; never passed blood except after instrumental interference. General health always good; can hold water about two hours when lying down. Urine acid; contains mucus and pus.

Nov. 10th. Unsuccessful attempt at lithotripsy.

17th. Lithotomy performed by Dr. V. Hughes by the lateral incision. The prostate was enlarged by inflammation, and the stone adhered to the inflamed portion. There was no unusual hæmorrhage. A tube was left in the bladder, and the wound stuffed with lint. *Acon.* 1x and *bell.* 1x were given alternately.

10 P.M. Urine is passing through the tube ; complains of great pain in the wound. *Morph. ac.* gr. $\frac{1}{10}$.

Nov. 18th. Slept well ; pain gone.

19th. Some cough. *Bell.* 1x, *ipéc.* 1x, *canth.* 1x, gtt. j. every hour in succession.

21st. Passed some urine *per urethram*.

24th. Can retain his water, but passes it by the wound and by the urethra.

25th. Omit medicines.

28th. All urine passed by urethra.

Dec. 7th. Urine passes in a good stream ; no pain ; wound is steadily healing ; no bad symptoms have shown themselves throughout the case.

Diet.—Immediately after the operation he had milk diet. Otherwise he has lived generously.

Composition of stone : Oxalate of lime and uric acid. Weight, nearly 1 oz. When extracted it was found to be broken ; the fracture appeared old, and probably dated from the lithotripsy at Lynn.

Dec. 20. Patient is to leave the hospital to-morrow.

REMARKS BY Dr. VAUGHAN HUGHES.

The notes of the preceding cases are reported here, not on account of anything novel in the mode of operating, but from my sense of the advantage gained by the medical treatment pursued in each. Comparing the treatment in these cases with that I adopted before I became acquainted with homœopathy, I have no hesitation in asserting its marked superiority. Two of the cases of lithotripsy were in old men—one aged 73—where even the administration of chloroform was dreaded. Nevertheless, all did well. The irritation and cystic disturbance evoked by the operation were materially limited by *belladonna* 1x, and *cantharis* 1. These medicines afford marvellous help in relieving this form of distress. Since reading of the spinal irritation and spasmodic contraction of internal viscera, recorded in the notes of some cases of poisoning by *belladonna* which occurred in the Isle of Wight, I have used *belladonna* largely to allay spasmodic contraction of the internal viscera, especially of the pelvic viscera. Its action is particularly marked on the bladder after lithotripsy, checking in a singular degree its contractions and the frequent desire to micturate, which is often so troublesome. With *belladonna* given internally, the necessity

for *opium* suppositories is done away with; and *morphia*, which disturbs digestion, and renders the urine scanty and scalding, is very rarely, if ever, required. *Cantharis* is an excellent aid to *belladonna* in relieving the irritation of the prostate and that at the neck of the bladder. Prescribing medicines on the principle of similars in such cases is rendered additionally interesting from the fact that it is impossible to mistake the "anatomical basis" of the disease under treatment. I have more to say on this subject, but shall defer it.

George Street, Hanover Square.

THE QUESTION OF THE DOSE.

By Dr. CHARLES ALLEN.

THE carefully-recorded results of 860 cases leave no doubt on my mind as to the marked general superiority of the low attenuations of drugs.

Years ago I used the thirtieths almost exclusively, and I did not find that the most carefully-chosen medicine was by any means to be relied on in cases that required serious treatment.

Slight cases did pretty well, but in such as were difficult the precepts of my revered Hahnemann as to the use of the 30th, seemed to fail very often.

I then studied, among other works, Hempel's *Materia Medica*, and was struck by the frequent testimony he bore in favour of strong, and even of massive, doses of medicines. I tried lower and stronger attenuations with ever-increasing success.

Once launched on what I may call reasonable posology, every day's experience confirmed in me such opinions as have since been ably advocated by Drs. Black and Yeldham.

I now find that, save in rare cases, I can certainly cure my patients with the 1st centesimal, the 1st decimal, or drops of the strong tincture extended in a proper quantity of water.

As I have never found that I could *certainly* cure with the 30th, the 12th, the 6th, or even with the 3rd, I now rarely go higher than the latter number, but very frequently use the 1st dec. or 1st cent.

I tried frequently *cact. grand.* 200, *puls. n.* 200, and

phosph. acid in still higher attenuations, but rarely obtained any marked curative effect.

The 5th of *carbo. v.*, *lycopod.*, and *lachesis* have, in my hands, acted far better than higher potencies; and I fully agree with what has been said in favour of using such medicines as *sambucus*, *valerian*, &c., in drop doses of strong tincture. Let any one, during a period of cholera invasion, try the difference of *camphor* 30, and Rubini's strong solution in doses of from 2 to 5 drops.

Having read Hahnemann's voluminous works with a patient zeal which, I trust I may be pardoned for saying, has hardly been repaid, I may fairly quote his famous cure of the laundress, cured by the mother-tincture of *bryonia*; and I may also point out the general internal evidence in existing records of or allusions to his earlier practice, that our illustrious chief appears to have gained his glory and reputation long before that advanced period of his protracted life in which he began to advocate the 30th as the most useful attenuation.

I, for one, would rather follow Hahnemann while in the full vigour of his mid-age maturity, than in the comparatively enfeebled epoch of his increasing senile infirmity.

Reverencing his wonderful powers of observation, of induction, and of generalisation, and fully believing that, to cure the suffering laundress, he *advisedly* selected a strong tincture, I respectfully ask my fellow-practitioners why, with such a record before them, they allow themselves to forget this, which is, in fact, precisely one-half of his recorded cases; and remember only that, when Hahnemann was getting very old, he advocated the 30th attenuation.

It can be no indignity to compare one great man to another. Let me, therefore, remind our ultra-Hahnemannic brethren, that even Homer sometimes slept; but we still admire and even reverence his mighty epics, although we permit ourselves a wholesome criticism of those fragments in which, so to speak, Homer is caught napping.

Let us bring an equally intelligent criticism to bear on the works of the great master of homœopathy.

We have, too, in this case, to deal not merely with a question of literary excellence, but with the well-being, the very lives of our fellow-creatures.

We want, therefore, stern, unflinching truth.

Must we not seek it in the most extended experience, in recorded observations, in simple *facts*?

We may well, then, *after fair trial*, ask ourselves these simple questions:—

Do Fincke's high potencies cure?

Does *merc. sol.* 30, cure syphilis?

Does *sulph.* 30, cure the itch?

Experience says—No.

And the utmost that can be urged in favour of high potencies is, that they may cure under certain favourable circumstances of exceptionally exact diagnosis.

My experience of 860 cases assures me that, always holding fast the principle of giving not an atom more than is absolutely necessary to cure, I must yet give a dose not higher than the 3rd centesimal, and frequently a drop, or even drops, of the strong tincture, if I would certainly relieve my patients. Nay, I will go further and say that for those patients whose prejudices are so strongly in favour of high potencies that they will not knowingly take a low one, I have always found the cure, if ever effected, much more protracted and far less satisfactory.

4, Rue Duphot, Paris.

SOME OBSERVATIONS ON SANGUINARIA CANADENSIS.

By WILLIAM V. DRURY, M.D., M.R.I.A.,

Physician in charge of Diseases of Children to the London
Homœopathic Hospital.

So many new remedies have of late been added to our *Materia Medica* that we are in danger of forgetting some of our old ones from the difficulty of retaining all in our memory. The use of a repertory to some extent corrects this, but in bed-side practice the repertory is, I fancy, very rarely used; and there is this to be said against employing it at such a time, that the confidence of a patient is readily shaken by seeing it referred to. If a patient is agitated by misgivings, a positive injury is done him by the creation of such fears, so that if in any case it is necessary to consult the repertory, a temporary remedy should be selected; and if there be any other more suitable, it should be sent at a later time. In this way no

harm is done, and the patient has the best medicine, though it may be at the cost of some little trouble.

In addition to the really new remedies, some of our old ones have been brought to the front, as though they belonged to the same category. And coming this way with some of doubtful value, they are apt to lose caste from the company in which they are found. As some of these medicines are but little known, and are used empirically, they do not get fair play. Some are of acknowledged efficacy, while others have still got their reputation to make; but as almost all are being used in material quantities, they have become very popular with those who like such doses, while comparatively little effort has been made to ascertain their value in a diluted form. It is very possible that the strong dose is the best shape in which some of them can be used, but this conclusion should not be jumped at, for unquestionably some have active properties when in a diluted form.

Sanguinaria canadensis is classed amongst new remedies, though it is a medicine that has been for a long time under notice; but having unfortunately been put forward as a remedy for cancer without the proper indications for its choice being given, it has fallen into disrepute, and is but little used. In allopathic practice in this country it has fared no better. Royle and Headland, in their *Materia Medica*, page 320, say: "It has been used in every variety of inflammatory disease, and empirically in cancer, in which it is of course of no service." It is to rescue a really valuable medicine from its undeserved position, by making a few remarks on its efficacy in suitable cases, that I venture to call attention to it.

My experience with *sanguinaria* is not so large as I should wish, for much is said of it that I can neither confirm nor contradict; but I have seen enough to satisfy me that in certain cases it is a medicine of undoubted value.

Sanguinaria is an herbaceous plant, with a perennial, knotty, fleshy root, of the thickness of the finger, found in hilly, shaded places from Canada to Florida. It flowers in April, and is described as a pretty plant, with gray-green leaves, with a flower like the poppy. The root, stem, and leaves contain a yellowish-red juice. The root, which is the part used in medicine, is dug up when the seeds ripen. The plant is known as the Indian Puccoon, Indian Paint, the Blood or Red Root. The Indians

appear to have had some knowledge of its virtues; indeed it would have been strange if their medicine men had not turned it to some account. From finding it in use among the native tribes, the American physicians were naturally induced to give it a trial; but at first it was chiefly employed to obtain its emetic action.

To produce this effect the powdered root was given in doses of from ten to twenty grains, or three to four drachms of a tincture made from the root. It was also used in the shape of an infusion, made in the proportion of $\bar{3}$ ss. to the pint; of this $\bar{3}$ ss. to $\bar{3}$ j. was given. As the powder was found to produce great irritation in the throat, a pill was substituted. This irritation, as well as the emetic action, was due to acro-narcotic properties, the presence of which, while possessing certain advantages in allopathic eyes, really interferes with the comfortable use of this and many other drugs, as their activity requires to be guarded by some other preparation; so that owing to the pernicious practice of mixing drugs, followed every day in old-school prescriptions, the pure curative action of the drug is lost, if indeed it would not be so, independently of this, by the excessive dose that is usually given.

My attention was directed to *sanguinaria* some years back owing to its being recommended as a remedy in cancer, not that I expected to find a remedy in it for this dire disease, but I thought it likely that by a little care I might ascertain whether it was a palliative in certain forms of cancer, or what was its real value as an external remedy in other diseases, for I felt sure that both it and another boasted cancer remedy, *hydrastis*, had not acquired their reputation without some grounds, and if the cases to which they were suitable could be discovered, they might, after a period of probation and testing on the part of medical men, pass from their position as empiric, or quack medicines into a recognised position in our homœopathic pharmacopœia. *Hydrastis* has, for some reason or another, been very fully tested, and is a favourite remedy with a large number of medical men; but, on the other hand, *sanguinaria* has been "left out in the cold," and so far as I am aware is but little employed.

Wanting some of the tincture a few years ago on a Sunday, I had considerable difficulty in procuring it at an allopathic chemist's, and from the samples of the tinctures that I have seen at our homœopathic chemists, I do not

think it is frequently prescribed. The tincture is a very beautiful red, but I have been supplied with some of an amber or brownish sherry colour. Latterly I believe the proper coloured tincture has been more universally obtainable.

The class of cases that I have found this medicine specially useful in comprises those characterised by the presence of fungoid growths or granulations. And it is where such are present in cancer that I believe this medicine may be tried with some hope of temporary benefit. I shall be glad if those who have such cases under their care would use this as a lotion, beginning with the strength of ten drops to the ounce, and increasing the quantity of tincture gradually. I find that the lotion may be considerably increased in strength, but as the object is to secure the curative rather than its escharotic action, it must not be pushed beyond a certain point.

CASE 1.—A gentleman consulted me regarding what is generally called “in-growing of the nail” of the great toe. He had visited a corn cutter, who had cut and pared the nail as much as he well could, short of adopting the usual procedure of splitting it and tearing a piece out. The edge of the nail was embedded in some unhealthy granulations, from which an offensive purulent discharge issued. I found it necessary to cut into these granulations to remove several small detached pieces of nail, which gave the appearance of being broken off. Under the use of the *sanguinaria* lotion the granulations went down, and the whole appearance of the toe altered. It took several days before this gentleman was able to walk about again; but the action of the *sanguinaria* lotion was most gratifying, and he was saved the necessity of having part of the nail torn out.

CASE 2.—The sexton of one of our west-end churches called on me about his hand, which he was not conscious of having hurt, but when I saw it a fungoid growth protruded about a quarter of an inch out of the palm, between the second and third metacarpal bones.

This might be the commencement of malignant disease, or it might be of a benign character; but the fact of there being no history attached to it was unpromising. It was a fair case in which to test the *sanguinaria*. Happily my

patient had confidence in what I told him, so that instead of trying half a dozen doctors, as many with more money and less brains might have been tempted to do when told that the case would be tedious, he persevered steadily with the *sanguinaria* lotion, used, as well as I recollect—for I did not make a note at the time—in the strength of ten, and finally of twenty, drops to the ounce.

Several weeks passed before all trace of the fungus was gone, but it entirely disappeared, and there has been no return, about two years having elapsed since he was under treatment.

CASE 3.—Having used *hamamelis* for some time as a lotion for piles in this case, but without the benefit that I hoped, and as they were painful and troublesome, I examined the gentleman, the subject of them, and found an ulcerated, hypertrophied, flattened growth of piles to the side of the anus. I began using the *sanguinaria* in a weak form, but gradually increased the strength to the proportion of one of tincture to three of water. He steadily improved, and required no other treatment.

Mr. Moore, at my suggestion, has been using this remedy in veterinary practice, and I hope will in time give us the result of his experience.

As an internal remedy *sanguinaria* has been recommended in a variety of diseases, and promises to be a valuable remedy in rheumatism, paralysis, diseases of the lungs and heart; but there is one class of cases in which I have again and again found it valuable—and that is in cases of vertigo. I have found it of use in vertigo occurring in cold weather, also when connected with the change of life in women, and in vertigo on lying down at night, besides under other conditions. I am inclined to think that it is in vertigo, connected with some disturbance of the circulation, that it will be found especially useful. Like *cannabis*, it has I believe a useful action in heart disease, and will be found specially valuable in cases of pneumonia so complicated. I have chiefly used it in the 12th dilution.

THE DOSE QUESTION.*

IN the *Monthly Homœopathic Review* for August last there is a very able editorial on the above subject, concluding with expressing "a hope that all who take an interest in this important matter will carefully reflect each on his own experience, and endeavour to extract 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." To respond to this hope as far as it lies in our power, and no less under the impression that every practitioner of medicine is bound to lay the results of his experience before the profession, we have ventured to say our say on the above question which has assumed importance in proportion to the difference of opinion that is daily being entertained about it. Our experience extends only from the year 1867 and might not be deemed sufficient for enabling one to arrive at any positive and definite conclusions on this the puzzle of puzzles in homœopathy. Nevertheless we believe that even the negative results that may be deduced from it may not be uninteresting and altogether unprofitable.

The question of dose is a wide one. It is not confined to Medicine alone. It is the question of quantity, as distinguished, though not contradistinguished, from quality. Quality and quantity are the two factors which require to be determined in order to enable us to produce any result with success. Though distinguishable logically we cannot imagine their dis-sociation in practice. Quality must be determined to enable us to do any thing at all. Quantity must be determined to enable us to do it with neatness and mathematical precision, in a word with economy. It is true, in some instances, quantity can make up for quality, and *vice versa*, but the result obtained is not the pure result wished for. It is always at the expense of something else.

The question of dose presents to homœopathic practitioners a two-fold aspect; the one is the question of the dilution, the other is that of the actual quantity of the dilution. This distinction, so far as we have been able to ascertain, has not been dwelt upon by any who have treated

* *Calcutta Medical Journal*, Sept. 1871.

of the dose question. The distinction is not one of over refinement, but is one that deserves consideration in practice. Our experience has impressed us with the conviction that it is not enough to select the dilution, but that it is also necessary to determine the quantity of it that has to be exhibited, whether so small as in globules or so large as in drops. Generally we have found that in children and very susceptible individuals, globules representing very minute quantities of the medicine in a particular dilution are the best forms in which to exhibit the drug in that dilution; that in adults and insusceptible persons, tinctures are necessary to make an impression. We have seen from repeated experience that where the globule succeeds, the tincture aggravates, and that where the tincture is necessary, the globule is almost powerless. Strictly considered this twofold aspect of the question resolves itself into the question of the dilution, for when a drug is exhibited in a particular dilution and in a particular quantity it is further diluted in the mass of the circulating blood and in the other fluids immediately bathing the tissues, and in this particular diluted state it is that the medicine acts upon tissues and organs for which it has an elective affinity. This ultimate dilution in the system must vary with the quantity exhibited of the druggist's dilution, that is of the dilution marked on the phial, and consequently according to the quantity exhibited we must have a different action, the system responding or not, according to its requirements or susceptibility.

If the above observation, that there is a distinct difference of therapeutic results from varying quantities of the same dilution, is correct, then the general question of dose of homœopathically acting medicines receives considerable solution in the fact. If different *quantities* of a particular dilution be necessary to produce purely curative results according to difference of age and constitution, then the inference is almost obvious that we must have different dilutions to meet the different requirements of our cases, according to the seat of the diseases, &c.

The Editor of the *Review*, while quoting unimpeachable evidence in favour of the actions of all dilutions from the crude drug to the 200th dilution, seems to lean towards the view propounded by Dr. Black, that the therapeutic doses need not be much aside the physiological ones, that is, need not in any case go beyond the 6th decimal, and,

to test the accuracy of this view, the learned Editor would require of homœopathic practitioners to adhere as much as possible to Dr. Black's rule. This, in our opinion, grounded upon hard experience, would not be safe practice. We have always looked upon the rough imitations of homœopathy by orthodox physicians as exceedingly dangerous, and in numbers of instances we have had very good reasons for doing so. And we shall be sorry indeed to see physicians of our ranks imitate the imitations of their allopathic brethren.

What then is to be done? We have, indeed, a rule, positive and scientific, for the selection of the remedy, but in order to avail ourselves of the full benefit derivable from it, we must have a supplementary rule for the determination of the dose. It is true that after wading through the difficulties of practice for a long time, one may acquire sufficient experience to enable one to meet the requirements of one's limited circle. But this experience cannot be easily acquired, and all cannot be trusted with this mode of acquiring it. An approximate rule, at least, should be presented to the beginner to enable him to proceed with as little difficulty to himself and as little injury to his patients as possible. Of course, in matters of such importance, no rule ought to be absolutely binding, but it would be a great help and a great comfort to have one to open out the path for experience.

But how can such a rule be derived? How co-ordinate the discrepant and conflicting opinions that have accumulated on the subject? It is most unfortunate that we cannot profit by the actual experience of the great Father of our system. It is notorious that his dogmatic assertion that a minute quantity of the 30th centesimal dilution was a sufficient dose for all cases, has not only not been verified and confirmed by subsequent experience, but that it was quite at variance with his own actual practice as recorded by himself, and as further revealed by the discovery of his pocketcase which he is said to have carried with him up to his death, in which medicines of all dilutions from the 3rd to the 30th were found. In the face of these incontestible facts, how are we to account for Hahnemann's dogmatism in the matter of dose? We can think of no other way of accounting for it than by supposing that, in a few instances he must have observed the efficacy of the 30th dil. and that subsequent experience of gradually diminishing the dose

must have to a considerable extent confirmed his previous observation, but that in asserting that the 30th dil. was sufficient in all cases, he merely enunciated his belief, without adhering to it in actual practice in which he did not venture out much beyond his past experience. He would thus seem to us to have been very judicious and extremely cautious as a practitioner, but hasty and rash as a teacher. What he thought might turn out to be true, and, therefore, what he should have offered as a mere suggestion for future verification, he was in the habit of laying down as a positive rule of practice.

But though Hahnemann has failed to give us an exact rule of the dose, the discovery of the efficacy of the so-called infinitesimal dose, that is, of a dose, if not infinitely, at least, indefinitely minute, compared to the dose of orthodoxy, is what we look upon as his greatest discovery. As to the law of healing, though we owe to him its first positive conception and its full development, we can trace vague conjectures and surmises about it to the days of Hippocrates, if not earlier. But nowhere do we meet with the faintest idea of the dose, such as Hahnemann developed, and which has become almost the characteristic of homœopathy. Any practitioner, who has had any experience with homœopathic dilutions, must have been convinced of their efficacy, so that the question with homœopaths now, is not as to whether they act or not, but how far we need, or ought to carry on our dilutions, and whether a scale cannot be constructed which can help in regulating the dilution according to the seat and nature of the disease, according to the sex, age, and habits of the patient, and according to the seasons and the climate.

It is not easy to devise the method of procedure by which to construct the much-wished-for posological scale. In general terms, it is very easy to say that experiment and experience alone ought to decide the matter. But we must remember that we have to experiment not upon inert matter nor upon the lower animals, but upon human beings; and that therapeutic experiences do not often offer themselves under the most favorable circumstances for scientific systematization. Without subscribing to Dr. Black's rule, we have no hesitation in affirming the importance of a knowledge of the physiological dose, that is of the dose, or range of doses, capable of producing a particular symptom or a particular group of symptoms in health. We

say range of doses, because it is a well-established fact that the dose, requisite to produce a particular physiological disturbance, varies according to a variety of circumstances and accidents, and we must be careful in bearing in mind the minimum and the maximum doses, in order to institute with scientific precision a comparison of the range of physiological with the corresponding range of therapeutic doses. And we have no doubt that such comparisons will enable us ultimately to discover the definite ratio that must exist between the two sets of doses. Now when we remember that Hahnemann has left no record of the doses he used in his provings, and that it is unknown whether the remedies, of which we have provings in the *Chronic Diseases*, were proved in the crude state or in dilutions; and that, in consequence, the physiological doses of only a few, a very few medicines, are known, and that not with scientific accuracy; when we remember all this, we should be able to realize the magnitude of the problem of the dose, and understand how unphilosophical, not to say foolish, it is to dogmatize upon it; and how unworthy it is of members of our school to divide themselves into sects on the score of difference arising from such dogmatism. As a corollary from this we see also the impracticability, in the present state of homœopathy, of Dr. Black's rule in its scientific aspect. The physiological dose being in the majority of instances unknown, the therapeutic dose, which is to approximate to it, must necessarily remain undetermined. We have already commented upon the empirical aspect of Dr. Black's rule as, in our opinion, rather unsafe and dangerous for the beginner.

There is one fact which we have repeatedly observed, and which, we think, ought to exercise a considerable influence in the determination of the problem before us, namely, that in the treatment of the same case, when extending through a length of time, even when the same medicine is indicated, not only has the medicine to be intermitted, but that the dilution has to be changed, from time to time, in order to derive full benefit from it. The system would seem to get accustomed as it were to the influence of the drug, and ceases to be further influenced, unless allowed some rest, or freshly stimulated by a different degree of attenuation. This points to the hopeless impossibility of laying down precise rules about the

dilution even with reference to the nature of the disease. In one of the cases we have recorded in the Journal, we had to begin at the 6th and gradually reach the 200th, and then to come back to the 6th. It is also to be noted that the same disease, attacking the same person a second time, very often requires for its cure a different dilution from that originally prescribed, and not unfrequently, a different remedy.

The question recurs, what then is to be done? The difficulties in the way of arriving at a satisfactory conclusion upon the question of the dose, having been seen to be formidable, how is the beginner to proceed? We think it can be safely laid down for his guidance that, as a general rule he should use low dilutions in acute, and high dilutions in chronic affections; low dilutions in diseases of the abdominal viscera, higher in diseases of the respiratory organs; low dilutions in the phlegmatic, higher in the bilious, sanguine, and especially nervous temperaments; low dilutions in catarrhal, rheumatic and syphilitic affections, higher in idiopathic and nervous disorders; low dilutions in adults and especially the male sex, higher in children and specially in the female sex. In our humble opinion, the 6th should be the lowest dilution one should begin with; and then it will be easier to feel one's way higher and lower. The beginner would do well to remember the classification of drugs as suggested by Goullon, Hirsch, and Trinks, namely, that some act better in the undiluted state and in very low dilutions, some in medium dilutions, and some in high dilutions. He would also do well to remember what particular physicians have said regarding particular drugs, such as Dr. Madden's observation that *Cham.* is better suited in the 12th than in any other dilution, for cases of reflex irritability of the gastric and intestinal mucous membranes in childhood, an observation which our own experience has confirmed.

[We have much pleasure in reproducing here this excellent article on a question which has recently given rise to so much agitation amongst homœopathic practitioners in England. Dr. Sircar is in error in assuming that for all time to come we desire to "require all homœopathic practitioners to adhere to Dr. Black's rule." What we desire is that all homœopathic practitioners should give Dr. Black's proposition a full clinical test. Is it possible to treat all diseases with dilutions below the 3rd as successfully as with any above this degree? That is the

question we desire to see answered. It can only be replied to by a large number of medical men, during a sufficient period of time, limiting their dilutions to the 3rd and those below them. The result of a systematic experiment of this kind would be invaluable. We should then be able to know what cases *required* high dilutions. At present we do not know—we scarcely do more than *suspect*. Dr. Black's proposal, as it stands, is a purely empirical one; but an accumulation of evidence, deduced from its application in practice, would enable us to give it somewhat of a scientific basis. Neither do we know on what grounds a dilution should be changed from time to time during the progress of a case. We cannot tell when the 6th is likely to be better than the 3rd, or the 12th than either. We may and sometimes probably do imagine—but imagination is not knowledge.

We thank Dr. Sircar for his contribution to our discussion, and trust that he will pursue his observations on the same subject.—Eds. *M. H. R.*]

CASES ILLUSTRATIVE OF THE ACTION OF SULPHUR IN INTERMITTENT NEURALGIA.

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

THE profession, I think, are much indebted to Dr. Cooper of Southampton for his original and exhaustive papers on *sulphur*. That especially on the use of that drug in intermittent neuralgia, in the *British Journal of Homœopathy* for October 1871, is peculiarly able and instructive. In corroboration of his views, and that other physicians may have their attention still further drawn to this important point in therapeutics, I venture to publish the following cases.

CASE I.—Helen C., æt. 38, applied at the Dispensary, October 24th, 1871, complaining of severe intermittent pains in the right side of the head, which she has had for a month. There is no pain at the situation of the supra or infra-orbital nerves, or in the mental branches of the fifth nerve, but the pain commences over the malar bone, and extends backwards over the side of the head. The pain is worst at night, commencing gradually about 9 or 10 P.M., and becoming more severe till about 3 A.M., when, having reached its height, it gradually subsides. The pain also occurs during the day, coming on at breakfast time, and lasting till about 3 or 4 P.M. She has very

little appetite. Catamenia regular; no leucorrhœa. Tongue clean; bowels regular. To have a pilule of *sulphur* Φ every two hours.

Oct. 30th. Came up to say that on the day she last came she had her usual attack; since then she has had no return of it.

CASE II.—Mrs. Leys, æt. 47, came to the Dispensary, Nov. 7th. 1871, complaining of pain, which she has had for two months in the right side of face and head. The pains seem to commence in the upper and lower jaw bones, extending to the infra and supra-orbital nerves, and from there up the side of the head. There are no decayed teeth, except a small point the size of a pin-head in one of the teeth of the upper jaw. The pain comes on in the afternoon, goes away in three or four hours, coming on again late at night, and lasting till 1 A.M.; coming on again in the morning, and disappearing some time before the afternoon attack. Catamenia regular; bowels regular; well otherwise in health. To have a pilule of *sulphur* Φ every three hours.

Nov. 15th. Much better. Since last visit has had only two attacks of the pain, one on the 10th and another on the 14th, lasting only about an hour and a half. Continue *sulph.*

17th. Came up to-day, complaining of a cough. Neuralgic pain quite gone.

CASE III.—Mrs. P., æt. 35, came to the Dispensary Nov. 14th, 1871, complaining of a pain in the head, which she has had for a week. The pain comes on each day about noon, and lasts till evening. She is free of it at night. The pain seems to centre in the right temple, going up to the top of the head, over the eyebrow, below the eye, and down along the inferior maxilla. It never touches the left side. Has a child 13 months old, which she weaned a fortnight ago. Appetite pretty good; bowels regular; tongue clean. Has not menstruated since the birth of her child. Is delicate-looking, and has symptoms of phthisis, which need not here be detailed. To have a pilule of *sulphur* Φ every three hours.

Nov. 18th. Had no pain on the 15th; on the 16th was bad with it, but since then has had no pain. Cough better. Continue.

27th. Has had no pain since last report.

CASE IV.—Mrs. Mc., æt. about 30, sent for me Dec. 21st, 1871, complaining of severe pain, which came on two days before, and had kept her completely from sleep. The pain is in the right side of the face and head, and seemed to commence from a carious tooth in the lower jaw of that side. The pains extended over all the lower jaw on that side, up to the infra and supra-orbital regions, and from there to the top of the head on that side. It is not constant, but comes on in the evening, lasting all night, keeping her from sleep, but mitigating towards morning. Through the day it continued with irregular intervals, though much slighter than at night. She is pregnant seven months, so that she was not in a state to have the seemingly offending tooth extracted. I ordered *aconite* tincture to be put into the tooth (which in many cases of carious tooth with a hole in it I have found relieves the pain instantly), with *belladonna* internally, and hot applications.

22nd. Had no sleep last night, but is quite easy this morning. The *aconite* had no relieving effect. Pt. *belladonna*. To put chloroform into the hollow tooth.

23rd. No better last night, but easy again this morning. To have *sulphur* Φ , gr. ij. every two hours. The soothing effect of the chloroform only lasted a few minutes.

24th. Decidedly easier through the night. No pain since early morning—only a feeling of soreness remaining about the parts. Continue *sulph.*

25th. Slept well last night—almost no pain; none this morning. Continue *sulphur* three times a-day.

26th. Slept beautifully, and quite free of the pain. To continue to-day, and then omit. Had no return of the pain.

CASE V.—Miss R., æt. 23, has been in a delicate state of health for some time. The full history of the case I need not detail. After considerable improvement she was taken ill with a diphtheritic sore throat, which weakened her much, followed by irritation of the bladder. On visiting her on December 9th, 1871, she told me she had not slept for several nights on account of severe pain in the head and jaw. She had several decayed teeth; but she said the pains were quite different from ordinary toothache, and more like neuralgia, which she had once before severely, and which, in the hands of another doctor (allo-

pathic), had lasted for weeks. The pain was not localised in any one tooth, or even seemed to arise from any especial one; and she had no pain in eating. It commenced all over the lower jaw, extended downwards towards the shoulders, and up to the supra and infra-orbital nerves on both sides and over the whole head. It came on in the evening, shortly before bed-time, lasted all night, keeping her from sleep, and going away in the morning. It came on again in the forenoon, though not so severely as at night. During these intervals she was quite free from pain. As it was evidently a case of neuralgia, and not toothache, I ordered *sulphur* Φ , a pilule every two hours.

Dec. 11th. The night on the 9th was as bad as before. Yesterday she had no pain through the day, and through the night was much easier. The pain came on, but only lasted two hours, and was not so severe as before. Continue.

13th. For the last two nights and days has been completely free from pain, and slept well. There has been no return.

CASE VI.—Mrs. N., æt. 54. Complained November 20th, 1871, of pains which she had had for a week, in the knees, ankles and elbows. Though thus occurring in the joints, they seemed to me to be more neuralgic than rheumatic. Her pulse was quiet, tongue clean; and she was generally well. The pains came on regularly every night about 11 p.m., and continued till about 7 a.m., keeping her from sleep. The pains were bad even when the limbs were at rest, but worse on motion. After 7 a.m. the pains went away entirely for a time, then returned for an hour or two; going away again till the regular evening attack. To have *sulphur* Φ , a pilule every three hours.

22nd. She thinks the pills are doing her much good, as since yesterday afternoon (21st,) she has been perfectly free from the pain. Continue three times a day.

25th. Has had no more of the old pain; but has had for the last night or two, pains of a cramping character in the calves of both legs, "as if the muscles gathered into balls;" worse at night. Bowels have got costive. To have a pilule of *nux vom.* three or four times a day.

30th. The pains in the calves soon disappeared.

22, Union Place, Aberdeen.

January, 1872.

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ALLOPATHIC JOURNALS.

By E. W. BERRIDGE, M.B., Lond.

No. 2.—LONDON MEDICAL AND SURGICAL JOURNAL.

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Æthusa, vii. 153; viii. 543.

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Cantharis, June 4th, 1836.

Cocculus, vii. 154.

Conium, vii. 152.

Colchicum, viii. 499, 832.—July 29th, 1837.

Crotalus, vii. 244.

Datura Stramonium, viii. 704.—Nov. 26th, 1836.

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Helleborus, vii. 153.

Hyoscyamus, vii. 149.—Nov. 26th, 1836.

Iodine, ii. 262.

Jatropha Curcas, March 5th, 1836.

Kali-carbonicum, May 28th, 1836.

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Mercury, May 7th, 1836.—Sept. 16th, 1837.

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Papaver Somniferum, i. 179, 333; iii. 57; v. 335; vii. 147–9.—April 2nd, 1836.

Plumbum, i. 147; ii. 353.—Feb. 27th, 1836.—March 5th, 1836.

Ranunculus bulbosus, June 4th, 1836.

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No. 3—GUY'S HOSPITAL REPORTS

From commencement in 1836 to 1870 (Vol. 15 of 3rd series).

N.B.—I cannot obtain the volume for 1854. The notation on the cover of volumes from 1867–1870 differs from that in the

book, 1867 on cover being 1868 in book, 1868 being 1869, and 1869-70 being 1870. I have adopted that on cover.

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No. 4.—MEDICAL QUARTERLY REVIEW.

This work consists of only four volumes, 1834-5. The only reference is

Opium, iv. 482.

REVIEWS.

Recollections of Past Life. By Sir HENRY HOLLAND, Bart., M.D., F.R.S., D.C.L., &c. London: Longman, Green & Co. 1872.

Sixty-two years have elapsed since the author of these *Recollections* made his first foreign travel—a voyage to Iceland! The first seven of these sixty-two years he occupied almost exclusively with travelling—chiefly in the continent of Europe. The remaining fifty-five have been passed in the performance of the duties of a physician at the west-end of London, pleasantly relieved each year by eight weeks of travelling by sea or land, diversified by the daily study of classical and scientific literature, and rendered enjoyable by constant intercourse with the most highly-cultivated men and women to be met with in London society. It would be impossible for the recollections of a life so passed to be other than interesting; or to fail in affording some instruction, some help onwards to those who are entering on the busy scenes of life, and are beginning to feel those responsibilities and cares which are inseparable from an active performance of duty.

Happily circumstanced from the very beginning, brought—while yet a student of medicine at the University of Edinburgh—into a society, comprising “Walter Scott, Dugald Stewart, Playfair, Jeffrey, Henry Erskine, Murray, Alison, Dr. Gregory, Henry Mackenzie, Dr. Thomas Brown, Jameson, Leslie, Sir James Hall, Lord Webb, Seymour, Brewster, &c.; travelling with the army, and assisting the medical officers in their onerous duties during the Peninsular War; subsequently attached to the suite of the Princess of Wales—the unfortunate Queen Caroline—on her tour through Belgium, Germany, Switzerland, and Italy—Sir Henry Holland secured an introduction into the highest circles of society, rendering his early professional success almost a matter of certainty. But it must be noted that he not only possessed opportunity, but that his already varied learning, studious and methodical habits, highly cultivated taste and critical capacity, enabled him to take full advantage of the opportunities thus presented to him. It seems to us that it is to this happy conjunction of opportunity and ability that we may ascribe his having for fifty years occupied so prominent a position among the consulting physicians at the west-end of town, that he has been able to count among his patients and friends many of the foremost men of the present century.

We have been somewhat surprised, and, we may add, disappointed, while passing through the volume before us, at the comparatively few references to matters of medical interest it

contains. In fact, Sir Henry has apparently striven to keep his professional position as much in the shade as possible. We notice the names of only three medical men as occurring in the whole volume—Dr. Baillie, Dr. Conneau, and Dr. Bence Jones—and these are mentioned in connection with others rather than on their own account. Dr. Baillie is introduced as the brother of Joanna Baillie, Dr. Conneau as the stanch friend of the ex-Emperor Napoleon, and Dr. Bence Jones as the biographer of Faraday. Interesting, very interesting sketches do we get from Sir Henry of a large proportion of men and women who have made an impression upon their generation in politics, in literature, in art, in physical science, and in the *beau monde*; but medicine, and all belonging to medicine, is, save in the last two chapters, all but ignored. One cannot help feeling a regret that Sir Henry should have left no memorial of the many eminent physicians and surgeons with whom he must, in the course of so long a professional career, have come into contact. This omission, coupled with the facts he has never been connected with any large hospital, that his literary contributions have been chiefly of a non-medical character—made to the *Edinburgh* and the *Quarterly*, rather than to the medical journals of the time—and that he has, as he freely admits, a tendency to be sceptical on points both of medical doctrine and practice, lead us to think that he never possessed that absorbing love of his profession which has characterised the brilliant stars in the firmament of medicine. In short, these *Recollections of Past Life* give the impression that their author is a cultivated and scientific gentleman of fortune, rather than an earnest disciple of Galen; that he would feel more at home at “The Club,” surrounded by Lord Lansdowne, Macaulay, Hallam, Lord Aberdeen, Lord Holland, Lord Clarendon, Bishop Blomfield, Bishop Copleston, Sidney Smith, Sir G. Lewis, Whewell, Lord Kingsdown, Dean Milman, Senior, Eastlake, Hawtry, and men of similar tastes and pursuits, than he would at the Clinical Society; that he would prefer to spend an evening at the Royal Institution to attending a meeting of the Royal Medico-Chirurgical Society.

And yet Sir Henry cannot be said to have neglected medicine, or to have done nothing to improve the art or adorn the literature of that profession to which he belonged, and of the rewards of which he so largely reaped. His *Medical Notes and Reflections*, and his *Chapters on Mental Physiology*, furnish ample evidence of much philosophical insight into the obscure phases of disease, much patient and careful clinical observation, and considerable originality of thought.

To what, beyond natural powers of mind, can we attribute the power he has evidently possessed to make himself master of so wide a range of subjects of absorbing interest? The enquiry is

an instructive one, and these *Recollections* do much to supply the answer. Early cultivation and early associations of the right kind undoubtedly had a large share in such a result. But method, method in everything he undertook, did more still. Unflinching determination to carry out previously well-ordered plans for self-improvement, was still more helpful. And what we conceive to have conduced more largely than anything else to this end, was his never allowing a day to pass without having read something, however brief, in the ancient literature of Greece and Rome, or the modern literature of Europe, and in the scientific works of his contemporaries.

"I allotted," he says, "three days each week to Greek and Latin reading, under the resolution never to let the day pass wholly without it, even though but ten minutes could be kept free from other business. Every day, even the busiest, will yield its ten minutes over and over again, if they are well looked after and taken up at the time; and such change of employment is made easy by habit, and often indeed refreshing to the mind. . . . On the days alternate to those given to Greek and Latin reading, I have pursued a similar plan as to German and Italian, though with less adherence to rule. . . . On the principle, already referred to, of maintaining my earlier pursuits, as well as from a deep interest in the physical sciences now pressing so rapidly onwards, I have devoted a certain time each day to some one or other of these; well knowing that the continuity of pursuit here once thoroughly broken can rarely be recovered. As in the case of classical reading, a very short time, regularly applied, suffices to fulfil the purpose. I have practically felt the advantage of this rule; which, though incompetent to deal with the copious details, ever augmenting, of each science, has yet enabled me to keep pace with all the greater discoveries of the day, and especially with those researches tending to give connection and unity to the different sciences—the method by which the nearest approach is made to the great mysteries of the universe."

It is then, we conclude, chiefly through a daily methodised system of reading in a wide variety of subjects, and yet again by daily intercourse with men of learning and eminence in each, that Sir Henry has become the highly cultivated man he is so well known to be. If young men can but learn this lesson from these *Recollections*, and if they will but practise what they teach them, they will in years to come look upon the reading of Sir Henry Holland's latest publication as one of the greatest privileges they ever enjoyed.

Interspersed with the details of his journies, here, there, and well-nigh everywhere, with his sketches of the great men he has met, and whose society he has enjoyed, we occasionally, though

too rarely, meet with some hints of value to us, as medical men. To these we will here draw attention.

At a time, like the present, when so much is being done to perfect our system of medical education, the following remarks upon this important subject are of value. Referring to his medical studies at Edinburgh, at Guy's, and at St. Thomas's, he says:—"I went through the accustomed routine of lectures, demonstration, clinical practice, and the less profitable teaching of books—learning at a later period, for it requires time for the lesson, that actual experience, with a sense of responsibility attached to it, is the sole school in which to make a good physician. One of the most learned men I ever knew in the literature of medicine, as well as in physical science, was one of the worst practitioners; borrowing his diagnosis from books, and not from that happier faculty, almost an instinct, which enables some men to interpret and act upon signs, which no book can describe. Various improvements may doubtless be made in the methods of medical education; but the subjects are in themselves so subtle and complex, and so blended with the diversities of human character, that no teaching can be effectual which does not include a certain amount of personal experience and responsibility, conjoined with the talent for comprehending and applying its results." (P. 89.)

Doubtless the methods of teaching are widely different now from those in vogue when Sir Henry was a student. Clinical study is gradually superseding the dry discourses on practical medicine and systematic surgery known as lectures; the student is sent to the laboratory to investigate the mysteries of physiology, and to become familiarised with the arcana of chemistry; botany is taught in the fields, along the hedgerows, and on the mountain side; natural history is studied in museums and with the aid of aquaria; the ravages of disease are witnessed in the *post mortem* rooms, and scrutinised with the penetrating power of the microscope. But with all these advantages of personal observation, the best learned lessons, the most fruitful of medical studies, are those which personal experience and responsibility supply. Never shall we forget the first time we were called upon to prescribe, solely on our own responsibility, for an infant suffering from acute bronchitis. The care with which we calculated the doses of syrup of squills, syrup of poppies, and ipecacuanha wine, which we thought we could safely give to the little one, the anxiety with which we awaited the result of our prescription, and the pleasure with which we heard of the improvement that followed! A sense of responsibility it is that supplies caution, that impels study, that makes one think, and that creates the impression which shall be permanent.

Sir Henry Holland succeeded early in securing professional

occupation, his fee-book at the end of his fourth year—when he moved from Mount Street to his present residence in Brook Street—showing a return of £1,200. Thereafter his professional income rapidly increased, and feeling that, to permit his pursuing literary and scientific studies, he must “draw a line,” he resolved never to allow his income to exceed £5,000 a year. In this way he was able to contract his professional engagements within a reasonable limit, and at the same time to escape the pitfalls of routinism. On the necessity of checking this inevitable result of overwhelming engagements, he makes some remarks worthy of being remembered by those whose ambition it is to be constantly seeing patients.

“The period,” he writes, “of my largest practice was from 1830 to 1848, at a time of life well fitted for active work. The experience, however, of two or three severe epidemics during this period (those especially which bore the unscientific name of influenza) showed me, in the heavy and unwholesome labours of a few weeks, the penalty I should have paid in health and comfort by seeking to maintain this full occupation throughout the year. It is in truth as important to the welfare of the patient as of the physician, that the mind of the latter should not be taxed and jaded by excess of work. The weariness of a long day brought to the bedside of a patient always impairs more or less what the highest professional skill and zeal can minister to his relief. The power of discrimination is lost or lessened, and practice too often passes into a hurried routine unsatisfactory to the physician, profitless to the patient. This fact, fully confirmed to me by experience, requires neither explanation nor comment. It expresses simply what is the natural and necessary limit of mental power, and the wisdom as well as the moral rectitude of acquiescing in it. The physician in full practice, like the lawyer in similar case, pleads the impossibility of contracting his work. There may be loss and difficulty in doing it, but with strenuous intention and a wise regard to the future, it can always be done.”

Very interesting, too, are our author's reflections on the changes which have taken place in London Society during the many years he has filled so conspicuous a place in it. “The changes,” he says, “which have occurred in my time, especially those of *deterioration*, are chiefly such as result from the *over-crowding* of the London world.” He is of opinion that the present extravagant multiplication of societies and institutions of every kind, dividing and sub-dividing all the concerns of human life, calls strongly for correction. The classical scholar, designated as such, is not, he thinks, held in the same estimation as he was fifty or sixty years ago. “Another notable characteristic of the times, influencing those who write and those who read

what is written," is, "the vast amount of talent and wit expended in periodical literature under different forms." "The seductions of a literature made thus facile of access are not easily resisted. In effect of these and other causes, there is more general reading, but less of earnest individual study than formerly." The large extension of physical science, now so widely popularised, has led to a general increase of physical knowledge, and has brought a new and valuable element into the ordinary intercourse of life. Sir Henry notices, as results of the progress and diffusion of physical science during late years, "the boldness of modern hypotheses in regard to the highest problems of the universe and of man;" and "the more general and rigid demand for *evidence* on every subject of enquiry." He affirms a change in the strictness of this demand for *proof* even within his own time. He likewise refers to the inordinate multiplication of the London Clubs—"institutions absorbing much of the time and talent which might else be given to domestic life or to life in other forms." The good and evil of these institutions are, he thinks, "doubtfully blended." Sir Henry further remarks on the intermingling of the higher and middle classes of society as being greater than formerly; on the "increased *fastness* of living, incident to all classes and occupations of men." He also compares the state of religious thought and action throughout the nation with that prevailing during the early period of his life, and he bears testimony to the increased zeal and activity of the clergy at large.

We could cheerfully proceed in culling much more of interest from these *Recollections*, but the limitations of space warn us that we must conclude. We do so, warmly commending the perusal of Sir Henry Holland's work to our readers, assured that if they enjoy the reading of it as much as we have done, we shall obtain their thanks for having introduced it to their notice.

Sulphur as a Remedy for Neuralgia and Intermittent Fever. By ROBERT T. COOPER, B.A., M.D., Trin. Coll., Dublin. London: Turner. 1872.

We are glad to welcome a complete re-issue of Dr. Cooper's valuable papers on *sulphur*, contributed to the *British Journal of Homœopathy*. As a medical study these articles are very valuable. They give, as the result of repeated experience and careful observation, very exact indications for the selection of *sulphur* in the class of diseases under consideration. We are convinced that by a careful selection of the remedy, intermittent fever need not cause much perplexity. Dr. Cooper will do some service if he can induce his own medical brethren and our

alienated first cousins, the allopaths, to do something more rational and scientific than drenching indiscriminately with *quinine* in every case of ague that comes under their notice. Nothing can be more stupid and pernicious than this practice; and we cannot wonder that our benighted cousins have such a limited faith in specifics, when they so industriously do their best to bring into discredit the few they can boast of, by using them with such fatuous imbecility. They know that some discrimination must be used in selecting a hat or a pair of boots, but they never think of asking whether a medicine *fits* before giving it; consequently they make specifics ridiculous, and lose one of the most valuable links by which their art might become re-attached to nature. It is difficult even for homœopaths to avoid a similar routinism, and we presume there are drones among ourselves who, after reading Dr. Cooper's pamphlet, will straightway begin to treat all cases of neuralgia that come before them with *sulphur*, without caring to discriminate between those cases in which it is applicable and those in which it is not. The indications which Dr. Cooper points out are not many, but they are highly significant: the chief being the exacerbation at mid-day or midnight. In neuralgia this may evidently be taken as what is termed a "key-note" for *sulphur*, and may rank with other key-notes for its use—such as the craving hunger in the forenoon, the diarrhœa after midnight or in the early morning, the location of lung disorder in the upper part of the left lung, the upper left and lower right symptoms generally, and the disreputable, dirty, sallow, beery, smoky, solemn or apathetic appearance, with general torpidity of function, that often characterises the *sulphur* patient.

We can confirm what Dr. Cooper says concerning the power of *sulphuric acid* to cure neuralgia. According to our own experience, the main characteristic of the *sulphuric acid* in neuralgia is, that it comes on gradually and leaves off suddenly.

We are inclined to think that the sensation of pinching in the skin may be another valuable signature for *sulphuric acid*. It is not produced by many medicines; the most conspicuous are *anac.*, *arn.*, *bry.*, *dulc.*, *rhus*, *ruta*, and *sulph. ac.*; and of these *sulph. ac.* affects the integuments in this way more than the others. The jerking pain also is highly characteristic, as any one may see by looking over the head symptoms of *sulphuric acid*.

We must give Dr. Cooper all praise for his very earnest effort to illustrate the success that attends an exact and careful use of our remedies; and we trust he may give many more contributions to this most important feature in the homœopathic method.

One remonstrance:—A writer on a scientific subject need not

"crave indulgence" for anything that is really pertinent to his subject. He does not deserve it if he indulges in padding. Dr. Cooper is a little too apt to adopt this beg-pardon air. He makes his bow to his readers too often and too low. We know all about his "great respect" for us, and "true modesty," and are quite sure that he is desirous of "acting impartially, unswayed by self-interest," that his object is "the elucidation of truth," and not to "enhance the value of facts," or "invent theories devoid of foundation." His brethren will not accuse him thus; his ill-mannered cousins are sure to do so, and it does not matter. Let him only avoid a collateral self-accusation by superfluous apologies, and allow us, nevertheless, in our turn, to ask his and our readers' forbearance for this Johnsonian piece of exhortation.

Lectures on Diseases of the Heart. By EDWIN M. HALE, M.D., Special Lecturer on Diseases of the Heart, and Professor of Medical Botany and Pharmacology in Hahnemann Medical College, Chicago. Boericke & Tafel, New York.

It does seem somewhat singular that it should appear desirable to the faculty of a medical school to separate the study of diseases of the heart from the professorship of the practice of medicine and elevate it into a speciality. If this sub-division of labour is to proceed, we shall shortly have a professor appointed to every organ of the body! It appears, however, from the preface to Dr. Hale's work, that his lectures have met with a degree of acceptance justifying their publication.

Dr. Hale's book is, as he plainly tells us, a compilation from the works of men who have written upon diseases of the heart, with the homœopathic treatment of such disorders appended. We much regret feeling compelled to observe that his style of composition is so utterly careless, more especially in the preface, as to suggest the idea that "preliminary education" was, in his student days, a luxury with which he was not indulged to any but a limited extent. Unhappily the same style, more or less, pervades the whole book.

Dr. Hale's physiology, and pathology too, are occasionally more at fault than we should expect them to be in a "special lecturer" writing on his "special" subject. His description, for example, of the circulation of the heart, of the distribution of the coronary arteries, may be poetical, but it is scarcely the teaching of scientific physiology. On page 37 the first sound of the heart is described as "diastolic," the second as "systolic." This looks like reversing the order of things! Again, Dr. Hale tells us that organic disease in the majority of cases originates in acute rheumatism. Doubtless, acute rheumatism

does often give rise to organic disease of the heart; but—and it is this that renders chronic disease of this organ so difficult to relieve—the large proportion of cases of this kind are secondary to disease occurring in the lungs, the liver, or the kidney.

Notwithstanding its literary and scientific defects, Dr. Hale's book is far from being devoid of interest or utility. The chapter on Angina Pectoris, for example, is particularly interesting, the views taken of the nature of this painful affection are accurate, and the account of the medicines most likely to help the patient is a full one. We notice, however, that Dr. Hale omits, as we think, to lay sufficient stress on *cuprum aceticum*—a medicine of some considerable value in this form of angina.

What renders this contribution of Dr. Hale's most worthy of study is the large collection of observations regarding drugs influencing the nutrition and innervation of the heart which he brings together. It is of course certain that, among so many, there are some which are seldom of much service. Still, Dr. Hale makes out a fair case for all, and the physician who has a puzzling specimen of heart disease under his care will derive much assistance in the selection of remedies by availing himself of this publication of Dr. Hale's researches.

The study of the actions and uses of drugs is Dr. Hale's *forte*, his speciality. He has done much good work in the development of *Materia Medica*, and is an authority of no mean importance when treating on therapeutics. On this ground we feel that we can recommend those lectures on diseases of the heart to the attention of our colleagues without any fear of their being disappointed.

CLINICAL REPORTS.

CASES

Reported by Dr. USSHER.

Abscess and Periosteal Inflammation.

Albert H., 1 year and 10 months, highly strumous. Had a fall out of a perambulator, and nothing further was thought of it until the arm began to swell. It had been some weeks in this condition before I saw it. The parents thought the bone was broken, but I could not detect any irregularity. I formed the opinion that the periosteum had been inflamed; being led to this conclusion from the uniformity in the swelling throughout the humerus. The power of raising it had been gradually lost, and a great deal of induration was to be felt about the insertion of the deltoid. There was much pain, and to add to the child's troubles he was cutting two eye-teeth, and had a copious crop of

sudamina on the upper part of the chest and neck. He was feverish and irritable. There was much swelling at the inner condyle of the elbow, giving evidence of fluid contents, and of being deeply seated. *Hep. sulph.* 5, in tincture, was given at three hours' intervals by day.

The next morning, Aug. 27th, he was more comfortable. *Sulphur* 3 replaced the *hepar*, and his bowels acted well. He is an exceedingly fat child, and was well fed in expectation of what was to come. The arm was poulticed.

On the 30th a soft boggy spot about a sixpence in size formed, and to hasten matters I made a small opening, liberating pus to the extent of an ounce and a half, at least, by means of a grooved needle. I renewed the *hepar sulph.*, and as there was a good deal of excitement about him, I gave *hyos.* 6 at bed-time.

The next morning I drew as much more pus away, and I could then define the enlargement of the bone as being quite double its usual thickness. When the discharge had lasted two days I put him on *silicea* 6x. Within a few hours the discharge was quite watery, and soon ceased.

I gave him *sulph.* 3, and left him. The induration was soon at an end. He was able to throw stones with the affected arm on the occasion of my last visit, and I left him with a supply of *calcarea carb.* 6.

Inflammation from recent fall has occurred since. *Silicea* was in this instance succeeded by *aurum fol.* 6x, with great benefit.

Ranula

Occurred in a woman over 30. The veins under the tongue are varicose, and there is "excess of venosity" everywhere, notably in the throat. *Sulphur*, *hamamelis*, and *pulsatilla* failed to relieve her, but the most marked benefit at once accrued from *thuja* 30, of which she insists on having a supply by her. She was one of those who suffered many things of doctors, and endured most agonising "tic" for seventeen days, suffering from congestion of the head; her nights were sleepless, and she was worn out when I saw her. *Ignatia* 3, one dose, relieved the pain, and *bell.* 3 set the other matters to rights.

It is not a little interesting that her sister, who has varicosis of the vulva and legs, and gets severe sore throat, had a very painful epulis on the left side. It was inclined to grow large. *Chlor. potash* improved her a little; but *thuja* had been such a friend to her sister, I thought that I would try it, and twice applied the mother tincture to the substance. It was gone in a week, and no mark of its whereabouts exists. Her husband lost a large number of warts as if by magic, under *calc.* 30. The child whose case of retrocessive measles I reported in this journal at p. 692 was a son of this woman.

Hæmatemesis and Melæna.

This case is but a fragmentary one, but not the less instructive. The patient æt. 40, a sailor, stout, strong built, and a hard drinker. It is now four or five years since he had his first attack, when he vomited more blood than he passed from his bowels. The second attack succeeded that in twelve months; the third eight months later. He had vomiting of blood only on the first and last occasions. It came on without warning, and profusely. He has cirrhosis of the liver, and looks jaundiced. Has a good deal of pain in the loins; the bowels are as a rule regular. Had fever and ague during the American war, and served in the United States Navy. On the first occasion he lost a quantity exceeding a quart, by the mouth; and this time, over a gallon. He passes, when he is "bilious," party-coloured stools. At first I used with success *aconit.* and *veratrum.* The latter was especially useful to him after the first few doses of *aconite.* It checked the vomiting and symptoms of collapse with which he was threatened. *Hamamelis* failed to stop the bleeding on the second occasion, and I had to fall back on the *veratrum.* On the third occasion the hæmorrhage was occasioned by lifting a heavy load, and the blood was red and frothy. I gave him now *ipéc.* and *arnica* in alternation, and had him out of danger in a few hours. I found him the next morning with a pulse of 104; skin hot; bleeding stopped; two offensive, intensely black stools; urine clear. I continued the same remedies. The next day his pulse was 80, and steady; sleep good; urine cloudy, sp. gr. 1011, feebly acid, no albumen? I left him with *china*, 1st dec., to go on with. The cirrhused liver was perceptible to the touch. When I told him his state, he made up his mind to go into St. George's Hospital. I dare say he will again have hæmorrhage, and if he does, I shall have recourse to *arnica* and *ipéc.* The more I see, the more I say, back to the polychrests.

Wandsworth.

CASE OF A NASAL POLYPUS CURED BY
TEUCRIUM M.

Reported by RICHARD EPPS, Esq., M.R.C.S.

THE following case is of interest for more than one reason. In the first place, I should not have known that the disease was cured—although I knew that it was much benefitted—except for the following incident. On April 4th, 1870, J. H. consulted me for a malignant growth in the left nostril, and for which he had been twice operated upon; the first time eleven months and the second six weeks before the period of his consulting me. Both operations had been of a severe nature, and performed

from the outside. He told me that the first operation had been reported as successful in the *Lancet* of the previous year. The malignant character of the growth was proved by its growth to an immense size in five weeks after the second operation, causing great deformity, and pushing the left eye quite out of its place. This is, however, quite by the way. He told me that he had been recommended to consult me by H. R., whose polypus had been thoroughly cured by the treatment adopted.

H. R., æt. 59, consulted me on April 28th, 1869, for an attack of erysipelas of the face, ending in an abscess in the right orbit. He had been under allopathic treatment for it for three weeks, and was afraid that he should lose the sight of his right eye. He was cured of this affection, without injury to his sight, by the use of *belladonna* 1x in the first instance, and of *hepar sulphuris* 4x in the second (when suppuration was established). He was much surprised and pleased by the successful treatment of his eye, and was thereby induced to consult me for a polypus in his right nostril, a growth which had existed for thirty-one years. It was here that the second point of interest (at least to me) arose. H. R. was by trade a carpenter, and in 1838, when the polypus first appeared, acted as a sort of "Jack of all trades" to the late Hunterian School of Medicine, at which institution my brother, the late Dr. John Epps (then an allopathic physician) was at that time the lecturer on *Materia Medica*. H. R. had very naturally consulted my brother on account of his polypus, and had had accordingly an ointment prescribed for it. H. R. had used this ointment, at intervals, from that time down to the year of his consulting me (and always, he said, with relief for the time). I have the prescription by me now. I had some difficulty in persuading him to give me such an old friend,—which is in marvellously good preservation. The following is a copy of it:—

R. Deuto Iodidi Hydrargyri ʒj.
Ung. Cetaceæ ʒij.
Ft. Unguentum.

Die Aprilis 10,

A.D. 1838. J. E.

The polypus at the time of H. R.'s consulting me occupied the entire right nostril, and even projected slightly, so that it could be touched with the finger. It had presented the same appearance three years before, but it had lessened on the application of the above-mentioned ointment. It had never, however, gone away entirely; he could always reach it, he said, with his little finger, and it quite prevented his breathing through that nostril. On May 10th, 1869, I first prescribed for the polypus.

R. *Teucr. mar.* ʒ, gtt. i. ter die. To apply *teucr. m.* φ with a camel's-hair brush, morning and night.

May 17th. Polypus looks a good deal smaller. To continue the treatment, and see me again in a fortnight.

I have not seen the patient since, so that I do not know how long he continued the treatment; most probably, however, for some months, for the profession well knows how chary men who live by the sweat of their brow (and brains) are of repeated consultations. (I once knew a patient continue taking a prescription of mine, containing *phosphorus*, for five months, because it did him good during the first fortnight, and he could ill spare the time for consultation.)

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NEURALGIA—SULPHURIC ACID.

Cases Reported by R. M. THEOBALD, Esq., M.A., M.R.C.S.E.

THE following cases confirm the views expressed by Dr. Cooper, of Southampton, in his recently-published essay on *Sulphur*, regarding the value of *sulphuric acid* in certain cases of neuralgia.

A few months ago I was consulted by a patient suffering from diabetes on account of an intercurrent attack of neuralgia. It came on gradually and left off suddenly. Commencing every evening about 9 or 9.30, it affected the ramus of the lower jaw and the temple of the right side; the pain was a gnawing pain, relieved by warmth and by lying on the affected side. A few doses of *sulphuric acid* 200, completely removed this neuralgia in two days; relief followed immediately. However, the man was a vacillating, moody fellow, and ran away to some herbalist quack after he had been under my care for 10 days, and before I had had time to do anything for his diabetes, after the relief which *sulphuric acid* gave (for it notably improved the general diabetic state) had subsided.

Another case happened more recently. A young lady, æt. 25, consulted me for right-sided neuralgia, affecting the face from the temple to the lower canine teeth; an aching and jerking pain, with twitches and contortions of the face, and deep-blue circle under the right eye; causing chattering of the teeth, dimness of sight, black appearance of objects, also wavering of objects; with buzzing noise in the right ear; there was a frequent sensation as if the skin of the cheek and chin was pinched; the pain came gradually and left off suddenly; was worse in bed, and from excess of either heat or cold. After one dose of *sulphuric acid* 200, she became sleepy, then sick, and vomited bile, then slept, and woke the next morning with complete relief of all these symptoms, which did not return.

BIOGRAPHY.

THE aristocratic weekly journal, *Vanity Fair*, of the 20th ult., has, together with a portrait caricature of our distinguished colleague, Dr. QUIN, the following genial sketch of his social career :—

“ Fifty years ago there was established in Naples a select colony of fashionable English, the life and soul of which was Frederick Quin. He was a young man blessed with an amiable temperament, great delicacy of perception, some ambition, and much good sense—qualities which he enhanced by the fasciation of remarkable wit and liveliness. For six years he was the idol of the Neapolitan exiles, and when he left that capital, it was only to appear with greater lustre upon the larger stage of London. To the more intellectual circles found in the gay and rollicking Society of the Fourth George he was a great acquisition, and he was admitted at once as an arbiter of Society wit and humour, and the best of dining companions. He was the friend of Lady Blessington, the companion and Mentor of d’Orsay. Byron was anxious to take so excellent a companion with him to Greece; and when the first Napoleon fell sick of his last illness, Quin was requested to go to St. Helena, and was about to do so when the news of the Emperor’s death arrived.

Quin, however, was devoted to his profession even more than to society, and having been to Germany to inquire into the new doctrine of Hahnemann, he returned converted to Homœopathy, which he soon set himself to practise and to promote in England at a time when, even more than now, such an apostasy from the old school was regarded as, and indeed was, a professional suicide. The change of opinion procured for him the distinction of being blackballed at the Athenæum by the largest number of “noes” on record, but Society has to this day remained true to its old favourite. He adhered to his faith through all, and in 1844 founded the British Homœopathic Society, of which he was made, and of which he still remains, the President. He has displayed in the advocacy of the new school of medicine an ability and tact which, had he remained in the beaten paths, would have raised him to the highest positions.

He must be no ordinary man who escapes all the vulgar temptations specially attached to lions, and Dr. Quin has succeeded in doing this to a remarkable extent. Although the spoilt child of fashion, Dr. Quin is utterly unspoiled. Living as he has all his life with the greatest of great people, it is in him no small proof of worth that he has never submitted to

patronage. Although the generation that first knew him has passed away, and although physically broken by suffering, his spirit is as fresh, and he still remains as gay, as witty, and as young as ever. A recognised wit, he is still never ill-natured, and has never been known to select a butt, such as the professional jester commonly requires; and while he is ever ready for a passage of arms with the strongest, the weakest need never fear, nor the most vulnerable avoid him."

NOTABILIA.

AN ACKNOWLEDGMENT.

WE have so frequently been obliged to comment on the ungenerous and, to go to the root of the matter, the cowardly way in which certain medical teachers and authors have inculcated practical homœopathy, and, while doing so, have either denied or ignored the source of their knowledge, that we have peculiar pleasure in congratulating Dr. MURCHISON on having adopted a more honest and more manly course. In the second part of his first lecture on *The Practice of Medicine* (*British Medical Journal*, Jan. 20,) while giving some general instructions on the treatment of disease, he thus directs his pupils:—"You must not," he says, "allow prejudice to blind your eyes against certain remedial measures recommended by good authority, simply because they may have originated among homœopaths, hydropaths, kinesiopaths, or other heterodox practitioners. Although the doctrines of infinitesimal doses, and of *Similia Similibus Curantur*, may be utterly fallacious, it is to the strong advocacy of homœopaths that we are indebted for the common use of more than one excellent remedy; and homœopathy must also be, to some extent, credited for directing attention to the affinities or predilections of certain drugs for particular tissues or parts of the body; a subject where careful investigation may be expected to lead to great results. Again, those who keep pace with advancing medical knowledge cannot shut their eyes to the fact, that we are indebted to hydropathy for the most certain means which we possess of reducing temperature in cases of extreme pyrexia. And, lastly, there can be no doubt that certain cases of paralysis are benefited by kinesiopathy, or the movement cure, when all other methods of treatment have been found useless."

These lines contain an important admission—one, too, which, but a few short years ago, would have sufficed to brand the physician who should dare to make it, with all sorts of terrible epithets. It is made, moreover, in a periodical which is the organ of an association conspicuous among medical societies for the intemperate language in which it has thought fit to denounce

homœopathy, and to stigmatize those who have devoted themselves to its development.

We would ask Dr. Murchison how it has happened that homœopaths have become acquainted with these excellent remedies now in common use? Is their having obtained this knowledge consistent with the idea of the doctrine of *similars* being utterly fallacious? It is, in truth, solely from their having recognised the truth of this doctrine that they have ascertained the virtues of these remedies. Many others, too, there are, not "in common use," of equal value with those that are. Does not, then, the fact that some excellent remedies, for the knowledge of which non-homœopaths are indebted to the strong advocacy of homœopaths, present a good, solid reason for testing the powers of others, the advocacy of which by homœopaths is equally strong? Is the persistent ostracism meted out to those who have brought these excellent remedies into vogue, consistent with that desire for increased knowledge respecting the actions of drugs which we are led to suppose is so general throughout the profession? And, finally, may we not conclude that medicine as an art, has lost instead of gained, has been hindered and hampered in its progress, by the exclusion from medical societies of medical men practising homœopathy, and acquainted with these and other excellent remedies?

We again congratulate Dr. Murchison on having been so far able to summon the courage requisite to acknowledge, in some degree, the claims of homœopaths to be regarded as successful therapeutic investigators; and we would urge him to ascertain at the bedside whether these claims are not still larger than he has at present any idea of. Were a few other physicians, of the reputation of Dr. Murchison, to take as bold a step as he has done in publishing the observation we have quoted, we are convinced that ere long due justice would be accorded to those who, through evil report and through good report, have striven to add to the resources of medicine by means of the light vouchsafed to them by the law of *similars*.

A PROVING OF LACTIC ACID.

In the *British Medical Journal* (Dec. 23, 1871) Dr. Foster, one of the physicians to the General Hospital, Birmingham, reports some experiments he has made with lactic acid. He had no intention of experimenting, but, on the contrary, prescribed lactic acid as a remedy in a case of diabetes; following in so doing the observations of Dr. Cantani (*British Medical Journal*, Feb. 25, 1871). Dr. Foster reports two cases of diabetes, and in both, symptoms of acute rheumatism were repeatedly developed. We say "repeatedly," because in both cases the medicine was stopped as soon as the acute pains in, and the redness and

swelling of the joints were well developed. When these had subsided the lactic acid was resumed, and as surely as it was so, did the rheumatic symptoms return. Dr. Foster gave fifteen minims four times a-day at first, and in twenty-four hours doubled the dose. Before the evening of the second day "acute pains in the joints and flying pains in the limbs" compelled the abandonment of the medicine. The day following the pains gradually ceased. On the next day, March 11th, lactic acid in fifteen minim doses was again prescribed to be taken three times a-day. On the evening of the 12th the rheumatic pains again appeared. "On the morning of the 18th the small joints of the fingers of both hands, the wrists, and in a less degree the elbows were noted by the resident medical officer, Mr. Elkington, to have become red, swollen, and painful. On my visit I was much struck by the appearance of these joints, which were typical specimens of acute rheumatic arthritis. In the evening, both wrists, the small joints of the fingers and the elbows were all red, hot, swollen, tender and painful. The heart sounds were clear. The temperature in the morning was 100° F.; in the evening, 101° F. He had moderate perspiration. Pulse 90, soft and full. The joints were wrapt in cotton wool, and the lactic acid was discontinued. By the 17th all rheumatic symptoms had disappeared. For twelve days no lactic acid was given. Seventy five grains were then taken daily. For five days no rheumatic pains were felt." "On the morning of the sixth day (April 4th) he complained of having had a bad night from joint pains, which had disturbed him very much, and which came on suddenly after midnight. On examination, the metacarpo-phalangeal and first phalangeal articulations of the first and second fingers of each hand were found to be red, hot, and painful; the slightest movement aggravated the pain, and he could not on this account pick up anything with his fingers. The pulse was 102. The temperature, which on the previous evening had been 98.2°, had risen to 99.4°. The acid mixture was stopped, and in the evening the pain in the knuckles was less, and the redness had diminished; they were, however, still stiff. No other joints were affected. Temp. 99.2°." On several occasions similar results followed the taking of lactic acid in this case. It is noteworthy that, though rheumatic-like pains were felt in most of the joints to some extent, yet it was in the wrist that the principal symptoms were developed. In a second case, also a diabetic, where from thirty to fifty minims of acid were taken daily, after several attempts to take the drug, each of which had been followed by pains in the joints, "he managed to take the mixture for a week, and then was laid up with such severe joint-pains that I was called to visit him, and found him in bed with pains in his elbows, shoulders, ankles and knees,

and, as he said, all over him. None of the joints were swollen, except the right knee, which was faintly red, decidedly swollen, and very tender and painful. The other joints were simply stiff and painful on movement. The skin was freely perspiring. Pulse 96, full and soft."

Dr. Foster concludes that these effects of giving lactic acid tend to show that it is to the generation of this acid in the blood that acute rheumatism is due. The frequency with which rheumatism is met with in cider-drinking counties has generally been attributed to the malic acid contained in the cider. On the other hand, Dr. Owen Rees and others have frequently urged the value of lemon juice—or, in other words, of citric acid—in the treatment of this disease. Whether anyone has hitherto prescribed lactic acid in acute rheumatism, we do not know; but Dr. Foster's experiments afford good reason for doing so. It must be remembered here that since Dr. Prouts first suggested lactic acid as the *materies morbi* of acute rheumatism, it has never been demonstrated to be so. And supposing that it had been detected in the blood of the rheumatic, it could only have been found in dead blood. In what condition the substance obtained from dead blood as lactic acid existed in living blood is purely a matter of speculation.

DR. GAETANO PASCALE ON HOMŒOPATHY.

IN the *Medical Press and Circular* of the 10th ult. appears one of the absurdest attacks upon homœopathy and homœopathic physicians we ever remember reading. One does not expect to find anything very original from the pen of a writer against homœopathy; but the lucubrations of Dr. Gaetano Pascale are more than usually stale! In fact, the paper presented to the readers of the *Medical Press and Circular* is ten years old! Ten years gone by, Dr. Gaetano Pascale published, in very indifferent French, the very paper which has been accepted by the editor of this representative of English medicine! There is but one addition to the old story, viz., a reference to Count Mattei and his secret preparations—with which homœopathy has no concern whatever. Ten years ago Dr. Gaetano Pascale, as we have observed, published this diatribe in French, and distributed copies of it among the visitors at Nice! In short, it was Dr. Gaetano Pascale's introduction to practice—his advertisement! We suppose it appears in our contemporary as an advertisement of Dr. Gaetano Pascale, especially addressed to the medical profession here, and designed to exhibit his so-called orthodoxy!

Notwithstanding the antiquity of his production, Dr. Gaetano Pascale has the assurance to tell his readers that he "hardly dares to bring before the public some *new observations* (!) on "the absurdity of the system" of homœopathy!

Having summoned up his courage to proceed, he says that

our credulity is so great that logical reasoning is of no use, and that "citing the names of distinguished doctors of all nations (particularly of England and France)" is of no use! What a most extraordinary circumstance! A catalogue of names does not outweigh personal experimentation!! What a reverence for "great guns" must possess the soul of Dr. Gaetano Pascale!

If in a subsequent paragraph this Italian doctor can be understood to mean anything, it is that relying on practical facts as evidence of the value of remedies is "renouncing to listen to the voice of intelligence and reason." And this is what we homœopaths do! What course Italian allopaths adopt we don't know—but probably they are a highly imaginative race of beings, for whom facts have no especial interest. In the following paragraph he proposes to "lay aside reasoning for the present," and fix his attention "on the first fundamental basis of homœopathy, *Similia similibus curantur.*" We are then told that quinine never did produce symptoms similar to those of intermittent fever. This is a question of fact; and but that Dr. Gaetano Pascale manifests a decided objection to facts, we might refer him to the quinine manufactories in the South of France. There he would find that the quinine disease is very like certain forms of intermittent fever. Then come the usual absurdities of writers who, with Dr. Gaetano Pascale, ignore facts about infinitesimal doses. We are next told that the progress which medical science has made has been quite uninfluenced by homœopathy, because the medical art made progress before the birth of Hahnemann!

Presently we meet with a sentence which is a very *morceau*: "When once the falsity of the *similia similibus* is shown, and the absurdity of the infinitesimal doses proved, what more can I say about homœopathy?" Probably nothing, we should imagine. But how about the "when"? The time has not yet arrived! Even Dr. Gaetano Pascale has not, in the column and a half he has filled of the *Medical Press and Circular*, shown the falsity of the principle or the absurdity of the dose! "When" he has done so, he may imitate the small person who "put in his thumb and pulled out a plum," and exclaim, "Oh! what a good boy am I." He will doubtless receive a cordial vote of thanks from the British Medical Association "when" he has accomplished his task; but until this period of time arrives, he must rest satisfied with the pleasures of anticipation. In the next sentence he suggests that "apparently" he has "not enough intelligence" to comprehend the grand ideas of homœopathy; and for once we perfectly agree with him—he has "not enough intelligence." Dr. Gaetano Pascale thinks that homœopathic doctors must have "well studied the hygienic part of medicine." That, too, is very probable; if other people would do the same, there would be much less disease in the world. Finally, he

pities us poor homœopathic doctors, and denounces all allopaths who hold consultations with us as doing so "for the sake of the *auri sacra fames*."

The most amusing part of the whole, to our thinking, is that an English medical journal could be found willing to re-publish, ten years after date, such utter nonsense. The anxiety to run down homœopathy must be perfectly distracting, which can find comfort in the resuscitation in English dress of such a paper as this of Dr. Gaetano Pascale.

HOMŒOPATHY IN AMERICA.

OUR American brethren have recently had some rather severe struggles with those members of the profession who affect to treat homœopathists as quacks, &c. They have on each occasion had a very large proportion of the daily and weekly press of the country at their backs; and have uniformly been successful in their encounters with the enemy. Not long since a Dr. Van Ærnam ousted several homœopathic practitioners from their public appointments on the ground that they treated patients homœopathically! A representation of the facts of the several cases was made to the Government, and Van Ærnam was superseded by the PRESIDENT. His successor is a lawyer, and his first official act was to reinstate the surgeons in the appointments Van Ærnam had deprived them of.

More lately the State Medical Society of Massachusetts has ordered all members who practise homœopathy to withdraw. This, too, has raised a storm in the general press with which the State Medical Society finds itself quite unable to cope. We have to thank Dr. PAINE of Albany for his courtesy in sending us full reports of the proceedings, this action of the State Society has rendered necessary. The following account of the Massachusetts Society's plan of operations is taken from the *Boston Post* of the 11th Nov., 1871:—

"This action on the part of the society originated in a series of resolutions adopted at a meeting held June 7, 1871, of which the following contain the basis of their contemplated tyrannical proceedings:

"Whereas, it is alleged that some of its fellows, in opposition to the spirit and intent of its organization, consort, in other societies and elsewhere, with those whose acts tend 'to disorganize or to destroy' the society; therefore,

"Resolved, That if any fellow of the Massachusetts Medical Society shall be or shall become a member of any society which adopts as its principle in the treatment of disease any exclusive theory or dogma (as, for example, those specified in Art. 1, of the by-laws of this society), or himself shall practise or profess to practise, or shall aid or abet any person or persons prac-

tising or professing to practise according to any such theory or dogma, he shall be deemed to have violated the by-laws of the Massachusetts Medical Society by 'conduct unbecoming and unworthy an honorable physician and member of this society.' By-laws VII., section 5.

"The homœopathic members were allowed three months in which to resign their membership; and now, having neglected to do this, within the specified time, the President, in compliance with previous instructions, has summoned them to attend a meeting to be held Nov. 21, 1871, at which they are expected to confess the heinous crime of 'consorting with other societies,' and of committing 'acts' which 'tend to disorganize or destroy the State Medical Society,' and in the absence of a disposition to comply with this requirement, their expulsion is contemplated. This extraordinary and ridiculous proceeding is simply persecution for opinion's sake. The persecutors in this instance have entirely mistaken the object for which this society was established. It is not to secure uniformity of medical practice. That is impossible. There is and always will be a diversity of opinion regarding the nature and treatment of diseases among the allopathic school of physicians themselves. Medical science never was and never can be stationary. Nothing can be more preposterous than the attempt to force every practitioner to prescribe according to certain fixed and unchangeable rules, whether his judgment approves them or not.

"Medical societies are intended to be safeguards for the community against professional ignorance, not the means of perpetuating one medical school or preventing the development of another. By the charter of the Massachusetts Medical Society, every member is entitled to perfect freedom of opinion. It is therefore an usurpation of power never granted it to discriminate against regular members of the medical profession. The majority has no moral or legal right thus to disregard the privileges and rights of individual members."

"The most noble and noteworthy exhibition of liberal sentiments," writes Dr. Paine, "occurs in a paper by Dr. Hopkins of Buffalo, published in the *Buffalo Medical and Surgical Journal*. The following quotation presents the concluding paragraphs of this remarkable paper:

"As before stated, the act admitted the homœopathic profession to all the rights and privileges as physicians and surgeons under the acts of 1813 and 1827, and all acts amendatory thereof, thus they became 'legally authorized practising physicians and surgeons,' and as such, are entitled to membership of our county medical societies. This right is positive, and no county society has the power to adopt a by-law which will keep them out if they should make application for admission. The right of legally authorized physicians to membership in county

medical societies has been most definitely settled by our courts, and the proceedings to obtain such rights are well understood by many of our members.

“‘In view of these facts, what should the regular profession do in the matter? Shall we continue to call ourselves ‘the profession,’ and neither by public act or private word allow that there is any other? Shall we continue a line of treatment condemned by law and experience, treatment which only makes homœopathy notorious and ourselves disgraceful? or shall we submit gracefully to the laws of the state and public opinion, and proffer the homœopathic profession those amenities which should exist between professional equals? Invite them to their rights in our county medical societies; when called by their patrons, attend with them in consultation; when wished by our patients, ask them to attend in consultation with us. If they have any superior knowledge in the management of disease or the protection of health, our duty to our patrons requires us to avail ourselves of that knowledge. If we possess the greater professional ability, they and their patrons will find it out. If we hold back from this, we may reasonably be charged with having little confidence in our doctrines. If we go into it, I rest my faith upon survival of the fittest.’”

The following resolutions bearing upon this matter were passed unanimously at a meeting of the New York County Homœopathic Medical Society, held on the 2nd Dec., 1871, at Albany:—

“Whereas, the Massachusetts Medical Society having instituted a trial of those of its members who are homœopathic practitioners with a view to their expulsion; therefore

“Resolved, That this attempt on the part of the allopathic school to bring reproach without cause upon members of the profession in good and regular standing is disgraceful to all who are engaged in the movement.

“Resolved, That the threatened intolerant exclusion of said members for the reason given is an invasion of the right of private opinion and liberty of action, and is unworthy of a dignified and liberal profession.

“Resolved, That it is the duty of the government to interfere in behalf of those who are subjected to this invidious and unjust discrimination, or, in case of persistent attacks to deprive the aggressors of a legal status.”

The subsequent history of this extraordinary piece of intolerance appears in the subjoined paragraphs from the *Albany Evening Times* of the 2nd and 8th Dec. respectively.

“The ground taken by the allopathists is, that the homœopathic members have violated section 5 of by-law VII. by ‘conduct unbecoming and unworthy an honorable physician and member

of the society.' They also allege that the practice of homœopathy is in opposition to the spirit of the charter, in that the latter enjoins 'a just discrimination between such as are duly educated and properly qualified for the duties of their profession, and those who may wickedly and ignorantly administer medicine.'

"Charges were accordingly preferred against eight physicians for practising or professing to practise according to an exclusive theory or dogma, and for belonging to a society (the homœopathic) whose purpose is at variance with the principles of, and tends to disorganize the Massachusetts Society, and they were summoned before a committee for trial. The court opened at Boston last Tuesday, when the respondents presented a protest, denying the right of the society to expel members on any of the charges set forth, and the legality of the board of trial; they also denied that the practice of homœopathy was unbecoming an honorable physician, and that the Homœopathic Medical Society is at variance with or tends to disorganize the Massachusetts Medical Society. This protest was, however, refused admission. The prosecuting officer was then directed to furnish the defendants with the charges in writing, and the court adjourned until December 5.

"The Massachusetts homœopathic physicians have had a *quasi* victory over the State Medical Society, in that the latter have postponed the trial and plainly showed the white feather. The facts are, that at the commencement of the trial of the parties accused, an injunction was obtained and served upon the medical board, restraining any action which would tend to deprive the accused of the right of membership in the Medical Society. Nevertheless the case proceeded, and the regulars finding that they were not improving the position, postponed the trial until April 4, 1872, or until the injunction shall have been raised. That this was but a plea is easily seen, for Dr. West of Neponset, on the commissioners adjourning the case, arose and said that he was not named in the injunction and was one of the parties on trial, and therefore demanded that the consideration of his case should proceed, but his request was denied.

"It looks as though the civil courts and the persecuted homœopathists would save the Massachusetts Medical Society from the dishonor of expelling from its ranks some of the first physicians of that state. That they are or were so determined to act, is shown by the prejudiced course of the medical commissioners of trial from the first. When they cool down they will no doubt thank the homœopathists and bless the injunction."

The American Journal of Homœopathic Materia Medica gives the following amusing report of the proceedings of the Massa-

chusetts State Medical Society in this matter. The report is headed "THE HUBBUB AT THE HUB," and is as follows:—

"In our last issue, we referred to the notice which had been served by the President of the Massachusetts Medical Society, upon such of its members as had been guilty of 'conduct unworthy and unbecoming an honorable physician'—that is, in believing and practising homœopathy; warning them to appear at No. 36 Temple Place, on Tuesday, November 21st, then and there to listen to the charges made, when it was expected they would quietly and passively place their necks upon the block, and meekly submit to the penalty for daring to think for themselves, and presuming to cure their patients in what to them appeared the surest, quickest, and safest manner.

"The day having arrived, the accused promptly assembled, and at 11 o'clock the trial commenced. We will allow the *Boston Post* to tell the rest of the story:

"It was then officially declared a private affair, and the members of the press, the members of the Society beside the Council, and, apparently, everybody else were excluded. The managers of the investigation stated that they had been advised of their right to conduct the business secretly and they meant to do it. No information whatever would be given about the matter. One member of the press, who was also a member of the society, escaped detection for awhile, but at length even he was invited out. He did not accept the invitation, however, until he had entered his protest in behalf of the public against the secrecy of the investigation.

"The accused desiring to be tried separately, by agreement the case of Dr. Bushnell, of East Boston, was first called, and Dr. Parks, who was the prosecuting attorney, told the Board of Investigation what homœopathy was when he was a boy, and gave a general history of it down to the present time. His central idea was that it is supremely ridiculous. The Massachusetts Medical Society, he said, has no regular system of practice. It embraces all systems. It never disciplined Dr. Strong for giving thirty grains of calomel at a dose, although he was censured by many.

"Dr. J. T. Talbot, who was appointed by Dr. Bushnell to present his protest, and with it the protest of the rest of the accused of the Suffolk District, then replied and inquired a dozen times or more whether the charges and specifications made were intended to be against the Massachusetts Homœopathic Medical Society, as it was not quite clear to his mind. The Board decided that they were so intended, and Dr. Talbot presented the following denial:

"The undersigned deny that the practice according to the system of Homœopathy, or belonging to the Massachusetts

Homœopathic Medical Society, is conduct unbecoming and unworthy an honorable physician and member of the Massachusetts Medical Society, and deny that the purpose of the Massachusetts Medical Homœopathic Society is at variance with the principles or tends to disorganize the Massachusetts Medical Society. (Signed) Samuel Gregg, Milton Fuller, George Russell, David Thayer, J. T. Talbot, Wm. Bushnell, H. L. H. Hoffendahl.'

"Dr. Talbot also read this protest, which was headed by a copy of the circular of charges :

"We, the undersigned, fellows of the Massachusetts Medical Society, who have been cited to appear before a board of trial according to the terms of the foregoing notice, appear at the time and place named therein, and respectfully protest against any proceedings being taken against us. Because the Massachusetts Medical Society has no power or right to try and expel or otherwise punish any of its members for any of the causes set forth in said notice. Because the power to suspend, expel, or disfranchise any fellow of the society is vested in the whole body of the fellows of this society, and they have no right to delegate that power to any board of trial or select body of the members. Because this board of trial is not legally constituted, and has no right or power to try us upon any charges whatsoever. Because the charges are not sufficiently specific to enable the accused to answer them by proof or otherwise, and we demand to be informed specifically what dogma or theory and what society is intended in said charges. (Signed) Samuel Gregg, Milton Fuller, David Thayer, J. T. Talbot, Wm. Bushnell, George Russell, H. L. H. Hoffendahl.

"Boston, Nov. 21, 1871.'

"The members of the press and of the homœopathic fraternity who were in waiting outside to learn of the events that were occurring within, passed the time very charmingly. Now and then a gentleman would step out on business, and a hint would be dropped which was of itself sufficient to keep everybody informed. The fragrance of choice partagas and Henry Clays filled the corridor. A running fire was kept up as to the merits of the case.

"I tell you what,' said one very well known doctor of Boston, 'the fact is, homœopathy is bound to succeed, and they know it, and that is why they are trying to put a stop to it. I guess they'll find the more they try to do it, the more they won't do it.'

"What do you think will be the result of this investigation?' asked a *Post* reporter.

"It won't amount to a tinker's malediction,' said he.

"By this time it was understood that an injunction had been obtained for the purpose of staying the proceedings, and that the

matter would be thrown into the Supreme Court, where an investigation must be had with open doors; and acting on the strength of this information many of the parties in waiting took their departure. The doctor, whose bit of conversation is given above, laughed all the way down stairs, and said, as he snapped his fingers on the sidewalk, 'I told you so.' Then there was a rush up. 'What is it?'

"The injunction.'

"This was at a quarter of 1 o'clock, and the Deputy Sheriff, John B. Dearborn, was conducted in by Dr. Thayer, who, as soon as Dr. Talbot had finished reading the protest of the homœopaths, had slid out of the room.

"We sha'n't pay any regard to that,' said the Chairman, referring to the protest.

"Oh, won't you?' exclaimed a gentleman, rising from his seat. 'Perhaps here is something that you will regard.'

"At this opportune moment Dr. Thayer and the Deputy Sheriff entered, the latter with the injunction in his hand, and to those in the corridor it was evident that something had occurred to create a commotion, for there was a confusion of voices and a sudden rattling of chairs, and the porter ran to the door and put his head out to assure himself that no one was eavesdropping.

"Who is that gentleman?' asked the chairman of Dr. Thayer, who informed him that it was a man who had official business with the board. 'I don't know him,' added the chairman. 'If he wants any conversation with me I will see him in a private room.'

"Put him out!' exclaimed a member of the Board of Investigation.

"For a moment it seemed as though a disturbance was inevitable. Many wanted the Deputy Sheriff, whom they at first looked upon as an interloper, ejected from the room *vi et armis*, and the occupants of the corridors, who could hear every word of the loud talking inside, were on the look-out for a sudden rush.

"Who are you?' asked the chairman.

"I,' said Mr. Dearborn, 'I, sir, am John B. Dearborn, Deputy Sheriff of Suffolk County.'

"The injunction, which had been granted by Judge Ames, of the Supreme Judicial Court, was then served upon each member of the Board, although some refused to hold any communication with the Deputy Sheriff; and that gentleman retired. The injunction substantially forbids the expelling of the accused by the Society, and after reading it the Chairman stated as much, and added, that he did not see that it prevented the investigation proceeding and the rendering of a decision adverse to the homœopaths.

"The injunction, however, practically brought matters to a

standstill, and a long time was spent in consultation by the Council as to its probable effect. A recess was taken; the medical faculty crowded the corridors; lively conversations ensued; and twenty minutes were passed very agreeably. On again coming to order, Dr. Bushnell demanded time to prosecute his case, when an hour and a half, nearly, was occupied with a discussion as to whether the accused should have a copy of the long indictment read against them by Dr. Parks, ridiculing homœopathy, &c. This matter was decided in their favour, and the investigation was adjourned to Tuesday, December 5th, at 10 o'clock a.m.

"Thus ended the first act of this interesting farce. On Tuesday, the 5th inst., the curtain again arose, when Manager Swan appeared on the stage and announced, to the disappointment of all, that the play, for the present, could go no further; in other words, that the officers of the Massachusetts Medical Society conclude they had better wait the decision of the Supreme Court in the matter of the questions involved in the injunction, before they render themselves still more ridiculous by the continuance of proceedings which have already brought upon them the condemnation of the press of the whole country. All further action is now postponed until April, and will then be still further put off, should not the Supreme Court give their decision before that time. We congratulate our medical brethren of Boston."

MEDICAL DECLARATION RESPECTING ALCOHOL.

MANY are the letters which have appeared in the *Times* during the last month regarding this now celebrated document. Dr. BURROWS, the President of the College of Physicians, writes:—

"Thirty years' experience as Physician to St. Bartholomew's Hospital and in private practice among the upper and middle classes of society, has convinced me of the accuracy of the statements put forth in this document; and that a note of caution such as is contained in the Declaration was much needed, and may be productive of great good."

Dr. ANSTIE, in his protest against what he terms "the ill-starred Declaration," says:—

"The most damning fact of all is, that not I, but any one conversant with London practice, could in a moment name some half-dozen physicians who are really responsible for nearly all the mischief that really has been done by the indiscriminate prescription of alcohol. They are all, to a man, among the signers of the Declaration; among them is one gentleman who recently directed a lady patient in delicate health to drink wine 'to the verge of intoxication' (*sic*), and another physician, one of

whose patients, recommended by him to take 14 ounces of brandy per diem, I recently attended for the not very surprising consequences of such a prescription to a person suffering from mere debility and self-indulgence.

"In fact, Sir, you must allow me to say that, though many persons have doubtless signed the declaration in sincerity, the general flavour of the affair to any one who is at all behind the scenes, is that of strongly-pronounced cant."

Dr. FORBES WINSLOW gives the following as the result of his experience of the "inconsiderate prescription of large quantities of alcoholic liquids by medical men:"—

"During the last twenty years I have seen numerous cases of dipsomania, more particularly among women, which could be traced to the injudicious use of stimulants given in the first instance medicinally. In some cases, no doubt, the stimulant was rightly administered; but by an unwise and prolonged continuance in its use (after the physician had retired from the treatment of the case,) it has become a necessary of life, inducing the habit of tipping, often terminating in confirmed drunkenness; and eventually developing, if not some form of severe disease of the brain and mind, frightful disorders of the nervous system."

THE INFLUENCE OF HOMŒOPATHY ON LIFE ASSURANCE.

Dr. PAINE, of Albany, at a recent meeting of the New York County Medical Society, gave the following interesting account of the progress of the Atlantic Mutual Life Insurance Company—a company which insures persons who, when ill, are treated homœopathically, at lower rates than those who do not avail themselves of the advantages of our system.

"The Atlantic Mutual Life Insurance Company was organized in this city in 1866. This company was the first in this State to take cognisance of the superiority of homœopathic treatment, and give it practical recognition in its application to business purposes. During the first three years a deduction of ten per cent. from usual rates was made to all homœopaths on all premiums. An experience of three years convinced the trustees that the discount proved too strong a temptation to many who were not practical homœopaths. They found that 90 per cent. of their losses were those of allopathists who had effected insurances in order to avail themselves of the reduction of premium. Two and a half years ago the company discontinued the reduction of 10 per cent., and instead insure all at the usual and uniform rates, classifying insureds as either allopa-

thic or homœopathic, and opening a separate set of accounts with each class. By this arrangement each class will receive its proportionate share of the earnings of the company. The relative mortality of each class is thereby subjected to a very delicate and accurate test. The result, as indicated at the present time, is very satisfactory. It shows that the company was not only justified in making a deduction of 10 per cent., but that a reduction of nearly *nineteen* per cent. might have been made with safety. The following statement comprises the results of the experience of the company for five years and seven months :—

“Number of policies issued prior to December 12, 1871—Homœopathic, 5,105; allopathic, 4,718; total, 9,823. Homœopathic losses, 51; allopathic, 58. Ratio of homœopathic mortality, 1.00; allopathic, 1.23. Percentage saved by homœopathic treatment, 18.70. Total number of losses on all policies issued, 109. If all had been homœopathic the number would have been reduced to 98; if all had been allopathic it would have been increased to 121.

“This experience demonstrates with almost mathematical accuracy the fact that, during the past five and a half years, in the five thousand homœopathic insurants *eleven* lives have been saved by adhering to the conservative influence of the homœopathic method of medical treatment.”

THE EXHIBITION IN MOSCOW.

Too late for appearance in our last number we received from Mr. CORFIELD of Birmingham a letter from Mr. NAISH of that town, drawing attention to an Exhibition which is to be held in Moscow from June to October during the present year, and urging that efforts should be made to secure a fair representation thereof of the homœopathic side of medicine. One department of the Exhibition is to illustrate the present state of pharmacy. Our chemists might therefore lend their aid by contributing specimens of all the substances which, having been physiologically proved, are available for the purposes of the homœopathically-practising physician. The various appliances used in their preparation for medicinal uses might also be advantageously shown. We commend the subject to the attention of the Homœopathic Pharmaceutical Society, and hope that the members will first of all ascertain what they can do towards representing homœopathy, and then unite heartily to do their work thoroughly.

THE CHICAGO FIRE.

THE appeal made in our December number of last year for contributions to replace some of the losses in books and instruments

of our medical brethren in Chicago, has resulted in donations of books, periodicals, pamphlets, and some surgical instruments, by Drs. MASSY, ROTH, BAYES, and SHULDHAM; Messrs. POPE, WATTS, and H. TURNER & Co., and Miss KIRKPATRICK. Subscriptions have been also received as follows:—

Dr. Roche, Norwich	£2	0	0
Dr. Roth, London	1	1	0
T. Engall, Esq., London	1	1	0

These have been forwarded to Chicago in a parcel by Messrs. Turner & Co., and will, we trust, prove both acceptable and serviceable.

We may add that Messrs. Turner and Co. will willingly forward any further contributions they may receive for the same object.

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. SHARP, Rugby; Dr. MEYHOFFER, Nice; Dr. DYCE BROWN, Aberdeen; Dr. ANDERSON, Ventnor; Dr. BAYES, London; Mr. NANKIVELL, York; Mr. CORFIELD, Birmingham; Dr. YELDHAM, London; Dr. E. BLAKE, Reigate; Rev. F. H. BLAYDES, Harringworth; Mr. POTTAGR, Edinburgh, &c.

BOOKS AND PERIODICALS RECEIVED.

- Typhoid Fever: its Treatment by the New Remedy, Baptisia Tinctoria. With Cases.* By WILLIAM BAYES, M.D., L.R.C.P. Lond. London: Baillière, Tindall & Cox. 1872.
- Homœopathy, An Inductive Method of Cure.* By L. SALZER, M.D. Caloutta: Thacker, Spink & Co. 1872.
- Proceedings of the New York State Homœopathic Society. Part I. Therapeutic Key or Practical Guide for the Homœopathic Treatment of Acute Diseases.* By J. D. JOHNSON, M.D. Philadelphia: F. E. Boericke.
- Report of the York Homœopathic Dispensary, 1872.*
- The British Journal of Homœopathy,* January 1872. Turner & Co.
- The Homœopathic World,* January 1872. Jarrold & Sons.
- The Chemist and Druggist,* January 1872.
- The North Am. Jour. of Hom.,* Nov. 1871. New York: Boericke & Tafel.
- The New Eng. Med. Gaz.,* Oct. & Nov. 1871. Boston: S. Whitney.
- The Hahnemannian Monthly,* Dec. 1871. Philadelphia: Tafel.
- The Am. Observer of Hom.,* Dec. 1871, Jan. 1872. Detroit: Lodge.
- Bulletin de la Soc. Méd. Hom. de France,* Dec. 1871 & Jan. 1872. Paris: Baillière & Co.
- La Reforma Médica.* Madrid. Dec. 1871.
- Rivista Omiopatica.* Roma. 1871.

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.

THERAPEUTIC PRINCIPLES.

THAT the art of medicine as taught at the present day differs widely from that taught thirty or forty years ago will be readily conceded. That the practice of medicine as it appears in the clinical records of the medical journals differs from that which was current three or four decades since must also be allowed. But the difference is less marked at the bedside than in the lecture-room. For example, the teacher of practical medicine tells us that in apoplexy no remedy is possible, that a couple of drops of croton oil had better be placed upon the tongue, but that the benefit likely to be derived from such a procedure is problematical. The practitioner of medicine, however, when called to the bedside of a patient suffering from a recent attack of apoplexy, at once orders leeches to the temples, a blister to the nape of the neck, and calomel or croton oil internally. He differs from the teacher by doing "something" in the way of drugging, despite the absence of any likelihood that what he does will have a desirable influence upon the injured structures. He differs from his medical forefathers simply in the degree to which he pushes his medicinal treatment, and not at all in its nature. His practice is in short directed rather by the urgent entreaties of distressed relatives to "do something" than by a recognition of any correct thera-

peutic principles. That therapeutic principles exist has long enough been insisted upon by homœopaths and is now admitted by a number of non-homœopathic practitioners, whose claims to a hearing are daily growing stronger. Dr. Wilks, as we all know, denies that the practice of medicine is anything else than empirical; and if he arrives at his conclusion by noting the measures adopted by the majority of medical men in their endeavours to cure disease, doubtless he is right. For all practical purposes the ordinary treatment of disease is sheer empiricism. The statement to this effect, which was made by Dr. Wilks early last year, has roused some of the more reflecting members of the profession to endeavour to remove the "standing reproach to the therapeutics of the present day that it has no fixed principles," and has urged them to show "that it is not destitute of principles."

Foremost amongst those who have striven to point out what are the principles which should govern the treatment of disease is Dr. Ross of Waterfoot, near Manchester, whose papers in the *Practitioner* for 1870 and 1871, and in the January number of the present year, are doubtless familiar to some at least of our readers. These papers we propose now to examine, and before proceeding to do so, would commend their study to those of our medical brethren who have not hitherto had their attention drawn to them. Dr. Ross displays in the treatment of his subject much ingenuity in argument, an obviously sincere desire to arrive at the truth, and a very creditable degree of impartiality in estimating the claims of rival therapeutic doctrines. While the principles for which he contends are incapable, for the most part, of being brought to bear upon the art of drug prescribing without being supplemented by the principle of similars in the selection of remedies.

We shall here limit ourselves to stating the conclusions

at which Dr. Ross arrives; to analyze the arguments upon which he bases them would occupy far more space than we have at our disposal.

Dr. Ross commences with definitions of health and disease. The former he describes as a more or less stable equilibrium moving in a particular direction, and disease as any perturbation from this direction. The direction of the moving equilibrium which constitutes healthy life he compares to the path described by a projectile or to a parabola, a comparison which though not absolutely accurate, is sufficiently so for practical purposes, and this he is careful to state. Neither the weight or vigour of the living body "are stationary for a single instant, but are constantly oscillating from side to side of an average position which may be pretty accurately represented by a parabola." With a similar qualification the same comparison is applied to the healthy life of each organ.*

Health, therefore, is said to consist in the maintenance of an equilibrium.

"The organism is living, so long as its forces are so adjusted as to balance the forces of the environment—so long, in short, as any kind of moving equilibrium is maintained: but in order that this equilibrium be a healthy one, its motion must take place in a particular direction, and any perturbation from that direction constitutes disease." (*Practitioner*, Aug. 1871, p. 65.)

This direction we have seen Dr. Ross compares to a parabola. Subsequently he advances the following law:—

"In every moving equilibrium, when a disturbing force produces an excess of change in one direction, it happens, unless the motion is entirely overthrown or permanently changed in its direction, that such greater forces are called into action, which work a compensatory change in the opposite direction;

* The views advanced by Dr. Ross on this point are nearly, if not quite, similar to those published by Dr. MADDEN in his very interesting essay on "The Balance of the Functions" in *The Brit. Journ. of Hom.* 1866, p. 609.

and after more or less of oscillation the medium condition is restored." (*Ibid.* p. 67.)

These perturbations of oscillation he illustrates by the stages of ague and of local inflammation.

Therapeutics, or the treatment of disease, he regards as comprising its alleviation, its cure, and its prevention. (*Practitioner*, April, p. 194.) Dr. Ross protests against the error of regarding therapeutics as a science. It is an art. "An art," he writes, "professes a certain end which it is desirable to attain—and it is founded on the union of several sciences for the attainment of that end." The principles of therapeutics "are not scientific laws, but principles whereby we are enabled to converge a wide scientific knowledge to a certain point for the attainment of a particular end." (*Ibid.* 195.)

The two principles which lie at the basis of therapeutics are, the avoidance or removal of the conditions which produce disease.

Dr. Ross illustrates the principle which enforces the necessity of removing the cause of disease by citing the administration of *hydrochloric acid* in typhoid fever, the acid being supposed to neutralise the ammoniacal fluid poured forth as a consequence of the lesion of the intestinal glands; and so arresting the serious and alarming symptoms, especially of the nervous system, which follow on the re-absorption of this fluid. He also regards the suspension of the action of the nervous system by narcotics and anæsthetics as an example of this principle; apparently esteeming such suspension as an element in "correcting derangements of local nutrition."

Mechanical means for lessening the force and amount of the flow of blood to a part (venesection and leeching) are adduced with a similar end in view. He adds that "in applying the principle, care must be taken not to cause another disease equally violent with the first one. This is certainly a very appropriate and necessary caution. It is obvious that Dr. Ross's illustrations of the mode of

applying this principle merely point to a palliation of disease, to little if anything more than expectant treatment. There is nothing approaching anything curative about them. The neutralisation of the ammonia in the fetid discharge from the intestinal glands in typhoid fever deals with the results of disease, and does not touch its cause; it is an attempt to prevent the action of the cause of a possible complication of typhoid, and is in no way calculated to remedy the glandular ulceration provoking such a cause. So, too, with narcotism; it masks disease without curing it. While to tie the femoral artery in order to check acute inflammation of the knee-joint, or to deprive a man of his blood to relieve a local inflammation, is indeed, as Dr. Ross suggests, "jumping from the frying pan into the fire." The art of therapeutics can, we believe, never be advanced, by relying on measures of such doubtful value as these, which are, at the best, but of a tentative character.

In proceeding to enquire into the actions of drugs, Dr. Ross says that "there can be no doubt that by far the majority of drugs, after absorption into the circulation, act upon a special tract of tissue; and even those drugs which are called general stimulants are such because they act principally upon the nervous system." Having given as examples the power of *aconite* to excite pyrexia, of *strychnia* to increase the irritability of the excito-motor nerve cells; of *mercury*, to give rise to inflammation of the white tissues of the body; of *cantharides* to produce the same action in the genito-urinary mucous membrane; of a similar action of *arsenic* on the skin, the mucous membrane of the stomach and upper portion of the bowels; of *squills* on the mucous membrane of the bronchii; of *aloes* on the muscular and mucous coats of the rectum, he says, "a large proportion of the medicines employed in the treatment of disease, have a stimulant action upon a certain tract of tissue, and when this action is excessive, inflammation of that tissue results." (*Ibid.*, August 1871,

p. 71.) These actions are brought forward to show that the perturbations in the moving equilibrium of the body which constitute disease are imitated in the results of the action of drugs.

The object of treatment—of the art of therapeutics—is defined by Dr. Ross to be “to deflect the course of the diseased organ to the standard health of the individual;” or where, as in the case of fatty degeneration of the heart, this is impossible “to form a new equilibrium about the diseased organ.” (*Ibid.* p. 72.) In the latter instance the aim of treatment is fulfilled by adapting the mode of life of the patient to the irremediable condition of the organ diseased, and by checking disordered states of function, in other organs, depending upon the morbid state of that primarily and permanently affected. These two points are also to be remembered in treating acute disease, and must influence the condition in which the patient is placed, his diet, and general surroundings.

In the effort to deflect the course of the disease towards health, we must let “fall upon the part forces which will give a direction to the disease towards that point, and not by forces which oppose the progress of the disease, nor by forces which would merely impel it in the direction it is already pursuing. But the forces which would give the disease this direction must fall upon the diseased part at an acute angle to the course it is pursuing at the time, and therefore the physical metaphor by which we should represent to ourselves the action of our remedies upon disease, is not by opposing nor by similar forces, but by oblique incident forces.” (*Ibid.* p. 75.)

Assuming that every one would regard *squills* as a suitable remedy in bronchitis, Dr. Ross goes on to remark:—

“Where *squills* is given in large doses to a healthy person it produces bronchitis, and therefore the homœopathist is right in selecting it in the cure of that disease. But the homœopathist instead of giving *squills* in the first stage of bronchitis, when the skin is hot and the patient feverish, administers *aconite*. The

primary effect of *aconite*, however, is to depress the action of the heart, and to produce chilliness of the body; and although the secondary effect may be the reverse of this, yet it is administered in doses which are certain only to produce its primary action; and that primary action is just the opposite of the constitutional symptoms of the feverish stage of bronchitis. When the feverish symptoms subside *squills* is administered, but during this stage the mucous membrane is suffering from defective nutrition, and the primary action of *squills* is to stimulate the membrane; hence here again the primary action of the remedy is the very opposite of the state of the nutrition of the locality which is the object of treatment. In both these instances the homœopathist is unconsciously an antipathist, and the laws of similars and that of contraries are not mutual contradictories as some have supposed, but merely opposites—the opposition arising from the subject being viewed from two different stand points." (*Ibid.* p. 75-6.)

On this passage we must make a few remarks at once. And first of all with reference to *squills* as a remedy for bronchitis. It does, as Dr. Ross says, produce bronchitis; but it is bronchitis after its kind; and it is in bronchitis like that it will excite and in which we hold it to be curative. It will no more cure all sorts of bronchitis than will *ipeca-cuanha* cure all sorts of cases of vomiting. A homœopathist would only give *squills*, or we perhaps ought to say, would be justified by the principle of *similars* in giving *squills* only in bronchitis where the nature of the cough, the character and degree of expectoration, the kind of pain or oppression in the chest were, together with other symptoms, *like* those capable of being produced by *squills*. *Squills* is no specific for bronchitis; but it is a specific for *some cases* of bronchitis. Then again it is given, or ought only to be given, when the course of the symptoms as well as their nature—their order of succession, as well as their character, are like those produced by *squills*. Hence it is clear that it is homœopathic to the secondary, as well as to the primary symptoms, pro-

vided that its own secondary symptoms have been preceded by primary symptoms like those which ushered in the secondary symptoms of the bronchitis. So with respect to *aconite*. The time for its employment is before disease has manifested a local action. We do not say that it is in practice restricted to this period by homœopathic physicians generally; but we believe that it is so by those who bestow much care upon the selection of their remedies. A pyrexia, moreover, manifests the same order of time in the development of its symptoms as does *aconite* in that to which it will give rise. Hence we contend, that it is indicated in strict accordance with the principle of similars in both the primary and secondary stages of pyrexia. Further, it is a mistake to say, that it is given in doses "certain only to produce its primary effect." *Aconite* is rarely given in doses larger than a quarter of a drop—and we do not believe that such a dose would, in an ordinarily healthy person, make its presence felt at all.

The point here dwelt upon by Dr. Ross, that the law of similars and that of contraries are not mutual contradictions, but merely opposites—the opposition arising from the subject being viewed from two different standpoints—has frequently attracted the attention of homœopathically-practising physicians; and by no one has it been better worked out, according to Dr. Ross's view, than by Dr. MADDEN, in an article entitled "*Contraria Contrariis*," published in 1867 in the *British Journal of Homœopathy*. This article, we may safely presume, however, that Dr. Ross had not seen when he wrote his paper for the *Practitioner*.

As another principle, included in that which directs us to deflect the course of disease towards health, or to enable the body to form a new equilibrium around the diseased organs, Dr. Ross mentions CULLEN's well-known maxim, "to obviate the tendency to death"—which is acted upon when a mangled limb threatening the life of the organism is amputated.

Dr. Ross, in summing up, claims for these principles that "they assist us in sketching out a complete system of treatment for each disease."

"There are various means," he goes on to remark, "both local and general, direct and indirect, by which a diseased nutrition of a part may be influenced, while the combinations of means by which such influence can be produced are almost endless; and the great thing we must all look to is that the means adopted by us for the cure of disease are all concurring to the same end. . . . No empirical law such as homœopathy or antipathy, could ever assure us that all our measures of food, rest, drugs, and local applications are acting in concert." (*Ibid.* p. 77.)

To this last sentence it is sufficient to reply, that while the art of therapeutics embraces the adaptation of "measures of food, rest, drugs and local applications" to the treatment of disease, homœopathy and antipathy bear reference to only one part of therapeutics—that, viz., which considers the selection of drugs. We may indeed go further, and say that neither homœopathy or antipathy *explains* the *modus operandi* of drugs; all that either does—and happily that is sufficient for practical purposes—is to supply a guide to the choice of a drug that will accomplish everything that a drug can do in the cure of disease.

We must confess that it is very unsatisfactory, after having traced step by step the several propositions which Dr. Ross has worked out with so much care, to find the sum total of the whole to be nothing more than a vague generalisation, such as that we have just quoted.

The difficulties of therapeutics do not arise from a lack of knowledge of the habits of life most conducive to restore impaired health; of the kind of food best adapted to raise the nutrition of the body, enfeebled by disease; of any want of appreciation of the value of rest, mental as well as physical; or of the importance of climatic influences;—all these measures for deflecting the course of

disease towards health—all these modes by which a new equilibrium may be formed about a diseased organ are tolerably well understood on every side. So well understood, indeed, are they, that but little difference of opinion is likely to occur in directing them in any given case, between any half-dozen well-educated medical men. It is in the prescription of drugs, in order to deflect the course of disease towards health, that the difficulties of therapeutic art consist.

In the *Practitioner* for January, Dr. Ross writes: "Our principles ought to assist us, not only in selecting a single remedy for a particular ailment, but in sketching out a complete system of treatment for each case of disease." (p. 26.) This is all perfectly true, but while Dr. Ross's principles may assist us in determining the general conditions under which a patient ought to be placed, in order to deflect the course of disease towards health, they do nothing towards enabling us to find a medicine which shall assist in this direction.

In the *Practitioner* for August 1871, Dr. Ross regards it as "an additional confirmation of the truth of the principles here advanced, that by their means we are enabled to explain the homœopathic and antipathic laws, instead of ignoring them." And he adds: "I would refuse to believe in any system of medicine which would ignore them." From this we might infer that a medicine selected on the principle of *similars* is precisely that best calculated to deflect the course of disease towards health. For ourselves, we have no doubt that such a selection is the best that can be made; and when we refer to a paper "On the Action of Mercury," by Dr. Ross, in the *Practitioner* for October 1870, we are almost inclined to hope that, however he may express himself theoretically, in practice he will agree with us. The essay on Mercury differs from those we have hitherto remarked upon, in that it is more purely practical. Its object is to "gain a stand-point from which we can see things in their real connection

and subordination, and thus give unity to a great many facts."

As our space has already been too considerably trenched upon to admit of our giving any analysis of this very interesting and suggestive paper, we shall do little more than intimate its contents. The morbid changes which *mercury* will evoke and the tissues it attacks are named; its employment as a remedy in inflammation and in syphilis are mentioned; the pathology of inflammation is briefly described, and that of syphilis more fully and minutely entered into. *Mercury* is next considered as an antiphlogistic and antisyphilitic, and the mischievous results which have arisen from resting satisfied with these terms as explanatory of its action as a remedy are touched upon. Some other views of the *modus operandi* of *mercury* are also referred to, and then Dr. Ross advances that theory which he regards as explaining the greater proportion of the facts concerning mercurial action with which experience has familiarised us.

"The tissues for which *mercury* has an affinity," he writes, "are generally the same as those attacked by syphilis, namely, the white tissues of the body . . . The nature of the influence exerted by *mercury* over the tissues for which it has an affinity is that of a stimulant." Dr. Ross accepts PEREIRA's definition of a stimulant, viz., "an agent which increases the vital activity of an organ." In accepting this definition, however, he guards himself by admitting that a stimulant may, so far from increasing the vital activity of a tissue, cause its death. The vital activity is the primary action of the stimulant, and may be regulated—though Dr. Ross does not say so—by the dose in which it is administered.

"In the second stage of inflammation of a tissue for which *mercury* has an affinity, it stimulates it to increased action; more blood is attracted to the part; the circulation through it is rendered more active; absorption of effused fluids takes place,

and the cells of the part rise in the order of organization : hence the entire course of events in this stage is towards health."

Mercury, then, Dr. Ross thinks, cures inflammation, in a tissue for which it has an affinity, by stimulating it to healthy action—by deflecting the course of the disease towards health. May we not presume that this action of *mercury* is typical of that of "all the agents employed in the cure of disease" which "can be brought within the scope of the law" of equilibration? If so, we would ask, first of all, how we are to ascertain the tissues for which a drug has an affinity? The only answer that can be given is, by provings of drugs upon the healthy; by observing the symptoms of perturbation from the moving equilibrium, described as health, which each will excite. Having discovered what tissues our drug disorders, we must, if we would use it as Dr. Ross uses *mercury*, prescribe it in conditions marked by similar symptoms to those it produces.

In no other way can we be sure that the tissues disordered are those for which the medicine has an affinity. In short, similiarity between the symptoms of the perturbations arising from the ordinary causes of disease, and those occasioned by drugs is, on Dr. Ross's own showing, our only guide to the selection of medicines. Further, the recognition of this similarity as a basis on which to select the drug forces with which we may hope to deflect the course of the disease towards health, enables us not only to be sure of the tissues diseased being the same as those influenced by the drug, but that the kind of perturbation is also similar to that the drug will give rise to.

The theory that a drug cures, or assists in curing, by deflecting the course of disease towards health may be, and doubtless is, perfectly true. But it in no way aids us in discovering the drug that will accomplish this in any given case. It may be assumed that this deflection can be brought about by a drug stimulating a tract of tissue for which it has an affinity. To ascertain the tissues which

drugs will stimulate, we must go further and study their actions on persons in health. Having done so, we can only obtain this deflection by prescribing them when the symptoms of perturbation are similar to those they will excite. Dr. Ross certainly does not say so, but the only examples he gives of directly obtaining this deflection by drugs—viz.: in the cases of *squills* and *mercury*—are instances where the drug action and the diseased action are similar. The chemical, narcotic, and mechanical illustrations he supplies, apply solely to measures of palliation; they in no way represent direct processes of cure; and they have the additional disadvantage of being admittedly liable to do mischief—to leave matters worse than they found them.

In the essay published last August, Dr. Ross concludes with the declaration that “the whole of our theoretical argumentation must be verified by close clinical observation.” In the case of *mercury* he has endeavoured to bring this test in evidence. His evidence is, so far as it goes, thoroughly confirmatory of the value of the principle of similars as the basis of drug selection. And we will conclude our remarks upon his really very interesting essays by expressing a hope, that ere long we may have an opportunity of reading some of these clinical observations which, having made himself, he regards as verifying his argumentation. That they will at the same time verify the principle of *similars* we cannot doubt.

WHAT IS THE ACTION OF DRUGS?

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

“We want to learn distinctly and clearly what is the action of drugs.”—Sir THOMAS WATSON.

“*We want to learn distinctly and clearly what is the action of drugs.*” It is implied in this sentence from Sir Thomas Watson’s recent inaugural address to the Clinical Society of London, that, up to the present time, the action of drugs is *not* distinctly and clearly known.

Sir William Gull, in his address on "Clinical Observation," lately delivered at Oxford, makes the acknowledgment itself. "My subject," he says, "lies on the confines of human knowledge; and too often the highest effort of the clinical student is to arrive at some feeble probability, in the presence of uncertain, or even delusive evidence." Again he says: "We have no ignorance to cloak, for we confess it."

Any effort, therefore, to remove some of this ignorance, and to make our knowledge of drugs, and their therapeutic use, more distinct and clear, by whomsoever made, and howsoever slight its success, may claim to be received with courtesy, and to be criticised with forbearance.

In the Essay for 1870 some explanations are given in reply to the question, What are drugs? which need not be repeated; and in answer to the question, What is the action of drugs? it is stated that "if we enquire what facts are known which help to furnish an answer to Sir Thomas Watson's question, three subjects require investigation:—

I. In what way is the action of drugs to be discovered?

II. What is the action of drugs?

III. How is the action of each drug to be distinguished from that of all others?

Circumstances led to the consideration of the third question in that Essay; the second is now taken up.

What is the action of drugs?

How difficult it is to find an answer to this question may be gathered from the fact that a multitude of intelligent and educated men have been diligently engaged, for two thousand four hundred years, in searching for it without success. After all these generations have come and passed away, the head of the present one exclaims, "We want to learn distinctly and clearly what is the action of drugs."

The difficulty will be diminished if we first enquire, What is there about the subject which is not knowable, which we cannot learn? Our faculties being finite, our knowledge must have limits. After ascertaining this, we may, with more hopefulness, ask, What is there we can, and ought to know?

Before we come to the question directly proposed, What

is the action of drugs? the present state of the enquiry renders it necessary to ask another question, physiologically speaking,

What is Life?

This word, more frequently used, perhaps, than any other, passes in ordinary conversation and reading without question. Every one attaches to it an idea, more or less vague, of his own; and this is sufficient for the common intercourse of men. But knowledge can make no progress so long as words are used with vague meanings. Knowledge has to do with things; and unless words distinctly express things, instead of teaching, they only conceal ignorance. There have been many attempts to explain and define the meaning of the word *life*.

It would occupy me too long to state, even in the briefest manner, the efforts of the ancients on this subject; many summaries of them are contained in the works of modern writers.

The philosophers and physicians of the seventeenth century, beginning with Van Helmont and Sylvius, were excited and charmed by the birth of chemistry; and it is not surprising that living bodies were transformed into brewing vats and alembics, living phenomena into fermentations and distillings, and *life* meant *chemical affinity*.

In the eighteenth century all this was changed by Borelli, Baglivi, and Boerhaave, and mechanics and mathematics sat upon the throne from which chemistry had been driven. Living bodies became hydraulic machines; arithmetical calculations and algebraic equations filled the pages of books on medicine, living phenomena were the working of the pump, and *life* meant the laws of *mechanics*.

In the Croonian Lecture, delivered before the Royal Society in 1788, Dr. George Fordyce endeavoured to prove that life is an *attraction* similar to the attraction of gravitation. He says:—

“If two simple particles of matter, not farther distant from one another than the sun is from the earth, were both at perfect rest, these two particles would instantly begin to move toward each other, if no other particle of matter whatever existed. . . . Motions produced in this way I call original motions; other motions are com-

municated motions. . . . It happens frequently that the motions in the animal body are increased without any alteration of external applications to it, as the increase of the circulation. This motion must, therefore, be original and not communicated."

So the contraction of a muscle is an original motion caused by the attraction of its particles drawing them nearer to each other. This attraction operates at distances, like the attraction of gravitation, without intermediate means of communication; it is the "*attraction of life*," and that is the meaning of the word.

Others have endeavoured to identify vital phenomena with electrical operations, and so to understand *life* to mean *electricity*.

Before the end of the eighteenth century it was discovered that neither chemistry, nor mechanics, nor the other forces acting upon inorganic matter, were adequate to the task assigned them; and vigorous efforts were made by Stahl, Hoffmann, and others, to personify a *vital principle*, and to make this the meaning of life.

Three different kinds of vital principles became rival competitors for pre-eminence. One was an immaterial or spiritual principle; another was neither spirit nor matter, but an inconceivable something between the two; a third was material, but subtle and refined.

Stahl supposed that the soul of man governs the whole economy of his body; he even thought that all motion requires the aid of a spiritual motive agency; and with him *life* meant the *rational and immaterial soul*.

Hoffmann, his colleague in the same university, refuted Stahl, and maintained that "the principle of life which animates a man is of a medium nature between the soul and the body." He called it *ether*, thought it was present every where (was it a "mode of motion" in the ether?), and with him this was the meaning of *life*.

Fleming (in Holland) and many others have imagined "vital spirits" or a "nervous fluid" absolutely material. It was said to be an exhalation from the blood, and that it circulated through the nerves, which were imaginary cylinders. With these physicians the *nervous fluid* was the meaning of *life*.

Sir William Lawrence ranks John Hunter among these. He says: "Mr. Hunter has a good, substantial sort of living principle; he seems to have no taste for immaterial

agents, or for subtle matters. His *materia vita* is something tangible." This is a mistake. John Hunter's notions of the vital principle are generally given in negatives. For example—"Life is not action." This is said with reference to his well-known experiments with eggs. "Life is not organisation: they are two different things." Again: "The living principle in itself is not in the least mechanical; neither does it arise from, nor is it in the least connected with any mechanical principle." In the same manner he denies that it is in any sense chemical. Again he says: "Animal matter may be in two states: in one it is endowed with the living principle; in the other, it is deprived of it. From this it appears that the principle called *life* cannot arise from the peculiar modification of matter (in organised bodies), because the same modification exists when this principle is no more." On the positive side Hunter says little more than this: "Animal matter is endowed with a principle called, in common language, life. This principle is, perhaps, conceived of with more difficulty than any other in nature, which arises from its being more complex in its effects than any other." And once more he says: "It may be thought necessary I should give a definition of what I call the living principle. So far, then, as I have used the term, I mean to express that principle which preserves the body from dissolution with or without action, and is the cause of all its actions." The experiments which proved to him that the blood (as well as the solids) possesses this living principle are well known.

Another line of thought and research has also been followed with no better result as to its primary object, but which has led to the discovery of some very useful facts. These investigations have entwined themselves round the word "irritability." This word was first used by Francis Glisson, Professor in the University of Oxford in the middle of the 17th century. He recognised in the living solid tissues a force which he regarded as a sufficient cause of all the phenomena of life, and he called it "irritability." His views were not supported by experiments, nor was living irritability distinguished from dead elasticity till about a hundred years later. Then Haller published the results of his indefatigable labours on this subject, and plainly proved as facts the irritability of living muscles, and the sensibility of living nerves.

These investigations of Haller laid the foundation of a useful physiology—that is, a physiology of facts. But the inveterate tendency to speculate soon showed itself again, and the word “irritability” and its synonym “excitability” became, in the imagination of John Brown, the meaning of *life*.

This view has been adopted by Dr. Fletcher, of Edinburgh—a teacher who ranks high in the estimation of some of our contemporaries. He says:—

“It was not till the time of John Brown—the vagabond and despised, but talented John Brown—that both humorism and autocrateiaism (the doctrine of Stahl) were entirely exploded, and that the true influence of irritability or excitability, as he called it, was pointed out. As life has been shown to consist of *certain phenomena* resulting from the action of *certain powers* upon a *certain susceptibility*, the balance of which constituted health, so a loss of this balance was shown for the first time to constitute disease.” “‘Health and disease,’ says John Brown, ‘are the same state, depending on the same cause—that is, excitement, varying only in degree:’ a sentence which should be indelibly impressed on the minds of pathologists.” “Brown was wrong in considering his excitability as imparted to every man in a certain proportion at birth, and not rather continually renewed; he was wrong in making it in every part of the body of the same nature, and not every where different; and, above all, he was wrong in allowing his doctrine concerning asthenic diseases, including most cases of inflammation and fever, to lead to the most pernicious employment of general stimuli to the neglect of blood-letting in practice.” Dr. Fletcher concludes thus: “It has been sufficiently shown that every organ of the body has a peculiar kind of *irritability*, adapting it to be acted upon by certain stimuli more remarkably than by others; and that it is owing to this peculiar susceptibility in certain organs of certain impressions, that particular exciting causes, *e.g.*, contagions, however applied, produce always particular diseases; and precisely the same *explanation* must be given of the more or less specific action of all medicines.”

I beg leave to remark upon this explanation that it explains nothing at all. It is simply a manner, and not a good one, of stating a fact; not a good one, because, in addition to stating the fact, it professes to explain it, which it does not.

Early in the present century the inadequacy of all former meanings of the word life emboldened some to deny its existence altogether as a *cause* of living actions. They asserted that life was not a play of chemical affinities; that it was not a mechanical arrangement; that to imagine a vital principle of any kind was gratuitous and unnecessary; that irritability was only a property and not a principle; for that life was nothing more than the sum of the phenomena of living beings, or that it was the effect or *result of organisation*, and this was the only meaning to be attached to the word. Thus, according to Bichat, life is "the assemblage of functions which resist death." According to Lawrence, "The primary or elementary animal structures are endued with vital properties;" and life is "the result of the mutual actions and reactions of all parts." Though with remarkable inconsistency he acknowledges, in another place, that "this language does not explain how the thing takes place; it is merely a mode of stating the fact. To say that irritability is a property of living muscular fibres, is merely equivalent to the assertion that such fibres have the power of contraction. What, then, is the cause of irritability? I do not know, and cannot conjecture." So, because he does not know the cause of living actions, and cannot conjecture what it is, he thinks himself entitled to deny its existence.

But neither has negation given contentment and satisfaction. And now we are busily returning to the various agencies in nature of which we know anything at all, or of which we know nothing. These are summed up in one word *Force*, which is said to be distinct from matter, "though only conceivable as acting upon it." This force "comes from the sun," and is *motion*, "one and indestructible." "It acts upon matter, calls its properties into exercise, and the result is in every instance regulated by the nature of these properties."*

From this inconceivable force or motion it follows that "*life is a mode of motion*;" and this is the true meaning of the word. This seems to me the most feeble of all the inadequate meanings which have been attached to a word of so much dignity and value.

* *On the Relation of Therapeutics to Modern Physiology*, by Dr. HENRY R. MADDEN. An Address delivered at Oxford, Sept. 27, 1871. — *Monthly Hom. Review*, Oct. 1871.

The hypothesis at present accepted as explaining the essence of such agencies as light, heat, electricity, magnetism, and chemical affinity, is that they are all various forms of motion, and that they are mutually convertible into each other. The latest physiological notion of life is that it is another form of these motions; derived from them, and returning into them again. This mode of motion is supposed to be one in which "all ordinary chemical affinities are suspended."* This again is supposed to be occasioned by the rapidity of its changes, so that ordinary chemical compounds have not time to be formed. This latter supposition is not only unnecessary, if the hypothesis of correlation is carried out, but is inconsistent with it. When light becomes heat, the motion of light, and of course the phenomena of light, according to the hypothesis, are extinguished; so, if chemical affinity becomes life, the operations of chemical affinity must cease.

Thus the circle of hypotheses is completed. At first every action in living bodies was a chemical one, and life was chemical affinity. Having passed through every phase which the imagination has been able to depict, life ends in a mode of motion, without any chemistry at all—"all ordinary chemical affinities being suspended."

But where, it may be asked, are the proofs that molecular motions can *originate* sensibility in nerves, or contractility in muscles? Until satisfactory evidence is given that these motions are the *cause* of sensation and of contraction, and of other living actions, the assertion that "life is motion" is not proven. Even if it be granted that these molecular motions do form part of the condition of living bodies, this is no more an admission that these motions are *life*, than that the chemical changes which take place in that condition are a proof that chemical affinity is life.

For that ordinary chemical operations are continually going on in living bodies is manifest. Witness the combination of oxygen and carbon in the lungs during respiration; and the decomposition of common salt in the digestion of every meal; when its chlorine takes hydrogen to form hydrochloric acid for the gastric juice, and its sodium unites with oxygen to form soda for the bile.

* Op. cit.

The statement that life is a correlative of chemical affinity, in other words, that the mode of motion called chemical affinity is changed, in organic matter, into another mode of motion called life, is an hypothesis towards the proof of which no facts, either of observation or experiment, have been adduced. And as the *onus probandi* rests with those who make the assertion, others are justified in withholding their assent until such proofs can be given. It is a departure from true science to say that "the inexplicable of to-day will, by the discoveries of to-morrow, be rendered perfectly explicable."*

"Life is motion." These appear to me vain words, which fall as far short of the truth as they fall below the dignity of the subject. Another generation will look back upon this physical definition of life, as we now look back upon the chemical ferments of the 17th century, and upon the mathematical calculations of the 18th.

But justice will not have been done to the meanings put upon "life" and "living" unless notice is taken of Dr. Lionel Beale's persevering labours with the microscope, and the views put forward by him. His own books and beautiful drawings must be referred to for details; the results are thus expressed by him:—

"Every tissue may be divided anatomically into *elementary parts*. Each elementary part consists of *living matter* or *bioplasm*, and the *lifeless formed matter* (cell-wall, envelope, tissue, intercellular substance, periplastic matter) produced at the moment of the death of the particles of the first."†

This *bioplasm* or *germinal matter* is pulpy, translucent, colourless, homogeneous, without visible structure; it forms all structures; and every structure (cell-wall, tissue, &c.) when thus formed, is considered by Dr. Beale as no longer living.

The life of this living, structureless matter, which he calls bioplasm, is something having no relation to mechanical or chemical forces. He believes it to be a distinct power. He is therefore at issue with Professors Owen, Tyndall, and Huxley, Sir William Gull, and others, who look upon life as a force correlated with, or converted from heat, chemical affinity, &c.

* "A Critique on Dr. Beale's Theory of Life," by James Ross, M.D. *The Practitioner*, May 1851.

† *Life Theories*, 1871, page 42.

When Dr. Beale says of the physical hypothesis of life, "It *may be true* that chemistry ceases in our living tissues under that form to 'appear under some higher correlative,' but it has not been proved, nor has any step been made towards proof," I think his position is impregnable. Until the connection of vital with physical or non-organic forces can be proved by experiment, the hypothesis of their identity is an assertion which ought not to be accepted.

I admire very much the labours of Dr. Beale, but he will forgive me the remark that when he calls the structureless part *living*, and the part having structure *dead*, it appears to me that his line of separation between the living and the dead is too finely drawn. To him now belongs the burden of proof, and having no facts nor experiments, he falls into the same error as the physicists with whom he has been contending. He asks,

"Is it not incorrect to speak of the action of a nerve or muscle, as being due to *vital* energy, seeing that the energy in question *may be* simply physical and chemical, although it is manifested in the tissues of a living being?"

This question may be answered in his own words: "Those who argue concerning the *possibility* of life being a correlate of ordinary force, should bear in mind that nothing can result from the mere assertion that *vital* force *may be* another form or mode of heat, or motion, unless facts and arguments can be advanced in support of the supposed possibility."*

Dr. Beale would be quite safe if he called the two constituents of the elementary parts of a living organ, the *constructive* and the *constructed* (or gave them some such names), admitting that both are *living*. His objection to this is, that he cannot find any definite line of separation between living and dead parts, except the one he has drawn. Under these circumstances I think it would be better to say that we do not know where the line should be drawn.

It is quite true that there are many arrangements of parts in man's living body which are mechanical, *e.g.*, in the structure of joints; in the action of muscles; and in the strength of bones. The circulation of the blood may

* *The Mystery of Life*, page 62.

also in part be considered as an hydraulic process. The structure of the eye and the ear are wonderfully adapted to the laws of light and sound.

It is equally true that a crowd of chemical operations are being carried on every moment both among the solids and liquids of the living body, *e.g.*, in the stomach during digestion; in the liver and alimentary canal; in the kidneys; and, indeed, in every organ of the body. Chemical affinities are not suspended, but are in exercise, as mechanical powers are in exercise; and just as they are in inanimate bodies. The results are different, because the circumstances are different in which these chemical affinities have to play their part.

In the same manner the other agents known as light, heat, gravitation, electricity, &c., are not suspended, but are in existence, and perform their functions in organised and living—as in inorganised and dead—bodies.

The mistake lies, not in asserting the operation of any or of all these forces, but in *hasty generalizations* respecting them. It lies in supposing that because there is some chemistry, therefore life itself is chemical; or because there are mechanical contrivances and processes, therefore life is nothing but the laws of mechanics; or because heat, and light, and electricity are recognised as acting a part in living bodies, and are hypothetically treated as motions mutually convertible into each other, therefore life is derived from these; and is itself nothing but a mode of motion.

All these forces, or, if it is preferred to call them so, modes of motion, are operative in living bodies; and are themselves subject to the same laws which govern them in lifeless bodies; but not one of them need be life—no, nor all of them together.

The many medical writers referred to in this sketch, with two or three exceptions, have fallen into this error of drawing hasty conclusions. The prominent exceptions are Haller and John Hunter. These able and industrious men sought truth in facts; and were generally content with the consciousness that their knowledge was bounded by these facts. But so difficult is it to be content with this, that even Haller was seduced from it when he was led, by his opposition to the then prevalent notion that the nerves are cords in a state of tension, and that sensations are transmitted by a vibratory motion of these cords, to

adopt the opposite notion of a nervous fluid, or vital spirits, circulating through the nerves. Haller was drawn into this error by the statement of Lewenhoeck, that he could demonstrate by the microscope the tubular structure of the nerves. Hunter, as I have already observed, contents himself with negative statements. I think he nowhere says what life is.

There is another complication which requires to be cleared up, for it has added much to the difficulty of this investigation. It is a dispute about the words "forces" and "properties," as if they were things and not words.

Gravity, electricity, chemical affinity, elasticity, living action, and other agents in nature, have long been called "forces." Some of them are still called forces, but others are called "properties;" and it is thought to be an advance in knowledge to say that elasticity, for instance, is not a force, but a property; and to deny the existence of the "vital force;" and to call the thing so named, "vital properties."

I am sorry to see that Dr. Madden (whose recovery from his present illness I earnestly hope for) has been carried away by the popular current. In his recent Address at Oxford, he says: "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*."

Alas! we are deceiving ourselves greatly if we think this is progress in knowledge. To formulate such distinctions as these, so far from being a step in advancing to light, is to carry back a difficult subject into greater obscurity. It is very needful that such words as "force" and "property" should be well defined, and that they should be kept to their proper use; but this mode of distinguishing them creates confusion only. If gravity be the force which moves a clock, elasticity is equally the force which moves a watch, and so of the others. Or, if it be preferred to call elasticity a property, then gravity is a property, and more emphatically so, for, while elasticity is found in a few bodies only, gravity is met with in all.

Whether, therefore, we call *life* "vitality," "vital principle," or "vital force," as we have hitherto done, or speak of it as "irritability," "irritable matter," "germinal matter," or "vital properties;" whether we exalt it into "metabolic complexity," or simplify it into a "mode of motion," the important thing for us to remember is this, that we only vary our manner of expression, while our knowledge, or rather our ignorance, remains where it was.

In like manner, if we deny the existence of the *vis medicatrix naturæ*, as Dr. Madden does in the same Address, "there cannot exist," he says, "any true resistance to disease, or any real *vis medicatrix naturæ*," and substitute for these words, as he does, "the *tendency* of germinal matter to resort to its original mode of motion," we have not increased our knowledge, we have only altered our language.

Such alterations of language, with the discussions they engender, the time they waste, and the attention they divert from worthier and more useful objects of study, are deeply to be deplored. "Words, when established to a certain point, become part of the social mind; its powers and very existence depend upon the adoption of conventional symbols; and were these suddenly departed from, or varied according to individual apprehensions, the acquisition and transmission of knowledge would cease."*

There may be in living bodies a "mode of motion," but life is surely something more, and something else. What that something is we do not know, and let us not try to conjecture. I think it is not knowable. Let us be content to speak of the unknown thing as *life*; and of the bodies which are blessed with it, as *living* bodies.

Living nerves have sensibility, and living muscles have irritability; but neither sensibility nor irritability are life. To say that nerves are sensitive, and that muscles contract on the application of a stimulus, is to state facts, not to explain what it is which makes nerves feel and muscles contract. We do not know what this is; and when we call it *life*, we shall, I think, do well to believe that it is an unknown and unknowable thing. It may be reve-

* Grove, *Correlation of Physical Forces*, p. 91, 2nd Ed.

rently owned that "such knowledge is too wonderful for us; it is too high, we cannot attain to it."

We are now better prepared to consider the question,

What is the Action of Drugs?

Let us enquire first what there is about the action of drugs which we *cannot* know. This will help us to learn more distinctly and clearly what we *can* and ought to know.

There are three things about the action of drugs which, in my opinion, we cannot know:—

The nature or essence of the action, *what* it is.

The *modus operandi*, or its manner of acting.

The reason *why* it acts in one manner and not in another.

This ignorance need not disquiet us. It is not greater than our ignorance in respect to the action of all natural forces. And this ignorance of the nature, manner, and reason of their action, does not prevent us making very practical use of them every day.

For instance:—

We do not know what *gravity* is, nor how it acts, nor why in the way it does, but we make *clocks*, and put them in motion; that is, we obtain a mechanical effect by using the force of gravity.

We are equally ignorant of *elasticity*, but we make *watches*, and obtain a similar motion or mechanical effect by using the force of elasticity.

The mechanical movement of the ship's *compass*, according to which the ship itself is steered, is obtained by using the unknown force of *magnetism*.

In like manner long and heavy *trains* are rapidly conveyed upon railways by availing ourselves of two forces; of *heat*, which gives the motion, and of *friction*, which gives the progression.

And to obtain the mechanical motion of the *needle* in the *telegraph*, we employ three forces, *chemical affinity*, *electricity*, and *magnetism*, of the essence of which we know nothing.

In the same manner a hundred chemical processes are daily carried on, and most important effects regularly obtained, by making use of the force of *chemical affinity*.

We see that all these and other forces of nature are

intimately connected with each other; that they are apparently correlated or mutually convertible into each other. At present they are spoken of as so many *modes of motion*; but it must be remembered that this is not a fact, but a speculation or hypothesis.

We know the organisation of living bodies so far as our senses reveal this to us; but I think we cannot know that vital force, that "breath of life," which must be added to it to make them living bodies. We cannot know its essence, nor how it acts, nor why it acts as it does.

When we give a drug to a living body, whether in health or in disease, some observable effects are produced by its action on particular parts of the body. We know that these effects are produced through the medium of the *life* existing in the parts where the action takes place, for there is no action in dead parts. In the words of John Hunter: "The living principle is susceptible of impressions which may be productive of action either diseased or healthy, *i.e.*, productive of restoration; each of these may be brought about by medicines." Of the nature or essence of this action, of its manner of acting, and why it acts in one manner and not in another, we know nothing. This knowledge we do not and, I believe, cannot know. What is the knowledge which we can and ought to know? and how are we to learn it?

It is agreed that the material universe consists of matter and force (or motion, as the latter is now sometimes called). All bodies are composed of matter, and are subject to various forces. There being more bodies than one, and these of different sizes, and the forces which act upon them varying in greatness or power, two additional subjects for consideration arise, namely, numbers and magnitudes.

We have five bodily senses by which we become acquainted with these bodies, and with the forces which act upon them; and we have reason, by which we compare and contrast the ideas with which we are furnished by our senses; and by which we calculate numbers and measure magnitudes.

It is found that numbers and magnitudes may be dealt with by the understanding or reason alone, without reference to any particular bodies or forces. When we reason correctly about these, we can come to conclusions respecting them to which the understanding is compelled to assent

as necessarily true, because the contrary would be absurd and impossible. These sciences of numbers and magnitudes are called mathematics; the conclusions are processes of reasoning, and they are called *demonstrations*, a title to which no other conclusions can put in a claim in the same sense.

But the word is often used—and used with propriety—in another sense; and the reference then is not to our mind or reason, but to our five bodily senses. Bodies and their forces produce impressions on these senses; and whatever is plainly presented to any of them, so that it is impossible to doubt the impression, or the thing which produced it, brings the mind to a conclusion which may be called a *demonstration*—it is an observed fact. Such demonstrations (or showings), are quite different from the former, or mathematical ones; but, like them, they compel the assent of the mind. They are a testimony of the bodily senses which refuses to be denied, or even to be questioned.

When we reason about natural phenomena beyond these limits, that is, when the question is not one of numbers or magnitudes, and when it is not one which can be resolved by an appeal to any of our senses, then, whatever conclusions we may arrive at, we must never forget that these conclusions are nothing more than hypotheses, guesses, conjectures, or speculations, which by no form of words can claim to be called demonstrations in either of the senses in which alone that word should be used.

Further, it is an unimpeachable truth that these hypotheses, how charming soever they may appear, add absolutely nothing to our knowledge. Nor do the hard names which are given, sometimes for brevity to express facts, sometimes for beauty to adorn hypotheses, add, in any sense or degree, to our real knowledge. They sometimes cloak or hide our ignorance; they sometimes impose upon the ignorance of others; they are sometimes useful, and sometimes mischievous; but, whatever else they may be, they are never additions to our knowledge of things.

We can observe the organisation of living bodies. We can experiment upon it with food, stimulants and drugs. The knowledge thus acquired through our senses is the knowledge of observed facts. It is of great value. The connecting link, that which makes the organisation *living*, that which makes such experiments possible, is a *tertium quid* of which we know nothing.

Of the subtle agencies of nature we can observe many phenomena, and experiment upon them, as, for example, those of light, heat, electricity, &c.; and these also are observed facts. Even the undulatory theory of light, beautiful and perfect as it is, as well as the notion that the other forces are also different forms of motion, are hypotheses and not facts.

The thing to be desired for those whose duties are to heal the sick—duties so practical and responsible—is, that we leave off the pursuit of objects apparently unattainable, and that we devote our energies to the acquirement of real—and therefore useful—knowledge. The powers of our senses and of our minds—the powers of observation and reason—are given us to acquire knowledge and experience; and if we pass these boundaries, and roam about as our imagination tempts us, we mistake our duty, exceed our powers, and lose ourselves in darkness.

Of the action of drugs in its essence, what it is, how it acts, and why, I forbear to enquire further. To the *effects* or *results* of this action I would give, and ask others to give, the most patient and persevering attention. These effects are observable by our senses; and they concern us, as physicians, in practical matters of the highest importance.

We may now try to learn what is the action of drugs; it being understood that only the perceptible effects of this action are under contemplation. These we can and ought to know. If the expressions, "vital force" or "drug action" are at any time used, they mean nothing more than that unknown power by or through which the drug given acts upon the organ which appropriates it. In the same manner we speak of "gravity" as the unknown power or force by which the pendulum moves the clock; and of "elasticity" as the unknown power by which the spring moves the watch.

Yet again, before we can proceed, two additional thoughts force themselves upon our attention, and demand expression. How very much more intricate and delicate is the machinery of the human body, upon which our drugs are intended to act, than that of the clock or the watch! And how indefinitely removed we still are from that precision with which we can fix the length of the pendulum in the clock, and the strength of the spring in the watch!

With these necessary explanations we again ask

What is the Action of Drugs ?

Having reminded ourselves that science itself has its *limits*, beyond which it is in vain for us to labour to pass ; that there are things which it is impossible for us to know ; and, having left these unknowable things behind ; we start, with a cheerful heart and with a steady step, to pursue the path of observation which lies in open daylight before us. If many others will do the same, Sir Thomas Watson's desire will be accomplished, and we shall, ere long, learn distinctly and clearly what is the action of drugs.

We ought to know, because it is possible for us to learn
1. What the observable effects are, in health and in disease, which each drug produces. 2. Where, that is, in what parts or organs of the body these effects are produced. 3. How they are varied by varying doses, or by other influences.

No doubt the task is a laborious one, and attended with difficulties ; but labour is man's duty, and difficulties are things to be overcome, and ought to stimulate to exertion. When this attainable knowledge has been attained, then we shall understand what is the action of drugs ; for "men may be said to understand any subject when they agree that they see all that can be seen of it at present by man."*

(To be continued.)

A CASE IN WHICH A SET OF ARTIFICIAL
TEETH REMAINED IN THE ALIMENTARY
CANAL DURING ONE MONTH.

By J. H. NANKIVELL, Esq.

Mrs. A. B. had for a considerable time worn a set of five front artificial teeth, which were secured in the first place by a hook at one of the ends of the gold plate, around a canine tooth, and by two pegs which had been fixed in stumps of incisor teeth in the usual manner. These fastenings had gradually become ineffectual, and on two occasions the lady had found that whilst she was asleep the plate of teeth had become loose, and on awaking she had

* Dr. John Hey's *Lectures*.

removed them from her mouth. But these warnings were disregarded, and on the third occasion of the plate becoming loosened, it slipped into the fauces and produced an agonizing sense of suffocation. In her attempts to lay hold of the teeth she unhappily forced them into the œsophagus. This took place on the morning of the 20th of November last, and as she was attacked with violent retching, and had begun to spit blood, I was requested to see her. On my arrival at the house I found the patient extremely ill, and she at once pointed to the pit of the throat, just above the sternum, as the place where the teeth had lodged, and here on the right side close above the clavicle a portion of the plate could be felt. Believing that any attempts to get the teeth up from such a depth would be abortive, and might and would fearfully aggravate the retching and also probably induce spasm of the larynx, or at the very least render an impaction of the plate in the œsophagus more probable, I administered *arnica* 3 and *bell.* 3 in alternation, and found that it was not returned by the mouth, although mucus and blood were brought up from time to time. Having directed that thin gruel might be taken now and then if it did not cause retching, I left the patient and saw her again at the end of about four hours. At this time she was less sick and distressed, but complained of great pain behind the sternum, and it was evident that the plate was descending. On the 21st the report was that she had slept pretty well.

The countenance and pulse were favourable; there was not any retching, and the bowels had acted naturally. She was now directed to take a teaspoonful of olive oil three times a day, provided it did not cause sickness, and she had an occasional dose of *bell.* or *arnica.* Beef tea, milk and gruel were given her from time to time, and as there was now very little difficulty felt in swallowing fluids, it was evident that the foreign body had reached the stomach, and the presumption was that with ordinary care all would do well. But when the second and third week had passed and the teeth had not been expelled, there was some anxiety felt by friends and neighbours, and suggestions made that it was high time more active means, viz., purgatives should be used.

Fortunately these recommendations (kindly meant but illjudged) were not attended to, and at the end of four weeks the plate was expelled.

Now this fortunate termination very probably would have happened had no medicine been administered at all, and if we claim any credit on account of the success of the treatment, it is for having avoided any surgical interferences which probably would have been only injurious.

Our worthy *confrère*, Mr. FRASER of Hull, has sent to me the notes of a case I will presently communicate, in which a set of teeth had got below the pharynx and were not visible, he was fortunate enough to extract them with forceps. But another of a like kind which happened in Cornwall about six years since, and was treated by an experienced and skilful surgeon, had a less propitious termination. For every effort made to withdraw the teeth from the œsophagus (although they could be reached and grasped with a forceps) was ineffectual, and the patient, a lady, subsequently made a journey to London and placed herself under the care of Sir Wm. Fergusson. But even his great skill was baffled, and she returned to her home with the teeth still impacted in her throat. She was, however, able to take food pretty well and is probably still living.

The following is the report of Mr. Fraser's case:—

Mrs. P., aged 47, subject to epileptiform attacks, was taken in a fit on the morning of the 20th September, 1870. During the paroxysm she swallowed an upper set of false teeth, twelve in number, with gold plate; and the accident was not discovered by her attendant till blood began to ooze from the mouth, and a peculiar choking sensation remained after the violence of the fit had passed away. On looking into the mouth the teeth were missed, and the husband made several attempts to reach the teeth, but each attempt drove them deeper into the pharynx. Three hours after the accident I found the patient in a partially conscious state, and on forcibly opening the jaw was able to reach with the point of my finger the edge of the plate, and to make out by touch the convex side of the teeth. The convulsions seemed to have worked the plate into the side of the tonsil, and it was from this part that the bleeding came. By means of a long pair of throat forceps I was enabled to get over and under the teeth, and retain them in a firm hold.

The extraction was a matter of some little difficulty, owing to the semi-unconscious state of the patient, and the continued and strong efforts at swallowing which she constantly maintained.

However, the set of teeth was at last removed, and no evil consequences followed. The bleeding soon ceased, and in two or three days the abrasions on the mucous surface of the throat and pharynx were entirely healed.

York, 1872.

PRACTICAL NOTES.

By ROBERT T. COOPER, M.D.

(Continued from Vol. XV., p. 48.)

IN the October number of this *Review* I referred to two cases of impaired vision—asthenopia, as it is called—one singularly benefited, the other cured, by *arnica*. I shall now proceed to discuss at greater length its characteristic action, and, if possible, explain more clearly the opinions I hold in reference to it; and in order to do so will select and comment upon a case from the practice at the Southampton Homœopathic Dispensary.

Charles Sampson, aged 41, a farm labourer, came to the dispensary with his right leg swollen, the girth of which, as *Punch* would say, looked "the same size all the way up," the natural depression below the calf being obliterated, and its place occupied by a hard œdematous subcutaneous swelling, presenting a shining appearance, as if from inflammatory tumefaction of the cellular tissue. This has existed for twelve years, and dates from a contused wound on the leg just below the knee. It has been much more painful and inflamed of late, obliging him to seek advice. The swelling and pain are increased after standing. He is greatly distressed by pains that shoot upwards from the affected part to the spine, very frequently preventing him from getting any sleep at night.

A peculiar feature in the case is that the foot of the afflicted leg, and the foot only, perspires profusely after standing; it does so to an extent sufficient to soak his socks thoroughly with sweat. Besides, he suffers from great pains in his head and the lower part of the back, and nearly every day, generally in the afternoon, but sometimes late in the evening, he "comes over lost and giddy," being unable to tell where he is or what he is doing. He suffers, too, from depression of spirits, but in every other respect his health is first-rate.

Arnica, in the third decimal dilution, removed all these

symptoms in a month ; but as, at the end of this time, the pains in the leg began to come back again—those of the head and back had quite gone away—I gave the same remedy in the twelfth, and this completed the cure of the case. At the end of six weeks he was discharged with the natural contour of the leg perfectly restored, and all the neuralgic and cerebral symptoms gone.

And now for our comment. It may appear at first sight that Sampson's case has no connection whatever with those cases reported in the October number ; but, on reflection, I think it will be found to possess features lending colour to the suggestions there let fall—that *arnica* is appropriate not alone to primary injuries, but that, as was inferentially stated, a natural incapacity to resist the bad effects of contusions, sprains, and so forth, constitutes an indication for the use of this drug—that a tendency on the part of the muscular and fibrous structures to remain long unduly influenced by such mechanical injuries as sprains and contusions, is, *per se*, other things being related, one of its indications ; and further, that this tendency manifesting itself, and being, as it is, easily observable in the larger muscles, &c., ought to direct our attention to *arnica* where diminutive and less thought of muscle-fibre is disabled for healthy action. The suggestion is one thrown out, experience alone being appealed to, and certainly Sampson's case goes to establish the proposition that *arnica* not alone meets the primary injury, but, besides this, by subduing the ensuing chronic enfeeblement, prevents a recurrence of the symptoms upon the slightest irritation.

For what did this loss of consciousness mean ? To me this symptom looks as if the day's fatigue brought on a feebleness of the propelling power of the blood to the head, which feebleness may have had reference to the heart itself or the arterial coats—I am not prepared to indicate its exact locality, the more as I made no note of the condition of the heart—but which constituted a genuine indication for *arnica*.

And the hyper-idrosis of the foot, to my mind, comports with the others, and shows a defective molecular movement in the minute muscular fibres that constitute a component part of the true skin.

Nor is this pathology greatly out of time. In the *British Medical Journal* for September 30, 1871, Hand-

field Jones thus unburdens his mind in the course of some excellent remarks upon hyperæsthesia :—

“ Another connection of hyperæsthesia is less frequent, but is extremely well marked in rickets, viz., that with vaso-motor paralysis. I use the latter term hypothetically, for the phenomena actually observed are hyperæsthesia of the cutaneous surface and profuse sweating. The latter, however, as I have argued elsewhere, seems to be distinctly traceable to *defective contraction* of vessels from a parietic state of their nerves,” and that this defective contraction was in the case related referrible to the injury I feel bound by its nature to believe, though I am equally prepared to hear that such a symptom can arise without any mechanical origin.

One thing is perfectly certain, that if we can refer the symptoms removable by *arnica* to some well-defined pathological condition, we shall find ourselves in possession of a much more acceptable and accurate indication than is afforded by the ill-defined announcement of its meeting the bad effects of most mechanical injuries—a statement that, it is evident, may convey a very different meaning from that we intend.

Nothing is more common than to meet with persons who are liable to strain joints on the slightest untoward movement, the ligamentous structures, instead of being firm and resisting, are weak and flexible. A course of *arnica*, compared with other remedies, is of little use to such. These strains, attended as they are with an insignificant amount of inflammation, soon get well without medicinal help, and *arnica*, in a very slight degree, helps either to maturate convalescence or eradicate the diathesis.

When, however, we meet with those in whom such injuries are accompanied by a more decided alteration in the tissue-vitality, and the part manifests an inability to resume its normal condition, there being always present some sub-acute inflammation, we have presented to our view a local condition; and if, further, we find on the part of the patient a tendency to such on slight provocation, we have superadded a systemic weakness indicating *arnica*.

In recent sprains *arnica* seems to dissipate the tendency to congestion and effusion into the cellular tissue, and in muscles suffering from past injuries, and the effort at

whose action causes painful distress, *arnica*, by its equalization of the nervous and vascular distribution, overcomes the hyperæsthetic condition of the part.

Where this action of *arnica* ceases, that of *conium* commences; with *arnica*-injuries there exists a sub-acute inflammation, which in some parts—as the testicle, for instance—often leaves behind a fibroid hardness; but this is, in its turn, met equally well by *conium*, there being no inflammation whatever present.

We have, therefore, *arnica* indicated in the first or congestive stage of injuries, and under ordinary circumstances there is no further need for its employment, but in some persons this congestive stage has a constant tendency to repeat itself, and it is this tendency to recur that requires the administration of *arnica*.

We are now prepared to discuss the applicability of this remedy to that obscure and obstinate eye disease—asthenopia. To arrive at a correct pathology of any disease, it is necessary to revert to an inquiry into the cause of its commencement. Now, it is a matter of constant observation how easy it is, as we term it, to “overstrain” our sight. Every-day occupations, such as reading from too small type, or using the eyes in a flickering light, will weaken the sight; a hyper-sensitiveness of the conjunctival mucous membrane, and an indistinctness of vision, due, apparently, to a difficulty in focal adjustment, will follow, to be transitory or otherwise, according to the amount and duration of the strain, as well as the idiosyncrasy of the affected person; but the important point to notice is, that it is just as much a form of asthenopia, if temporary, as it would be were it to continue for years, and in course of time to acquire new symptoms, meanwhile, every slight over-tension bringing to mind the existence of the affection.

The tendency of the injury to repeat itself in a congestive form, as has already been remarked, indicates *arnica*, whether the affected part be the eye or the ankle—the sweat-ducts or the ciliary muscle of the eye-ball; and admitting this, the only question to be decided is, whether impaired vision arises, or rather *may arise*, from over-strain. In a former article I referred to Rainey to prove that this is probably its mode of origin, and Dixon also quotes him with approval. But whether this be so or not, the matter is one to which it is well worth while to direct attention.

It is impossible to render the generalisation of the action of any remedy sufficiently complete to comprehend accurately its entire effects; and it is equally impossible to draw an abrupt line of demarcation between the actions of any two drugs; considering this, the foregoing remarks upon *arnica* must not be regarded as intended to limit its physiological action, plenty of pains and aches will be found to call for its employment where no perceptible congestion is present, and where our only resource will be a reference to Hahnemann's *Materia Medica*.

Among these I would particularly refer to a cardiac symptom common to it along with *iodium* and *cactus*—a sensation as if the heart were held tightly. (See also *lachesis*.)

Arnica has: Pain in the region of the heart, as if it were squeezed together, or as if it got a shock.

Cactus has: Sensation of constriction in the heart, as if an iron hand prevented its normal movement.

Iodium has: Sensation as of the heart being squeezed together.

This appears to be an essentially muscular symptom, such an one as we might expect to find in those who had overtaxed the muscular structure of the chest, and in whom symptoms of excessive cardiac action existed, and it is worthy of observation that these three drugs are curatives of heart diseases.

Further, as characteristic of *cactus*, we have: œdema of the hands, worse in the left; of *arnica*: distended veins of the hands, with a full, strong pulse; of *iodium*: sub-sultus tendinum, and tremor of the hands (and a like symptom in the feet.)

If we look at the way in which *arnica* acts upon muscles in its provings, we find that it weakens the muscles of the neck so that it cannot support the head; the muscles of the back ("the dorsal spine"), so that it is painful, and cannot support the body; and the muscles of the knee, so that there is a sudden absence of power in the knees. We may, therefore, take it that it can similarly overpower the heart, causing a temporary rather than a permanent enervation—a sudden diminution of nerve-force, as we might expect, during or after great muscular tension; and hence my reason for saying that the "lost feeling" described by this patient was from muscular exhaustion.

The nervous supply to the muscles seems to be spent at once and without any warning, as from a shock of electricity; indeed, pains as from electric shocks are characteristic of *arnica*, and its minor symptoms, such as pricking in the skin, twitching and jerkings, correspond.

The fact of the pain shooting from below upwards as in the case under discussion, is also characteristic of *arnica*. Thus we find in the proving:—

“Twitching, lancinating pain in the tibia, extending from below upwards. . . . The pain for the most part appears to rise from below upwards.”

Again, the temporary enfeeblement of muscle, which, from the general range of action of the drug, we say it produces, would naturally be expected to show itself when the will was in abeyance—during sleep, for example; and so we find it causes and cures, in common with *rhus toxicodendron*, “involuntary stool at night when asleep.”

Arnica also causes and cures, we are told (see Jahr), “involuntary emission of urine at night in bed, and during the day when running;” and, as probably dependant upon cardiac disturbance, it produces:—

“Starting up while asleep;

“Sudden startings, as with fright, when falling asleep”—approached in this respect also by *rhus toxicodendron*, and both of these meet some forms of chorea; thus, under *arnica* we have:—

“Sudden twitchings of single muscles almost in every part of the body, especially in the limbs; those twitches produce a commotion either in single parts of the body, or in the whole body.” And

Of *rhus tox.*:—

“Wakes from his sleep with convulsive, irregular movements of the limbs.”

It may be objected that in speaking thus, too much dependance is placed upon solitary symptoms, and unmerited importance is accorded to them; with this I am not going to quarrel, only it is well to indicate precisely their clinical value, and to do so we must first study them in the proving—we must, in a word, realise their existence, and then test them by the light of clinical experience. Therefore, when it is said that *arnica* is related to some forms of choreic movements, it is not desired to imply more than that this is the lesson to be learnt from its provings, and that the movements for which it is appro-

private are those accompanied by twitches and jerkings as from electric shocks, while movements calling for *rhux* are such as occur after sleep.

It would be an interesting inquiry—why *arnica* is not held in chief estimation as a remedy for erysipelas; it is not, comparatively speaking, from lack of relationship to this disease; it produces erysipelatoid symptoms far oftener than does *belladonna*, and if I am to judge by recent experience, it cures it, *cæt. par.*, quite as speedily, if not more rapidly than the latter.

Lower Prospect Place, Southampton.

INDEX TO CASES OF POISONING IN THE
ALLOPATHIC JOURNALS.

By E. W. BERRIDGE, M.B., Lond.

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No. 6.—GLASGOW MEDICAL JOURNAL.

From commencement in 1828 to 1868.

N.B. I have not been able to examine number 12 (vol. 3, 1830) or numbers 1 and 2 of 1833. The volumes 1834—1853 I cannot find. The work seems to have stopped for a time. [This we believe to be the fact.—Eds. M. H. R.]

- Aconite*, 1854, 381; 1863, 101; 1865, 257-73.
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(To be continued.)

REVIEWS.

Typhoid Fever: Some Account of Baptisia Tinctoria, the New Remedy for the Disease. By W. BAYES, M.D., &c. Baillière & Co. 1872. Pp. 35.

In this pamphlet Dr. Bayes has given us a *résumé* of the provings of *baptisia*, as recorded by Dr. Hale in *New Remedies*, with a collection of cases, and has dedicated the whole to the Royal College of Physicians of London. We presume that the pamphlet is addressed principally to the allopathic section of the profession, as the greater part of the matter, both provings and cases, has already appeared in homœopathic literature.

The question naturally arises—Will the allopath be convinced if he reads this *brochure*? To aid in answering this question, let us analyse the argument, and criticise the case from the stand-point of an opponent.

There can be no doubt that it is the duty of the medical profession to discover, if possible, a remedy for typhoid fever, and Dr. Bayes, after very properly insisting upon the importance of this task, says:—

“The disease having once entered a man—having, as it were, been planted and begun to develop itself, is soon recognised by

signs of gastric and intestinal disturbance. The physician's art and science ought to be able, at this early period, to meet the disease before it has usurped its full sway over the organism with an appropriate remedial drug, and then and there to destroy it, leaving the patient in health and strength.

"That such an aim is not chimerical, is seen by the ease with which ague is arrested and cured by *quinina*. What has been done in ague, may be, and ought to be, done in typhoid, and in every other specific disease."

We do not see the cogency of this line of argument, for this reason—that typhoid and intermittent fever differ in one point, which makes them unfit examples to compare with regard to treatment. The duration of ague is indefinite, but typhoid fever, without sequelæ, never lasts more than 30 days, and often gets well much sooner, and that without medicine.

Many, probably most allopaths, think that it is chimerical to attempt to cut short typhoid fever by any medicine. We do not share that opinion, neither do we think that Dr. Bayes has succeeded in proving the possibility on *a priori* grounds. However, the best way of proving the possibility of doing a thing is to do it; this brings us to the practical part of the paper; and we must premise that we quite agree with Dr. Bayes that "it is to be regretted that these cases have been loosely reported." He refers to Dr. Hoyt's cases, taken from Vol. VI. of the *North American Journal of Homœopathy*. In the last decade we should have thought it almost impossible that any man could be found to write upon continued fever, and mix up typhus and typhoid in the way in which it will be seen has been done in the reports of cases on pages 17 and 18. Case 4 is a Mr. R., who "was taken with typhus fever," and in the very next paragraph we read that "several other cases of undoubted typhoid fever have been reported as arrested by the use of *baptisia*." Here we have the two forms of continued fever (typhus and typhoid, as distinct one from the other as scarlet fever is distinct from small-pox), confused one with the other, and the two names used convertibly! It is not by any means easy to distinguish typhoid in its very early stages; but, on that account, exactness of description and the use of every means of diagnosis are the more necessary.

It is difficult to over-estimate the value of the thermometer in the diagnosis of typhoid fever, but we have no mention of the temperature in any of the cases reported or quoted by Dr. Bayes. The thermometer can be used with so much facility in hospital practice that we would suggest to Dr. Bayes that he should use this instrument in his valuable researches into the treatment of typhoid fever, and we shall welcome the reports of his cases with much pleasure.

We will here quote Sir Thomas Watson's* remarks upon the temperature of the early period of the fever :—

“ In the earlier period of typhoid fever the temperature takes a tolerably uniform upward course : alternately increasing from morning till evening, and decreasing from evening till morning, with a daily rise on the whole, up to the evening of the fourth day, when it reaches 104° or $104\frac{1}{4}^{\circ}$. Except that the temperature does not start so high all at once, this course thus far differs little from that of typhus fever. Any marked deviation from this course may be taken as a proof that the case in question is not a case of typhoid fever.”

And as it is given more succinctly on page 890 of the same volume :—

“ In all probability the case is *not* typhoid fever—

1. If the temperature on the first three evenings, or on two of them only, is the same ;
2. If on two of the first three mornings the temperature is alike ;
or,
3. If the temperature on the first two days rises as high as 104° .”

From these facts we would remind all who desire to influence medical practice, from whatever side it may be viewed, that in recording cases care must be taken to observe and note down all the essential phenomena of disease. The diagnosis must be justified by bringing to bear upon the investigation, out of which it has arisen, all the means which modern research has placed within our reach. Precision, exactitude, and comprehensiveness in reporting clinical observations are primary requisites if such observations are to have any weight with medical men of education and experience.

Finally, it must also be remembered that, though Dr. Bayes has suggested *baptisia* as having the power to abort, as it is termed, typhoid fever, and therefore as having its value restricted to the first stage of the disease, any allopathic physician who may be disposed to test its powers will assuredly lose sight of this, and, looking upon it as a supposed *specific* for the disease, will feel himself justified in testing it at any period of a typhoid illness, and without regard to complications. Disappointment will certainly follow such a course. That *baptisia* has its *place* in typhoid fever any one who may feel disposed to ascertain from the provings what that place is, and use it accordingly, will not be long in admitting. But the cases of typhoid are numerous in which the controlling power of other remedies is essential to a satisfactory issue.

* *Lectures*, Vol. II. p. 889.

Therapeutic Key; or, Practical Guide for the Homœopathic Treatment of Acute Diseases. By J. D. JOHNSON, M.D. Philadelphia: Boericke. 1872, p. 179.

In a very small compass this little book contains much that will be useful in refreshing the memory of the physician at the bedside; in enabling him to choose from medicines having a generic relation to the disease he is called on to treat that which has a special relation to the case under his care. The type is small, the paper thin, and the book itself quite capable of being carried in the pocket—so that it is a veritable *multum in parvo*.

While we do not wish to underrate it as a help in practice, we look upon its plan as being still more likely to be valuable as a means of education. It is a book the like of which each student of homœopathy should try and compile for himself—this he might easily do by taking cases as they occur—say one of influenza or diarrhœa—collecting all the medicines whose action in health bears a resemblance to the disease being studied, noting on paper the symptoms of each which point in this direction, and then from them selecting that most closely corresponding to the case to be treated. This is hard work, but in the days when patients are few and leisure abundant, it can easily be accomplished. Further, it might be supplemented by reference to similar cases recorded in our literature.

EXTRACTS FROM MEDICAL LITERATURE.*

MEDICINE.

In the *Brit. Med. Journ.* (Feb. 9) there is an interesting and instructive lecture by Dr. Fuller, of St. George's Hospital, on paracentesis in pleurisy and empyema. In the case of the fluid being found by the grooved needle to be simple serum, treatment by "diuretics, diaphoretics, iodide of potassium, and other remedies has been employed, but in most instances with little or no result. In many cases, blisters have proved beneficial; and so also has the constant application to the chest of a weak solution of iodine, viz., an oz. of the compound tincture to 2 oz. of glycerine and 5 oz. of water. The advantage of this weak solution is that you get all the absorbent properties of iodine without damaging the cuticle, and so destroying the absorbent

* Under this title we add a new section to our *Review*. Every month we purpose giving a brief abstract of the principal topics of practical interest in medicine and surgery contained in the chief organs of medical opinion. The preparation of this abstract has been undertaken by Dr. DYCE BROWN, of Aberdeen, and our readers will have to thank him for what we believe will be a very valuable and useful addition to our pages.—ED. M. H. R.

surface." In aid of this the restriction of fluids is advised ; but if the chest be full of fluid after a month, tapping must be had recourse to. The great bugbear of the admission of air into the pleura is then discussed. All the usual elaborate measures with the object of preventing its entrance, we are told, are simply useless. "The idea that it is possible to draw off the fluid from the chest without admitting air contravenes a well-established physical law, and therefore these contrivances fail in their object. We are dealing with a close cavity, and its walls are more or less rigid. If you take a cavity, such as a cask, with perfectly rigid walls, you can get nothing out of that cask by tapping it, unless you admit air. . . . The chest resembles a cask in being a closed cavity, and differs from it only in having walls which will yield in various directions. The ribs will yield, the lungs will expand to a certain extent, the mediastinum will press on to the affected side to a certain degree, the space above the clavicle will fall in, and the diaphragm will rise a little, and to that extent, *but to that extent only*, it is possible to draw off fluid from the chest without the admission of air. Well, then, in a simple case of serous effusion, in many instances we shall do well to exclude the air, although there is not a great deal of harm in admitting it. In the vast majority of cases where air has been admitted, it has all disappeared in 24 hours ; and as for its setting up a purulent condition of the contents, it is a matter of theory, and not of practice, only occurring in exceptional cases. . . . In the great majority of instances in which pure serous effusion exists, with great tension of the thoracic cavity, it is useless to do more than draw off a certain portion of the fluid, and so relieve the tension of the thoracic walls. When this has been effected, absorption of the remaining fluid usually takes place in the natural way but as the result of my experience, the vast majority of cases in which air has been freely admitted have made a good recovery." If the fluid is discovered by the exploring needle to be purulent or sero-purulent, Dr. Fuller advises complete emptying of the cavity, not minding the admission of air, which cannot be prevented, and does no harm. He advises De Morgan's method of making a puncture high up, inserting a curved director, and making a second opening against it low down, thus emptying the chest completely, and allowing the two surfaces of the pleura to come together and adhere." The main object of this lecture is to show that the admission of air, in many cases inevitable, does no harm.

In the next number of same journal (Feb. 17), Dr. Playfair, of King's Coll., and Dr. Powell, of the Brompton Hospital for Consumption, join issue with Dr. Fuller, and condemn the admission of air, unless it be a necessity, which they consider

is in many instances not the case. Dr. Powell contends that the only chance for the lung to expand naturally after the removal of fluid is to prevent the place of the fluid being taken by air.

There is an important leader (*ibid*, Feb. 8.) on Liebermeister's and Ziemesen's experiments on the treatment of fevers by reducing the temperature, and simultaneously relieving the patient's symptoms by cold applications, as the cold packing, cold baths, &c. "Liebermeister has found that a series of cold, wet packings, one following upon the other as soon as the sheet becomes warm, has about the same effects as a cold bath of ten minutes' duration, and double the effect of the cold affusion." The results of this treatment, if employed early in typhoid and other forms, show great relief to the patient, and a great diminution of the mortality. So much in favour of hydropathy.

In same journal (Feb. 10), occurs one of a series of Lectures on some Diseases of the Liver. *Spasmodic occlusion of the bile ducts* is a state which is very liable to be mistaken for the passage of a gall-stone. The symptoms are:—Sudden severe pain at this part; vomiting; and in a few hours the skin may be jaundiced. The pain and jaundice pass off without pale motions, or olive-coloured urine. The pain is transient, and though severe, is less so than in gall-stone.

Another condition Dr. Habershon draws attention to is, the *traction* produced by old adhesion between the gall-bladder and duodenum, colon, or stomach; the result of local peritonitis from irritation of the gall-bladder or ducts. In such cases, flatulent distension of the stomach or colon may produce symptoms resembling spasmodic occlusion of the gall ducts, or gall-stone. The possibility of catarrh of the bile ducts becoming chronic, and leading to suppuration, which may be fatal from discharge of the pus into the peritoneum, requires to be remembered. Another very important point, Dr. H. speaks of, and of which he has seen several cases is, the occurrence of pleurisy with effusion coming on in the right side, a few days after the onset of the symptoms of gall-stone. This might lead a subsequent observer to say that there had been an error of diagnosis in the first instance. There may be also such sympathy of the kidney in gall-stone, that it may go the length of uræmic poisoning from suppression of urine. A case of this is given, which might mislead a second observer.

A curious discovery (*ibid.*) is announced in the *Wiener Medizin Wochenschrift* of Jan. 20th. Dr. Losterfer has discovered certain peculiar appearances in the blood of syphilitic persons. So constant are these, that Dr. L. could diagnose from their presence syphilitic blood from healthy. "The peculiar appearances consist in the development of numerous little spherical

bodies, in themselves lifeless and incapable of movement, of various sizes, some in size and other characteristics not unlike red blood-corpuscles. They are quite unlike any ordinary changes of blood-corpuscles, and after careful and repeated examination, have been pronounced unique." Hebra and Stricker have both seen these peculiar bodies. The facts have created great interest.

Ibid. (Feb. 17). In a Lecture on Pyrexia by Dr. Murchison, the hydropathic treatment of fever, and especially of typhoid, is brought prominently forward. In fact, this treatment long neglected, is daily becoming more understood and practised. Dr. M. mentions also, *aconite* and *veratrum viride* as of great value in reducing the pulse and temperature in pyrexia; the former of which he says "is much less used than it ought to be."

Mr. Hulke and Mr. De Morgan (*ibid*) related experiments at the Clinical Society with *condurargo* in cancer, from which they inferred that it had not the least alleviating effect.

In *Lancet* (Feb. 3, 10, and 17), interesting papers are given by Dr. Crichton Browne, on the treatment of mania by *conium*. He prescribed it, not believing that it had much effect other than on the cranial motor centres; but in the first stage of acute mania, he says, that great motor irritability is displayed, leading the patient to extraordinary movements of various kinds, and that this unusual motor excitement tends to excite the cerebral hemispheres and involve the mental functions. He therefore determined to try the administration of *conium* with a view to lessen or remove this excessive motor irritability, and the results of his treatment have been satisfactory. He finds the duration of such cases to be much less than when treated by *digitalis*, *chloral*, *bromide of potassium*, and *cannabis indica*, of course he gives it in full physiological doses as from 2 drachms upwards, till a degree of motor paralysis comes on, after which he finds that the physical rest procured produces mental quietude to a greater or less extent. This is an example of allopathy proper, guided by scientific investigation.

SURGERY.

An interesting case of wound in the knee-joint occurred at the London Hospital (*Lancet*, Feb. 10), when the cavity of the joint was injected with a solution of carbolic acid (1 of acid to 20 of water) which was retained for a minute or two, and allowed to escape. The external wound was then sutured with carbolised gut, the knee enveloped in 16 layers of carbolised muslin, and a splint applied. After ten minutes, during which the knee felt hot, it became quite comfortable. The following day, the knee was free from pain. In two days the wound and dressing were quite dry, and free from irritation. The scar was perfect in a fort-

night, when the splint was removed—perfect motion remaining to the knee.

Dr. Fifield of Boston, U.S., draws attention (*Brit. Med. Journ.* Feb. 10), to Baron Seutin's mode of reducing strangulated hernia, viz., by rupturing with the finger some of the fibres of the constricting ring. It is only suitable when the constriction is at the external ring. "The surgeon seeks with his index finger for the aperture that has given issue to the hernia, pushing up the skin sufficiently from below, in order not to be arrested by its resistance. The extremity of the finger is passed slowly between the viscera and the herniary orifice, depressing the intestine or omentum with the pulp of the finger. This stage of the procedure demands perseverance; for at first it seems impossible to proceed. The finger is next curved like a hook, and sufficient traction exerted on the ring to rupture some of the fibres, giving rise to a cracking, very sensible to the finger, and sometimes to the ear. When this characteristic crack is not produced, the fibres must be submitted to a continuous forced dilatation, which, by distending them beyond the agency of their natural elasticity, generally terminates the strangulation."

Dr. Fifield has practised this in one case very successfully.

MEETINGS OF SOCIETIES.

HAHNEMANN PUBLISHING SOCIETY.

A general meeting of this society was held at 53, Montague-square, on the 8th ult. The following is the report of the proceedings received by us from the secretary, Dr. E. Blake.

At the congress of homœopathic practitioners held at Oxford, a meeting of the Hahnemann Publishing Society appointed a new Publishing Committee, consisting of Drs. Dudgeon, Bayes, Carfrae, and E. T. Blake, and requested them to arrange for the immediate publication of Dr. Nankivell's new part of the Reper-tory "On Stools and Anus."

On conferring with Mr. H. Turner in reference to this matter, it was found that he claimed a large sum as being due to him from the old Proprietary Society, under Clause 7 of the original agreement. He also claimed a considerable sum as due to him from the society for current debts. The Publishing Committee submitted to Mr. Turner whether he would accept the stock in hand of the society's works, which is of considerable nominal value, in settlement of this claim, but he declined to do so.

On submitting Mr. Turner's claim against the Proprietary Society (amounting to £57:2:11) to Dr. Drysdale, he denied the liability; and as Mr. Turner persists in the claim, there

now remains no other course than to wait until, by reference to the Arbitration Clause in the agreement, this question of liability or non-liability to Mr. Turner is set at rest.

When this is settled there is still a debt of £19:1:4 to discharge, and the balance remaining in Dr. Black's hands is our only asset, amounting to £23:9:0.

Under these circumstances the Publishing Committee feel it to be out of their power to comply with the request of the society in reference to the publication of Dr. Nankivell's part of the Repertory; and finding themselves powerless to carry out the functions assigned to them, owing to the involved condition of the society's affairs, they beg to resign their offices, and would suggest the re-appointment of the former officers of the society, who, from their knowledge of the circumstances of the society, are the proper persons to prepare such a statement of its affairs as shall enable the society to decide whether to wind up the Hahnemann Publishing Society, or to reconstruct it on a new basis.

R. E. DUDGEON, *Chairman.*

WILLIAM BAYES, *Treasurer.*

EDWARD T. BLAKE, *Hon. Sec.*

BRITISH HOMŒOPATHIC SOCIETY.

THE ordinary monthly meeting of this society will take place at the hospital, on Thursday, the 7th inst., when a paper on *Hospital Administration* will be read by Mr. POPE.

NOTABILIA.

"WHAT WAS THE REMEDY?"

SUCH was the title of a letter addressed to us last month by the Rev. F. H. M. BLAYDES, Vicar of Haringworth, near Uppingham, the insertion of which we declined. We have within the last fortnight received a published copy of it with the very deepest regret. As it retains its original form, addressed "to the Editors of the *Monthly Homœopathic Review*," is in the same kind of type as that in which our correspondence appears, and on paper of the same size as that used in this *Review*, it may easily be mistaken for a reprint from our pages. This it certainly is not. While strongly condemning the want of discretion evinced by its author in thus rushing into type, we must acknowledge the readiness with which, on our position in relation to it being pointed out to him, he wrote to all to whom he had sent this circular, and explained that we had refused to insert it for reasons which were quite satisfactory to him. We have since heard with still greater pleasure that Mr. Blaydes has suppressed all further issue of his fly-sheet.

Save in the good intention of the writer, this letter must be condemned on every point. Mr. Blaydes was not justified in his personal intrusions upon the physicians who were anxiously resorting to every means within their knowledge—of the efficiency of which they had had any experience—to benefit their royal patient; and the case of the heir to the throne of these realms was not one in which an experiment would have been justifiable. To Sir William Jenner and his active colleague the use of *baptisia* or any other remedy of which neither had probably ever heard before, would have been an experiment for trying which they and not the Rev. Mr. Blaydes would have been responsible.

Had H. R. H. or any members of his family desired to have the advice of a physician practising homeopathy, they could have had it. If they did not desire such advice, to press it upon them by personal solicitation, by telegrams, by letters, and by offerings of drugs was, to say the least, uncalled for.

The letter evinces a course of action that was not only intrusive, but it presents a conclusion that is in the highest degree absurd.

This is Mr. Blaydes argument—the *baptisia* was received at Sandringham on Wednesday evening. The most urgent symptoms of H. R. H. had begun to give way, within twenty-four hours from that date—*ergo*, the *baptisia* was given and cured him!

We have heard with much regret that the royal family and H. R. H.'s medical advisers were subjected to annoyance of a similar kind from several medical men practising homeopathy. Conduct of this kind may be excusable in a country clergyman, but in a medical man it is in the highest degree blameworthy. Our medicos, however, have the advantage of the vicar, in having kept both their names and proceedings out of print!

The number of volunteer advisers was, we have heard, equal to the "effective strength" of many volunteer rifle regiments! Each was doubtless equally confident of the certainty with which cure would follow the means proposed. We are afraid, however, that all were not equally fortunate in choosing the time for sending their nostrums—the day before the first ray of hope dawned upon the watchers by the sick bed!

It is painful to have to dissipate so delicious a delusion as that of the Vicar of Haringworth and his volunteer colleagues, but we can assure them that H. R. H. had no medicine whatever other than that prescribed by his medical attendants; and that they were in no way influenced in their choice of remedies by any suggestions from outsiders, whether of the medical or any other profession.

AN EXTRAORDINARY CASE OF FEIGNED DISEASE.

THE *Lancet* of the 17th ult. contains a most graphic account of the ability with which an accomplished impostor succeeded in imposing upon the physicians and surgeons of eleven different hospitals, by feigning hemiplegia, tetanus, and other diseases, one would have thought impossible of such well-sustained imitation. He is described as a "well-educated, clever, intelligent man, with some knowledge of Greek and Latin, as well as of modern languages." He has usually represented himself as a medical man, and has in consequence secured more than the usual share of care and attention in the hospitals into which he has obtained admission. The *Lancet* says:—

"The case has always excited the greatest interest both in professors and students; and the notes (of which we have perused some dozens of pages) have always been taken with that care and voluminousness which the rarity of the case demanded. On one occasion he formed the subject of a short clinical lecture on "Arachnoid Hæmorrhage;" and more than once he has been attended all night by a diligent student, who carefully recorded all the attacks of spasm, &c. The variety of treatment to which he has been subjected is remarkable. Opium and morphia have been put into his stomach, up his rectum, and beneath his skin. Calabar bean, belladonna, bromide of potassium, iodide of potassium, chloroform, and the hydrate of chloral have all been administered in enormous quantities. Ice-bags have been applied to the spine and head, and in two hospitals the ether spray was made use of to cool his back. This seemed to check his spasms very effectually; so we may conclude that the process was painful. On one occasion the ether caught fire, and his back was consequently slightly singed. The accident was followed by a marked improvement.

"After about a fortnight the anomaly of his symptoms began usually to excite suspicion in some of those about him, and as soon as anyone within ear-shot made use of the word 'sham,' our friend decamped, usually with much bluster, declaring he had been egregiously maltreated and disgracefully insulted. In one instance he had the impudence and audacity to bring a charge before the weekly board of the hospital to the effect that one of the physicians had accused him of shamming, and he actually appeared in person and argued his case. His symptoms were usually those of hemiplegia, with great rigidity of the paralysed muscles, and tetanic spasms of the opposite side. On one occasion he presented all the appearances of true traumatic tetanus, and the surgeon under whose care he was at this time said he could hardly discover a flaw anywhere in his imitation. During one of his series of simulations a very large and painful

carbuncle formed on the back of his neck, and his life was really endangered, his pulse being 150. He was evidently alarmed at his condition, and his strength was much reduced; and *yet he never forgot his opisthotonos*, but pertinaciously ground his carbuncle against his pillow. On looking back at the case, there are to be found several symptoms which were noted as anomalous at the time, and which, had the patient been a claimant for damages in a railway case, would undoubtedly have led to his detection. His simulations, however, on the whole, were, as will have been gathered, truly marvellous. At one time his temperature was 102° F., and it was not till after he had left the hospital that it was discovered that he had held the bulb of the thermometer close to the flame of the candle, and had thus succeeded in inducing the mercury to register a high degree of fever.

"It is most remarkable to observe, as we have done in tracing out his history, how he gradually perfected himself in his lesson. At one hospital it was remarked that his tongue was not paralysed quite as would be expected from the other symptoms; and after that he could seldom be induced to protrude it, or, at the most, was only able just to show the tip of it. Another time the observation was made, that although there was a history of a fall on the head, there was yet no sign of any injury, past or present, to be detected, and we accordingly find that when he next performs his part there is a scar upon the scalp. Again it was observed at one hospital that, notwithstanding the tetanic convulsions of his limbs, his abdominal muscles were lax. This lesson was not lost, and when he next has tetanus his abdominal muscles are 'as hard as boards.' At one hospital he made proposals of marriage to a nurse, and in this way he enlisted her on his side, got her to supply him with money, and managed to avoid taking medicine. He generally was provided with a private ward, and his condition being usually one that required 'keeping up,' his supply of stimulants was liberal."

The resident medical officer of one hospital, where he was placed in a private ward, stated that the gradual onset of his symptoms from slight at first to the most grave in the end, was admirably assumed, and was so like the book description of "ingravescent apoplexy," that the idea of imposture seemed really absurd. Before leaving he managed to negotiate the loan of a sovereign from this gentlemen!

On another occasion he was admitted into a London Hospital for ordinary hemiplegia. While here

"He had a private ward, and so ingratiated himself with the medical officers and the resident students, that he was in the habit of addressing the former familiarly by their surnames

without any prefix, and usually managed to have a snug whist-party of an evening. While here a carbuncle formed on the back of his neck, and no sooner had this formed than tetanic symptoms began to show themselves. The interest taken in him redoubled, and the notes in the case-book are most exact and careful. The ophthalmoscopic examination of the optic discs failed, however, to throw much light upon this extraordinary case. His carbuncle, which was very large, was opened by two cross incisions of considerable length and depth, and it is right to add that on this occasion no chloroform was used. The pain was borne heroically by this unfortunate 'professional brother;' but, sad to relate, the operation was followed by a considerable exacerbation of the symptoms, and all feared that the end was not far off, and, in point of fact, he was at this time really seriously ill. The help of the chaplain was called in, and the unfortunate patient viewed his approaching end with calmness and true Christian fortitude."

At this time, with the chaplain's assistance, he made his will! He bequeathed legacies to the Hospital and to the physician's assistant who had charge of him.

"In return for so much consideration, the hospital authorities naturally looked after his comforts. Any amount of the best wine and brandy was allowed him, and a special messenger was despatched to Birch's, of Cornhill, to procure soup, which, we are informed, was not *real* turtle, but, as was highly appropriate, the very best *mock* that money could procure. How long he might have carried on this imposture it is impossible to say, but, unfortunately, one of his previous dupes, happening to visit the hospital, exposed him. He was accused of being an impostor; whereupon he waxed wrath, and at once, in a fit of indignation, left the hospital, slightly 'dragging' the leg of the paralysed side."

The last report given of this hero is as follows:—

"The note-book says: 'Previous to the appearance of the carbuncle he had enjoyed excellent health. This afternoon, whilst riding in an omnibus, he was suddenly seized with a violent spasm, having throughout the day felt considerable irritation in the seat of the incision, and just previous to the attack a tingling sensation down the spinal column.' From that day to the 19th of January he had an attack of tetanus, complete in every particular. Every spasm was noted; and it is certain that the amount of sleep which he got during the time was incredibly small. A student sat up with him almost every night, and the slightest changes were taken note of and recorded. We are told that it was really beautiful to watch the effects of remedies in relieving the poor patient's agonies. On the 19th he

left the hospital in a fit of indignation, because he heard a nurse say she thought he was shamming. During his fourteen days' sojourn here he consumed 234 ounces of whisky or brandy; and in the first four days he had eighteen hypodermic injections of morphia, containing one-third of a grain each."

DIPSOMANIA.

THE question of treating confirmed drunkards as insane, as men in whom the tendency to drink alcohol in one form or other to excess has ceased to be a vice and become a disease, men whose power of control over their will has, so far as alcohol is concerned, gone—has frequently been entertained in this country. In America it has not only been entertained, but acted upon.

Dr. Dalrymple, M.P. for Bath, who introduced a bill bearing on this question into the House of Commons last session, has, during the vacation, visited the United States, and has there gathered a considerable amount of information on the treatment of drunkards, which it is hoped will enable him to proceed during the present session to some practical issue.

The following very interesting account of the New York State Asylum for Drunkards is taken from the *Albany Evening Times*, of Dec. 8, 1871, for which we are indebted to Dr. PAINE, of Albany:—

The state asylum for inebriates is situated on one of the smaller hills just east of Binghampton. The natural scenery of the neighbourhood is beautiful; to the east stretch a succession of hills, many of them wooded, relieved by the Susquehanna river and valley, while on the west the view extends over the city of Binghampton and along the valley to the hills around Oswego, twenty-five miles distant.

The building is of gray limestone, in the castellated gothic style. The southern division only is finished, though the northern division only requires to be internally fitted and furnished.

The interior arrangements are excellent, and would be complete but for the fire in March, 1870, which destroyed twenty-five bedrooms, the dining-room, billiard-room, bowling alley, and the gymnasium. The dining-room has been temporarily rebuilt, and the billiard tables have been put in the basement of the main building. To rebuild the other room, which Dr. Dodge, who is in charge of the asylum, thinks is very necessary, as the patients require more exercise in winter, would require an appropriation of 100,000 dollars from the legislature, and 100,000 dollars more to finish the northern division. There are three stories above the basement; a large hall runs through the building on each floor. On the first story, the parlours surround the hall; above are the club-rooms and the theatre, where

the patients give some excellent dramatic performances, and deliver lectures and addresses; and above is a chapel, in which services are said every morning and evening by Rev. Samuel W. Bush, chaplain and registrar of the building. There are 100 sleeping apartments, and when the building is finished there will be about 75 more. All are plainly and neatly furnished with a wardrobe, two chairs, two tables, a looking glass, hot and cold water and gas. Many of the inmates have furniture of their own, and nearly all have adorned their rooms with home-made picture frames and brackets.

The number of patients is eighty-five, who are divided into three classes—those who voluntarily seek admission, those who are sent by their friends, and those who are committed by the law. About 20 per cent. are free boarders, including of course the committed patients; the others pay from five to twenty dollars a week, as the circumstances of themselves or their friends permit. The principal rules are those which forbid the use of spirituous liquors, leaving the grounds of the asylum (four hundred acres) without the permission of the superintendent, and presence at the services in the chapel. The appearance of the patients, excepting some of the new comers, the arrangement of the building, and the liberty allowed, are such that the asylum very much resembles an hotel.

Many of the patients are men of high literary attainments, and it is but seldom that clergymen, lawyers, authors and editors cannot be found among them. They have established the Ollapod Club, a half social, half literary organisation, which has the nucleus of a library, receives many of the journals and periodicals, and has some excellent engravings and curiosities. The club promotes much good feeling, and is acknowledged by Dr. Dodge to be of much assistance to him.

The term of residence in the institution varies from three, six, nine, up to twelve months, according to the needs of the patient. Sometimes a permanent cure is effected in three months, but six months is the general period recommended, and in the case of an elderly man, where the disease is of long standing, a year or more is advisable. The permanent cures are about 60 per cent. It is not claimed by those who conduct the institution that they can cure a man so that a relapse is impossible; all they can do is to restore the patient to the mental and physical condition in which he was before he first fell a victim to stimulants. No treatment can eradicate the tendency to drink. Many a man who has left the asylum strong in the conviction that he is possessed of sufficient strength to drink in moderation, has found himself under treatment for inebriety in less than three months.

The only safety for reformed drunkards is total abstinence.

Bromide of potassium is extensively used, and many of the patients, who have relapsed, learn to use it to aid them in recovering from the effects of their debauchery. A singular fact connected with drunkards is the periodical craving for drink, in some cases once a week, in others once a fortnight, and in others again, once in three weeks or a month. One of the good effects of the reformatory is in enabling the patients to go over these times without a spree, and thus weaken the temptation at each periodical recurrence.

The asylum is now self-sustaining, and it is thought that in balancing the books in January, a small surplus will be shown.

THE NEW YORK OPHTHALMIC HOSPITAL.

SEVEN years ago the trustees of this institution appointed homœopathic practitioners as members of the medical and surgical staff, in the place of the allopathic surgeons previously constituting it. In their Twentieth Annual Report the Board of Directors state that

“The number of patients under medical care during the year was 1505; and if we had any doubts in the beginning concerning the efficacy of the homœopathic system, adopted by us, they have been dispelled. We have been successful in treating the most obstinate forms of ophthalmic disease in patients who have come to us from different parts of the city and State. Many of them were chronic cases, having sought us as a last resort, and with the most satisfactory results.”

From the Report of the Medical Officers we learn that

“The Surgeons have had assurances from patients and physicians of an increasing confidence in the system of treatment here adopted. Nearly all the patients have been greatly benefited, and many severe and dangerous forms of disease have been happily cured. Especially has this been the case in acute diseases, in which, for the most part, we have been enabled to prevent chronic and obstinate sequelæ. The success in chronic diseases, such for example as granulated lids, has satisfactorily demonstrated the value of our method, and many patients, who had become so blind that they had to be led to the Hospital, have completely recovered their vision, *without the use of caustic applications*, which had been applied at other institutions, for months previously, without any beneficial result.

“The ear clinic has rapidly increased during the year (181 cases have been treated; in the preceding years, 154, 92, and 67 cases respectively, showing an average increase of about 40 per cent.). Most of the cases are of chronic type, and had been previously treated elsewhere. In every instance of acute disease

a favourable result has been attained ; at the same time most of the chronic cases have been benefited by the use of the appropriate remedy, supplemented by the methods of instrumental treatment in use at the present day, and have passed from a hopeless deafness to a comparatively good degree of hearing power.

“ As regards operations, we are glad to be able to record a smaller number, in proportion to the number of patients, than other institutions.

“ Our statistics give us good grounds for believing that proper medical treatment may lessen the demand for the knife, and we feel quite justified in attributing the favourable results obtained from operations, to the fact, that serious inflammatory action has been prevented by the application of our system of therapeutics.

“ The clinical lectures have been largely attended, and besides students, there are at this time a number of physicians from different parts of the country endeavouring to perfect themselves in the special therapeutics and practice of ophthalmic and aural surgery.”

THE LONDON HOMŒOPATHIC HOSPITAL.

WE understand that the vacancy which Dr. MADDEN'S resignation in consequence of his much deplored illness has created among the members of the medical staff attending the in-patients of this Institution will shortly be filled up. The only candidates we have so far heard of are Dr. RYAN and Dr. W. MORGAN.

Dr. RYAN, of West Street, Finsbury Circus, is well known to our readers as the senior Editor of this *Review*. For nearly eight years he conducted it single handed, amid the heavy work of an extensive practice, and with but comparatively small support from his medical brethren. At an early period of his career he was the Editor of the *Medical Times*, and a lecturer on *Materia Medica* at the Charlotte Street School of Medicine. Dr. Ryan was for several years well known in connection with the Polytechnic Institution, where he lectured on chemistry. He was also a professor of chemistry at the Royal Naval College, Portsmouth. Among the successful scientific chemists of the day he can point to several who were his pupils.

Dr. RYAN is a graduate in medicine of the University of Edinburgh, and has also been honoured by this University with the degree of LL.D.

Dr. MORGAN, of Islington, is a graduate of the University of St. Andrews, and a member of the Royal College of Surgeons of England. He is the author of a popular treatise, entitled, *The Homœopathic Treatment of Indigestion, Constipation, Hemorrhoids, Diseases of the Liver, Hypochondriasis, &c. &c.*, with an

Appendix describing the virtues of a few mineral springs and a good many Hungarian wines. Besides this, his *magnum opus*, he has written several papers in the *British Journal of Homœopathy* and the *Annals of the British Homœopathic Society*.

The election will, we believe, take place towards the end of this month or early in April.

LONDON HOMŒOPATHIC HOSPITAL DINNER.

ON Tuesday, the 23rd of April, a public dinner will be held in aid of the funds of this institution, when the Right Honourable the Viscount BURY, M.P., will preside.

That our hospital is thoroughly deserving of support from all who desire to make the advantages of homœopathy known and felt among "the poor and those who have no helper," we are well assured.

Repeated examination of its arrangements, and the knowledge we have of the zeal and energy displayed in the working of its several departments, have convinced us that it is a duty to do all in our power to aid those who devote themselves to carrying out the purposes of its establishment.

We trust therefore that all who feel an interest in homœopathy will rally round the noble Chairman on the 23rd of April, and assist in the further development, and in promoting the increased usefulness of this very valuable charity.

IS INSANITY ON THE INCREASE?

IN a very interesting paper on this question recently read by Dr. Maudsley before the Medico-Psychological Association, and subsequently published in the *British Medical Journal*, after a careful analysis of the facts bearing upon it the following conclusions are arrived at:—

1. There is no satisfactory evidence of an increase in the proportion of occurring cases of insanity to the population, and no evidence therefore of an increased liability to insanity.

2. It is not necessary to assume such an increase in order to account for the undoubted great increase in the number of registered insane persons.

3. The difference between one insane person in 802 of the population in 1844, and one in 400 in 1870 is mainly, if not entirely, owing to the fact that in the former year the returns included only half the existing insane persons in the country, while in the latter year nearly all of them have been registered.

4. Some part of the difference is owing to the fact, that certain patients are registered as lunatics now, who would never have been thought so in times past.

5. A lower rate of mortality, and a lower per centage of re-

coveries may account for a part of the increase in the total amount of insanity.

6. The proportion of admissions to the population which represents approximately the occurring cases of insanity does not, when the necessary allowances are made, yield evidence of any serious increase.

PRESENTATION OF A TESTIMONIAL TO
H. B. KYNGDON, ESQ.,
ON HIS LEAVING EXETER.

GRATITUDE is always delightful, and therefore on hearing of a handsome present having been made to Mr. KYNGDON on the occasion of his leaving Exeter to reside and practise in Croydon, we could not help thinking that Exeter must be a charming town to have lived and practised in. There are places where the difficulty seems to be to meet with common justice, to get one's dues in time to meet the inexorable demands of the butcher and baker, where the idea of an unsolicited acknowledgment such as a present being made is Utopian in the extreme. However, the good folks of Exeter have proved that they at any rate can appreciate both homœopathy and a worthy representative of it.

Mr. Kyngdon has stood firmly to his post for two and twenty years, treating allopathic taunts with a courtesy that even charmed the members of the opposition into silence, if not into submission. His patients, desirous of expressing, in a tangible manner, their sense of his kindness and sympathy with them during their hours of suffering, and of his success in ministering to their relief, have, through a committee consisting of the Hon. and Rev. H. H. COURTENAY, the Rev. Prebendary BARNES, A. KIRBY, Esq., and Mr. GILBERT, presented him with two large and four small silver epergnes. The designs are exceedingly elegant. One of the larger epergnes consists of a palm tree with a giraffe at the base; the other, a palm tree with a stag at the base, in frosted silver; the leaves of each palm tree supporting a beautifully cut and engraved glass for flowers or fruit. Each epergne stands on a plateau of silvered glass, with a handsomely chased and engraved silver border. The four smaller epergnes are classical in design. Each supports an engraved glass dish for fruit. The following words are engraved on the plateau of one of the former:—

“*Presented*

“*December, 1871, to*

“BOUGHTON KYNGDON, Esq.,

“As a slight mark of esteem and regard from several of his friends upon his leaving Exeter; also to convey their regrets at

thus losing his high talents and valuable medical services after 22 years successfully devoted to their advantage."

These same silver epergnes were to have been presented at a Public Meeting, but Mr. Kyngdon, hearing of this proposed honour, shrank from the publicity, and the testimonial was sent to him in a private quiet fashion, much to his peace of mind.

It must, we are sure, have been peculiarly gratifying to Mr. Kyngdon to have learned—as we are informed he has done—that the poor attending the Dispensary in Exeter, to which he has for so many years been attached, requested to be allowed to add their mites towards the subscription which has purchased this very handsome testimonial.

We congratulate Mr. Kyngdon on having received so marked a token of the esteem and regard of those by whom he has been so well and so long known, and we trust that in his new sphere of practice he may be equally successful in securing the good will of those amongst whom he resides. We may also congratulate Dr. WOODGATES on having gone to live among people who have shown themselves so ready to appreciate kindness, attention, and skill.

OBITUARY.

FRANCIS WARR, ESQ., M.R.C.S. Eng.

AFTER a long and painful illness, embittered by the *res augusta domi*, but soothed by the kindness and sympathy of a few friends—foremost amongst whom we cannot forbear to mention our colleague Dr. DRURY—the subject of this notice passed away, a few weeks ago, surrounded by the comforts and attended with the careful nursing for which the ROYAL HOSPITAL FOR INCURABLES has a well earned reputation.

Mr. WARR received his early education in one of the public schools in the metropolis. From thence he entered the establishment of Mr. James Epps, the homœopathic chemist in Great Russell Street. On the termination of his employment with Mr. Epps, he commenced business for himself in Islington. There he succeeded well; when his anxiety to enter the medical profession induced him to study at one of the London Hospitals. Having completed his period of study, and obtained the diploma of the College of Surgeons, he gave up his pharmacy, and went to Southsea to practise. After some short time symptoms of spinal disease set in, gradually increased, and finally completely incapacitated him for all professional duty. In this condition he has been for several years, and after considerable efforts his friends succeeded in procuring his admission into the Royal Hospital for Incurables, where his last days were spent with much comfort to himself.

At the time of his death he was 43 years of age.

CORRESPONDENCE.

DR. ALLEN'S QUERIES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the Feb. number of your *Review* Dr. Allen asks three questions—(1). Do Fincke's high potencies cure? (2). Does *merc. sol.* 30 cure syphilis? (3). Does *sulph.* 30 cure the itch?—all of which he answers in the negative. Our colleague must have been singularly unfortunate if he is speaking from his own experience, for it assuredly does not agree with that of very many others. My own experience has been this:—(1). Fincke's high potencies do cure most rapidly and completely, even in cases where lower dilutions of the same remedy had been used without result; I have published several of these cases in the *American Journal of Homœopathic Materia Medica*, and if you are willing, I will give a series of cases cured exclusively with Fincke's high potencies in the pages of the *Review*. (2). I do not remember that I have used *merc. sol.* 30 at all, but I have cured both primary and secondary syphilis with high potencies (200th and upwards) of *mercurius* and other remedies which happened to be homœopathic to the individual cases. (3). I have never treated a case which I could *with certainty* diagnose as scabies,—*i. e.*, in which the acarus could be found,—but high potencies of *sulph.* and other medicines have cured itch-like eruptions in my practice.

Dr. Allen says that, when he used the 30th dilution, he "did not find that the most carefully chosen medicine was to be relied on in cases that required serious treatment." I have no doubt that our colleague selected these remedies as carefully as possible, but permit me to ask what Repertories he used? There is no *complete* Repertory in the English language which is sufficiently comprehensive to be reliable, and even the French Repertories which I have seen are imperfect. In fact, it is utterly impossible for a man to practise homœopathy, as *Hahnemann practised it*, unless he knows at least enough of the German language to use Benninghausen's Repertories.

This leads me to another point. In the next paper to Dr. Allen's, my friend Dr. Drury says, "In bed-side practice the Repertory is I fancy very rarely used: and there is this to be said against employing it at such a time, that the confidence of a patient is readily shaken by seeing it referred to, &c." I greatly regret that Dr. Drury should have made such a remark, as it will still further tend to dissuade the beginner from doing his duty in this matter. The young practitioner is naturally anxious to secure the confidence of his patients, and so fears to do anything which might lead them to consider him incompetent. Hence he has a strong temptation not to refer to a book in their presence. This is the turning point in his professional

career; if he resists the temptation, he acquires courage and self-reliance; but if he gives way, he falls a victim to his own moral cowardice, and each succeeding step in this direction, makes it more and more difficult to retrace his path. I had this fear myself, when I commenced practice, but I reflected that even if I lost the confidence of a patient through consulting a repertory, I should have at any rate the satisfaction of having *done my duty*; and on the other hand, if I did not do so through moral cowardice, I shall very likely lose his confidence by my want of success without having any agreeable reflections to counterbalance it. I can assure my colleagues that I *have never once* found a patient complain of my referring to a repertory in his presence; on the contrary, I have more than once heard them express their gratification at seeing me take so much more pains with their case than any other medical man had done; and I have by this careful study been able to cure cases which had resisted the treatment of other physicians who did not adopt this plan.

Without a constant reference to the Repertory and *Materia Medica*, our system becomes vague and uncertain; *with* such study it approaches the certainty of a mathematical problem.

I am, Gentlemen, your obedient servant,

E. W. BERRIDGE.

254, St. Paul's Road, Canonbury, London,
Feb. 5th, 1872.

THE PRINCE'S ILLNESS.

"WHAT WAS THE REMEDY?"

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In answer to the above question, heading a fly-sheet, which I fear has been circulated to some extent, will you allow me to state, authoritatively, that *of about 500 remedies urged on the physicians in attendance on the Prince of Wales, as infallible cures, not one was employed, and that baptisia tinctoria was not administered to the Prince.*

The source from which I am enabled to give this positive assurance is one whence no error is possible.

In conclusion, I cannot forbear an expression of regret that the writer of this fly-sheet and some other homœopaths, whose zeal outran their discretion, were among the 500 who charged down upon the physicians to the Prince, with their infallible cures.

When the French general saw the charge of the 600 at Balaclava he exclaimed, "C'est magnifique mais ce n'est pas la guerre." So would I say to the 500 as to their charge upon Sandringham, "It was nobly emotional but it was not 'medicine.'"

As Mrs. Brown says to Mrs. Trimley, "Quiet's the best thing

for 'im, and not for parties to be a interferin' and botherin' them doctors with their advice, as I considers a great liberty with any one, let alone a prince,"—"a-showin' a kind 'art, but in my opinion a weak 'ead."

Yours, &c.,

58, Brook Street, W.

WILLIAM BAYES.

P.S. Since writing the above, I have been pleased to hear from the author that he has withdrawn the fly-sheet from further circulation.—W. B.

[The information Dr. Bayes has kindly forwarded to us entirely coincides with all we have heard on the same subject.—Eds. M. H. R.]

NOTICES TO CORRESPONDENTS.

* * * We cannot undertake to return rejected MSS.

Communications have been received from Drs. BAYES and ROTH, and Mr. TRUEMAN, London; Drs. BLAKE and CRAIG, Birmingham; Dr. C. ALLEN, Paris; Dr. ANDERSON, Ventnor; Dr. SHULDHAM and Mr. KYNGDON, Croydon; Dr. DYCK BROWN, Aberdeen; Mr. CLIFTON, Northampton; Dr. SHARP, Rugby; Dr. NEWTON, Cambridge; Mr. NANKIVELL, York; Rev. H. M. BLAYDES, Harringworth; Dr. PAINE, Albany, N.Y.; Dr. McCLATCHEY, Philadelphia.

BOOKS AND PERIODICALS RECEIVED.

The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British and American Homœopathic Serial Literature; with a List of Foreign Physicians in Homœopathic Practice. London: Turner & Co. 1872.

[We received the above work too late to allow of our noticing it in this number of the *Review*. We will merely state here that *The Directory* is much increased in size, and from the cursory glance we have given to it, rendered more valuable than ever.]

On Intermittent Fever and other Malarious Diseases. By J. S. P. LORD, M.D. Boericke & Tafel. 1871.

On Hahnemann's Merits, Errors, and Critics: Old Tales Retold. By Dr. ROTH. London: Turner & Co. 1871.

The Homœopathic World, February 1872. Jarrold & Son.

Report of the Brighton Dispensary, 1872.

The Chemist and Druggist, February 1872.

The Calcutta Journal of Medicine, October 1871.

The Hahnemannian Monthly. Philadelphia, February 1872.

The Am. Jour. of Hom. Mat. Med. Philadelphia, January 1872.

Report of the Ophthalmic Hospital, New York.

Bulletin de la Soc. Méd. Hom. de France. Paris, February 1872.

Allgemeine Homœopathische Zeitung. Leipsic, February 1872.

La Reforma Médica. Madrid, January 1872.

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.

CLIMATOLOGY.

IN some cases of chronic disease, when both patient and practitioner are getting heartily tired of each other, how natural is it to think of the advantages of change of air. The patient has been long-suffering and liberal, the practitioner has been attentive and persevering, yet very little progress seems to have been made: the old pain in the side is still there; the headache will persistently come back, like duns or poor relations, just on the most awkward occasions possible. *Bryonia* has been called in, but to little purpose; *nux vomica* has been looked to for assistance, but *nux vomica* does not choose to give it. *Belladonna*, which had never been known to disoblige in former similar affections, positively refuses to work on this occasion. Patient, therefore, and practitioner are becoming mutually insufferable. A happy thought strikes the patient, "I will change my doctor." A happy thought also strikes the practitioner, "I will try change of air." The result of these happy thoughts on both sides is that there is an interchange of them at the next visit, and that the doctor orders change of air for his patient. But here is the difficulty: the doctor has travelled very little, the patient a great deal; in fact, almost too much; for what with having spent a winter in Rome, a summer in Switzerland, a spring at Venice, an autumn in the

Highlands, having drunk the sulphur waters of Harrogate, the iron bubbleings of Schwalbach, the alkaline mixtures of Vichy, and the *tempting* chalybeates of Cheltenham, our patient is somewhat hazy as to the possible or probable effects of another course of Rome, Switzerland, Venice, Scotland, alternated with another course of sulphur, iron, and alkalies, to give the system "a complete change" or "a powerful fillip." The consequence of this want of knowledge on the part of the medical attendant, and this want of judgment on the part of the patient, is that Vichy is chosen when it ought to have been Schwalbach, and that liver and kidneys are acted on, whilst the patient is suffering the whole time from anemia.

This leads us naturally enough to the great importance of the study of climatology—a study, indeed, hitherto almost entirely pursued by purely scientific men, and not by men of a practical turn of thought. Here lies the grand mistake; for though the investigation of all those laws that govern the various states of the atmosphere is a subject that requires the deepest thought and the most penetrating intelligence, yet surely the practical mind can at least go so far as to learn the first principles of these laws, and make observations for its own work-day use of the same. We may not all of us have the acute scientific perception of an Arago, or the leisure to foster and mature scientific ideas; but nevertheless we may all of us find time to learn some of Arago's teaching, and occasionally to apply this knowledge to practical purposes. With scientific data to rest on, we shall not work in utter Egyptian darkness, when delicate questions of climatology are involved; for even with a slight amount of knowledge, serious errors can be avoided, that must simply be inevitable for those who are without knowledge.

It is both satisfactory and interesting to see that there has been an awakening going on, within the last few years, as to the importance of these studies, and it is a matter of just pride to think that the editors of the *Homœopathic*

Directory have, during the last six years, paid attention to this subject; thereby, indeed, becoming pioneers in this hitherto unexplored region—this *terra incognita* to nine-tenths of the vast medical world. We know not of any other public directory that gives more than the bare outline of population and death-rate; even the gazetteers trench but slightly on the atmospheric or geological conditions of the large towns of Great Britain. Surely a few items as to the peculiar climate of Clifton would be as interesting as to learn that this town is rich in the possession of a money-order office, as we find on referring to Beeton's smaller *British Gazetteer*. We certainly do learn from the same source that Clifton stands "on the summit of a limestone rock, separated from another by the river Avon;" furthermore, that "it has hot baths, which contain an unusual quantity of carbonic acid gas with salts of magnesia;" but as to the dryness or moisture of the atmosphere, as to the winds that blow with greatest frequency, as to the dryness of the soil, as to the purity of the water, we are left in blissful ignorance. Some will be inclined to think that these climatological items are superfluous, and only to be thought of as articles of luxury and not of necessity; that gazetteers were only published for the use of business men, and that P.O.O. are more important letters than those eloquent N.s by N.E. and W.s by S.W. that speak of frost and snow to one man and gales with rain to another. And yet surely business men are mortal also, and suffer from bronchitis, asthma, pneumonia, and laryngitis, like unto their neighbours; and their families are not absolutely impregnable to the assaults of "rude Boreas," Auster, or any other wind with a classical name and a most uncultured habit of finding out the weak points of our poor anatomies. How different is the description given of Bournemouth in the *Homœopathic Directory* for this year. It is so pithy and so much to the point, that we cannot do better than quote it in its simple completeness.

“This town possesses a dry and warm winter climate, the mean temperature of that season being over 43°.” Mark that “mean temperature.” The gazetteers don’t stoop to any temperature at all, much less to working a neat little sum of averages. We proceed with the fact that Bournemouth is “situated on the southern coast of Hampshire, on a dry and porous soil, and completely sheltered from north and east winds by hills and fine woods, and so it offers great advantages to invalids. There is a remarkable freedom from damp and moisture, the mean annual fall of rain being only 27.14 inches, and the per centage of fine days rising nearly to 70. It is chiefly resorted to by persons suffering from chronic bronchitis, pulmonary debility, and consumption. It is also peculiarly fitted for those who have been long accustomed to warmer and drier climates than England usually affords, and to children predisposed to tubercular affections. The beach is of raised sand, and the bathing excellent and very safe. There is a complete choice of climate, from the breezy bracing downs to the sheltered houses built in the fir woods on the eastern slope of the valley. Extensive heaths and fir woods surround the town for many miles; the cliffs are broken by deep and picturesque chines; and the neighbourhood of Poole harbour affords opportunity for yachting” (but we regret to say Poole harbour affords very slight opportunities for homeopathic practice). “The ‘National Sanatorium for Chest Diseases’ has been placed here.”

Now we must give great credit to the author of this paragraph, for like Horace’s gentleman in the *Satires*, we believe, it is *totus, teres atque rotundus*. We only wish that each medical practitioner whose name is in our *Directory* would be good enough to volunteer the same kind of information, and condense it in a similar manner, adding any little item of knowledge or scrap of observation that may have been acquired by long residence in the town of his choice for practice; we should thus year

by year be building up materials for a serviceable work on climatology, and we should help each other very decidedly in the matter of choosing a fresh air and fresh soil for our various patients, whose condition required change of scene rather than change of doctor. And after all, as Goethe says in the *Jahrmarkt von Plundersweilen*—

“The patient is nought but tinder and stuff,
On whom a fresh doctor works wonders enough.”

So that with the double change, we should of a surety give the patient a chance of reaping a double benefit. Let us then gird up our loins in this matter; let us look to the weather-glass and the weathercock; try the various temperatures out of doors by night and by day; dig about our gardens to test the character of the soil, noting any peculiarities as to its dryness or humidity. Let us notice the effects produced upon our patients by certain winds, and then try to discover the amount of electricity in the atmosphere during the prevalence of these winds. Let us mark in the almanac with a red cross the fine sunny days of the year, and let us note in our case-books the various influences that sunshine may have exercised on the temperaments of our patients; and also note whether epidemics prevail less in clear sunny weather, or whether their violence is uninfluenced by sunshine. We are all of us meteorologists in our way; without consulting the barometer, and without writing down or classifying our observations, most of us can quote—

“Sunset red and morning grey
Are sure signs of a fair day.”

To say nothing of the provoking opposite of this proverb, but few of us could give a moderately scientific reason for this meteorological fact.

Furthermore, we know of no climate so variable as that of Great Britain, and where observations on the condition of the atmosphere would be so interesting and so valuable; so interesting to the observer for the fit comparison of his

own notes with continental observers ; and so valuable to the whole community at large, either healthy or sick.

Let us now take the following axioms as furnished by M. Cotte, and consider whether any practical deduction can be made from the same. The first, that "the extreme degrees of heat are almost everywhere the same; this however, is not the case in regard to the extreme degrees of cold." The second, that "the thermometer rises to its extreme height oftener in the temperate zones than in the torrid zone," will tell us at once that, living as we do in the temperate zones, we should be doubly careful of ourselves during the prevalence of excessively hot weather; and not think slightly of the ill effects of an English sun above our heads, simply because it puts forth its strength at intervals. The head, therefore, and the back of the neck require as careful a protection in London during the dog days, as in Calcutta during the period of the hot winds, though they may be the head and neck of an Englishman, instead of a Bengali. Again, that the thermometer "does not fall so much in the neighbourhood of the sea as in inland parts," explains to us the reason why Scarborough, though lying on an east coast, is four degrees warmer than London during the early winter months. And again, when we learn that moisture affects the thermometer rather than wind, we should be right in choosing a locality where the air is dry, though keen, rather than one where there is an excess of rain-fall, for rheumatic or gouty patients, and in cases of atonic dyspepsia. "The thermometer changes more in summer than in winter," is a fact pregnant with meaning; and shows us the fallacy of supposing that in summer we can wear anything, however light; and in winter put on everything, however heavy. This fact is also highly suggestive of flannel; a substance that we have all along contended was of more real value in July than in December. "The coldest period of the day is before sunrise," conveys another warning, namely, that we should be most careful of our aged and

our sick at this particular time—a time indeed, singularly enough, when the bed-room fire has burnt out, and the nurse's watchfulness has expired also. In our fever cases how often have we noticed that a turn for the worse has taken place before sunrise; in bronchitis of the aged how often has the patient passed away in the early morning; in the various diseases of children, how often has the dawn ushered in the wail of a heart-broken mother, whilst daylight faintly illumines the pale face of the watcher, and the marble features of the dead; light that rather mocks us with its presence, than consoles; that appears to come almost with the grating sound of a curse, than the whisper of a benediction; that seems in malice to reveal the sad picture that darkness would kindly have shrouded.

With regard to the effects of temperature in inducing or averting disease, we note that such diseases as bronchitis and pneumonia diminish as the temperature of the year advances; that, on the contrary, diarrhœa is aggravated by heat; and that apoplexy less frequently occurs in the summer than the winter months; and that epileptic seizures, paralytic strokes, and sudden deaths generally, are often registered during the prevalence of hail and snow storms, with the accompaniment of high winds; the cause simply being due to the fact that warmth favours the superficial circulation, and the inhalation of warm air soothes the mucous surfaces of the air tubes; whilst cold, by driving the blood to the internal organs, produces congestions, that lead to apoplexy in weakened brains, and to fatal syncope in weakened hearts. We have been asked many a time by patients, whose brains suffer from congestion, and whose hearts are weak, whether they might take a drive in the open air on clear, cold, frosty winter days, and we have invariably advised them to keep in warmth and comfort by their own firesides; we believe that such advice has lessened the risk of an epileptic seizure, or a fainting attack, that ends with

sudden death. There is a wide-spread idea that extreme cold is a healthy tonic for everybody; but we must beg for an exception to be made in favour of the very old and the very young, inasmuch as in both cases the vital powers are weak, and extreme cold being a great depressant, both old and young must inevitably suffer from its effects, unless properly cared for. Warmer clothing and warmth-producing food should therefore be the fitting antidotes to cold, together with the judicious, rather than the unlimited, use of exercise in the open air. How often have we seen delicate children crawling after some snail of a nurse, in cold winter weather, with a north wind blowing, the children with blue lips that indicate feeble circulation, with bare red shivering legs, standing satires we might call them, on the good sense of their parents, the nurse with the physique of Thomas Castro (late Tichborne claimant), and the constitution of a cart horse, calmly *insouciant*e of her shivering charge. We have seen this family picture "many a time and oft"; and if we have by chance been family attendant to these freezing olive branches, we have not with surprise received a summons to attend one of them for an attack of bronchitis or pneumonia.

There is one feature connected with the health of towns which has been insufficiently considered, and this is the quality of the water brought from long distances, and the various influences it may exercise on those who use it; for both atmospheric and geological conditions may be well adapted to the health and requirements of a patient, and yet the water may be a discordant element, from the fact of its having come from a hillside whose geological formation differed from that of the town to which the water itself was brought. Granted, undoubtedly, that the pipes which convey the water protect it from terrestrial influence, but yet the climatological conditions of the town supplied are not those of the hill-side supplying, and therefore there is a want of harmony in the various ele-

ments of water, air, and soil. To live in sandstone, and to be supplied with water that rises from a chalk soil, is somewhat of an anomaly, and so subtle are these changes that, slowly developing, give rise to either the bodily condition called health, or the other bodily condition called disease, that we should never lose sight of or exclude any possible causes for disturbance of its balance, however trivial they may at first appear. How comes it that one asthmatic can breathe freely in the fog and smoke of London, and gasps for his very life on the breezy downs of Yorkshire? whilst another can only live in the pure country air, and is seemingly at the point of death within hearing of the bells of Westminster? Subtle causes are at work, with which at present we are but imperfectly acquainted, but which will, after years of careful enquiry, present themselves as the fixed laws of what might be termed physiological climatology. Let us in the meanwhile try even to gain the antechambers of knowledge, if we cannot penetrate to the innermost holy of holies, where Nature hides, with jealous hands, her awful mysteries. The straw is sufficient to tell which way the wind is blowing; the bone, or fragment of a bone, will suggest to the anatomist both form and character of the skeleton from which the bone was taken; it is the wood-bird's song that tells us how near we are to the buds and blossoms of low-voiced spring; and why should not the voice of the bird be eloquent of knowledge, or the glory of the heavens be as full of meaning, as it is of beauty. Can we not learn of the stream some secret? Has the mountain side no language for us but the mocking echoes of our own voices? Have not the trees their mission to fulfil? Are the plants and flowers at our very feet but silent ministers to our necessities? We think not. Let us but search and we shall find; let us but knock and it shall be opened to us; let us but listen and we shall hear. The voice of Nature shall be heard in full-toned harmony, and her majesty shall appear, not to blind the eyes of the beholder, or to

terrify his heart, but her voice shall be the voice of falling waters, her eyes shall be mildly beautiful as the dawn, and her form shall bend o'er us like the form of a kind mother that stoops to kiss her child, for we are her children. Why, then, should we fear to meet her face to face, and ask her to tell us some of her great mysteries? since, indeed, we are

“ But infants crying for the light,
And with no language but a cry!”

WHAT IS THE ACTION OF DRUGS?

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

(Concluded from page 158.)

1. *The action of drugs is injurious in health.*

I have formerly observed that drugs may be classed among the causes of disease. It is true that the most useful things—things not only conducive to health, but necessary to life—may, by their abuse, become causes of disease. People may be made ill by too much food, or by too much air; by too much clothing, or by too much bed; by too much exercise, or by too much rest. Drugs are not causes of disease in this sense. They rank with malaria and contagions; and, taken at all in health, they are causes of disorder and disease. They differ from malaria and contagions by being remedies in sickness.

The injurious action of drugs in health is proved or demonstrated by three different or independent series of facts:—

Many persons are killed by drugs, given or taken intentionally or accidentally, as *poisons*. It has been stated that about 250 deaths are caused in this manner every year in England alone. Socrates was so put to death by hemlock.

In addition to these sudden and violent deaths caused by drugs used as poisons, an incredible number of persons have their health injured and their lives shortened, by the excessive use of drugs as *medicines*. The habit of taking medicines is so inveterate that many persons take them even when they are in health. They cannot do this without injury.

A third series of facts has been accumulating annually

for 75 years. These are *provings*, or experiments, voluntarily made for the express purpose of learning the injurious action of each drug when taken in health. These experiments are still in progress, and must be continued for a long time to come.

Two former essays have already been devoted to this subject. One on "The Provings of Homœopathy," the other on "The Physiological Action of Medicines."

The injurious action of drugs is, in part, characterised as follows :—

1. As acute and chronic. The former implies a quick and violent action, which manifests itself, as other causes of disease do, in a severe illness. Some drugs are much more capable of acting in this manner than others. In all the dose or quantity is an essential element. This dose may be very much less with some drugs than with others. Aconite and arsenic, opium and corrosive mercury, hemlock and copper, are examples of drugs which, in comparatively small doses, can excite sudden and violent suffering even to death.

Effects called chronic are slow and insidious in their origin and progress ; but they are often profound and long-lasting. The preparations of lime, silica, carbon, and sulphur are examples of this class of drugs.

John Hunter expressed his view of this twofold, or acute and chronic action, thus :—

"Medicines have visible and invisible effects. The visible may be divided into two, the constitutional and the local ; the local are vomiting, purging, &c. ; as an instance of the constitutional, the effects of mercury may be mentioned. Their invisible effects are commonly the specific effects, for we find that their curative action does not always depend upon their visible effects ; and, indeed, their specific effects are often greater when they have no visible effects, as mercury in syphilis, bark in intermittents ; but others cure by their visible effects. Medicines given slowly and continued long will produce effects very different from those produced on their sudden application ; and thus it is that even stimulants and irritants may produce weakness."

It may be well to offer a few remarks upon this extract. The effects called "constitutional" are really local. Is not the action of mercury (the example given) on the salivary glands, the throat, the liver, the bones, and the skin ?

And are not these *localities*, or separate parts of the body? Again, "others cure by their visible effect." It is now known that these effects are generally unnecessary to the cure. And I venture to add that it would be well if *all* the effects which any drug produces were called *specific*, that is, belonging to, or forming part of its character.

2. As action and re-action. Hahnemann has called these primary and secondary, and sometimes alternate actions. All these terms are intended to mean that the action of many drugs is at first in one direction, and afterwards in an opposite direction. For example, cold is often followed by heat; purging by constipation; excitement by depression; increase of secretion by deficiency of secretion.

Both are sometimes the direct effect of the drug; sometimes the re-action seems to be an effort of life resisting the action of the drug; sometimes it looks more like exhaustion or weakness.

In the provings of drugs these opposite effects are very conspicuous, and ought to be of great therapeutic value. As they occur in the provings as arranged by Hahnemann, and by those who have followed his example, they often become, in practice, a serious difficulty. This indicates a great defect in Hahnemann's arrangement.

3. As primary and secondary, or principal and subordinate. The term primary or principal here means the action upon those organs or parts of the body, where the strongest effects of the drugs are produced: and secondary or subordinate, the action upon those parts less powerfully affected. These terms are also applicable to the differences in the kind of action, and to the symptoms which indicate them. These subjects occupy much of the essay (on the "Action of Drugs") read in 1870 at Birmingham. I am indebted to Dr. Hughes for the suggestion of the word "subordinate" on that occasion.

It is worthy of notice that the secondary or subordinate action is often upon parts which have little apparent connection with the parts principally acted upon, e.g., chamomilla acts upon the stomach, the liver, the nerves, and the lymphatic glands, Rhus acts in typhus, and upon the ligaments and the spleen. Bovista upon the heart and skin. Spegelia upon the heart and eyes.

Perhaps these facts may be accounted for, in part by difference of dose; in part by the action being upon particular nerves, as in the case of ipecacuanha, which acts

upon the stomach and the lungs, probably through the pneumo-gastric nerve; in part by the kind of action, as with aconite and belladonna, which act upon the arteries everywhere, and as with lycopodium, which acts upon the suppurative process in any organ; but probably there is also some undiscovered cause.

4. As functional and structural. The action of some drugs is comparatively weak, and seldom goes beyond the derangement of the function of the organ, that is, it causes *disorder* only. The action of other drugs can be limited to the production of disorders only by making the doses sufficiently small. Rhubarb is an example of the first class, arsenic of the second.

But the action of many drugs may be carried much beyond the production of functional disorder. The structure of the organs acted upon may be altered, or even destroyed. This is *disease* in its strictest sense, though this word is often used with more latitude, and as synonymous with any kind of illness.

Such are some of the characteristic effects of drugs taken in health. Others will be noticed as the Essay proceeds. It has been sufficiently proved that the action of drugs is injurious in health.

Historical accuracy ought to be dear to every one, and with this feeling I cannot forbear halting for a few moments here to correct a misrepresentation of the history of this subject.

Dr. Pereira, in his "Materia Medica" (4th Ed. Vol. I. p. 93), speaking of the physiological effects of medicines, has this paragraph:—

"Formerly no distinction was made between the effects which medicines produce in health, and those which they give rise to in disease; and the terms, *virtues, properties, faculties, and powers* were applied to both classes of effects. But Bichat, and subsequently Barbier and Schwilgué, pointed out the propriety of considering them separately."

It is well known that to Hahnemann is due the credit of carrying out the proving of drugs in health to an extent which eclipses the labours of all others; and these experiments were begun by Hahnemann before 1790, when Bichat was a boy.

That Pereira was well acquainted with Hahnemann's labours is proved from the following sentence and refer-

ence, which occur only four pages before the quotation I have just given. On page 89 he says :—

“The homœopathists assert, and with truth, that the study of the effects of medicines in the *healthy state* is the only way of ascertaining the *pure* or *pathogenetic* effect of medicines—since, when we administer our remedies to invalids, ‘the symptoms of the natural disease then existing, mingling with those which the medicinal agents are capable of producing, the latter can rarely be distinguished with any clearness or precision.’—(Hahnemann’s ‘Organon,’ translated by C. H. Devrient, p. 190).”

It is not to be understood that experiments in health were first suggested by Hahnemann. The truth on this point was stated in the essay on the “Proving of Homœopathy” (first published in 1854), in which the words of Haller are quoted. Nor were they first begun to be made by Hahnemann, as is also shown in that Essay. What Hahnemann did was this: he undertook and accomplished them on a much more extended scale; persevered with them in a much more indefatigable manner than any other; and did not cease till he had attracted to them the attention of the world.

2. *The action of drugs is curative in disease.*

This is a result of experience very contrary to what *à priori* reasoning would have led us to expect. A thing which does harm in health would be expected, without experience, to do still more harm in sickness. The fact which we are now considering is an example of the old maxim, “that will happen which is least likely.” It is one of many which should suggest care in observing, and should check presumption in reasoning, on matters in which we are inexperienced.

The fact that drugs are curative in disease has been established by abundant experiment. It has been acknowledged and acted upon without doubt of its truth, for thousands of years; and that notwithstanding all the mischief which has been done by over-drugging, and overdosing, under the plea of active and energetic treatment.

These Essays contain many illustrations of its truth, in the various cases which, from time to time, have been given in them. Others might be added now, but they would make this Essay too long.

The fact is thus expressed by John Hunter :—

“ There are many substances which, when applied to a healthy state of the body, may injure as poisons ; yet when applied to an unhealthy state, they will counteract that state, and keep up health as long as they have the power of irritation. The healthy action being a *tertium quid* of the unhealthy and the poisonous. Each disease has its own peculiar specific.” “ There is no disease but what has a peculiar mode of cure of its own, and every particular part a particular mode of curing its own diseases.”

It seems to me more dignified and becoming, both to the human mind and to true science, thus simply to state the fact, with an acknowledgment of our ignorance of the manner of its production, than to attempt to hide our ignorance by clothing the statement in metaphors which imply an understanding and an explanation of the cause or manner of the action.

The definition of this medicinal action which has been given by Dr. Drysdale is of the metaphorical kind. He defines a specific to be “ a remedy which cures by the *absorption* of its whole physiological into its therapeutic action.” What is the meaning of the word “ absorption ” in this sentence ? To “ absorb ” literally means to suck up ; a sponge absorbs water, but a therapeutic action is not a sponge. A piece of black cloth “ absorbs ” the rays of light, but a therapeutic action is not a piece of black cloth. A substance can absorb, but an action cannot be said to absorb, except in a metaphorical sense ; and the use of a metaphor, in the definition of a physical act, teaches nothing. As Dr. Drysdale’s definition can have only a metaphorical, and not a literal meaning, we fail to learn anything from it.

It is surely better to say that each drug has an action in health which produces disorder or disease of certain parts of the body ; and, when given in a different dose, a curative action in disorder or disease of the same parts. This is to make a plain statement of fact. It is intelligible, and of great practical usefulness. When the statement is put into Dr. Drysdale’s words, it becomes less intelligible, and not more useful. I think it is better to be content with the confession of ignorance, the *tertium quid* of John Hunter.

Our expression of fact, however, must include all the

elements which belong to it, which are necessary to make it true, and it must not exceed our knowledge. In the "Address" of Dr. Madden, already referred to, he states, "as the invaluable discovery of Hahnemann":—

"That a drug invariably produces, in the diseased organism, a series of changes precisely opposite to those which it produces in health."

I venture to say that this aphorism is not true, because it is not the whole truth. It requires a qualifying element to be added to it, namely, the drug being given in different doses. Moreover, it expresses more than we know, for we do not know that the "series of changes" are "precisely opposite" to each other.

The characteristics of the curative action of drugs which may be noticed here, are such as these:—

1. It is commonly most efficacious when it is least visible. This is strangely at variance with the notions and practices which have prevailed for a long period of time. We have seen, however, that it was partially acknowledged by John Hunter, and it may now be safely stated as a fact.

2. In disorder (or functional disturbance), the effect of the appropriate drug in suitable doses, is a perfect cure. In disease (or structural change), the cure is less and less possible as the diseased structure advances towards destruction.

3. If the medicine is not discontinued when its beneficial effects have been obtained, it begins to act injuriously. This, also, is very contrary to long established thought and practice; but it may be proved by a careful observation of daily experience.

4. In acute disease the curative effect is often marvelously prompt and conspicuous. In chronic disease it is generally slow and little perceptible, though ultimately not less successful. The rapidity with which croup and cholera are sometimes cured may be mentioned as examples of the former. Mesenteric disease in children, and long-standing dyspepsia in adults are instances of the latter.

5. Drugs sometimes cure by what has been described as their direct action, and sometimes by their re-action, e.g., *chamomilla* cures diarrhœa by the first action, and constipation by the second. *Nux vomica* cures similar ailments, but in the reverse order.

6. In sickness what is called the primary or principal action will take place in the deranged organ, notwithstanding that, in health, the action on that organ may have been a secondary or subordinate one, *e.g.*, the principal action of *belladonna* in health is upon the brain, eyes, and throat; that is, upon the *arterial* circulation in these organs; its curative action may be seen in similar arterial excitement (inflammation) in almost any organ.

I cannot leave this part of the subject without again expressing my regret on account of the harm still done by what is considered necessarily active treatment. To explain my meaning I will briefly mention two cases which came to my knowledge not long ago.

A respectable farmer was suffering from an obstruction of the bowels. He was treated in the usual way, with strong purgatives, for some days, at the end of which diarrhœa came on, and he immediately died.

A lady, in good general health, had two or three restless nights from rheumatism in the shoulder. For this an opiate was prescribed. The draught was taken at bedtime; the pain was relieved, and sleep obtained. She died in the morning, without awaking from this sleep.

These are not solitary cases. Taking away blood has been considered an essential part of this active treatment. This is at present laid aside in England, but it is continued in other countries, and it may be revived in this. It will not be amiss, therefore, to preserve the following

“ Reuter’s Telegrams.

“ Turin, June 3rd, 1861.

“ His physicians declare Count Cavour’s illness to be a *very mild form* of typhus fever, without any alarming symptoms.

“ He was bled this evening for the *sixth* time.”

“ Turin, June 6.

“ Count Cavour died this morning at seven o’clock.”

The civilised world concluded that Count Cavour did not die of the fever, but of the bleedings.

No doubt in all these cases, and in others like them, physicians act conscientiously, and believe that they are doing the best that can be done for their patients. The treatment at the time is orthodox. The intentions aimed at are often accomplished. In the first of the two cases

mentioned above, the obstruction was overcome. In the second, relief from pain, and sleep in the place of restlessness, were obtained. It is true that in one case it was the relaxation of death; and in the other the stupor of apoplexy. But it is by no means certain that these reflections would occur to the physicians; they certainly did not to the friends of the sufferers. That which has been said of surgeons, and of some of their operations, might be said of such physicians: "The operation was most successfully performed, and the patient died two hours after!"

3. *The action of drugs is consecutive.*

There is a "following in train" of effects, which occupies time. It may be that only one dose of a drug has been taken, or there may have been a repetition of doses; in either case, when action takes place, there is a combination and succession of symptoms sufficient to characterise at least one morbid condition, just as there is in the action of other causes of disease.

This consecutiveness is of two kinds.

There may be a series of derangements in the health of an organ, producing symptoms which indicate a definite pathological state, to which a name can be given; in other words, a specific disease, or something very like it, may be caused by the drug. For instance, a few doses of rhus are sufficient, in some constitutions, to develop a condition of ill-health resembling an attack of typhus fever. The change in the blood is followed by the combination and succession of symptoms which characterise that disease. In a former Essay* a proving of rhus of my own is given, which is an example of this.

Or, there may be a succession in the organs affected, *e.g.*, in poisoning by lead there will sometimes be, first, spasmodic pains in the bowels, or colic; then, dizziness and other symptoms of disturbance of the brain; then, local paralysis, as of the hand.

Mercury generally acts first on the salivary glands, then on the liver, then on the throat, afterwards on the skin, and finally on the bones.

Dr. Roget has placed on record † a remarkable case of successive morbid conditions caused by arsenic. An epi-

* *Proving of Homœopathy.*

† *Medico-Chirurgical Transactions for 1811.*

tome of it is given in the Essay on the "Provings of Homœopathy." In this case there is not only the combination and succession needed to make up a distinct morbid state, or nameable disease, but there is a succession of different morbid states, representing so many different diseases. All these followed one another after only one dose of the poison.

These combined and successive series of symptoms, in all diseases arising from a single cause, have been recognised from very early ages. More than 1600 years ago, it was remarked by Aretæus that

"When inflammation occurs in the membrane called *succingens* (the pleura), and there is heat, with cough, and parti-coloured sputa, the affection is named *pleurisy*. But all these symptoms must harmonise and conspire together, as all springing from one cause; for such of them as occur separately from different causes, even if they all occur together, are not called pleurisy."*

In the emphatic language of Lord Bacon, "it is order, pursuit, sequence, which is mighty in nature; which, although it require more exact knowledge in prescribing, and more precise obedience in observing, yet is recompensed with the magnitude of effects."

The importance of studying the "order" or combination of symptoms, is great indeed. It may be illustrated by the action of aconite and rhus. Both these drugs produce a feverish pulse; but the combination of symptoms which is found grouped around each feverish pulse, is so entirely different, that to give aconite or rhus indiscriminately, would be a grave mistake. To the pulse of aconite is attached simple or inflammatory fever only; while to that of rhus, quite as characteristically, belongs typhus fever.

The value of observing the "pursuit, sequence," or succession of symptoms is not less. The following may be given as examples:—

Belladonna and ipecacuanha cause, in common with a large number of drugs, headache and sickness; but, as indicating their proper selection as remedies, with this very urgent difference, the headache from belladonna precedes the vomiting, while that from ipecacuanha follows it. The sympathy between the brain and the stomach, as shown in

* —"χρῆ δὲ ταῦτα ἀλλήλοισι—" &c. Περὶ Πλευριτίδος.

these instances, is not greater than that between the brain and the heart. I have seen the taking of an ounce of laudanum followed immediately by fright, and soon afterwards by violent palpitation of the heart; whereas some doses of digitalis will cause first excessive action of the heart, which shall be followed by anxiety and fear. They thus point to themselves as remedies for very different conditions having the same symptoms.

Nosology, or the doctrine of the classification and naming of diseases, is founded upon this fact—the harmony and succession of conditions and symptoms produced by the common causes of disease—and could not exist without it. The action of drugs is similar.

This combination and succession of symptoms, and of pathological conditions, cannot be neglected with safety. They ought to be noticed and registered in the account of the provings of each drug upon the healthy. They indicate a characteristic feature in the action of each drug, and point out the drug as a specific remedy for corresponding conditions of disease. It is obvious, from this consideration that cases of proving should be recorded exactly in the same manner as it has been customary to describe cases of disease.

It is a great defect in Hahnemann's *Materia Medica* that, from the peculiar arrangement adopted by him, the opportunity of recording this combination and succession, and consequently the benefits to be derived from the record, are lost.

Time is an important element, not only in the diagnosis of diseases, but in the study of the action of drugs. This has been well insisted on by Dr. Wynne Thomas.

4. *The action of drugs is local or partial.*

So much has been said upon this point in former Essays, that it can scarcely be entered upon again without incurring blame for needless repetitions. Yet it is too important to be passed over without giving it some further careful thought.

The action of drugs upon the living body is peculiar and wonderful. Food, unless bad, or taken in excess, nourishes the body, supports life, and preserves health; air, unless impure, purifies and invigorates the blood, and so maintains life and health; exercise, unless immoderate,

gives strength to the body, and fits it for labour. But drugs, taken in health in quantities sufficient to produce any effect at all, produce disease; and when taken in disease in other quantities, restore health.

The action of drugs, therefore, viewed in this light, is singular. It is also singular when looked at in another light; the action of each drug is partial or local. Some parts of the body (solid or liquid) are affected, and others are not, or only in a much slighter degree.

We do not know any drug which has a universal and equally powerful action upon all parts of the body. If such a drug could be found, and we were able, by regulating its dose, to direct at will its action upon any specified diseased part, we should, perhaps, need no other medicine.

We have no such general action in any drug. If any one thinks that we have, he has only to name the drug.

Each drug has its own locality for action—hence the great variety of medicines in use. Each drug has also its own kind of action in that locality.

For details upon this local action, I must refer to the third part of this Essay, "How is the action of each drug to be distinguished from that of all others?" ("The action of drugs," 1870.)

Drugs, though apparently singular in this local action, have associates in their singularity. All the ordinary causes of disease act like them in a partial or local manner, and each cause acts in a manner peculiar to itself.

Having now for a long time advocated that it is best, in a practical sense, to view the action of diseases and of medicines as local rather than general in their seat, it seems right to state distinctly my object in doing so. It is for the sake of increased clearness and accuracy. As long as the "general" notion prevails, there will be vagueness and want of precision, both in diagnosis and in treatment.

That this view is true as regards diseases, and embraces all the facts of the case, needs no further proof than a careful consideration of the following extract from Sir Thomas Watson's admirable "Introductory Lecture" (1871):—

"Diseases themselves, in the mass, are sometimes distinguished, according as they are *general* or *local*. This distinction is convenient, though it may not be very exact or logical.

“General diseases are those in which the whole body appears to partake in the morbid process going on. Strictly speaking, they are diseases in which *some one system* of the body, distributed through every part of it, is primarily or principally affected : for example, diseases in which the blood, which visits and circulates through every part and organ, is in an unnatural or unhealthy condition, or carries with it some noxious material ; or again, in which the nervous system, throughout the whole or the largest part of its extent, is deranged.

“Local diseases, on the other hand, are those in which certain definite parts of the body are alone concerned, and which do not extend beyond, or much beyond, those parts, but leave the remaining parts, and the system at large, healthy both in texture and in function.

“There are, indeed, diseases which, occupying a definite portion only of the body, do nevertheless produce manifest and serious disturbance in the functions of various other parts, and (it may perhaps be said), of the whole system. Inflammation of a small portion of the frame may give rise to much secondary fever ; yet here, also, we properly speak of the disease as being local, the secondary general disorder resulting from the local and primary, following it in point of time, and subsiding upon its cessation.”

For the practical purposes of the physician, the blood and the nerves are “definite parts of the body” ; and it will promote Sir Thomas Watson’s object (which ought to be the object of every physician), and help us “to learn distinctly and clearly what is the action of drugs,” to view all diseases in this light.

The same reasoning applies with equal force to the effects produced by drugs, as a little consideration will show.

It is true, then, to say that diseases are local ; and it is of practical value to look upon them in this light. It tends to make diagnosis more accurate. It is true to say that the effects of drugs are local ; and it is of no less practical value to view them in this light also. It tends to make treatment more careful. Now it may be humbly hoped that whatever tends to make diagnosis more accurate, and treatment more careful, will contribute towards making the result more successful, and patient and physician more happy.

5. *The action of drugs affects the same parts in disease as in health.*

The truth of this can be demonstrated by the evidence of both schools of medicine, but in opposite ways.

By the testimony of the old school.

It has been the practice from "old time" to treat diseases very much on the principle of revulsion or counter-irritation. To carry this practice out, a certain amount of knowledge of the local action of drugs is indispensable, in order that the diseased parts may be avoided, and that the sound parts may be acted upon; so that an artificial irritation or disorder may be set up, and the revulsion desired may be brought about.

This practice proves that the parts or organs of the body which are not acted on in health, are not acted on in disease. The physician, knowing the local action of the drug he intends to prescribe—knowing, that is, the parts where its effects take place, and the parts which are left undisturbed, can give it with confidence when the parts where it does not act are unsound, because he knows that the drug will not affect them.

Every day's practice furnishes illustrations of this truth, *e.g.*, when purgatives are given for diseases of the head, there is no fear lest they should have an injurious action on the diseased parts.

Pereira says:—

"*Colocynth*, in diseases of the brain. In apoplexy, or a tendency thereto, in paralysis, insanity, violent headache, &c., *colocynth* is sometimes employed with good effect on the principle of revulsion or counter-irritation."

On the contrary, this fear is very present when a drug is known to have an action where the disease exists.

Pereira says again:—

"*Opium* is undoubtedly the most important and valuable remedy of the whole *Materia Medica*"

"In diseases of the brain and spinal cord. In some cerebro-spinal diseases great benefit arises from the use of *opium*; while in other cases injury only can result from its employment. The latter effect is to be expected in inflammation of the brain, and in apoplectic cases. In other words, in those cerebral maladies obviously connected with, or dependent on, an excited condition of the vascular system of the brain, *opium* acts injuriously."

Sometimes the action which is feared is guarded against by the regulation of the dose, *e.g.*, *arsenic* is known to inflame the stomach, and to be a remedy for some diseases of the skin. When *arsenic*, therefore, is prescribed for the skin, the physician is careful to make the dose too small to act injuriously upon the stomach. Tartar-emetic, in the same manner, acts upon the skin, the bowels, the stomach, and the lungs; and the dose can commonly be selected which shall act where it is designed to do, and shall avoid the rest.

But "modern medicine" will not bind itself to any principle; and now it is often the intention to act upon a diseased part. When this is done the practice approaches the principle of the new school; and drugs can always be chosen which are known to act upon the desired part, whether in disease or in health.

This is the experience of the old school.

By the testimony of the new school.

This is still more decided; for the practitioner puts the fact to the test in every case he is called upon to treat. It is his express design to select such remedies as will not act upon the sound or healthy parts, but which will act upon the parts which the symptoms tell him are diseased. The provings of drugs in health declare which organs each drug avoids, and which it acts upon. And the results of this daily practice prove that the parts or organs of the body which are acted upon in health, are also acted upon (however different the kind of action), in disease.

In full confidence of the truth of this general fact:—

Opium is given in threatened apoplexy.

Arsenic is given in gastritis.

Cantharides in inflammation of the bladder.

Phosphorus in pneumonia and enteritis.

Ipecacuanha in asthma, and in some cases of vomiting.

Bichromate of potash in ulceration of the cartilages of the nose. &c., &c.

This is the experience of the new school; and the conclusion seems irresistible that the action of drugs is upon the same parts in disease as in health.

How surprising, therefore, to meet with the following sentence in Dr. Madden's recent "Address":—

"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!"

If this be so, the provings of drugs in health is of little use. The labour, the suffering, and the loss of time which they entail, are endured in vain. The sooner, in such case, the proving of drugs is abandoned, the better.

But this is distinctly shown, by the facts just referred to, not to be so. Therefore the proving of drugs is useful. Therefore the prescribing of drugs to act upon the diseased parts, and not upon the healthy ones, is possible, and may continue to succeed, as it has hitherto done.

I should not like to think what would become of homœopathy if Dr. Madden's statement were correct. Surely the sentence has been written inadvertently.

6. *The action is characteristic of each drug.*

Nothing more emphatically declares the infinite skill and almighty power of God than the wonderful combination of uniformity and variety which is exhibited in the works of creation and providence. How alike all men are, and yet how different! Every man has a face of his own, and a character of his own, by which he is readily distinguished from all other men. Shepherds tell us the same of a flock of sheep. We meet with illustrations on every side. There is the same uniformity and variety in a *Materia Medica* of drugs. They all possess certain features in common; and each has a character by which it may be distinguished and separated from the others.

The subject occupies part III. of this essay (published in 1870).

This would seem to be the fitting place to offer some observations on the classification of drugs.

If we look back to see what has been done in order to discover the best arrangement of the resemblances and differences among drugs, we shall find three sets of writers earnestly engaged in the search.

We have the writers on poisons—toxicologists. The older of these adopted the plan of ranging the different articles under the heads of minerals, vegetables, and animals. It is evident that this classification threw no light upon them as poisonous substances; and, therefore, though useful to the naturalist, it rendered no assistance to the toxicologist.

Orfila was the first to depart from this method, and to

endeavour to arrange them according to their manner of acting as poisons. He made four classes:—"Poisons irritans"; "Poisons narcotiques"; "Poisons narcotico-âcres"; et "Poisons septiques ou putréfiants."

Professor Christison rejected the fourth class with the remark that, "assuredly no substance can cause putrefaction in the living body." He adopted the other three:—irritants, narcotics, and narcotic-acrids.

Dr. Alfred Taylor says:—

"Poisons may be divided into three classes, according to their mode of action on the system, namely, irritants, narcotics, and narcotico-irritants. This classification is a modification of that originally proposed by Orfila, and is almost universally adopted by toxicologists."

But Professor Christison is very candid in admitting the insufficiency and great imperfection of this method of arranging and distinguishing poisons. He says:—

"The classification of poisons has hitherto defied the ingenuity of toxicologists. . . . It is evident that the only sound basis of arrangement is their action on the animal economy: for such a classification is the only one which can be useful in practice. Now, when we consider what has been said on their mode of action, or the symptoms produced in consequence of that action, it must at once be perceived that no system founded on either of these circumstances can be logically correct. It would be very desirable if their mode of action could be adopted as the basis of arrangement; but both reasoning and experience have proved this to be impracticable. . . .

"It would be even more fruitless to attempt an arrangement of poisons according to their medium of action; for no sure criterion is known, by which a poison, acting through direct transmission of an impulse along the nerves, can be distinguished from one that acts by entering the blood.

"Neither is the embarrassment of the toxicologist materially less, if he attempts to classify poisons according to the symptoms they induce in man. This is the principle now (4th Edition), generally followed; and which, in common with others, I shall pursue. But the reader will be at no loss to discover that the partitions which separate the classes are exceedingly slight; and that very many poisons might be arranged without impropriety in either of two classes.

“The preceding statements show the impossibility of founding a good system of arrangement on the only basis which can be acknowledged philosophical and practical; and consequently that, as the science of toxicology now stands, we must altogether despair of forming one that shall be even moderately satisfactory.”

We next turn to writers on the *materia medica*. These lead us to the same conclusion as that to which we have been brought by Professor Christison. No method is yet known to them by which the agreements and differences among drugs can be satisfactorily arranged; so that commonly, substances are put together alphabetically “without any regard to their affinities as natural objects, or their medicinal virtues.”*

A summary of all the methods hitherto proposed may be found in the first volume of Pereira’s “*Materia Medica*.” He notices:—

“1. *Empirical arrangements.*

“These are independent of the nature of, and have no real relation or connection with, the substances to be arranged. An *alphabetical* order, since it is founded on names which are arbitrary, and have no relation to the bodies they are intended to designate, is of this kind. . . . It brings together substances of the most incongruous natures, and separates those which agree in most of their properties; and from its want of order, it distracts the attention of the student; and is, therefore, totally unfitted for an elementary work.” Pereira then speaks of

“2. *Rational arrangements.*

“These have an actual relation with the bodies for which they are used, and are the classifications, properly so called. They are founded on the properties of the substances treated of; consequently are as numerous as there are classes of properties. Thus medicines may be arranged according to their—*α*. Sensible properties (colour, taste, smell). *β*. Natural-historical properties (external form and structure). *γ*. Chemical properties. *δ*. Physiological properties. *ε*. Therapeutical properties.

“Classifications founded on the colour, taste, and odour of plants, are necessarily very imperfect;” and “objection-

* A. T. Thompson, *London Dispensatory*, 3rd Ed., p. 19:

able, dissimilar bodies are brought together, and similar ones separated.

“Classifications founded on the Natural-historical properties.

“I mean those made use of in natural history. . . . I have preferred this mode of arrangement principally on account of the great difficulties attending any other method, especially that founded on the physiological effects of medicines.”

This is the method which, since the time of Orfila, has been rejected, as we have seen, by toxicologists, as rendering no assistance.

“Classifications founded on the chemical constituents.

“The difficulties attending the analysis of organised substances present a great obstacle to the formation of a chemical classification.” Moreover, if formed, it would not indicate the physiological or therapeutical properties of the substances it arranged.

“Classifications founded on the physiological effects of medicines.

“As the ultimate object of all our enquiries into the *Materia Medica* is to obtain a knowledge of the mode of operation of medicinal substances, it follows that the most desirable and useful, because the most practical, classification of these agents, would be that founded on the similarity of their effects. But so many difficulties exist in the way of producing such an arrangement . . . that it must be evident to every one who attentively studies the subject, that in the present state of our knowledge, no such classification can be satisfactorily effected.

“Classifications founded on therapeutical properties.

“The curative and remedial powers of medicines are not absolute and constant, but relative and conditional; so that we have no substance which, under every circumstance, is a remedy for a particular disease. This will explain why no modern author has attempted to classify remedies according to their therapeutical properties.

“Strictly speaking, there are no substances to which the term *specifics* can be properly applied.”

There remain writers on medicine. It is well known how the older writers luxuriated in their ample classifications of medicine, as “*Nervina: Corroborantia: Sto-*

machica : Balsamica : Diuretica : Diaphoretica : Emetica : Cathartica : Hipnotica : Refrigerantia," &c.

These have dwindled down until Dr. Billing sums them up under four heads—"Stimulants : Sedatives ; Narcotics : and Tonics." The enumeration of individual medicines belonging to each of these groups shows plainly how unsatisfactory it is. The dose is often sufficient to remove a drug from one class to its opposite. "A *stimulant* increases the action of the heart . . . and excites the sensorium to hilarity, if there be no latent disease there ; but in too great a quantity it produces stupor." "A *sedative* is that which diminishes the action of the heart and other organs by repressing the nervous influence ; for example, digitalis and green tea." That the kind of action of both these, whether stimulant or sedative, also depends upon the dose, is well known. "The *narcotic* principle in drugs is that which, by diminishing the sensibility of the nervous system, allays pain and procures sleep. Narcotics must be distinguished from stimulants on the one hand, and from sedatives on the other ; and the distinction is the more necessary, because in nature the narcotic principle is generally combined with one or other of these." "Opium contains *stimulus* combined with narcotic." "Hyoscyamus contains the *sedative* combined with the narcotic," &c. "Tonics are substances which neither immediately nor sensibly call forth actions," &c. The substances mentioned are very diverse in their individual properties, and their "tonic" action is clearly dependent upon the disease for which they are given, and upon the dose. Mercury, arsenic, nitrate of silver, bark, colchicum, copper, mezereon, dulcamara, &c., have no natural tie of connection ; an alphabetical arrangement would be as good a one. Dr. Billing himself says :—

"As I set out with observing, it may be seen that tonics must always be considered in reference to disease : thus different substances which, considered physiologically, or in health, belong to opposite classes, become, in disease, tonic. Even narcotics frequently become most useful tonics"—hence *tonic* is merely another word for *curative*.

It follows, I think, from all these strong observations of eminent writers, that nothing satisfactory has yet been done in the way of arranging the resemblances and the differences of drugs, in a medical point of view.

It may seem presumptuous to say, in the face of all these confessions, that something may, nevertheless, be attempted which can give satisfaction. And, therefore, the method which organopathy suggests, and of which a summary is given in Part III. (1870), ought to be offered with diffidence. It is desired so to offer it, and to put it on its trial, in the hands of unprejudiced and impartial physicians.

7. *The action of drugs differs with the dose.*

As I hope to be able to write an Essay on the Dose, I will content myself at present with a few detached observations.

It is much to be regretted that, in introducing the infinitesimal division of drugs, fifty years ago, Hahnemann should have thrown the subject of doses into such great confusion; and this very much by his manner of doing it. He put his followers into a pillory where they have been compelled to stand ever since.

It is refreshing to see the courage with which Dr. Black has spoken, in the papers he has read in London and Oxford, in 1870 and 1871, upon the dogmatism Hahnemann has given way to in this matter.

Nevertheless, the subject of doses is one full of interest; and it admits of some things being said of it with a considerable degree of distinctness and certainty: *e.g.*,

1. The taking of different doses of drugs, both in health and disease, shows how the character of the action of each drug can be varied or extended.

2. In this way it becomes evident that the action of different doses of the same drug is sometimes upon different organs; often of a different kind; and occasionally in an opposite direction; and this occurs both in health and disease.

3. The opposition in the direction of the action of different doses is most clearly manifested, when a larger dose is given in health, and a smaller one in sickness.

4. The action of the smaller dose in disease is commonly curative, when the disease exists in the organs which are acted upon by the drug in health, and when the kind of disease for which it is given as a remedy is similar to that which is producible by it when given as a poison.

5. Infinitesimal doses take their place among other causes of disease which are themselves infinitesimal, *e.g.*, the contagions of small-pox, scarlet fever, &c. We should have no knowledge of the existence of these contagions, but for their powerful action upon the living human body. At present we have no proof, besides that on the living body, of the *action* of infinitesimal quantities of drugs. The spectroscope has given us its testimony to the *existence* of some of them, which it has not yet given for contagions.

6. Hahnemann attempted to limit the use of the infinitesimal dose, so that the dilutions should not be carried beyond the 30th, for the reason that we must stop somewhere. This is an arbitrary rule, which must fail. And it has failed, for many practitioners have gone very much beyond it. Dr. Black is now attempting to persuade us, though only for the sake of experiment, not to go beyond the 3rd. This attempt must fail also. Men will not be bound by arbitrary rules.

It has been suggested in these Essays, that the only way by which the confusion and perplexity in which the subject of doses is now involved, can be removed, is *the proving of them in health*. This must be done in the same manner as drugs have been proved, but with more care and precision. Hahnemann's provings give us no information about the doses made use of in them. Some later provings by other experimenters do give us this information, and we can avail ourselves of it, but almost everything yet remains to be done.

For in the provings already made, in which the doses are given, no special attention has been paid to the *difference* in the action of different doses. The object has been to obtain the largest results as to the entire action of the drug. These provings are, on this account much less useful than might have been expected.

We want to know, in addition to the entire action of each drug, the special action of each dose.

Here is employment for the genius of industry for more than one or two generations.

Rugby, Feb. 10th, 1872.

CASE IN WHICH THE MEDICINE WAS CHOSEN BY ANALOGY.

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

A LADY consulted me last summer, whose case was as follows:—She invariably was attacked with diarrhœa whenever she rode in a cab, omnibus, or train, though the distance by train or omnibus might be only two or three miles. This diarrhœa sometimes continued for several days after, and made her terrified at the necessity of travelling any distance out of town. She was never sick. Of course, this diarrhœa weakened her for the time, and after a sojourn in the country, she, on coming home, would lose much of the benefit, by being laid up for a few days in this manner. She was proposing to go for a visit to the heart of England, and she wished to know if I could give her anything which might ward off the expected attack. On looking up my books, I could find no medicine which was said to produce diarrhœa from travelling in a train or carriage; but as the symptoms were quite analogous to the sickness which sometimes is similarly caused, I prescribed *cocculus* 3, a pilule to be taken the first thing on the morning of the journey, a second about two hours after, and a third just before starting. On the journey, she was to take a pilule every two hours, unless the premonitory feeling of diarrhœa should come on, in which case, one was to be taken every half-hour. With these directions, the patient reached her destination safely, and without her usual attack. On returning home, a month after, she carried out the same plan, and with the satisfactory result again of remaining after her arrival quite well. I thought this case of interest, and that perhaps other members of the profession might think the same.

Aberdeen, March 1872.

HOMŒOPATHY MISAPPLIED.

By PEMBERTON DUDLEY, M.D.*

(Read before the Philadelphia County Homœopathic Medical Society,
Jan. 11th, 1872.)

THERE is no law or principle of science, employed intelligently by men for the accomplishment of their purposes,

* *Hahnemannian Monthly*, Feb. 1872.

which does not depend for much of its value upon their knowing not only *how*, but *when* to apply it. Most of the rapid progress we are now making in all departments, consists not in the discovery of new principles, but in new applications of those already known. And much of the failure of the past has arisen, not from the want of principles to guide us, but the want of a knowledge how and when to apply them. The whole history of mechanical invention and scientific investigation is filled with instances of this character; that of medicine being pre-eminently so. Nor has there been any good reason to presume that our own enlightened system of therapeutics would present an exception to this general rule. On the other hand, the writer, from the very earliest period of his professional career, has been under an impression that a part of our practice (fortunately only a very *small* part of it), is not founded on a true scientific basis; and these impressions have, after much thought and study, assumed the force of positive convictions. The unscientific practice alluded to, consists in attempting to apply the principle of "similia" to cases in which such an application is impossible. To define these cases is the object of this essay.

As we shall base our argument, not upon any new or startling facts, but rather upon a careful examination of phenomena and principles already recognised and accepted, we may be permitted to remind ourselves that science is made up, not alone of facts and phenomena, but also of the relations that subsist among them, and that a single phenomenon of a large number of precisely similar phenomena, cannot manifest fully all the principles and laws of science involved in their production. Newton could never have developed the whole theory of gravitation from watching the fall of a million apples; nor could Hahnemann have defined the exact limits of the field of homœopathic action from the observation of any number of cases cured under the application of the law of similars. It required other facts and phenomena, in each instance, to unfold all that was to be learned respecting these two great laws of nature; and where phenomena were wanting, reason was called in to complete their development. Let us also remember that, to depend alone upon the evidence of our senses—upon what we call "experience"—is to wander frequently into the grossest error. Experience is not an infallible guide, and reason must often be

pressed into our service to correct the errors of observation; and however correct the observation, reason must always furnish its interpretation. It is presumed, then, that the appeal to reason which is made in the present paper, will not be rejected without due consideration. There is no method by which a morbid action can manifest itself through the medium of symptoms, except by the agency of the functions. And this action of the functions in manifesting the signs of disease, is not necessarily an abnormal one. It may be perfectly healthy in itself even while indicating the presence of disease in some other part of the organism. Thus the action of the sensory nervous system in transmitting an impression of pain, is no more unhealthy than when a sensation of pleasure is conveyed. If this pain is to be suppressed, it must be done either by removing the cause or by impairing the natural functional power of the sensory nerves. Any medicinal action, therefore, directed against symptoms alone, cannot be directly curative, and must, if sufficiently intense, be productive of disorder in functions which before may have been perfectly healthy; because it is impossible to subdue symptoms so long as their cause continues to operate, except by depriving the functions of their ability to manifest symptoms—a process which cannot affect curatively the cause of such symptoms.

Drugs, in their action upon the animal organism, are capable of affecting it in three different ways, viz., in the mechanical arrangement of its parts, the chemical constitution of its tissues, and the action of its vital functions. Some of these effects are direct and others indirect. If a drug produce a mechanical effect, it must either be by virtue of its physical properties (its weight, volume, form, &c.), or by acting through the functions. In one of these ways the action is not medicinal, and in the other it is not direct. So also a chemical action may be effected directly by virtue of the chemical properties of a drug, or intermediately through a modified functional action. In one of these also the action is not medicinal, and in the other it is not direct. We have, therefore, established our first proposition, namely:

The direct medicinal action of a drug is always exerted upon the functions.

If a medicine act on a diseased part, intermediately through the function of some other part, it must modify

the previously existing health of that function. And if the *disease* is sufficiently intense to produce morbid symptoms, the modification of that particular function through which the cure is effected must also be sufficiently intense to produce morbid symptoms; since it must necessarily be more intense than the original disease. Such being the case, the cure of any group of symptoms must always be attended with the production of another and entirely different group; a state of things notoriously at variance with all observations of homœopathic cures. Such an action of a drug, therefore, cannot be homœopathic, but must always be pathogenetic. Hence our second proposition:

All homœopathic action is both medicinal and direct, and therefore functional.

It will scarcely be questioned that, similar morbid actions occurring in the same part of the organism, under similar circumstances, must give rise to similar groups of symptoms; and conversely, similar groups of symptoms indicate similar morbid actions. Further, if a drug induce a similar group of symptoms, it must be by exciting a similar morbid action in the same part of the organism. Therefore, a medicine given on the principle *similia similibus curantur*, must have a specific tendency to the point in which the group of symptoms originates, and by virtue of its property of exciting both primary and secondary effects, its action is, when properly administered, in direct opposition to the action of the disease. Hence our third proposition:

The direct action of a homœopathic medicine is always curative.

Now bearing in mind all these propositions, which we think we have fully substantiated (if indeed any homœopathic physician deems any proof necessary), we shall have the following results:—

1st. A medicine, to be homœopathic, must act directly (not intermediately) upon that part of the organism in which the group of symptoms originates, and its action must be directly curative.

2nd. If a medicine act upon a part which is not already diseased, its action cannot be directly curative, and therefore not homœopathic. The action of such a medicine, if sufficiently intense, must always be pathogenetic.

3rd. A structural disease which is caused and main-

tained by any other agency than functional disorder, cannot be reached by medicine at all, except indirectly through a function which may be perfectly healthy; and such functions cannot be affected homœopathically, because they have no disease to be acted on. Diseases of this class, then, are "not subject to the law" of homœopathy, "neither indeed can be;" and the medicine which exerts any curative influence upon them is not homœopathic, no matter what may be the dose; no matter what the form in which it is exhibited; no matter how great the similarity between its symptoms and those of the disease. If you propose to cure such a disease by a homœopathic medicine, you must produce on a healthy function an undue stimulation, or an undue depression, or an actual perversion, and your proposition is to *cause* disease, on the principle, "like *cures* like," and is absurd in its very construction.

Let us now apply these principles to some of the cases of diseases which we are called upon to treat. And first we will take a case of renal calculus. The stone, we will suppose, has passed from the kidney, and lodged in the ureter. The formation of the stone has been due to functional disorder; but that disorder may long since have ceased to exist; and at any rate the cure of that condition will not get the stone safely out of the body. The symptoms now resulting are not symptoms of the original disorder, and will not guide the physician to its cure. They are accidental symptoms purely, and can only indicate the proper treatment for the new condition. Now what will homœopathy do in such a case? We may administer *arn.* or *berberis*, or *merc.* or *canth.*, or *nux.*, or some other remedy, "according to the totality of the symptoms"—and for what? Will homœopathic medicine pulverize or dissolve a stone? Will it distend the gradually narrowing tube, already distended to its utmost, and so permit the removal of the irritating obstruction? Such an action would not be medicinal, but mechanical. "But," says one, "*bell.*, or *berberis*, or *cantharis*, will relieve the pain consequent on the mechanical irritation, and so prevent fever, and inflammation, and exhaustion." Possibly they will, but not homœopathically. This pain is the natural, aye, the HEALTHY result of the mechanical injury. If there were no pain, it would indicate disease

of the sensory nervous system. Now if this pain be suppressed, it must be done by inducing disorder of the sensory function. Thus we shall be, not curing disease, but causing it, and such treatment is certainly not curative, and therefore not homœopathic. If functional disease, as above stated, result from the irritation, it may be treated on homœopathic principles; but the mechanical difficulty, and its direct results, must be treated in some other way. To apply homœopathy to such a case, is to misapply it.

Again, let us suppose a case of uterine hæmorrhage induced by a fall or blow, during the progress of pregnancy. The placenta has been detached, the delicate structure of the uterine vessels torn, and hæmorrhage, with labour—the natural consequence of the death of the embryo—comes on. Shall we administer homœopathic remedies? For what purpose? The embryo is no longer living, and the mother's functions are not disordered. It is the office of the healthy uterus to expel a dead embryo; therefore, the pains must not be checked. But what shall be done with the wasting hæmorrhage? Will *ipêcac.* or *china* coagulate healthy liquid blood, and so prevent further loss of the vital current? Will *bell.*, or *sabina*, or *crocus*, contract and retract a broken vessel which has already contracted and retracted, so much as is consistent with the laws of its own health? Will *nux v.*, or *secale*, contract the uterine walls in any other way than by exciting an unhealthy degree of activity in its fibres? Is it on the principle, "like cures like," that healthy liquid blood is turned into worthless coagula? Is it in accordance with the principle, "like cures like," that the contraction and retraction of a bleeding vessel is forced beyond its healthy normal degree? Is it on the principle, "like cures like," that the natural process of labour is unduly hastened by a drug? 'No; your patient may recover under your treatment; but, in the name of reason, in the name of science, don't call such treatment homœopathic. It is as unhomœopathic as anything allopathic can be, no matter what the remedy, or what the dose.

Even if the same results occur, not from an injury but from functional disorder, its homœopathic treatment is attended with almost insurmountable difficulty; for the natural effects of the hæmorrhage frequently disguise the symptoms of the original disorder. Moreover, if the disorder be cured, the process of labour and the hæmorrhage

from the open vessels go on just the same, unless other influences or agencies have operated to check it. Removal of the disorder which gave occasion to the accident will not cure the accident itself, or avert its natural results.

Recent discussions, in various medical societies, on this very subject, show conclusively that the writer is not the first to promulgate the views herein expressed, but that a very large number of physicians have found it impossible to conceive how a medicine can act homœopathically when there is nothing for it to act upon, or how it can cure disease where disease is not.

Hahnemann himself must surely have had a correct conception of these principles when he wrote (*Organon*, § 29) in reference to the diseases cured on the principle "similia similibus," that they are "*purely dynamic and peculiar changes of the vital powers, in regard to the manner in which they accomplish sensation and action.*" It is difficult to see how, in supporting the doctrine we have been advocating, his language could have been more explicit or more forcible; and, in fact, the passage quoted is italicized in the original.

It must always be a matter of regret, however, that while Hahnemann's doctrine on this point is substantially correct, his practice, or at least his explanation of certain "cures," did not always conform strictly to his own principles. An illustration is found in his homœopathic explanation of the "cure" of frost-bite by applying snow or "frozen sour-kraut" to the affected part. Now how can such treatment be homœopathic? It is not even medicinal; it is physical purely. Moreover, it does not constitute a true remedial application, but is simply a gradual and slow withdrawal of the morbid influence. Still further, *it is not curative*, and is not designed to be. It is intended solely to retard the natural reaction, which in all such cases is too sudden and too violent, and thus to prevent—not cure—the disastrous effects which so frequently result from frost-bite. And Hahnemann's explanation of the "cure" of a burn by the application of a gentle heat is open to precisely the same objections. In either case homœopathy is inapplicable and valueless.

The question will doubtless suggest itself: how happens it, then, that Hahnemann should deny, practically, his

own doctrinal teachings? And how is it that so many of his followers in our day should have made the same mistaken application? There are two causes that have operated to produce this result. First, the very natural and very commendable enthusiasm of Hahnemann and his followers, has led them to accept as homœopathic those cures which appeared to be such, when a more critical examination would have shown them to be *indirect* cures or *no* cures at all. Second, an influence has been brought to bear upon us, exerted chiefly by the allopathic profession, which makes us loath, sometimes, to resort to other measures even in those cases where we are convinced that the homœopathic law is inoperative, lest our practice should *appear* to be inconsistent with our doctrine. Said an allopathic physician to me not long since, "There's Dr. So-and-so gives *ergot* in some cases of slow labour, *I know*, and he can stick a knife into a felon as well as *I* can. Do you call *that* homœopathy? I like you fellows well enough, but I believe you'll all desert your colours when you're hard pushed." It is true that some may have conscientiously resisted this influence; but who that has long practised homœopathy has not felt it? Nor is our own profession entirely unblamable in this regard. How often, when our brethren have been found making use of unhomœopathic measures for the relief of certain cases, have we denounced them as eclectics or as mongrels, and have thus added the whole weight of our own influence to that of the allopathic profession, in the subversion of that perfect freedom of action and of thought so indispensable to the professional success of every medical practitioner; the chief difference between the action of members of the two schools of medicine in this being, that so long as we fail to define exactly the limit of homœopathic application, the allopathist is justified in condemning our apparent inconsistency, while the homœopathist is not.

So far as medicines themselves are concerned, it is probable that *all* of them may be applied on the principle "*similia similibus*," simply because it is probable that all of them possess the property of affecting the functions in two opposite directions. It is difficult to conceive that the organism, after receiving the effects of *any* medicine, should not have the property of reacting *against* those effects, or that this reaction should not, in its intensity,

bear some relation to the intensity of the primary action ; except in those cases in which the primary action is so intense as to impair or destroy the reactive power. It is probable; therefore, that *all* medicinal substances have the power to act upon the principle of "*similia*," and that while the varying character of fleshy ills imposes a limit to homœopathic applicability, that of medicines themselves imposes none.

In conclusion, let me say that I have denied no man's facts and controverted no man's statements. I only claim that phenomena correctly stated have been wrongly explained ; and I only ask that my arguments shall be met, not by the statement of facts alone, but by the logic of experience and reason combined.

REVIEWS.

The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British and American Homœopathic Serial Literature. To which has been added a List of Foreign Physicians in Homœopathic Practice. 1872. Turner & Co., London and Manchester.

Nearly two months after date did this volume first appear. The delay has arisen, we are informed, in the preface, through the necessity of revising the foreign list,—through, in fact, the editor endeavouring to do for Austria, Belgium, Denmark, France, Germany, Holland, Italy, Norway, Portugal, Russia, Spain, Sweden, Switzerland, and Turkey, what each of these countries ought to do for themselves. Besides the names of practitioners in Europe, we have one or two of those in Asia, seven in Algeria, three at the Cape, one in Natal, together with much more lengthy lists from Canada, the United States, and South America.

The work of preparing an authentic record of the names and residences of medical men practising homœopathy over so enormous an area, must indeed have been great, and amply accounts for the delay which has occurred in its publication. The editor has had assistance from Dr. Meyer, of Leipsic, Dr. Hirschel, of Dresden, Dr. Chauvet, of Tours, and Dr. Alvarez, of Madrid ; and we have no doubt but that the result presents as close an approximation to accuracy as it is possible for such a list to attain to. At any rate we are perfectly sure that Dr. Nankivell would spare no pains to render it as correct as it could be rendered. In the Calcutta list we miss the name of Dr. Saltzer, a very excellent and active physician ; Dr. Allen, too, of Paris,

does not appear among the practitioners of that city; neither is Dr. Irvine mentioned in the New Zealand list. In short, it is impossible to make an absolutely correct record of this kind. It will, however, be of great utility to travellers. They will know who to enquire about and to send for in almost all parts of the world, by reference to this British Directory.

Several errors of commission and omission, too, have crept into the list of practitioners at home. Mr. Buck, of Camden Town, is dead. It is long since Mr. Cobbe left Wimpole Street. Dr. Hutchinson has for a year and a half been seeking his fortune in Colorado. These and one or two others might all have been avoided had those into whose hands the circulars asking for information fell had the civility to return them properly filled up. The want of courtesy with which these circulars have been treated, is shown by the number of those who have made no reply at all, and who are consequently returned as they were given in the last edition. If it is desirable and convenient to know who those medical men are who are practising homœopathy, and any gentleman is willing to take the trouble to place this knowledge before us, surely every one ought to endeavour to lighten his labours as much as it is in his power to do, and where so little is asked as the filling up and returning of a circular, it is very ungracious, shows a great want of interest in all that relates to the progress of homœopathy, to decline or neglect to supply the information so requested. It is impossible for the work to be in more competent hands than those of Dr. Nankivell, or under the care of one more anxious to do justice to it than he is. We trust, therefore, that he will be better supported on a future occasion.

The preface is an admirable piece of writing, and presents, in a very forcible way, the duty of every medical man who has a general assurance, that the law of similars is, *par excellence*, the therapeutic law, and who is prepared to acknowledge that he is indebted to Hahnemann for the promulgation of that law to avow his convictions. That there are many medical men practising homœopathy whose names do not appear here, we know full well. Some are absent for reasons perfectly legitimate—they, in fact, by "keeping quiet," are enabled to do more real good to homœopathy than by appearing in a list of this kind. But the majority are restrained, we fear, solely by cowardice; they terribly dread lest their nearest professional neighbour should chance to see their names in this directory, and on the next occasion of a meeting, should rush from them uttering the sound of a startled duck! For such people we have not the slightest sympathy. And did they but know the contempt they meet with from those they would propitiate, they would bitterly deplore their want of moral courage.

The most important part of the book is the abstract of articles that have appeared in homœopathic medical periodicals during the past year. In this edition the American as well as the English periodicals have been drawn upon. The work is thoroughly well done, and must have entailed very heavy labour upon the editor. The salient points of papers are well caught, and the practical matter fully extracted. The clinical abstract contains illustrations of the remedial action of 181 drugs, and will prove invaluable to the practitioner who has not time to consult the original papers. The volume concludes with a clinical index to the abstracts of previous years, which cannot fail to be of much service.

We conclude our notice by thanking Dr. Nankivell for the exertions he has made to give us a complete directory. It is the most useful book of the kind that has hitherto been prepared by any one editor.

The United States Medical and Surgical Journal. October—January, 1871-2. Vol. VII., Nos. 25 and 26. Chicago: Halsey Bros.

The Medical Investigator. February 1872. Chicago: C. S. Halsey.

The great fire of Chicago is an event which will live in history as one of the most overwhelming catastrophes that ever befel a great city, and as one that brought out into very bold relief indeed the brotherly love, the active sympathy, and the large-hearted generosity which pervades the civilized world. It did most truly provoke to love and to good works. Men who, on the morning of that terrible day, would scarce recognise one another, were to be found on its morrow working side by side heartily and anxiously for the public good. Then was it shown how worthless—how worse than worthless—are the bonds by which medico-ethical societies would seek to prevent the non-homœopath from co-operating with the homœopath! Both were serving on the same medical relief committees, both were actively engaged in public professional duties. Medico-ethical resolutions, so far as they denounce homœopathic practitioners, have shown themselves incapable of standing fire.

On that memorable night of the 8th of October the publishers of the two periodicals, the titles of which we have placed at the head of this article, lost well nigh everything. The October number of the *United States Medical and Surgical Journal* was burned at the binder's. The October and November numbers of the *Medical Investigator* were burned at the post-office and at the establishment of Messrs. Halsey. New types, new presses, fresh material of every kind had to be obtained ere their re-

publication could be proceeded with. These have been secured; and we gladly welcome once more to our table two of the best medical periodicals that issue from the United States. We congratulate both editors and publishers on the energy and promptitude with which they have striven to repair the losses of the great fire, and we heartily trust that abundant success may reward their earnestness and zeal.

We should be happy if we could induce our colleagues here in England to aid our American brethren by supporting their journals. Chicago will for some time to come require all the help she can obtain from every quarter; and though to subscribe to a quarterly or a monthly journal is but a very feeble form indeed in which to supply such aid, still the evidence of sympathy, such an act affords, cannot fail to be very gratifying to those concerned. Further, we can assure our brethren that they will derive valuable help in practice from the study of these two periodicals. Both are carefully edited, and are thoroughly practical. To show what they are like, we will give a brief notice of each.

The October number of the *Journal* opens with a critique of Dr. Meyhoffer's work on *Disease of the Respiratory Organs*—highly appreciating the value of this contribution to medical literature. The next paper is entitled *Clinical Notes and Observations*, by Dr. Small. The characteristic indications for *gamboge* in dysentery are given, and the value of *hellebore* in dropsies is illustrated; an interesting case of spinal injury resulting from a fall is detailed, in which *hypericum perforatum* in the 3rd dec. dilution and the external application of the pure tincture of the same to the injured parts was rapidly curative. Dr. Small adds that *hypericum* "appears to be particularly adapted to injury of the nerves and nervous centres resulting in trismus or tetanus." Cases of quotidian fever, of chorea, and of functional disorder of the heart are reported, in which *ignatia* gave rapid relief. Many other medicines have some one or more of the special indications for their use shown by briefly reported but suggestive cases. This is a very useful paper. Dr. Hempel follows with an essay on *The Correlation of Drug Pathogenesis and Pathology*, in which he endeavours in an ingenious manner to show that "a cure is the conversion of the morbid force into its corresponding or correlated drug force." Dr. Williams, of Joliet, Ill., is the author of the next paper, one based on four cases of amenorrhœa, in which *xanthoxylum* was the means of re-establishing health. They were cases in which the usual discharge had been suddenly suppressed by cold or fright, and where a chlorotic condition had been set up. Dr. Williams gave several drops of the 1st dec. dilution every two or three hours, for two or three days before the time for the

usual period arrived. During the interval he gave *calc. carb.* In one case, pains in the back and ovaries, which are occasionally met with during pregnancy, at the period when in the unimpregnated state menstruation would occur, were very promptly relieved by this medicine. In another, one of ovarian dysmenorrhœa, the pain was speedily cured by the *xanthoxyllum*. Dr. Woodward, of Chicago, contributes a paper on *The Ganglionic Nerves in Health and Disease*, in which he endeavours to show that modifications of the same form of disease in different patients are owing to the varying conditions of the sympathetic system in different individuals. Dr. Buck, of Cincinnati, then discusses the vexed question of the *Plea of Insanity*. Professor Danforth, of the Hahnemann Medical College of Chicago, reports some very interesting cases from his Surgical Clinique in the next paper. The first is one of extirpation of the eyeball, rendered necessary to relieve a severe burning pain which had followed the rude attempts of some travelling oculist to extract a cataract. The mode of operating is minutely described. The second is one of hydrocele cured by galvanism. Three gold needles connected with the negative pole of a sixteen-cell zinc and carbon battery were plunged into the sac, and the electrode conveying the positive pole was placed on the thigh. The needles were removed in fifteen minutes. The hydrocele was cured, and the patient was able to return to his business at once. The next case is one of hæmorrhoidal tumour of the size of an ordinary apple, and about as hard. The swelling was inflamed and painful, and the bowels were inactive. The patient was anaesthetised with ether, and two gold needles attached to the negative pole of a twenty-cell battery were passed into the tumour, the positive pole being placed in contact with the thigh. The needles remained in for forty minutes. At the expiration of ten days he was "substantially cured; nothing but tabs remaining in the place of the tumour. He says he has had no special trouble since the operation, and feels better than he has done for years." The concluding case is one of urethral stricture, which with difficulty admitted of a No. 3 catheter; this was also treated by galvanism. The negative pole of a ten-cell battery was brought in contact with the stricture, and retained there for three minutes. In a fortnight after the operation a No. 8 was passed with ease. The next paper is by our friend Dr. Cooper, of Southampton, on *Cimicifuga Racemosa*, in which he gives some brief notes of cases where this medicine had been useful. A fatal case of disease of the mucous follicles of the stomach forms a text on which Dr. Mitchell, of Chicago, bases some interesting observations. Dr. Woodgate, the Lecturer on Ophthalmic and Aural Surgery in the Hahnemann Medical College, gives, in the next paper, a brief account of the patho-

logy and treatment of the purulent ophthalmiæ. A useful and thoroughly practical article on some forms of uterine disease, by Dr. Vincent, of Troy, concludes this portion of the October number. After some editorial articles on matters of general interest in relation to homœopathy, the proceedings of the Chicago Academy of Medicine are reported. These consist of a case of Acute Hydrocephalus, under the care of Dr. Small, in which the persistent use of *aconite* 6 was followed by recovery; an interesting report by Dr. Grosvenor of a case of *Spina bifida*; the details of a difficult case of obstetric surgery, by Dr. Dorion; and a paper on the diagnosis of Measles, by Dr. Duncan.

The January number opens with an article by Dr. Comstock, of St. Louis, on Dysmenorrhœa, and a description of the classes of cases most effectually relieved by incisions of the cervix uteri. Dr. Searle, of Brooklyn, in the second paper, contributes a few hints in a variety of Ophthalmic diseases. Dr. Small continues his Clinical observations, which are wholly of a therapeutic character, and well worth reading and remembering.

Dr. Holcombe, of New Orleans, in the next article discusses certain propositions of Dr. I. S. P. Lord, regarding the treatment of Intermittent. Dr. Lord has recently published the clinical details of 215 cases of intermittent. Like Dr. Lord, Dr. Holcombe has seen a great deal of intermittent fever of the worst types. He is an accurate observer, well read in the *Materia Medica*, and a thorough believer in the doctrine of similars. Bearing these facts in mind, we reproduce his conclusion on this important subject. "There is," writes Dr. Holcombe, "one very great inconsistency here in the practice of homœopaths. They select their remedy to take the place of the allopathic quinine from the organic disturbances *during* the paroxysm; but they do not give it *then*, as would seem proper. They break the force of the fever with *aconite*, *veratrum viride*, or *gelsemium*, and afterwards administer their homœopathic *similimum*, as if it were an anti-periodic, whereas the periodicity of ague and fever symptoms is the rarest thing to be found in the symptomatology of our drugs. We have made the best cures of intermittent fever by selecting the nearest *similimum* to the morbid state, and giving it alone, at regular intervals for several days, throughout both paroxysm and apyrexia.

"A simple, fresh, uncomplicated case of intermittent fever, with distinct cold, hot and sweating stages, and perfect apyrexia, is promptly cured by moderate doses of *quinine*. The free perspiration and perfect apyrexia determine its choice. After years of patient experimentation with all the best homœopathic specifics, we no longer bother ourselves with attempting to select a *similimum* for a state to which *quinine* itself is the best homœopathic *similimum*. Not unfrequently, however, symptoms appear

which are so characteristic of a certain drug, that we feel sure of a cure by its means. Even here, too, we sometimes fail, because the all important element of periodicity is not clear in its pathogenesis.

"If the paroxysm varies widely from the typical form; if there is no chill or sweat; if there are unusual gastric, intestinal, hepatic or cerebral disturbances; well marked capillary congestions; and the patient is hardly sick throughout the interval between one paroxysm and another—we may be sure that the malarial poison has made a profound impression on the sympathetic ganglia, or that the repetition of even mild paroxysms is producing organic lesions in the sphere of vegetative life, which, as a constant source of irritation, will rivet the disease upon the system in the odious form of the malarial cachexia, which, by mal-treatment, is so often made worse by a super-added quinine cachexia.

"*Arsenic*, not *quinine*, is the typical remedy for this state. Nothing here should induce us to give *quinine* but the prevention of alarming congestions which do not yield to *camphor*, *chloroform*, *belladonna*, or some proper homœopathic specific. The higher dilutions are generally better than the lower; and the *arsenite of potash*—Fowler's solution—is far more efficacious than the first or second triturations of *arsenicum album*. Indeed, the *arseniate of potash*, in about one-tenth of the dose given by our allopathic friends, is here a remedy of unsurpassed value. Instead of ten drops, give one; but dissolve that one in ten spoonful of water; and give a spoonful hourly all throughout the case, fever or no fever.

"There is a mixed form of symptoms, which calls for the *arseniate of quinine*, 1st centesimal trituration."

The following paper is a very careful analysis of the symptoms of Lead poisoning, by Dr. Temple Hoyne. The medicine most frequently indicated he has found to be *nuv vomica*. The next contribution is a clinical lecture on Ovarian Dropsy, by Dr. Ludlam. The diagnosis between this and other conditions simulating it, is fully and carefully given. Professor Danforth follows with some more cases from his surgical clinique. A case of hydrocele cured by galvanism. One of talipes varus, treated by division of the tendon of the tibialis posticus; followed by the application of counteracting apparatus. One of ovariectomy, which was successful. The attempt to restrain hæmorrhage by torsion of the chief vessel in the pedicle failed, and a carbolised ligature was applied. Throughout the operation the spray derived from a two-and-a-half per cent solution of carbolic acid was kept playing upon the divided tissues. Vomiting set in on the day after the operation, but was checked by *spec.* 30. The case was complicated by the presence of fibroid uterine

tumours; but the patient was up and about in 28 days, and soon after left for home. A case of severe burn in the lower extremities affords a text for a discourse on the different degrees of burns, and concludes the lecture. Dr. Danforth's treatment of burns is given as follows:—

“For the superficial, *molasses*; for the middle (involving *cutis vera*), thick white-lead paint; for the deep, nitrate of silver (40 grains to the ounce).”

After trying these two last methods in the case narrated, a considerable portion of the abraded surface healed, but “that portion under the legs which lay upon the pillow continued to suppurate, and caused great trouble and delay.” A variety of remedial measures, including skin grafting, were tried and failed, but recovery rapidly took place by daily dressings of dry earth. The earth was washed off daily by syringing with a two-and-a-half per cent. solution of carbolic acid.

Dr. Mitchell is the author of the next paper on Variola. It is not completed, but considers and advocates the advantage of vaccination. The original articles are concluded by one by Dr. E. M. Hale, on *The Probable Effects of Crossing on the Medicinal Qualities of Plants*.

We now come to the editorial articles, the first of which considers the effects of the great fire; the second reviews the attempt of the Massachusetts State Medical Society to evict its homoeopathic members; the third and fourth refer to the arrangements of the Hahnemann Medical College and of the Scammon Hospital for teaching medicine and surgery.

The Transactions of the Chicago Academy of Medicine consist of an essay on leucocythemia, by some one whose name is omitted; one on *Lappa Major* (Burdock), as a remedy for tinea capitis. As has oftentimes happened before, Dr. Burt's attention was drawn to this plant as a remedy in tinea capitis, by a case which had been under his care for a lengthened period, and for many months under that of another medical man, having been rapidly cured by an old woman who “made a string of beads out of the root of the common burdock, put it about his neck, and gave him a tea of the root to drink.” Since that case occurred, Dr. Burt says that he has used *lappa* repeatedly, and adds that “if ever there was a specific for any disease it is *lappa* for tinea capitis, crusta lactea, and the various forms of eczema.” He usually gives two drops of the pure tincture three times a day for two weeks, and then four drops at a dose in the same way. He has never used it as a cerate, or in any way externally, but thinks that cure would be hastened by so doing.

The next paper, by Dr. Trott, describes a new apparatus for treating posterior spinal curvature; and the concluding one is by Professor Danforth, on the treatment of the pedicle in ovari-

otomy. Torsion fails too often to be reliable, and Dr. Danforth prefers the ligature of carbolised cat-gut.

Reviews of books, and a collection of practical notes from different medical journals, both American and foreign, homœopathic and allopathic, complete this number of one of the best homœopathic medical periodicals published anywhere—one which it would be greatly to the advantage of our medical brethren in England to procure and study.

The Medical Investigator is a monthly journal, and is edited by Dr. T. C. Duncan, whose graphic description of the results of the great fire appeared in our December number of last year, and will be fresh in the recollection of our readers. The *Investigator* is divided into two parts: "The Contributors' Department," and "The Editor's Department." The former contains a series of short practical papers. The first of them in the number before us is entitled, "Clinical Cures, with Characteristics, by Dr. Milar, of Syracuse. The next is an account of the discussion which took place at our Oxford Congress, on Dr. Moore's paper. The succeeding paper is a controversial affair provoked by a paper on "Electricity in Drugs," by Dr. Haesler, of Philadelphia. Then we have the report of a case illustrating the action of *stannum* in asthma, by Dr. Cheney; followed by a brief note in reply to some strictures made upon an article on *Minnesota as a Home for Invalids*, by Dr. Gilchrist, who hails from a town in that state. Dr. Lilienthal, of New York, contributes an analysis of the indications for the medicines generally useful in croup. Dr. Cragin presents a few notes on yellow fever as it appeared in Mobile in 1870. The epidemic does not seem to have been a very severe one, and Dr. Cragin's success was considerable, he losing only three cases, and those infants. With regard to the dose in which he prescribed his remedies he says:—"Possibly a more refined posology—smaller doses—might have answered as well; possibly Guernsey, Lippe, Dunham, and scores of others—all honour to them—might have treated the cases more scientifically with their 'two-hundredths' and 'ten-thousandths;' but when I come face to face with this formidable disease, I dare not give up a certainty for an uncertainty—a certain well-doing for a speculative, uncertain better-doing."

The next paper is by Dr. Woodward, on *The Constitutional Effects of Gonorrhœa*. *Some Confirmed Symptoms* is the title of a brief article by Dr. Knowles. The next paper is a contribution to an unfortunate dispute among the homœopathic practitioners of Michigan, as to the *locale* and status of a medical school it is proposed to establish in that state. *Some Obstetric Notes* illustrating the value of homœopathically indicated medicines to correct disorders occurring during labour, is the title of a paper by Dr. Duncan.

The editorial department opens with a notice of Dr. I. S. P. Lord's theory regarding the nature of intermittent fever—one which the writer regards as "not proven." Dr. Gilchrist follows with some observations on the treatment of fractures. The tendency of homœopathic physicians to be too sanguine in prognosis forms the subject of a short note of animadversion. In the next, the writer suggests that the constant fear of prosecution for malpractice in surgical cases has tended to make surgeons more careful both in instructing themselves and in operating, and thinks that medicines would be less carelessly handled if prosecutions of this kind followed their misuse more frequently. He concludes by saying that "a nostrum, no matter how long it may have been before the public, if proved upon examination to be destructible to health or life, should have its sale prevented by law, and the maker prosecuted." Another note of a moralising character comes next, and medical men who make special studies of certain phenomena in disease, are very properly taken to task for not publishing the same for the good of the professional brotherhood. After a brief reference to the Massachusetts Medical Society and its attack on homœopathic physicians, we are treated to an interesting paper, entitled "After the Fire." It describes the heavy losses sustained by individual members of the profession. We are glad, indeed, to learn from this article, that the majority of our colleagues who have been burned out have found new quarters, and are actively and profitably engaged in professional work. Not so, however, with all, as the following extracts will show: "Mrs. Cane, M.D., lost a fine residence, and has married and removed, we learn, to Florida." Perhaps, after all, we may be allowed to congratulate our professional sister on the turn events have taken with her! "Dr. A. W. Woodward was about to remove his office to his residence, 140, Warren Avenue. The fire saved him the trouble." "Dr. A. W. Hartupee, in losing his office, found himself so broken up that he has gone to Kalamazoo, Mich. He may return." "Dra. A. E. Small and W. H. Burt lost their office. The latter had just removed from Lincoln, Ill., and thinks the initiation a severe one." "Dr. D. G. Cole was burned out, but where he is and how he fares we do not know." The saddest lot of all is that of Dr. D. S. Smith, "the oldest homœopathist in the north-west, who had about retired from practice. He loses about \$80,000 and all his income. He will practise some again, and will rebuild again." Most heartily do we wish him all success! The number is completed by reviews, notes and queries, some pathological notes, and extracts from other medical journals.

This periodical is like its more pretentious quarterly neighbour, thoroughly practical in the nature of its contents. The

homœopaths of Chicago may well be proud of having two such journals to represent them. Each is useful in its own way, and we trust that never again will the career of either be interrupted by any such disaster as that which occurred during the "chill October" of 1871.

EXTRACTS FROM MEDICAL LITERATURE.

MEDICINE, &c.

IN *Brit. Med. Journ.* (Feb. 24) the first of a series of papers is published by Dr. Bastian, on "The relation to parasitic diseases of modes of growth of lower organisms, apparently independent of pre-existing germs related to evolutionary modifications or developmental changes in organic globules or other constituent parts of animal fluids and vegetable tissues." The paper is entitled, "On Heterogenesis in its relation to Parasitic Diseases." A leader, from which we have taken the above sentence, gives an admirable summary of the paper; this we shall quote. "He commences by the description of a developmental change described to ensue in the milk-globule, by which this gives origin to a growth of *mould* or *penicillium*, apparently arising from the evolution of the very globule itself, which is described as undergoing segmentation, bifurcation, and subsequent changes, leading to the appearance of fructification. These observations, originally made by M. Turpin in 1837, have not, so far as we know, attracted the serious attention which, from their present confirmation by Dr. Bastian's independent observation, they seem to have deserved. More recent observations of a very positive character by a very eminent French botanist, M. Trécul; a Member of the Institute, have described similar developmental changes as occurring in the globules contained within the closed laticiferous vessels and cells of many plants. M. Trécul affirms that he has actually watched every stage in the transformation of individual globules into elementary fungoid organisms. The importance of these observations is obvious, if the changes so described as having been actually seen can be accepted as portraits of the fact; and inasmuch as they take place in such comparatively large masses, it is difficult to understand how such experienced observers could be deceived. Their bearing is apparent upon the origin of many skin-affections, and also of many general diseases which are known to be associated with parasitic organisms. The origin by pre-existing germs or pores is always difficult to explain where fungoid growths are discovered in closed cavities and vessels; and yet multitudes of instances have been known where these growths have been met with under such circumstances. In the subsequent parts of his paper, Dr. Bastian discusses the relation of this presumed hete-

rogenesis to the origin of parasitic diseases, such as muscardine, and as *pébrine* in the silkworm, the *sang de rate* of horned cattle, loaded with bacteria, and leading to the malignant pustule of man; and again raises, with the force derived from fresh illustrations, the question of the possibility of the origin *de novo* of contagious diseases. We may once more point out that the onus of disproving the positive observations of such investigators as Trécul, Frémy, Pouchet, and Bastian, lies upon Huxley, Beale, and such other writers as deny at present the possibility of heterogenesis. Upon the right solution of the questions which Dr. Bastian is now investigating with such admirable assiduity and skill, depend largely the practical views which we shall have to adopt as to the causation of fevers and their real mode of distribution—whether dependent largely upon conditions of origin, or wholly upon the mere distribution of germs or contagious particles."

The discovery by Dr. Losterfer of the existence of peculiar corpuscles in syphilitic blood, continues to attract much attention and discussion. Dr. Wedl and Professor Gruber oppose Dr. L's views, and maintain that the same bodies are found in healthy blood, and that they were, some of them, oily corpuscles; others, portions of the secretions of the sebaceous glands. A committee of investigation is appointed by the Vienna Med. Soc.

An interesting paper was read before the Med. Soc. of the Coll. of Phys., Ireland (*ibid*), by Dr. Foot, on the treatment of *Small-pox* in the Meath Hosp. He had 80 cases: 24 confluent and 6 semi-confluent, with a mortality of 11. This, he regards, considering the cases and the nature of the epidemic, as highly satisfactory, rating the average mortality of confluent cases as 50 per cent. He treated them by antiseptics—the sulpho-carbolate of sodium internally, with sulphurous acid "in the gaseous state, and as a drink, a gargle, a lotion, a spray for the nares and larynx, and in every way and form in which it could be used." For the secondary fever he gives quinine, and during convalescence sulpho-carbolate of iron. For an application to the face, he uses carbolic oil (1 to 3, or 1 to 7).

Mr. Barwell (*Lancet*, Feb. 24) gives a lecture on *Infantile Paralysis*, in which he combats the idea that it is the result of disease of the spinal cord. "It is impossible to escape the conclusion that infantile paralysis is a malady purely peripheral, affecting the ultimate nervous fibrillæ of distribution in the muscular elements. I am anxious that this conclusion be not pushed too far. I am not supposing or imagining any degeneration or structural change in the nerve-fibres as the cause of this malady. . . . The essence of the disease probably lies in some subtle derangement of relationship between ultimate nerve and ultimate muscle fibre; perhaps from some inflamma-

tory, but more probably from a chemical or nutrient change. In after years any amount of tissue degeneration may occur." He strongly enforces the necessity of the *early* use of the voltaic or battery current. "No disease is so obstinate when old; but while still new, few are more amenable to treatment.

An interesting case of extensive *Paralysis* (syphilitic), under Dr. Pollock of Charing Cross Hosp., is given (*ibid*), which was cured in two months by iodide of potassium, 30 or 40 grs. three times a day.

A report of a highly interesting paper by Dr. Broadbent, read before the Royal Med. and Chir. Soc., is given (*ibid*), and from the leader which gives a *resumé* of the paper, we extract the following. It is entitled "*On the Cerebral Mechanism of Thought and Speech.*" Dr. B.'s views may be thus briefly stated:—In regard to structure, he believes his dissections demonstrate that the radiating fibres issuing from the central ganglia are chiefly, if not exclusively distributed to the convolutions forming the margin of the fissure of Sylvius, and the parts adjacent both in front and behind; that the fibres of the corpus callosum are distributed to these same convolutions; that there are convolutions, as those on the under surface of the temporo-sphenoid and orbital lobes, island of Reil, and others on the convex surface, which have no direct connexion with either crus, central ganglia, or corpus callosum; and, lastly that there are fibres connecting different parts of the cortical grey substance. His theory in regard to the functional activity of these parts is based on that suggested by Dr. Bastian, and may thus be shortly given; ideas on thoughts—the act of thinking—are the functions of the highest centres, occupying those parts of the cerebral hemispheres which are thus withdrawn from the outer world. When such thoughts or ideas are required to be translated into language, impulses are transmitted through communicating medullary fibres, to the third left frontal convolution, when they are formulated into speech, the words being selected that are adapted for the expression of the idea or phrase. But for the articulation of any given word many muscular groups must be called into play—as those of the chest, larynx, tongue and lips. The co-ordination of muscles for this purpose is effected by the corpus striatum, in which certain groups of cells representing certain sounds or words exist. The business of the third left frontal convolution is to call into play the right cell groups in the corpus striatum, which shall transmit to the nerve nuclei in the medulla and cord the impulses requisite for the utterance of the words that it has itself selected as most appropriate for the expression of the idea existing in the supreme centres. It is obvious that this theory enables an explanation to be given of many pathological phenomena. Dr. B. holds that there may be either paralysis or merely a want of co-ordinating power in each

of these centres. In the case of the supreme centres, for instance, the lesion may be so serious as to lead to utter loss of the memory of ideas and of words as intellectual symbols, and the patient is then said to be amnesic; or there may be only a want of co-ordinating power—a failure in the capability of selecting the words or phrases required to express a given idea. But the supreme centres may be undisturbed and free from disease, as shown by the retention of memory and the power of expressing ideas by some other mode, as by writing. And yet there may be loss or impairment of speech. In such cases the third left frontal convolution is diseased; and here, again, the lesion may be so severe as to abolish its function of selecting words or phrases appropriate to the idea desired to be expressed, and thus produce aphasia; or its co-ordinating powers may alone be affected, and the impulses it sends down to the corpus striatum may be directed through wrong channels, exciting wrong cell-groups, and giving rise to the use of inappropriate words. In cases where the corpus striatum or the motor ganglia in the medulla are affected aphasia is not present, but there is impairment of articulation; and thus in several instances we obtain a key to what otherwise are very puzzling groups of symptoms.”

The Brit. Med. Jour., March 2, says, that “at a recent meeting of the Königsburg Soc. for Scientific Medicine, Herr Bohn said that his observations had proved the antipyretic action of *eucalyptus globulus* in hectic and intermittent fever. In one case of the former it was more efficacious than *quinine*. In a case of masked intermittent, assuming the form of cerebral disorder, in a child 7 years old, he had arrested the disease in four hours by giving 15 grammes of the tincture in drachm doses.”

An interesting paper by Dr. Latham of Cambridge on the *Diagnosis of Typhoid Fever in its Earliest Stages* occurs in the *Lancet*, March 2. The diagnosis is by means of the thermometer. He quotes the formula of Wunderlich as follows:

	Morning.	Evening.
1st day	98.6° F.	100.4° F.
2nd „	99.4° „	101.4° „
3rd „	100.4° „	102.6° „
4th „	101.6° „	104.0° „

“If, then, a person, previously quite well, feels uneasy, perhaps has a rigor, and in the evening we find his temp. about 100.4° or 101° F., falling the next morning about a degree, rising again in the evening, and approximately following the above course, the disease may be diagnosed with tolerable certainty. On the other hand, the disease is not typhoid if (1) on the 2nd, 3rd, or 4th evenings the temperature approximates even to the normal (98.6°); (2) if during the first two days the temperature runs to 104°; (3) if better the 4th and 6th days, the evening temp. of a

person under middle age does not reach 103° ; (4) if the temp. on two of the first three evenings is the same; or (5) if it is the same on the 2nd and 3rd mornings. From the 4th to the 10th day, the evening temps. are tolerably uniform, the highest being most generally on the evenings of the 4th, 5th, or 6th days, reaching from 104° to 105.5° , or even higher. The morning temps. are from 1° to 2.6° lower than the evening ones, on the 5th, 6th, and 7th days, the variations between the morning and evening temp. being less than takes place from the 6th or 7th to the 9th or 10th days." Wunderlich says, "that if in a youth or individual of middle age, who was previously well, an illness has continued from 5 to 10 days, and we find evening temperatures of 103.4 to 105° F., or a little over, alternating with morning temp. of 1.4° to 2.6° lower, and without any other disorder showing itself to explain the elevation, and without the patient being previously subject to gross neglect—then we are justified in positively diagnosing the disease as typhoid fever."

Dr. Williams, of the Sussex Lunatic Asylum, gives (*ibid*) the results of *Experiments on the Nutritive Value of Australian Preserved Meat*, as compared with freshly-cooked meat. He gave the preserved meat to twenty chronic patients for a month, who were in good health, and not under special medical treatment. From their weights before and after the month's experiment, "it will be seen that thirteen out of twenty either increased slightly in weight, or remained stationary; and that of the others, only one lost anything worth speaking of, viz., 4 lbs.; and this must have been a purely adventitious circumstance." The diet was in no other way altered.

Dr. Torrop, of Heywood, states (*ibid*) that a common well-made watch glass makes an excellent substitute for an *Ophthalmoscopic Mirror*. He states that with it atropine is rarely required, as the glare is so slight as not to cause contraction of the pupil.

A case is recorded (*Med. Times*, March 2nd), from Brussels, of *Tetanus* cured by *chloral* in doses of 45 grains, given per rectum. Other remedies had failed; and it is said to have been a severe case.

In *Brit. Med. Journal*, March 19th, is a paper by Sir James Alderson on *Sea-sickness*. He supports Dr. Wollaston's view that it is dependent on pressure of the blood on the brain; that in the downward movement of the body when the bow of the vessel descends, the blood does not follow the movement of the vessels and rest of the body; but, in consequence, presses in unusual quantity on the brain. In support of this view he notices that during the upward motion of the vessel and the body, the feeling of sickness does not occur. He also notices the prevalent desire to keep the recumbent position; but in doing so, he is careful to advise that the person should lie *with*

the head to the bow, because then, in the downward motion of the vessel's bow, the blood is forced away from the brain.

A paper on *Alcoholic Paraplegia* (*ibid*), occurs by Dr. N. Wilkes. He says he has met with this more frequently in women than men. The membranes of the brain and spinal cord become thickened, and the organs withered and wasted. "Of course, drunkards of all descriptions suffer from nervous and muscular weakness; but, as I have said before, it is more especially in the legs that the effect is most striking. A loss of power is first observed, accompanied by pains in the limbs, which might indicate a chronic meningitis of the spinal cord. In some cases there is anæsthesia. There is, at the same time, some amount of feebleness of other parts of the body as well as the mind, and thus an approach to general paralysis is produced; but sometimes the symptoms are almost confined to the legs, and resemble in character those of locomotor ataxy."

A leader in the *Lancet* (March 9), invites attention to the remarkable form of skin disease called *Scleroderma*, or *Sclerema adultorum*, as described by Dr. Neumann, in the *Wiener Med. Presse*. The skin becomes gradually harder and more tense; and in some acute cases is preceded by an œdema. "The symptoms are very variable; but there is always the disagreeable sensation of tension, impeding movement to a greater or less extent. Thus, if the sclerema affects the neck, the rotation and flexion of the head are interfered with. In sclerema of the face, the facial expression is lost, the natural lines and furrows are smoothed out, and the play of the features is lost; the eyelids droop; the *alæ nasi* are stretched, and the nose is flattened; the oval opening is contracted, and the movements of the lips rendered difficult. With regard to other parts of the body, the abdomen is made tense; the scrotum and penis so tense that no erection can occur; the elbows are bent; the fingers half-extended and claw-like; the spinal column is bent forwards; and the respiration even impeded. In one of Dr. Neumann's cases violent itching was complained of. In this case the temperature was considerably elevated, though it is usually depressed. The secretion of the sebaceous follicles does not wholly fail, since pustules of acne have been observed to form. In some instances the secretion of sweat seems to be entirely arrested; but not in others. The disease has been observed to be associated with erythema, erysipelas proceeding to vesication, impetigo, ecthyma, partial teleangiectasis, ulcerations and acne. It is more common in females than in males; and the majority of cases have occurred between the ages of 25 and 40; though one case is recorded in a patient aged 6, and another aged 72. The pathological conditions of the skin that have been discovered under the microscope, are hypertrophy and condensation of the subcutaneous cellular tissue, with coincident atrophy of

the adipose tissue, deposit of pigment in the *vete malpighii*, around the vessels, in the cellular investment of the several ducts, in the outer root-sheaths of the hair; and in the sebaceous follicles. The pigmentation, however, appears to bear no relation to the intensity of the disease, the densest parts being often the lightest coloured. In one of Dr. Neumann's cases the epidermis was found to be unaltered, the cells of the *vete malpighii* were increased in number, and formed wart-like processes, dipping into the cutis, not pigmented. The fibres of the cutis formed large and strong bands, that preserved the characters of connective tissues, and were intermingled with thick trabeculae of elastic tissue. Collections of cells occurred in the deeper parts of the corium, and in the *paniculus adiposus*, the last of which was much atrophied. The sweat-glands were individually much hypertrophied; and the smooth muscular fasciculi was also much increased in size. The vessels remaining in the cutis were large, and filled with blood; but the branches running towards the papillae were small and empty. The hairs were small and woolly; but the sebaceous follicles were large. No treatment has been hitherto suggested that possesses any value in curing, or even in staying, the progress of the disease."

A very interesting paper, by Dr. Alexander Ogston, of Aberdeen, occurs in the *Edin. Med. Journal*, Dec. 1871, "*On the Local Effects of Crude Paraffin.*" His facts were obtained at Messrs. Miller's chemical works, Aberdeen. "The workmen engaged in this manufacture have the skin on portions of their bodies, more especially of the hands and arms, but also of the feet and legs, brought daily for many hours at a time into contact with the paraffin shale, and with the oily matters mixed up with it." The result is an eruption which appears in certain parts of the body, either in an acute form, disappearing soon on removal from the work, or in a chronic form. "In the acute form the skin of the hands, wrists, arms, feet and legs become covered with a rash of bright red nodules, closely approximate to each other, and usually largest and most numerous on the wrists, or wherever the dress tightly embraces the skin; the dorsal aspects of the parts being most severely affected, and the palms of the hands and soles of the feet enjoying a complete immunity. Similar nodules arise, though to a less extent, on the face, neck, and other parts of the body to which the oily matters find access. On minutely examining the skin of those affected in this way, the following are the leading peculiarities of the eruption:—The bright red nodules, hard to the touch, tender on pressure, varying little in size, which is about equal to that of a grain of barley, are of a rounded form, and consist each of a single hair follicle with the parts immediately surrounding it, which are inflamed, indurated, and reddened. The hair emerges from the very summit of the nodule, and the orifice

of the hair-follicle is much enlarged and easily visible to the naked eye as an aperture of a magnitude similar to that of a pin-hole in a card. The dilatation extends to the deeper part of the follicle, which forms the kernel of the inflamed knot, the retention of its contents evidently contributing to the inflammatory induration around. The gaping mouth of the follicle exhibits masses of cast-off epithelial scales, dry and friable instead of greasy and tenacious; the nodule has little tendency to run on to suppuration observable in an ordinary *comedo*, and its contents cannot be squeezed out. On the contrary, the redness and induration, after remaining for some little time, gradually diminish, and finally disappear, leaving the hair-follicle enlarged, and its mouth gaping so as to exhibit the retained epithelial masses, these latter being rendered more distinct by continued retention and accumulation of dirt. In fact, the *acute* form of the eruption consists of successive crops of these nodules, which are thus at the same time seen in all stages of their growth, full development, and subsidence; while the skin between them, studded with the black gaping mouths of such follicles as have already passed through or are about to undergo the process, retains, contrary to what is observed in the chronic form of the malady, its natural pliancy and elasticity. In all paraffin-workers patency and enlargement of the hair-follicles continue to some extent so long as they are engaged in this manufacture, and the black dots in the skin of their hands and face strike the eye of the observer at once; men with dark complexions and strong hair being especially deformed in this way, while fair complexions and light or reddish hair escape comparatively unaffected. When the disease assumes the *chronic* form it exhibits the following characteristics:—the backs of the feet and toes, the dorsum of the hand, and the backs of the fingers between, but not over, the joints, exhibit a peculiar honey-combed appearance of the skin, which is elevated, thickened, and inelastic, so as to prevent or render difficult and painful the flexion of the fingers and hand. These elevated honeycombed patches are of natural colour, and not inflamed (except where an isolated papule exhibits the appearance described under the acute form), but consist of densely-grouped arrays of hair-follicles, with the indurated cutis between and around them, the follicles packed with dry brittle accumulations of epithelial scales, so extensive as to be easily visible through the dilated mouths of the follicles, these latter being large enough to admit the extremity of an ordinary probe. The hairs themselves have disappeared from these patches, having probably become atrophic from the pressure of the epidermic masses, while cracks and bleeding fissures traverse the indurated parts, and in rare instances a follicular abscess gives variety to the picture. The knuckles of the fingers and toes, the palms of the hands, and the soles of

the feet, remain unaffected by the disease. In the subjects of the chronic malady the complexion is pale and the tongue foul, while the loss of flesh betrays the effects of the sleepless nights caused by the constant irritation and pain of the skin of the affected extremities."

In the *Lancet* (March 16) Dr. Burman, of the West Riding Asylum, gives two cases where the use of *chloral* produced a red rash all over the body very like that of scarlatina; there was fever and sore throat, "the tonsils and upper parts of the pharynx being visibly red and congested." There was absence in both of the "strawberry tongue." The eruption in both cases was followed by desquamation. In one case there was a relapse on the 14th day of the former symptoms, and in the other on the 21st day. No albuminuria occurred in either case.

SURGERY.

In *Lancet*, Feb. 24, three cases of injury to joints are given—two treated antiseptically and one not; all doing equally well.

At the Clinical Soc. (*Med. Times and Gazette*, Feb. 24) Mr. Cooper Forster read an account of two cases of *Popliteal Aneurism* cured by pressure on the femoral, in one case by instrumental pressure, kept up for from 4 to 9½ hours at a time. He was cured at the end of 55 days. In the other, digital pressure was used, and a cure resulted in three hours and a half. Mr. F. is of opinion that the current of blood in the sac should be completely, and not partially, arrested.

A new method of treatment of *Retention of Urine* in impermeable stricture is proposed by Dr. O'Connell, of the U.S. army. He passes a catheter as far as possible, and applies to the end of it a suction-bag. The suction action of the bag, aided by gentle pressure on the part of the patient, has succeeded in drawing off the urine in two cases. (*Lancet*, March 2.)

In *Lancet*, March 9, are some other interesting cases of recovery after wounds of the knee-joint.

A case is recorded (*Lancet*, March 10) of ligature of the common carotid for profuse hæmorrhage from cancer of the tongue.

D. D. B.

NOTABILIA.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

THE Annual Session of this body has been held earlier this year than usual, in order to receive the proposals of the Universities and Corporations for joint examinations, and to consider whether any and what steps should be taken to carry out the resolutions of the Council in favour of such combination. Dr. PAGET

presided, and all the members were present with the exception of Sir ROBERT CHRISTISON, whose absence we regret to state was due to indisposition.

The position of affairs with regard to this conjoint examination scheme seems to be as follows. In England the Colleges of Physicians and Surgeons have, with the Universities of Oxford, Cambridge, and Durham, agreed to unite to form a board of examiners in medicine, surgery, and midwifery. The license obtained is to give admission to the register by affiliation to either the College of Surgeons or the College of Physicians, The Universities consent not to confer any degree admitting to the register until a candidate for such degree has obtained the licence of the conjoint board. The University of London would gladly join in the proposed scheme, but is prevented from doing so by the terms of its charter. The Society of Apothecaries is equally anxious to unite with the other bodies, but is fettered by the provisions of the Act of 1815. These are difficulties which will doubtless be removed by a short Act of Parliament applying to each case. The Scotch bodies have not been able to come to any agreement. The Irish corporations tendered no report at all. Some would, it seemed, be willing to constitute a board of this character, but the College of Physicians and the Queen's University will have nothing to do with it. The relative position of the medical and surgical bodies in the three kingdoms gave rise to a debate extending over several days. During this the English, represented by Dr. PARKES, abused the Scotch for having done nothing in furtherance of the wishes of the Council. The Scotch, led by Drs. ALEXANDER and ANDREW WOOD, sneered at the English for not having a complete scheme. And the Irish, in the person of Sir DOMINIC CORRIGAN, grinned at both parties, and, as usual, defied the Council. The debate reads like a *mêlée* of English, Scotch, and Irish!

The scheme proposed by the College of Physicians of London and the College of Surgeons of England received the sanction of the Council; and to the resolution according this sanction was tacked on an expression of hope that arrangements would be made enabling the University of London and the Society of Apothecaries to take part in the scheme. Sir DOMINIC CORRIGAN proposed an amendment to the resolution of sanction, the object of which was to modify this sanction into a sort of approval, so far as the Royal Colleges were concerned, on the ground that the Universities had not given their adhesion to the scheme, but had merely approved of it. This brought up Dr. ACLAND, Dr. HUMPHREY, and Dr. EMBLETON, who with some degree of righteous indignation assured the Council that the bodies they represented meant what they said, and that their adhesion to the proposal was *bond fide*. Sir Dominic's amendment was put and negatived.

At a subsequent meeting a letter was read from Sir ROBERT CHRISTISON, stating his reasons for dissenting from the proposal to have a conjoint board. Sir WILLIAM GULL moved "That this Council expresses its regret that no scheme has been framed and submitted by the medical authorities of Scotland for the establishment of a conjoint board of examination." Dr. HUMPHREY moved an amendment, adding an expression of hope that in a few months something of the kind would be done in Scotland. But as there seemed no reasonable ground for any hope of the kind, the amendment was lost, and Sir WILLIAM GULL's motion was carried.

At the next meeting Dr. PARKES proposed the following motion:—"That, in case the medical authorities in Scotland have not succeeded in forming a proper scheme for the formation of a conjoint board for Scotland by the 1st January, 1873, the Council will endeavour to obtain a legislative enactment, under which a conjoint board for Scotland may be constituted." This rendered Dr. ANDREW WOOD furious, and Sir DOMINIC CORRIGAN scornful to a degree! The former said that Scotland would not be dragooned into taking that step. Scotland would judge for itself what was right. In short, Scotland would do that which seemed best in its own eyes—that which brought most money to the University chest, and didn't care a fig for the Council. He adjured the Council to remember that the emblem of Scotland was a thistle, and its motto *Nemo me impune lacessit!* Sir WILLIAM GULL, by way of throwing oil upon the troubled waters, proposed the following amendment:—"That a notice of the last resolution of March 2nd, 1872, be sent to the medical authorities of Scotland, together with a statement that the Council still urges upon them the desirability of a conjoint examination, and expresses the hope that a scheme for such an examination as the Council can sanction, may be submitted to the Council by January 1st, 1873." The amendment, with the date altered to July 1st, 1872, was carried by 10 voting in its favour, and 2 against it.

The turn of the Irish corporations came next, and Dr. HUMPHREY proposed and carried a resolution expressing the regret of the Council that these bodies had produced no scheme of the kind desired, together with a hope that they would do so before July 1st, 1872.

If Sir DOMINIC CORRIGAN's influence still lives among the Irish Corporations, the chances of the wishes and hopes of the Council being realised are small indeed. As matters stand at present, if the appointment of a single board in each country to grant a *minimum* qualification is desirable alike in the interest of the profession and the public, Scotland and Ireland stop the way; and from the tone and temper displayed by the repre-

sentatives of those two divisions of the kingdom, there seems every probability of their continuing to do so.

Among other motions considered by the Council was a proposition by Dr. ACLAND to appoint a committee "to consider and report whether the General Medical Council has power to make rules for the special education of women such as may be certified by the Council. And that the committee do further report for what purpose such qualifications, if any, should be granted, what are the most desirable means of examining and certifying in respect of them, with special reference to modifying the management of medical institutions, dispensing and nursing." Dr. ACLAND explained that his motion had nothing to do with the question whether women should be entitled to be entered on the register as ordinary medical practitioners; or to any medical qualification as it had been called, or to the question of women's rights to practise, to have degrees, to dissect with other students, and the like—a question the discussion of which he exceedingly deplored. The motion was seconded by Dr. STOKES, ridiculed by Sir DOMINIC CORRIGAN, sneered at by Dr. ANDREW WOOD, who said "the Council had enough to do without bothering itself about women, who now, as in former days, were the *teterrima causa belli*"—and carried by a majority of 1. The committee appointed consists of Dr. Acland, Sir W. Gull, Dr. Quain, Mr. Quain, Dr. Stokes, Mr. Hargrave, Dr. A. Thomson, and Dr. Macrobin.

The reports of the Committees on Visitation of Examination, on the Registration of Students, and on Army Medical Returns, were received and adopted. It is worthy of note and a subject of congratulation that whereas a few years ago the number of failures of gentlemen, *already qualified*, to pass the army medical board amounted to 40 per cent., the last returns showed only 8 per cent. of failures.

Some minor matters having been considered, the finance committee presented their report. This showed a remarkable falling off in the number of registrations, the sum received for registration fees being £407 10s. less during 1871 than in 1870. There is, however, a balance on the whole account of £878 in favour of the Council.

A letter was read from the secretary to the Commissioners in Lunacy, stating that a certificate under the Lunacy Act had been signed by an unregistered member of the College of Surgeons, and licentiate of the Society of Apothecaries, and adding that it was only on the understanding that he promised to register forthwith that the commissioners had refrained from proceeding against him criminally.

It cannot be too generally known that a diploma does not become a qualification to practise and to perform the various

legal duties imposed upon medical men *until* it has been registered. A medical man, whatever his diplomas may be, who, not having registered them, signs a certificate in lunacy, is liable to a criminal prosecution for so doing, and the document bearing such a signature is an illegal one, rendering the person who, acting upon it, detains the person so certified, liable to an action for false imprisonment. Hence, if any medical man who may chance to read these lines is unregistered, we would advise him to register forthwith.

After some discussion as to the purchase of a suitable building wherein to transact the business of the Council, and the passing of the usual votes of thanks, the spring meeting of the Medical Council came to a conclusion.

THE LONDON HOMŒOPATHIC HOSPITAL DINNER.

To the near approach of this event we briefly alluded in our last number. We are now able to state that the dinner will take place at Willis' Rooms, St. James's, on Tuesday the 23rd of April, at half-past six in the evening, and that the chair will be occupied by the Right Hon. Viscount BURY, M.P. The list of Stewards is a lengthy and in every way a gratifying one. We trust that the friends of this Charity will rally round the noble Chairman, and give to it all the support which its eminent usefulness and careful management entitle it to claim.

We can only now urge our colleagues to exert all the influence they may have to swell the circle at dinner and the list of donations thereafter.

ON THE MODE OF ELECTING MEDICAL OFFICERS AT THE LONDON HOMŒOPATHIC HOSPITAL.

ON this matter the laws of our hospital appear to us weighted with a series of checks so utterly needless, and imposing so much useless trouble upon a number of gentlemen who have none too much time to spare, that we trust the Board of Management may be able to suggest some modification of them at the approaching annual meeting of the Governors and Subscribers.

As the laws at present stand, a candidate must be a member of the British Homœopathic Society. This qualification implies, 1st, that he is legally qualified to practise his profession; and 2ndly, that he believes in and knows how to practise homœopathy. Hence, on a vacancy occurring, one would suppose that all the Board of Management would require to do, before presenting a candidate to the subscribers, would be to write to the Secretary of the Society, and ask officially if the person applying was a member of that Society. But according to the laws, this is *not* necessary; while a good deal more is.

On a vacancy occurring, the Board must summon the Medical Council together to inform them that there is a vacancy! What is the advantage which is to be derived from calling three-and-twenty medical men from all parts of London, and eight from different parts of England, to meet at the hospital in Great Ormond Street, to be informed that there is a vacancy in the medical staff, and that an advertisement must be published to inform candidates of its occurrence?

Supposing that this has been done, that the advertisements have been published, and that candidates have sent in testimonials of fitness—the Medical Council must again meet in Great Ormond Street to examine these testimonials, and to report to the Board that the candidates are qualified for office according to the laws of the Institution. Then, and then only, can the Subscribers proceed to elect an officer! The limitation of candidates to members of the British Homœopathic Society is, we assert, a sufficient guarantee of a person's qualification to hold office at the Hospital, should the Subscribers see fit to appoint him. The intervention of the Medical Council is absurd. If the medical officers were to appoint their colleagues, we could then understand such a mode of going to work. But they have nothing whatever to do with the matter. Neither ought they to have. The election is solely in the hands of those by whose contributions the Institution is supported. The only result of the present plan, that we can see, is, that should the Board, by ignoring a useless law, endeavour to consult the convenience of the Council, it is in the power of any member of the Council, who may find a pleasure in increasing the difficulties of the Board of Management, to effect his amiable purpose by interfering with the regular course of election.

On this ground, then, we appeal to the Board of Management to propose such an alteration in the laws at the next Annual Meeting, as shall render the intervention of the Medical Council in any election of this kind unnecessary, unless specially requested by the Board.

LONDON HOMŒOPATHIC HOSPITAL. ANNUAL MEETING.

THE annual meeting of the subscribers and friends of this institution will take place in the board-room of the hospital, in Great Ormond Street, on Tuesday, the 30th of April, at three o'clock in the afternoon, when Lord EBURY, the chairman of the Board, will preside. On former occasions the attendance of subscribers has been somewhat limited. We should be glad if any words of ours could persuade those who take an interest in the welfare of the institution they support, to incur the slight inconvenience

of being present. The management of an hospital involves a large amount of labour being incurred by those who undertake it; and the presence of all who can attend when these gentlemen render an account of their stewardship, cheers and encourages them in what is at all times a difficult, and too often a thankless office.

A NEW HOMŒOPATHIC DISPENSARY.

A MEETING of gentlemen, convened by invitation from W. LEAF, Esq., Park Hill, Streatham Common, was held at his house, on Monday evening, the 19th Feb., W. LEAF, Esq. in the chair, to establish upon a firm and permanent basis a Homœopathic Dispensary for Brixton, Streatham, Clapham, Norwood, and the adjacent districts. Dr. HASTINGS introduced his assistant, Mr. ALEXIS WALKER, L.R.C.P., who will work the dispensary in conjunction with Dr. HASTINGS. A committee was formed of gentlemen deeply interested in the progress of homœopathy, and it was resolved that attendance should be given at the dispensary every day, viz., three mornings and three evenings in each week, at B. C. POND'S Homœopathic Pharmacy, New Park Road, Brixton Hill. This institution commenced its operations last month.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected MSS.

Communications have been received from Dr. BAYES, Dr. BEE-RIDGE, Mr. TRUEMAN, and Mr. WARREN, London; Dr. SHARP, Rugby; Dr. SHULDHAM, Croydon; Dr. DYCE BROWN, Aberdeen; Dr. PAINE, Albany, U.S.; the Rev. F. N. BLAYDES, Harringworth; Mr. PROCTOR, Liverpool, &c.

BOOKS AND PERIODICALS RECEIVED.

The Homœopathic World, March 1872. London: Jarrold & Son.
The Chemist and Druggist, March 1872. London.
The United States Medical and Surgical Journal, Oct. 1871, and Jan. 1872. Halsey, Chicago.
The Medical Investigator, Feb. 1872. Halsey, Chicago.
The Hahnemannian Monthly, Feb. and March. Tafel, Philadelphia.
The American Observer of Homœopathy, Feb. 1872. Detroit.
First Ann. Rep. Massachusetts Hom. Hosp., 1872. Boston.
Bulletin de la Soc. Méd. Hom. de France, March 1872. Paris.
Bibliothèque Homœopathique, Jan. 1872. Paris.
Allgemeine Homœopathische Zeitung, March 1872. Leipzig.
La Reforma Médica, February 1872. Madrid.
Rivista Omiopatica, January 1872. Rome.

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.

SYMPTOMS.

It is commonly asserted by medical men who endeavour to write or preach down homœopathy, that homœopathic physicians treat, as they term it, only the symptoms of a patient. Thus Dr. MURCHISON, within the last few months, has published a lecture in which the following sentence finds a place:—"It requires no medical education to treat symptoms as the homœopathist does." The endeavour here apparently is to let it be understood that a physician practising homœopathy does not know the meaning of the word symptom—that such an one regards a group of symptoms as a disease, the phraseology in which a sick man expresses his sufferings as a morbid process! This may be a very appropriate method of throwing dust in the eyes of those ignorant of the practice of homœopathic physicians, and for anything we know, may be attended with a certain amount of success in dissuading students and others from studying wherein the practice of homœopathy differs from the therapeutics taught at St. Thomas's Hospital. But after all that has been written regarding the mode in which homœopathic practitioners make use of symptoms in their endeavours to cure disease, it is scarcely an honourable mode of attack. It is, however, one not unfrequently adopted, both by those who might be expected to know better, and by others from whom it

is impossible to look for accuracy of information. We will therefore endeavour to point out once more the light in which homœopathists generally are accustomed to view symptoms.

A symptom, we would first observe, is not a disease ; neither do any number of symptoms constitute a disease. Disease is a departure from health ; a derangement in the usual performance of the functions of one or more organs of the body, however produced. It is no less irrational to define the cause of disease to be the disease itself, than it is to regard the sensations to which the condition, this cause has provoked, has given rise as the disease. The emanations from a foul drain may give rise to typhoid fever in some persons ; but such emanations are not typhoid fever. Neither do the rigors, heat of skin, aching pain in the back, the abdominal eruption, and the diarrhœa constitute typhoid fever. This disease actually consists in those disturbances of the circulation, of the nervous system, and of the gastro-intestinal mucous membrane which have elicited these indications of disturbance. We have, then, as medical men, to deal with the causes of disease and with the diseases themselves. But we can recognise the existence of neither save by their effects. The foul drain readily makes its presence felt, sooner or later, in every household in whose midst it exists. Unless remedied, disease is certain to arise. We therefore order its repair, and health returns, where sickness and frequent ailing, if not typhoid fever itself, were accustomed to find a home. Neither could we recognise typhoid fever in any other way than by its effects. Because we regard these effects as of the greatest value, we do not look upon them as the disease, as something to be treated, but as guides to our treatment ; just as we also consider them as guides to our diagnosis and to our prognosis. No physician, whether he is guided by the homœopathic law in the selection of his remedies, or by some pathological speculation in devising processes for cure, either does or can overlook the

value of symptoms. The physician, deprived of his knowledge of symptoms, would be like a sailor endeavouring to steer his ship through some intricate and unknown channel without his nautical charts. Symptoms, then, are indications which lead, by reflection on the ordinary course of physiological action in those parts of the body where they arise, to a knowledge of disease. They tell us what organ is out of gear, and the manner as well as the degree in which it is so. They teach us the nature of the morbid process we have to remove; they constitute our guide to the measures necessary to its removal.

Take, for example, peritonitis—inflammation of the external covering of the bowel. Pain is acute, fever runs high, the patient is terribly restless. One physician will, acting under the impression that there is inflammation which will probably subside under rest, prescribe large and frequent doses of *morphia*. Another, interpreting the symptoms as pointing to a largely increased determination of blood to the part, will cover the abdomen with *leeches*, and in all probability endeavour to clear out some hypothetical offending matter in the intestinal canal with saline purgatives. A third, considering inflammation to consist in some plastic exudation from the blood, will endeavour to procure its absorption by *mercury* in some form. A fourth, also under the influence of some pathological theory, will apply hot poultices to the abdomen, and abstain from the use of drugs altogether, or if he prescribes any at all, does so only to save appearances, and perhaps gives mint-tea, or some other inert but judiciously coloured and tasty mixture. In these instances the symptoms have led to the diagnosis of inflammation in an important serous membrane, and the theories in vogue at the moment, as to the nature of the inflammatory process, have suggested the modes of treatment.

It is in declining this dependence upon speculative notions, as to the nature of certain disease-processes, for the determination of drug treatment that the homœopathic

physician differs from him who refuses the aid of any uniform principle in the selection of remedies. The symptoms tell us just what they tell our allopathic neighbour, viz., that inflammation of the peritoneum exists. We therefore endeavour to find a drug which, when given to a healthy person, will produce a similar inflammation in the same tissue. Well, possibly we may find half-a-dozen drugs having the property of giving rise to peritonitis. How are we to know which of these half-dozen will be most likely to cure the case of peritonitis we are anxious to relieve? The peritonitis produced by a drug gives rise to certain symptoms, to certain indications of the presence of this form of inflammation, just as does that which has occurred from any of the ordinary causes of this disease. The cardinal symptoms in all cases will probably be alike, both in the peritonitis excited by drug-poison and by that which has arisen from cold or what not. But we have, in addition, modifications of the disease, also expressed by symptoms, and oftentimes, too, by symptoms of a comparatively or an apparently slight importance, arising from peculiarities in the constitution of the patient, from the nature of his surroundings, from his previous state of health or mode of living. So, too, in the peritonitis of drug poisoning we have modifications arising from the nature of the several drugs, which also express themselves in symptoms, or indications of the existence of such modifications. The homœopathist makes use of this knowledge, not to build up a pathological speculation as the foundation of a process of drug treatment, but to ascertain which of all the remedies at his disposal has given evidence of the power to excite an inflammation most nearly like, both in its leading features and in its minor details, that with which he has to contend. In so doing he deals exclusively with facts; and not only so, but he deals with all the facts he can lay hold of, both in relation to the disease to be cured, and as to the physiological action of the drug the aid of which he enlists.

All diseases, whether artificially excited by drugs or called into being by some disregard of physiological laws, make themselves known by symptoms. By symptoms can the nature of the disease in each case alone be ascertained. And when once it is granted that a disease occurring in the ordinary course of events is most promptly cured by a drug which will produce a similar disease, it follows that only by a right understanding of the symptoms in both cases can we be led to the choice of the most suitable remedy.

If Dr. Murchison thinks that to select such a remedy on such a basis requires no medical education, no knowledge of the functions and structures of the organs composing the body, we can only say, let him try to make it! Let him ignore the right understanding of all symptoms, whether natural or artificial; let him merely compare the words of the patient with the words of the prover, and he will find himself powerless to cure disease by drugs.

In selecting a remedy we must be assured of its similarity in its sphere of action, of its power to influence the organ or tissue disordered, and of its power to do so in the way in which the organ or tissue at fault is disordered. It is only through symptoms that we become acquainted with the sphere of action of any drug, or with the diathesis of any patient; with the organ any drug will excite to abnormal action, or with the organ which has become the seat of disease; with the kind of disturbance a drug will create in any organ, or with that which constitutes the disease to be removed. These symptoms, be they subjective, such as aches and pains, or objective, such as visible eruptions, stethoscopic signs, or urinary analyses, taken together, constitute that "totality of symptoms" on which HAHNEMANN lays so much stress when pointing out the right way to choose a remedy. It is this totality which forms the guide of the homœopathic physician, not only in diagnosis and prognosis, but also in treatment: it is this totality which tells of the presence of disease; it is

the removal of this totality which assures us of the removal of disease. We therefore treat disease by the light of the symptoms.

Dr. GEDDES SCOTT, in his *Lectures on the History of Medicine* (*British Journal of Homœopathy*, Vol. X. pp. 355-6), when arguing that the direct action of a medicine should be analogous or similar to that of the morbid process to be cured, incidentally develops the mode in which a homœopathic physician avails himself of symptoms in selecting his remedy, in the following passage:—"All the external symptoms of any disease," he says, "may be regarded as the result or effect of some internal or prior symptom or process; even in the most strictly local disease, say an ordinary pimple, there is some physiological or pathological process to which its existence is to be ascribed. Suppose, then, any set of symptoms, say a cutaneous eruption, is owing to any prior condition, say the state of the stomach, it is plain that to cure the symptom rationally we must affect the stomach; and supposing the state of the stomach to depend on a still prior condition, say the state of the circulation, then, in order to correct the stomach and thereby the cutaneous eruption, we must affect the circulation; and supposing that state of the circulation to depend on a still prior condition, say that of the nervous system, then, in order to affect it we must affect the nervous system, and so on to the remotest points to which we can carry the analysis. In reality, therefore, in order to effect a cure upon rational principles, we must affect that portion or function of the animal economy which is the *fons et origo* of the disease, and affect it in such a manner that the change of action should evince itself precisely in the same departments as are involved in the original morbid condition; as in the case supposed, we must so affect the nervous system as thereby to affect the circulation, and thereby the stomach, and thereby the skin, and in such a manner as to affect the organs or operations of the skin so as to produce a

cutaneous eruption, and a cutaneous eruption analogous to that of the disease to be cured ; for otherwise we have no indication that the medicinal eruption has been effected through the same channels as those which gave rise to the original malady : it seems impossible to suppose that if you can reach and modify the very first root and origin of the malady, you should not also modify every channel through which the morbid influence has led to the ultimate result, and that if each intermediate stage be thus modified, the result should not be analogous to the original malady : in each case the nervous system has influenced the circulation, the circulation has influenced the stomach, the stomach has influenced the skin ; and inasmuch as all this has arisen in virtue of the necessary dependence of one process in its minutest and most recondite shades on that which precedes it, while, at the same time, it is owing to a modification or change in the action or condition of that organ or function which is the seat of the first cause of the malady, it appears scarcely credible that the symptoms should not be *similar*, and equally plain that they should not be the *same*. The medicinal symptom travels as it were side by side with the original morbid symptom from the very first spring to the latest and most obvious result, and does so in virtue of the mutual dependence of precisely the same organs and functions : it is scarcely possible to doubt that the whole mass of discoverable symptoms should be analogous to those of the disease. And we may observe in passing that this view *should* afford an answer to the objection that homœopathic practice is a mere superficial treatment of symptoms. Symptoms are and can be our only *guide* in treatment ; but this is because they are regarded as the blossoms of the tree whose ultimate fibres we aim to eradicate, and because it is supposed that an analogous blossom will indicate an analogous root : the destruction of the root is our aim, but in order to discover and reach it we examine the blossoms, the leaves, the branches, the trunk, and the

root itself as far as our observation can penetrate (the underground fibre buried deep in the recesses of the human constitution we cannot reach), and it is merely because we believe that the final result is indicative of the character of the first origin that we are content to take such result as our guide in a labyrinth otherwise wholly inextricable."

In the making of so rigid an analysis as that insisted on by Dr. Scott, both in the investigation of disease and in the study of medicinal action, there is nothing very easy, nothing very worthy of contempt from the most learned of medical Thebans; and most assuredly nothing short of a very liberal and very sound medical education would enable anyone to carry it to a successful issue.

But there is another point of view from which the superiority of being guided in the treatment of disease by symptoms rather than by pathological hypotheses will be apparent. The science of medicine, much as it has advanced during the last half century, is far from being perfect. The means we have of accurately diagnosing are by no means adequate to all emergencies. No small proportion of cases pass under the title of "anomalous." For the most part they are instances of chronic disease, frequently depending on some obscure constitutional taint, the evidence of which has been slowly accumulating during many years, throughout which much physic of various kinds has been taken without any lasting relief. To treat such cases on the basis of a pathological hypothesis is impossible; the materials for its formation are so thoroughly entangled, that their unravelment bids defiance to the most highly cultivated powers of observation and analysis. The only guide that can be relied upon is the group of symptoms by which this hidden evil makes itself manifest. Here the physician practising homœopathy has an immense advantage over his non-homœopathic brother. By carefully comparing the account he obtains from his patient of his sufferings with the record of the action of

drugs, he not unfrequently hits upon a remedy which does him much service; and by carefully watching the progress of his patient, his more perfect knowledge of the sphere of action of the medicine which gives relief will occasionally enable him to fathom the nature of the condition which has given rise to the symptoms from which his patient has suffered.

Dr. Richard Hughes (*Manual of Therapeutics*, p. 18) expresses himself thus on the value of symptoms in directing the drug-treatment of obscure cases:—"The method by the totality of symptoms has the advantage of meeting every conceivable case. It is only a portion of the great world of disease that has been so accurately surveyed that it can be mapped and planned, and fitted with names. For such concrete maladies only can specifics be allotted beforehand. Beyond their range lies a *terra incognita* of derangements the most diverse, complex, and varying, which as yet defy classification and nomenclature. To cases of this kind the symptomatic method is the only one applicable. I knew not the significance of the occurrence, in a patient convalescing from parturition, of urine loaded with lithates, debility, low spirits, anorexia, copious sour perspirations, and persistent aching of the mammæ. But I found all these symptoms (save the last) in the pathogenesis of *causticum*: and selected that remedy accordingly, with amply satisfactory results."

In taking the symptoms presented by a patient as our guide to ascertain the nature of the disease from which he suffers, and in prescribing a remedy adapted to relieve him, we must never lose sight of that all-important word *totality*. We must be directed by *all* the symptoms. Some may appear trivial and unimportant—they do so chiefly because we do not as yet understand their import. In other cases, again, symptoms which are really of the first importance are apt to be overlooked, because no attempt is made to accurately interpret others which are for the time being more obvious. These two points we

will illustrate by cases we have recently met with. The value of apparently trivial symptoms we saw, very marked, in a case of extreme nausea and sickness incident to pregnancy—and as it happened, a first pregnancy. All the generic symptoms usually met with were present. There was not, however, so much actual vomiting as nausea and disgust at food—but especially was there a dislike for bread. The patient said she loathed it, and nothing could induce her to touch it. This symptom, which would be ordinarily overlooked as a simple indication of indigestion, and one to be comprised under the heading “loss of appetite,” meant more than this; what it meant we do not profess to understand—but it is one produced by *natrum muriaticum*, and as this drug also gives rise to the more prominent symptoms, the fact that it had this “disgust at bread,” in addition, led to its selection. It was prescribed with but a faint hope of any good resulting, and with a fear that the nausea and sickness would endure for the usual time, in spite of it or any other medicine. But it was not so. A few three-drop doses of the 3rd dilution were followed by a return of appetite, an entire loss of nausea, and a capacity to eat bread; neither have any of these symptoms returned during the four months which have elapsed since the prescription was written.

The necessity of interpreting prominent symptoms, and of not neglecting others that may not appear on the surface, was seen by us in the case of an elderly gentleman who was beginning to convalesce from a sharp attack of enteritis. Summoned hurriedly, we found him suffering from severe rigors, a sense of faintness, great mental depression, and a settled conviction that his recovery was impossible. An hour previously he had been much better, and was congratulated by his family on his improvement. The shivering had come on suddenly, without any return of the abdominal pain, and no cause could be assigned for its occurrence. We happened to know that some four years ago he had been the subject of a perineal abscess,

that the wound had never healed, and that a daily discharge occurred from its sinus. The character of the general symptoms seemed to indicate their possible dependence upon a collection of pus somewhere. An enquiry as to the amount of discharge from the sinus gave us the information that there had been scarcely any during the day. This suggested the frequent application of linseed-meal poultices to the wound, which during the night produced an abundant discharge, and therewith an entire cessation of all the shivering, thirst, and other febrile symptoms. The absence of this discharge was as much a symptom as the shivering; but if it had been neglected, and *camphor*, or *aconite*, or *arsenic* prescribed alone, it is very questionable whether any good at all would have been done, and quite possible that absorption of pus might have taken place, and pyæmia have been established.

Such cases as these tend to impress us with the incalculable importance of searching for symptoms in every direction, and of accepting the guidance of *all*. To reap the full benefit of the aid to be derived from the careful examination of the symptoms of each case, "we are obliged to study morbid states in their course and termination, trace them to their seat, and as far as possible determine their character. . . . This implies nothing less than the whole of pathology, including morbid anatomy, and in as far therefore as these are concerned, the progress of homœopathy must go hand in hand with the progress of medicine in general." (Drysdale, *Brit. Journal of Hom.*, Vol. X. p. 675.)

Again we would ask Dr. MURCHISON if such a mode of acquiring a knowledge of the most appropriate drug-remedy for disease is one which is attainable without a "medical education"? And yet it is such a mode that homœopathic practitioners have long adopted, and it is through having done so that Dr. MURCHISON and others who affect to despise the law of similars are, as he admits, "indebted for the common use of more than one excellent remedy."

ON THE GERM THEORY OF DISEASE,* AND
SOME OF ITS BEARINGS ON THERAPEUTICS.

By Dr. BAYES.

DR. BENGE JONES, in his *Lectures on Pathology and Therapeutics*, says that *all diseases* are simply "the increase or diminution or qualitative modification of the never-resting correlated forces which we call life."

Dr. T. K. CHAMBERS asserts that "disease is in *all cases* not a positive existence, but a negative," and these theories have become the active "belief" of a large number of scientific modern physicians, who, abandoning the idea of the positive nature, or essential nature of disease, base *all* their indications for treatment on the above-named hypothesis.

But a certain other school of physicians deem the assertion of *the universality* of the negative condition of disease to be too wide, inclining to consider that in certain forms of disease of a contagious or infectious nature, there is a living "entity" to meet and combat. In such cases the morbid cause is demonstrably an "entity" which, entering the body, or fastening upon the body, there develops, and in some instances multiplies, spreading itself within, or upon the surface or structures of the body, feeding upon them and destroying their vitality, more or less, throughout the whole existence of the morbid cause itself.

It is, therefore, unsafe to adopt the theory of the negative school in its totality; indeed, it would be dangerous to discard our knowledge that disease-entities are present before us in cases of contagious disease working their evil within the patient, and hence we cannot follow Dr. Benge Jones, when he says "You must entirely banish from your minds the notion that diseases are catastrophes or separate entities to be destroyed within, or to be ejected like devils without," since, in contagious disease, the "separate entities" are the great source of danger.

If we carefully examine the facts and acquaint ourselves

* When speaking of *disease* in the following paper, I include in the term the whole malady—not merely the resultant disorder of functions or the change of natural structure, but also the *inherent cause* (where it exists) as part of the disease, since its removal becomes a prominent indication for successful treatment.

practically with the natural history of diseases, we shall see that the theories propounded by Dr. Bence Jones and Dr. Chambers, cover only a part of some of the diseases with which we have to deal. The rejection of the knowledge that in certain forms of disease we have "entities" to battle with (call them morbidic causes, or less accurately diseases, it matters little which), would induce us to omit many means of cure which a truer appreciation of the indications offered would enable us to set in force.

Notably, the diseases termed parasitic belong to the classes where we have an "entity" to deal with—tapeworm, round worm, itch, ascarides, &c. These are "separate entities," and certainly we ought to endeavour to destroy them within or eject them without the body if we possess the means of doing so without injury to the body itself.

Another marked illustration, and one which has only been recognized comparatively recently as belonging to the parasitical "entities," is Trichina disease, in which this terrible worm makes its way through tissue after tissue, till it reaches its favourite food, the muscular tissue, and literally eats its victims alive. Yet a few years since these cases were assumed to be a form of typhus fever.

Again, in many forms of skin disease, fungoid forms of vegetable growth are the "entities" which we must destroy before we can expect to cure the patient.

To recognize the distinct "entity" of these morbidic causes is the first essential step to their proper treatment. We must acknowledge that they are in no instance spontaneously generated, but are implanted upon or within the body, or that their ova, seeds, germs, sporules, &c., have been conveyed in some way to the body, and have there fastened themselves, and, by their own inherent life, have increased and multiplied until they have reduced the life, or threatened to extinguish the life of the body. If we fully appreciate all these points, we shall be in a better position to prevent such diseases, and have a truer indication for their cure than if we adopt the theory that disease is in *all cases* a negation.

The parasitic or germ theory of disease extends, however, far beyond the few examples given above, and is probably the true explanation of all contagious and so-called infectious diseases.

Through the air we breathe, through the water we

drink, and through the food we eat, these germs of disease are diffused, and may be introduced into the body. Colourless as the air appears to the naked eye, it is full of dust, and in this dust lies one of our dangers. This fact has been insisted on most ably by Professor Tyndall, and a great general fact which bears out his theory is to be found in the well-known healthiness of wet seasons and the epidemic unhealth of extremely dry years.

Professor Tyndall has been led to adopt the germ theory of contagious disease after long experimental research. In a lecture which he delivered at the Royal Institution on June the 9th, 1871, on *Dust and Smoke*, he says:—"In looking, for example, at this illuminated dust we may ask ourselves what it is. How does it act, not in a beam of light, but upon our own lungs and stomach? The question at once assumes a practical character. We find that this dust is organic matter, in part living, in part dead. There are among it particles of ground straw, torn rags, smoke, the pollen of flowers, the spores of fungi, and the germs of other things." He then passes on to the experiments of Recklingshausen which showed that if blood which has been drawn from the body, be immediately placed in perfectly clean cups, and under glass shades, in such a manner as to exclude all dust, the blood not only does not putrify, but remains living and growing for many weeks. So that by excluding the dust the ordinarily rapid death of the blood drawn from the body was arrested. From which it would appear that some other life stronger than that inherent in the blood, and which, were it allowed to come in contact with the blood, would have preyed upon and extinguished the life of the blood, was excluded by the simple precaution of guarding the blood from dust.

He further adverts to Professor Lister's improvements in surgery, founded on the removal or destruction of this dust or dirt.

He then proceeds to claim that contagious disease is generally of a parasitic character, and is conveyed in the form of dust. "If," he says, "I had heard or read anything since to cause me to regret having introduced this theory to your notice more than a year ago, I should here frankly express that regret. . . . Let me state in two sentences the grounds on which the supporters of the theory rely. From their respective viruses you may

plant typhoid fever, scarlatina, or small-pox. What is the crop that arises from this husbandry? As surely as a thistle rises from a thistle seed, as surely as the fig comes from the fig, the grape from the grape, the thorn from the thorn, so surely does the typhoid virus increase and multiply into typhoid fever, the scarlatina virus into scarlatina, the small-pox virus into small-pox. What is the conclusion that suggests itself here? It is this:—That the thing which we vaguely call a virus is, to all intents and purposes, a *seed*; that in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life—this demonstrated power of self-multiplication and reproduction. There is, therefore, no hypothesis to account for the phenomena but that which refers them to parasitic life.

“ And here you see the bearing of the doctrine of spontaneous generation upon the question. For, if the doctrine continues to be discredited as it has hitherto been, it will follow that the epidemics which spread havoc among us from time to time, are not spontaneously generated, but that they arise from an ancestral stock whose habitat is the human body itself. It is not on bad air or foul drains that the attention of the physician will primarily be fixed, but upon disease germs, which no bad air or foul drains can create, but which may be pushed by foul air into virulent energy of reproduction. You may think I am treading on dangerous ground,—that I am putting forth views that may interfere with salutary practice. No such thing. If you wish to learn the impotence of medical science and practice in dealing with contagious diseases, you have only to refer to a recent Harveian oration by Dr. Gull. ‘Such diseases defy the physician. They must burn themselves out.’ And, indeed, this—though I do not specially insist upon it—would favour the idea of their vital origin. For if the seeds of contagious diseases be themselves living things, it will be difficult to destroy either them or their progeny without involving their habitat in the same destruction.”

In further support of the germ theory, Professor Tyndall quotes Dr. Budd, of Clifton, who says:—“As to the germ theory itself, that is a matter on which I have long made up my mind. From the day when I first began to think of these subjects I have never had a doubt that the specific cause of contagious fevers must be living organisms.”

If, then, we admit that there are certain "organisms," themselves full of living energy, which fasten upon the body, and there cause disease, suspend or embarrass function, and alter structure, by their development and increase, we next have to consider whether in such diseases we are to seek only to restore the embarrassed function, and to repair the injured structure, or whether we are to endeavour to destroy these disease-producing organisms within the body, or to eject them out of it.

If we can destroy these disease-producing entities within the body, or eject them out of it without injury to the body, it would seem, theoretically, to be very desirable to do so; and that such a course would enable us to proceed with a greater chance of success to the restoration of function and to the reparation of structure. There appears no inherent reason why the physician should find such diseases defy his art, or why they must be left "to burn themselves out." It is true it may be difficult, but it ought not to be impossible, to destroy such germs or parasites and their progeny without involving the body in the same destruction.

To refuse to make the attempt would be a parallel case to allowing an invading host to pillage and burn and destroy without any attempt on the part of the invaded to drive out the enemy; and to suppose the invaded to busy themselves simply in burying the dead, in rebuilding their houses, and in waiting for the spontaneous withdrawal or death of the invaders.

Under the system of large doses of powerful medicines it may be, and probably is, as difficult to accomplish the indication of destroying these germs without injury to their *habitat*, as it appears to Professor Tyndall and to Dr. Gull; but to those who have a practical knowledge of the positive power of small doses, such a problem ought to present no insuperable difficulties, and ought at least to be made the subject of patient experiment.

I would add, parenthetically, that there are certain drugs which are known to be destructive to certain forms of animal life, in such doses as prove perfectly innocuous to man. There are also certain drugs which are destructive to vegetable life, while they are innocuous or even healthful to man.

Our knowledge of these special drug actions is at present too imperfect to allow of our using them in more

than a few forms of parasitic disease. Such as the use of *sulphur* in itch; of the preparations of *iron* to destroy certain vegetative parasites; and of certain vermifuges in the destruction of tape-worm, &c. I might also add the arrest and rapid cure of erysipelas by the use of a lotion of *veratrum viride*,* and also the arrest of traumatic erysipelas by the local application of a lotion of *nitrate of silver*. In the latter I have seen a single application of the remedy suffice to extinguish the disease, as certainly as water extinguishes fire. In the former, the *veratrum viride* is said to cure the disease in a few hours. Now those who have seen erysipelas run an unchecked course over the face and scalp, will allow that it is as formidable a disease, when left to burn itself out, as any other exanthem, and that it prostrates the patient as much as any other fever. Hence, if we already possess means to destroy erysipelas without injury to the body, may we not hope equally to find a means of destroying scarlet fever, small-pox, and other contagious diseases, if we patiently, and perseveringly, and intelligently seek, by well-planned experimentation, for the means of destroying their parasitic vitality? But in what direction are we to seek for such a means?

We must accept the leading of Hahnemann in the selection of the drug with which to experiment. We must seek for a drug "whose whole course of poisonous action shall present an analogue to the whole course of these morbid entities,"† and having found such a drug (or that drug which most nearly fulfils this indication) we should then apply it, as accurately as possible, to the whole of the diseased tract, and in doses bearing some relation to the amount of morbid cause present. If we are to cure scarlatina or small-pox by a real extinguishment of their parasitic life, it may not be by giving the appropriate drug always in infinitesimal doses. In fact, we may go further, and say it will not be by giving infinitesimal doses, although by such doses we may carry the patient safely through the disease.

To destroy the parasitic life of erysipelas, a lotion containing 30 to 60 drops of *veratrum viride* to half a pint of water is needed; or a lotion containing from 5 to 10 grains

* Hale's *New Remedies*, Second Edition, p. 1053.

† See *Applied Homœopathy, or Specific Restorative Medicine*, p. 29. London: H. Turner & Co., 77, Fleet Street.

of *nitrate of silver* to an ounce of water, with which the part is to be painted, and such painting must extend from an inch and a half to two inches beyond the diseased part. To destroy the itch insect, sulphur ointment, containing material quantities of sulphur is needed. Therefore, we may assume that small-pox, scarlatina, measles, &c., will equally require doses, either material or nearly material, for their extinguishment.

I have had no opportunity of fairly putting this theory into practice on a sufficient scale to speak with any certainty as to its probable success, although I have met with some cases which encourage me to persevere in the experiment. I would suggest the external application of tartar emetic in the form of a lotion, ointment, or in *glycerine*, in small-pox, using it cautiously and tentatively, beginning with 5 grains to the ounce, giving it internally in minute doses, say of from a 50th to the 20th of a grain.

If this fail, I would give, in another series of cases, either *hydrastis canadensis*, or *arnica*, or *veratrum viride*, or *thuja*.

In like manner, in smooth scarlatina, I would both give *belladonna* internally and apply it to the tonsils, and finally to the skin, when the rash appears, &c.

Although both the mortality from scarlatina and also its dangerous attendant complications have been greatly diminished under the homœopathic treatment, yet we must confess that we only restrain the disease within certain limits by our present practice, and do not cut short the fever, which incubates, develops, effloresces, matures, and then departs, but not at our bidding. It is, undoubtedly, a great satisfaction to feel that our science enables us to pilot our ship through the storm, but how much more noble would be the power which should enable us to quell the storm itself. This is what we ought to aim at.

To the other examples, already cited, of what may be done in the way of cutting short certain forms of disease, there is sufficient testimony as to the power of the tincture of *baptisia tinctoria*, given in small material doses, to arrest typhoid fever. I am able from my own experience to add my testimony as to its power to arrest enteric fever in its earlier stages. The rapid action of *belladonna* in the earlier stages of tonsillitis is equally well marked, and many patients, constitutionally subject to this form of sore throat, have been able to escape further attacks by a re-

currence to *belladonna* 3x on the first incidence of the well-known symptoms.

It appears probable from the direct and immediate effects of drugs in the above-named instances, that their action is something more than that of "specific stimulation," or of "homœopathy," and as it is needful, in order to induce these immediate results, to give small doses of the crude drug, or at least in the lowest dilutions, it seems probable that this action impinges directly upon the morbid causes, and only indirectly influences the tissues of the body itself. In such cases the parasitic disease-cause appears to be destroyed as directly as a worm is destroyed by a vermifuge, or as the lower forms of insect or vegetable life are destroyed by sulphur. It appears probable that in the treatment of contagious diseases we may therefore find the true sphere of the lower dilutions and of small massive doses of drugs. While, on the other hand, when we desire to act by specifically stimulating the living cells of the body into increased vital change, we may find the higher dilutions the more applicable, and the more rapidly and soundly curative.

This theory may partly explain what I have found practically the most rapid method of cure in certain diseases, viz., the administration of a low dilution at rather frequent intervals, and the giving of a dose of a high dilution once a day of the same medicine. The lower dilution may perhaps destroy the parasitic life of the disease-cause, while the higher stimulates the healthy life of the ultimate cells.

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[Since the above has been in print, I have met with the following passages bearing upon this subject, in that very instructive record of a long and useful life, *The Recollections of Past Life*, by Sir Henry Holland.

After a most interesting account of his interview with the veteran Humboldt, he says (p. 250): "The same visit to Berlin gave me the opportunity of passing some time with Ehrenberg (then the *master-eye* in infusorial research), and of inspecting through his microscopes some of the extraordinary discoveries made in what he himself has not inaptly termed '*the milky way of the smallest organization.*' It is in this '*milky way*' that science, aided by still more perfect instruments, has since obtained

such wonderful knowledge of the intimate parts of living organization, under the endless forms they assume in the natural world. I have had, subsequently to this meeting at Berlin, various communications from Ehrenberg; one of them in 1848, including specimens of that strange *bread-mould* of bright vermilion colour (containing two microscopic fungi and one animal organism) which on a particular day appeared in Berlin, tainting the bread and the other farinaceous matters in different parts of the city. The Asiatic cholera was prevailing there at the time; and naturally enough, many were disposed to connect this phenomenon with the presence of the epidemic. Such conclusion might seem almost justified by a similar appearance of *red-mould* on bread occurring in Philadelphia in 1832, when the cholera was prevailing in that city. It is, however, clearly inadmissible, seeing that these are single and exceptional cases amidst the endless number of examples which the history of cholera has brought before us. But still I may remark that the facts just noted come within that *class of phenomena* to which, in my opinion, we must look for explanation of the real origin of this disease—a subject to which I shall advert in a later page of this volume.”

Again, on page 325: “Though the greater part of my volume of ‘Medical Notes’ has concern with pathology or practice, I have given one chapter to an hypothesis which fully satisfies my own mind regarding the nature and manner of diffusion of the Indian cholera. Having studied with much interest and some care the history of this extraordinary disease in its successive and epidemic forms and modes of migration over the earth, I have arrived at the conviction that its phenomena can no otherwise be explained than by looking to organic life, animal or vegetable, (more probably, as I think, the former,) as the source—the actual *virus*, which, *reproducing itself*, (a point essential to the argument,) gives origin, diffusion, and direction to the disease under the different conditions it assumes. The grounds of this conclusion I have fully stated in the chapter referred to; nor do I myself see how they can be impugned. The pathology of cholera, variously disputed even under our large experience of the disease, is not directly concerned in the argument, save as respects the limitation of the disorder to man, and the close analogy thereby furnished to those strange para-

sitical diseases or blights which living swarms, recognised as such, inflict upon particular species both in the vegetable and animal world. Such analogy is not less complete in the exceptions and anomalies than in the ordinary phenomena of these several migrating diseases. The detailed history of this migration in the case of the Indian cholera—and a very remarkable history it is—affords in my mind the most conclusive proof of the view I have adopted; and is connected, moreover, with some of the most curious problems which life, under its innumerable forms, presents to our speculation.”]

ON ZYMOTIC DISEASE.*

By E. WYNNE THOMAS, M.D., Lond.,

Surgeon to the Birmingham Homœopathic Hospital.

GENTLEMEN,—I have very much pleasure in presiding at this the first meeting of the Eighth Session of the Midland Homœopathic Medical Society. On reviewing the history of the society we may, I think, congratulate ourselves both upon the attendance at its meetings and upon the character of the papers that have been read, many of which have been excellent. We are making the experiment to-day of holding this meeting in the afternoon, so as to give more time for discussion; and considering the long distances some of the members have to come, I hope this alteration will be found to answer our expectation. I regret extremely that I should be compelled to offer any apology for the imperfect paper I have to present to you, but I may explain that I understood that another gentleman had undertaken the task; and when at a late date I was told the duty would devolve upon me, I found myself quite unprepared with materials out of which to manufacture one: I had not only to make bricks without straw, but even without clay as well. I anxiously looked about for materials, and have thought that I could not do better than bring before your notice some views on the nature of disease advanced by Dr. Bristowe in his recent lectures at the College of Physicians, and by Mr. Wolff

As homœopaths, we constantly ask ourselves whether in a work on the *Causation and Correlation of Zymotic Diseases*.

* Read before the Midland Homœopathic Medical Society, April 5, 1872.

modern discoveries in general pathology and therapeutics have altered the value of our practical rule of similars; and I would reply that I believe some of the latest discoveries, instead of limiting, point to an extended application of it. True, Dr. Bristowe, from his stand-point, contends that medicine has very little power indeed of curing disease. In addition to the zymotic diseases, which so many teachers affirm to be beyond the reach of the curative art, he places pneumonia, rheumatism, psoriasis, herpes in the same category. This, gentlemen, is a very serious and momentous statement, but one which I believe the experience of no one here present will confirm. From having at one time held somewhat similar views, my faith in the power of medicine to arrest and cure disease has been strengthened; but our minds are so much under the influence of the theories we hold, that no man can say that he forms his opinions simply from the practical results he obtains; hence, as long as men hold that zymotic diseases are entities, due to the introduction into the blood of a material poison, which multiplies itself there, and has to be expelled from the system through the bowels, skin, &c., he very naturally comes to think that, spite of all evidence, the disease must inevitably run a definite course, and that to attempt to arrest it in its course is both unscientific and impossible. The most that can under such circumstances be hoped for is to hasten the process by eliminants, such as diaphoretics, purgatives, diuretics, &c.

Dr. Bristowe denies that these latter have the smallest effect, simply because there is nothing to eliminate; and here he is at issue with the majority of the teachers of the day. Yet, even with his views of elimination, he holds that the diseases above enumerated must run a certain course.

It appears, however, to me an important thing, if his views be true, to eliminate this eliminative theory, because, taken in conjunction with certain facts brought forward by Mr. Wolff, it seems to open the way more clearly to the explanation of the law of similars. I will quote Dr. Bristowe's own words, which are as follows:—

“A further argument that the contagious particles multiply in the blood organs, and then sow themselves and germinate in the tissues outside the vessels, rather than are merely eliminated there, is shown by the fact that the

foci of contagion never reinfect the individual. The inoculated particle of small-pox throws out effective contagious particles into the system. Similar pustules formed at a later date have no such ulterior influence.

“Absorption by lymphatics is a passive and unselective act, and so, no doubt, absorption takes place from the secondary pustules as from the first, but whatever is thus absorbed remains inoperative. It may be said that this is connected with the particular influence which follows an attack, but this consideration does not explain the phenomenon. The essential feature is that the direction of the disease is limited—a limitation not determined by the tendency of the vastly multiplied poison to pass off by the emunctories, but due to some occult influence. . . . The cessation of the disease does not depend on elimination but upon the supervention of a condition which renders the poison inoperative.” Speaking of the purgative treatment of cholera, he continues: “In the premonitory stage the poison is in the system and not in the bowels, and a purgative is no more likely to expel it than is a hot bath to remove the poison of variola through the skin. In the second stage absorption is impossible, and it is obviously useless to give remedies which can only operate after absorption.” Hence you see that Dr. Bristowe, while he maintains that all zymotic disease runs a definite course of evolution, he does not believe that the disease terminates by the expulsion of any material poison, but that at a certain stage the susceptibility of the system to the action of the poison becomes exhausted. In this we will see that he agrees with Mr. Wolff, whose views I shall shortly allude to. He begins by stating his conviction that all diseases are emulative—that they are all excited by the pressure of decaying organic matter, and that from some at present inexplicable cause, the development of the disease varies, being at one time variola, at another scarlatina, &c. It is certainly remarkable that the total death-rate from these diseases is very uniform. He then proceeds to argue that there is no necessity for holding that any material poison, such as germs, enter the system, for that there are many facts well known to physicians and chemists, showing that the mere pressure of bodies undergoing molecular change, will excite molecular changes in adjacent substances. Further, that although it is not clear why the disease should vary in character when

arising *de novo*, yet that when produced by contagion it is a uniform law that all molecular changes tend to excite similar changes; hence small-pox will, by infection, cause small-pox, not scarlatina.

To us the most interesting chapter in his book is that in which he shows that the immunity from future attacks produced by one attack of this disease is not peculiar to them, but is in accordance with a well-known physiological law, viz., "that the intensity of effect of textural irritation is, in an inverse ratio, as its frequency;" in other words, that the susceptibility of the system to the action of irritants or stimulants becomes exhausted. Mr. Wolff illustrates this by the action of scents—medicines such as opium, iodide of potass, tobacco-smoking, arsenic. Dr. Tweedie has observed that repeated contact with decaying animal matter, as is the case with butchers, causes immunity from typhus. Sir J. Paget states that while constantly exposed to the contact of dead matter, he enjoyed immunity from their ill effects, but that when he made no examinations, but simply watched others, this immunity was lost—he became again susceptible to poisons that were, to him, once innocuous. An attack of small-pox is believed in India to protect from cholera. Patients who have long suffered from suppurating wounds bear operation much better than healthy individuals. To these instances may be added the very remarkable effects of syphilisation. Numerous illustrations will occur to the mind of every medical man.

But to us the most interesting fact in connection with this law is, that it makes it probable that the susceptibility to certain poisons may be exhausted by a medicine which produces a similar morbid state. Mr. Wolff adduces the power of *belladonna* in protecting from scarlatina. I confess for myself, and I apprehend the confession might be joined in by other homœopaths, that so possessed have I been with the notion that a material poison enters the blood, that I have not had much faith in the prophylactic power of drugs—that seeing that the disease terminates as soon as the system is, as it were, stimulated, or rather as soon as the irritability to a certain kind of stimulus is destroyed, it would appear to be as feasible to prevent disease as to cure it by admitting the *similimum*. Of course, this could only be done under certain circumstances, as, for instance, during an epidemic, for it is certain that the protective in-

fluence of a drug would be only temporary. This is only another proof of the far-seeing intelligence of HAHNE-MANN, whose views of the nature of disease were similar, if not identical, with those now being advocated by these allopathic writers. Gentlemen, I would conclude by urging you to read the works I have alluded to.

Paradise Street, Birmingham,
April, 1872.

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ALLOPATHIC JOURNALS.

By E. W. BERRIDGE, M.B., Lond.

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REVIEW.

On Hahnemann's Merits, Errors and Critics: Old Tales Retold.
 By Dr. РОТН. London: Turner & Co. 1872.

In this pamphlet, originally published in the *British Journal of Homœopathy*, Dr. Roth examines by the light of the periodical literature of homœopathy during the last forty years, some of those doctrines which, having become more or less intimately blended with the practice of homœopathy, have excited a large measure of discussion amongst medical men. We are often told that the use of the globule and the prescription of high dilutions are the very essence of homœopathy. That to discard the one and neglect the other is to cease to practice homœopathy. That to give tinctures, triturations, low dilutions, and material quantities of medicine, is a novelty. Dr. Roth shows in this essay that the dose question has been an open one from the time when Hahnemann first began to teach the importance of infinitesimals; that the psora theory never obtained general acceptance; that the dynamisation theory always had its opponents, just as it has to-day; that the mystery which surrounds the preparation of what are termed the high potencies, is more than sufficient to account for the incredulity with which so many amongst us receive the alleged evidence of their action.

Dr. Roth's essay is one well deserving of a careful reading by all who desire to become familiar with the history of the rise and progress of homœopathy.

EXTRACTS FROM MEDICAL LITERATURE.

MEDICINE, &c.

IN one of a series of editorial articles on "*Therapeutic Traditions*" (*Lancet*, April 6), after having disposed of the value, or rather uselessness, of the so-called "cooling remedies," the

author speaks of diaphoretics, and the uselessness of most of them. The following passage from such a paper is refreshing:—

“It is chiefly in the simple inflammatory forms that the production of diaphoresis is of genuine service, and it is worth while asking what are the agents that can most effectually take advantage of this indication? It is curious here to observe how the really powerful agents have been neglected, while an absurd confidence is reposed in remedies which could not possibly have had any genuine effect. Only think of the gallons of ‘sweet spirits of nitre’ that have been poured down people’s throats! Yet this is a medicine which may be confidently pronounced to be unworthy of the slightest confidence, were it only from the fact that no two specimens ever resemble each other in composition, and that a considerable number probably contain scarcely a vestige of the real drug. And then reflect, on the other hand, on the extraordinary neglect of *aconite*—a drug which enjoys certainly the nearest approach to infallibility as a reliever of *dry* heat of skin of any remedy that we possess. Among the whole list of diaphoretics which are ordered as a matter of course, there is probably only one—Dover’s powder—which is really of serious benefit, and there are many cases in which this cannot be employed.”

In *Brit. Med. Jour.*, March 30th, a report is given of a paper by Dr. HERMANN WEBER at the Clinical Soc. of Lond. on *Cold Applications in Hyper-pyrexia*. The disease chosen was acute rheumatism. Cases are recorded by him and others in which very marked results occurred. It is well known that if in this disease the temperature rise to 105°, or still more to 108°, the patient is in imminent danger, and most cases do die. Head-symptoms in such cases are usually prominent, and the pulse extremely rapid. The cases given show what a powerful and valuable remedy in such cases is the cold bath or cold wet packings, the subsidence of the temperature and the head symptoms in most instances following the baths in a very satisfactory manner. The cold applications may have to be repeated a second or even a third time, if the temperature again rise. The cold was usually applied from 25 to 30 minutes. [It is highly desirable that homœopaths, who have hitherto made use of hydro-therapeia much more than the allopaths, should be fully aware of this, and be prepared to carry out such valuable practical hints.]

Some time ago it was announced that a new emetic had been discovered, and named *apomorphia*. Experiments have been made with it by several foreign physicians, and the *Edin. Med. Journ.*, March, says, “Siebert, Riegel, and Böhme have ascertained by numerous experiments on man and animals, that it is

an effectual and rapid emetic, acting, according to Böhme, in from four to sixteen minutes, leaving behind it no unpleasant effects, and possessing the important quality that it can be effectually introduced by sub-cutaneous injection. The unpleasant effects occasionally observed have been only giddiness, cerebral oppression, tendency to yawn, and precordial anxiety; and even these disappeared so soon as vomiting occurred, and were always of short duration. No disagreeable results on the digestive organs were even observed, and the place of injection was never found to suppurate. The physiological effects on the pulse, temperature, and blood-pressure have been thoroughly investigated by Siebert, and were never found to be of any important practical significance. Siebert found that the quantity necessary to produce emesis, when hypodermically injected in man, was only six or seven milligrammes (0.0925 to 0.108 gr.), and according to Riegel and Böhme the required amount varied from 0.462 to 0.154 gr. The latter employed a solution containing 1 per cent."

The same journal states that the most reliable preparation is that supplied by Macfarlan & Co., North Bridge, Edinburgh, under the name of hydro-chlorate of apomorphia. [This is a point of great interest to homœopaths, as, although we do not wish to have any new emetic, yet what is evidently a most potent emetic drug becomes in our hands an equally valuable remedy for sickness.]

Two cases are recorded (*Lancet*; April 12) from the Homerton Fever Hospital, where the effect of *quinine in depressing the temperature* was well shown. They were cases of enteric fever; the temp. fell from 105° to 97° in two days, under doses of gr. iij. every four hours. After stopping the quinine, the temp. rose again, and again fell on resuming it. This occurred four times after stopping and re-commencing the medicine. These cases did not cease to progress, as is shown by the tendency of the temp. to rise till the 21st day; thus proving that at least no shortening of the disease occurred under quinine. It will be of interest to our readers to note that in the report it is stated that "the administration of quinine in both these cases was generally followed by profuse sweating."

A Proving of Arum Maculatum.—The following case is reported by Mr. STEELE, of Reigate (*Lancet*, April 13). A man who had tape-worm, and who had only succeeded in getting away a few joints by the aid of *filix mas*, tried to cure himself by plucking a leaf of the *arum maculatum* ("Lords and Ladies,") chewing and swallowing the stalk. "Immediately he had done so, he experienced a burning hot, pricking sensation in his tongue, throat, and œsophagus, and an intense pain at the epigastrium; the tongue became immensely swollen, and the

saliva ran out of his mouth 'like water.' About a minute after swallowing the stalk he vomited, and brought it all up again. He felt somewhat easier after this, but the burning-hot, pricking sensation and the swollen state of the tongue continued for a day or so. His appetite did not return for some little time." The man did not consult Mr. Steele till some days after taking the poison, and he had no treatment.

In *Lancet* (April 13) Dr. HUGHLINGS JACKSON makes some important observations on the difficulty of diagnosis between intra-cranial hæmorrhage, injuries to the head, uræmia, opium-poisoning, and drunkenness. In cases of these different causes of coma, where there is no history to be got, as when the patient is found in the streets, he thinks it should be clearly known that the diagnosis is, at all events *at first*, not only difficult, but often impossible.

Dr. ROBERT LEE (Jun.) writes a paper, with a case (*Lancet*, April 13), to show that in *phlegmasia dolens* the cause is a cellulitis, which sets up round the vessels, these as a consequence get plugged with a clot; and that this may arise from the infection of erysipelas.

A very interesting case of *heart disease* is reported with clinical remarks by Dr. GAIRDNER, of Glasgow, in *Brit. Med. Journ.*, March 30. In this case a well-marked aortic regurgitant murmur was present and verified by Dr. G. and many others. After ten days the murmur had entirely disappeared. This disappearance of an aortic regurgitant murmur is, according to the best observers, an exceedingly rare occurrence—nay, almost unknown, till now. The case was in other points a peculiar one, and Dr. G. was inclined to doubt his own diagnosis, and to suppose that the murmur which had been taken for endocardial was really exocardial. The p. m. examination, however, showed that the first was the correct view, the only possible explanation of the facts being that some recent vegetations may have partially prevented the regurgitation.

One of the most original and ingenious articles that have appeared for a long time occurs in the *Lancet*, March 2, 16, and 23, by Dr. WHITE BARCLAY, of St. George's Hosp., on the *Pre-systolic Cardiac Murmur*. This murmur, as our readers are well aware, commences in the pause following the second sound of the heart, and runs up to the first sound, ending at the period of the apex-beat. Dr. Gairdner, of Glasgow, who first drew the attention of the profession to this murmur and its cause, was of opinion that the murmur was one of obstruction to the passage of the blood from the left auricle to the ventricle; that it occurred during the auricular systole; and that its cause was contraction of the mitral valve. This diseased state was always found in post-mortems of cases where, during life,

the 'pre-systolic,' or 'auricular-systolic' bruit, as it is often called, was distinctly heard. This view has been adopted by all other writers. Dr. Barclay, however, in the paper referred to, takes a different view of the causation of this murmur. He believes it to be a regurgitant and not an obstructive murmur. His reasoning is very ingenious and very able. The following is his line of argument:—It has hitherto been taken for granted that the ventricular contraction commenced with the first sound of the heart, or the apex-beat. Now Dr. B. points out most clearly that this cannot be. The contraction of the muscular fibres of the heart proceeds in a vermicular manner, commencing at the base, and as the fibres of the auricle and ventricle are intimately connected, the contraction of the one is not alternate with that of the other, but overlies it, as it were. The vermicular contraction of the ventricle commences during the pause between the second and first sounds, and it is only when the point of greatest tension occurs, that the apex beat and the first sound is heard. After this, but distinct from the previous state of tension, the ventricular fibres shorten until all the blood is expelled from it, which occurs just immediately before the occurrence of the second sound. The apex beat and the first sound, then, occur in the middle, and not at the commencement of the ventricular systole. From these facts Dr. B. argues (1) that as the pre-systolic murmur commences during the pause between the second and first sounds, ending with the latter, it therefore coincides with the gradually-progressing tension of the ventricle, and ends at the period of greatest tension, viz., at the apex beat. It cannot be conceived that the blood can be forced by the auricle into the ventricle while the latter is in a state of tension. (2). The auricle being a thin-walled cavity as compared with the ventricle, it cannot force the blood into the ventricle, especially during the tension of the latter, with such force over the obstruction at the mitral valve, as to produce the loud, harsh murmur which the pre-systolic usually is. (3). There are no valves at the entrance of the pulmonary veins; consequently, if the obstruction at the mitral valve is present to such an extent as to produce the harsh, loud murmur, it is far more reasonable to expect that such an obstruction would cause a backward flow into the pulmonary veins. (4). It is almost impossible to conceive that such a state of the mitral valve as is usually found after death should cause the rough obstructive sound, and yet no regurgitation occur. He concludes, then, that the murmur is one of regurgitation, and not of obstruction; that this regurgitation and the corresponding murmur commence with the first contraction of the ventricular fibres, which drives the blood back upon the firstly resistant auricle, and that it ends at the period of greatest ten-

sion of the ventricle, viz., at the first sound. If this were true, it might be said, why then does the murmur end with the first sound and not be continued during the rest of the systole, *i.e.*, during the *shortening* of the ventricular fibres? The explanation of this, Dr. B. says, is, that the form of disease found in cases of pre-systolic bruit is different from that found in cases of ordinary mitral systolic bruit, where there is clearly regurgitation; that in the former the valve is transformed into a hard ring, making a kind of funnel, and that when the shortening of the ventricular fibres occurs—that is, *after* the first sound—that the *sides* of the ring are pressed together, preventing any further regurgitation going on, at least to such an extent as to produce a bruit. [It is impossible to give a longer summary of Dr. B.'s paper than the foregoing, but a careful perusal of the original is well worth the trouble.]

Dr. QUAIN (*Brit. Med. Journ.*, March 23) in the Lumleian Lectures at the College of Physicians, in treating of diseases of the muscular walls of the heart, drew attention to, and described a hitherto almost unrecognised form of hypertrophy, quite different in its origin and effects from the well-known muscular and fatty development—that is, *connective tissue hypertrophy*. “A heart thus affected, when examined microscopically, is found to present to view not only the usual and limited amount of intermuscular connective tissue, but a decided hyperplasia of this tissue in all its stages of development from the globular to the spindle-shaped cell, and from this again to the former bundle of fibrillæ. At the same time, the muscular bundles are seen surrounded and compressed by this connective tissue. This condition is evidently due to a chronic myocarditis. A point of singular interest in the history of this investigation is, that it affords an adequate and scientific explanation of the origin of the change in those enormous hearts which are sometimes met with—cases in which disease of the valves, pericardium, or kidneys, are alike absent. . . . A striking example was afforded by the *à propos* examination of a specimen of a heart weighing 40 oz., which has long been preserved in St. George's Hospital Museum, where it was deposited more than thirty years ago, and has since been regarded as a remarkable example of hypertrophy, of which the cause was not sufficiently explained. Its proprietor was the well-fed under-butler of a ducal family, who might possibly have belonged to the class of extremely well-fed, not to say over-fed people, whom Niemeyer has considered to be the chosen subjects of idiopathic hypertrophy of the heart.

In a report of Dr. QUAIN's second lecture on *Diseases of the Muscular Walls of the Heart*, the following interesting remarks (*Med. Times* April 6) occur. “The question of the connexion between hypertrophy of the heart, and the occurrence of *cerebral*

hæmorrhage has long been a source of difference of opinion among pathologists. After giving a brief *résumé* of the history of the discussion at various times between Lancisi, Baglivi, Corvisart, Andral, and Cruveilhier in favour of the connection, and Kellie, Abercrombie, and Rouchoux against it, Dr. Quain quoted the valuable conclusions of Dr. Burrows, of the very close relation between apoplexy and diseases of the heart, and adduced abundant statistical facts of his own in support of it. Analyzing sixty-five cases of sanguineous apoplexy which he had himself collected, and in which the condition of the heart was carefully noted, Dr. Quain found that in these the heart was enlarged forty-three times,—thirty-one times without and twelve times with valvular disease. The particular cavity affected, and the presence or absence of disease of the cerebral vessels, were also carefully observed in every case; and from the results thus obtained, Dr. Quain was enabled to arrive at the following, amongst other important conclusions:—that in the sixty-five cases of cerebral hæmorrhage, the left ventricle of the heart was hypertrophied thirty-nine times, more frequently without than with valvular disease, and that enlarged heart more frequently accompanies cerebral hæmorrhage than does disease of the vessels of the brain. With regard to the condition of the heart in *phthisis*, Dr. Quain made another series of important investigations, and found, by an analysis of the records of 171 fatal cases of phthisis in which the heart was actually weighed, that the heart in this disease is small in more than half the number of cases, especially in females; and enlarged in twenty-five per cent. of males, and in but seven per cent. of females; that hypertrophy of the heart tends to prolong life in phthisis, especially in the first and third years of the complaint; and that hypertrophy of the heart seems to have no effect in promoting hæmoptysis.

“Lastly, the effect of an enlarged heart in producing disease of the *kidneys* was considered, and the opinions of Dr. Chambers and Prof. Traube alluded to. In respect to the view adopted by the latter, that the condition of the kidneys under these circumstances is one of congestion only, Dr. Quain showed that he himself had expressed an exactly similar opinion twenty-five years ago; while in regard to the further teaching of Traube, that it is rare to find true chronic Bright’s disease developed out of that congested renal condition, Dr. Quain maintained, as he did at that early date, that protracted renal congestion gives rise to renal alterations, both tubular and intertubular, and is thus a direct cause of chronic disease of the kidney.” In speaking of the treatment, he accounts for the diversity of opinion by the ignorance of pathology on the one hand, and of the action of medicines on the other, and that as knowledge increases, “our

faith in the value of therapeutical treatment would, as it certainly does, steadily increase." "For myself," said Dr. Quain, "my lack of faith is not in physic, but in my own want of discrimination in its use. I find the uncertainty, not in the action of medicines, but in the propriety of their application."

A case is recorded (*Edin. Med. Journal* April) by Dr. ANGUS MACDONALD of *Strychnia-poisoning*, treated successfully by the administration, after the failure of chloroform, of chloral hydrate in two doses of 30 and 20 grs. respectively, at an interval of from five to seven minutes.

In-growing toe-nail.—"M. VERNEUIL (*Med. Times*, March 23, from *Presse Belge*, March 3) in a recent clinical lecture, adduced many examples to show the fallacy of the usual statement that this is caused by the pressure produced by ill-made shoes. In the first place, it is rare to meet with it in both feet; and M. Verneuil refers to several cases in which it occurred, in which the patient had, in consequence of disease or injury, been bedridden for months, or even years. 'From all these facts,' he observes, 'must we not conclude that if it is true that mechanical cause may give rise to in-growing toe-nail, there are many cases in which this cannot be recognised? and in such we are not justified in regarding it as a dermatosis—as a dystrophic condition of the nail, produced under the influence of some circulatory or nervous disturbance.'"

A case is recorded by Mr. R. DAVY, of the St. Marylebone Dispensary (*Brit. Med. Journ.* March 23), of lameness, and obstinate rigidity of the knee-joint in a hysterical girl of 17, which had existed for two years and a half. She walked with two crutches, and had been under various treatment. Chloroform was given deeply, when the leg went down, and could be freely flexed and extended.

She was told next day what had happened; the leg was forcibly straightened, and encased in a glue bandage. Her crutches were sawn through before her, and she was placed on cod liver oil, and moral control. After six weeks, during which she walked stiffly, the splint was removed, when "the legs were perfectly symmetrical, and she walked and ran round the table gracefully." She denied intention of deception, and said the pain in the knee was sometimes great. She was seen six months after, and had meantime walked three miles daily, and was in perfect health.

A paper by Dr. LATHAM, of Cambridge, on *Nervous or Sick-headaches*, occurs in *Brit. Med. Journ.*, March 23 and 30. These are popularly called bilious headaches, because when the headache is severe, nausea comes on, followed, when the contents of the stomach have been ejected, by inverted action of the duodenum and consequent vomiting of bile. Dr. Latham gives an

admirable and minute account of the sensations many patients subject to these attacks have, previous to the actual development of the headache. Sometimes these consist of disorders of vision, as waves, lines, or geometrical figures seen, or glimmerings of light either in the centre of the field of vision, or at one or other side of it. Sometimes these are seen with only one eye. In other cases the headache is preceded by general uneasiness, restlessness, or "fidgets," chilliness, &c. Then follow the headache and vomiting.

Dr. L. shows that these headaches are the result of general nervous depression and want of tone; that they occur chiefly in those who are anæmic, who have small feeble pulse, are over-fatigued bodily or mentally, and in women at or near the catamenial period. In these cases the cerebro-spinal and sympathetic systems are out of harmony; the sympathetic becomes abnormally excited, and as a result of this, the cerebral vessels are contracted, producing the disorders of vision already alluded to. This contraction of the vessels from stimulation of the sympathetic is followed by the opposite state of paralysis of the sympathetic and dilatation of the vessels, causing the severe headache with the vomiting, &c. [Dr. Latham's therapeutics are not sufficiently interesting to our readers to make them worth while extracting, though one cannot but be sorry that he should not see that medicines have this double action, and that he is but a step from the truth.]

A short communication by Dr. LOCKHART CLARKE (*Brit. Med. Journ.*, April 6), on the *Relation of Acute Rheumatism to Delirium Tremens*, is worth noting. A man who was addicted to excess "in beer, gin, whiskey, and brandy," became a patient of Dr. C.'s for four separate attacks of acute rheumatism, after each of which he returned to his old habits. Some months after the last attack, he suffered from "the most violent delirium tremens." Every means failed, and his condition became alarming, when Dr. C. remembering how acute rheumatism had so often followed his drinking fits, applied mustard plasters to his ankles, knees, and elbows, with the view of reproducing the rheumatism, if possible, deeming this his only chance. Whether *post hoc* or *propter hoc*, the rheumatism re-appeared the next morning, and soon after this, the patient fell asleep, and his delirium quite left him there and then. The rheumatism pursued its usual course.

SURGERY.

In the *Brit. Med. Journ.* April 6, SIR JAMES PAGET begins a course of lectures on *Strangulated Hernia*. His object is to point out the way in dubious cases. He says, "It is an easy rule for all these cases that, whenever you suspect that hernia

is strangulated, you should operate. If you will follow this easy rule, you will do some very bad surgery; you will kill a few patients whose lives you ought to save; and you will make many ill for two or more weeks, who ought to be well in as many days or hours." The hernia may become acutely inflamed, the part very tender, the sac suppurate, and even the integuments slough, yet there may be no strangulation. In this case all the *local* signs of strangulation are present, and "though very rarely, many of the remote signs—the constipation and the vomiting, the quickened pulse and breathing, and the rest." The method of discrimination is "generally thus:—in the inflamed hernia, without strangulation, the local signs precede, and greatly predominate over, the remoter and general signs; while in a hernia which is inflamed after becoming strangulated, the remoter and general signs will still predominate over the local, and the history will tell that they preceded." But if the diagnosis between the two is doubtful, operate rather than run the risk of waiting. "For a second rule: if the remoter signs of strangulation be present, the local signs are urgent for speedy operation in the same degree in which they are marked, or even in a greater degree; for severe strangulation is often associated with slight local symptoms." In reference to the chances of reducing a hernia without operation, "it is a bad omen when one has quickly come down much larger than ever before. . . . I believe it may be held a safe rule in practice that the more a recently-descended hernia exceeds its usual size, the less is the probability of its being reduced without operation; and I think the probability becomes less the more the size of the hernia continues to increase. . . . Similarly when general signs of strangulation exist, the harder and more tense a hernia is, the less is the chance of reduction without operation. . . . Again, if the general signs of strangulation exist, the more painful and tender a hernia is, the less, speaking generally, is the chance of reduction without operation. But here it is to be observed that this rule holds less for recent than for old hernia. . . . And for another rule: if the remote signs of strangulation be well marked, and the hernia cannot be otherwise reduced, you must operate, although there may be no marked local sign at all. Or, even beyond this, if the general signs of a strangulated hernia be present, and there be anywhere a swelling which *may* be a hernia, though it seem not likely to be a strangulated hernia, the operation must be performed at the seat of that swelling. . . . You may have to go further than in these cases, and if, for instance, a patient have two herniæ that are irreducible, and signs of strangulation, and you cannot tell which is strangulated, you must operate upon both." These two last rules may occasion-

ally lead one to be blamed for a needless operation, but this risk, Sir J. P. considers, must be faced boldly. Sir James draws special attention to the presence of vomiting, as *par excellence* the symptom calling for operation. Even when the patient seems not uneasy, pulse quiet, little or no pain at seat of hernia, yet if the hernia has *recently* become irreducible, and if vomiting is present, unaccounted for by other causes, the safest rule is to operate.

A case is recorded (*ibid*) by Dr. MORTON, of Glasgow, of *spina bifida*, cured by injection twice of a solution of iodine in glycerine, the latter being chosen instead of spirit, as being less diffusible.

Dr. FYFFE, of Netley, records (*Brit. Med. Journ.* March 23) a curious case of *ossification of the thyroid cartilage, followed by necrosis*. A man was admitted with great dyspnœa and dysphagia. Before admission a large abscess had formed, and been opened in the middle of the neck, between the chin and thyroid cartilage, but this had not at all relieved his symptoms. "On examination with the laryngoscope, the ary-epiglottidean folds were found swollen: the left one was displaced and pushed over to the right side. The vocal cords appeared healthy, but immediately below the left vocal cord a whitish tumour appeared protruding into the cavity below the cords occupying the posterior third of this opening, and blocking up the rima." Tracheotomy was performed, with instant relief to the breathing. On the seventh day after, a violent fit of coughing occurred, during which a foetid and friable piece of bone was coughed up, which seemed to be nothing else than a piece of ossified and necrosed thyroid cartilage, which had produced the abscess, and failed to make its exit thereby. After this the patient quite recovered, and the wound healed. Three weeks after the old symptoms returned, necessitating a second tracheotomy, and the presence of another sequestrum is suspected.

A case is recorded by Mr. HOLMES, of St. George's (*Brit. Med. Journ.* April 6), of *popliteal aneurism* cured by voluntary flexion of the leg in about thirty-six hours. The patient could not bear the pain of forcible flexion. He therefore used voluntary flexion as long as he could, relaxing it when he could bear it no longer.

In *Med. Times* (April 6) attention is drawn to an article by M. FLAUX, in the *Gazette des Hopitaux*, on M. Alphonse Guérin's *wadding dressing* (*pansement occaté*) in military surgery. "Success attended this treatment of the most complicated, as well as the most simple wounds, prevention of purulent injection by the filtering action of the wadding being a chief cause of this." The wound is first washed in tepid water, to which carbolic acid has been added, the ligatures cut close, except the principal one,

and the depths filled with small bits of cotton, level with the surrounding parts. The stump is then enveloped in several layers of cotton wool, and bandaged as firmly as possible, the elasticity of the cotton preventing the firm bandages from feeling tight. Pain is said to be at once suppressed. The dressing is only changed at periods varying from twenty-five to forty days. If the bandage loosens it is simply tightened; if matter oozes through the bandage, additional layers of cotton are supplied; and when the dressing is changed (even sooner than the 20th day) no offensive smell is present, and the wound is found to be granulating, the healing process proceeding more quickly than with ordinary dressings. The amount of pus is small, and sometimes absent altogether, and usually no traces of the ligatures are found.

A case is related (*Lancet*, March 30) of *congenital hypertrophy of the tongue*, which extended an inch and a half beyond the lips. It was successfully removed by the *ecraseur*. The child was only five months old.

D. D. B.

MEETINGS OF SOCIETIES.

THE MIDLAND HOMŒOPATHIC MEDICAL SOCIETY.

THE first meeting of the eighth session of this society was held at the Homœopathic Hospital, Birmingham, on the 5th ult.

Dr. WYNNE THOMAS, the President, occupied the chair. There were also present Dr. SHARP (Rugby), Dr. GIBBS BLAKE, Dr. G. ROBERTSON and Dr. CRAIG (Birmingham), Dr. CARTWRIGHT (Shrewsbury), Dr. FENTON CAMERON (Derby), Mr. ROBERTSON, Mr. LAWRENCE, Mr. WALTER PARKER (Birmingham), Mr. A. C. CLIFTON (Northampton), and Mr. WILLIAMS (Wolverhampton).

The minutes of the preceding meeting having been read and confirmed, the PRESIDENT read a paper on Zymotic Diseases, which will be found at p. 277 of our present number.

Dr. FENTON CAMERON then read the following paper, illustrating the action of medicines given in high dilutions:—

Mr. President and Gentlemen,—I suppose it is because I am known to prefer the higher dilutions of medicinal agents in the practice of our common profession, that I have been requested by some of your number to say a few words on such attenuations at our meeting to-day. I willingly comply with the request, although I do not see that much practical good can result therefrom; for to me the question of dose has always seemed to be a matter of quite secondary consideration in regard

to the successful practice of homœopathy, and one not to be determined by statistics or by argument, the primary and most important matter of all being the careful and intelligent collection of the symptoms, objective as well as subjective, of the case under treatment, and the application of the *remedium similitimum* to those symptoms. This being duly performed, and the possible aggravation of old and the rise of new symptoms from the applied remedy not being forgotten, the practitioner may safely be left to the teaching of experience for his choice of the suitable attenuation. But if these fundamental rules are altogether neglected, or are so partially, as they sometimes must be in a busy general practice, the question of dose is apt to become a matter of prejudice or party spirit, the practitioner's homœopathy becomes slipshod, and he is very likely to rely solely upon massive doses and to become practically an eclectic, differing very little but in name from the more enlightened of his medical neighbours. It is difficult for many minds, reasoning *à priori*, to accept it as a truth that the C, CC, M, 5M, or even the 30th attenuation can have any effect in controlling disease (and indeed the powerful effect on the system of these infinitesimals is to me one of the greatest wonders of this age of wonders); but that they do act is incapable of question, at least by those who have themselves used them according to the law of application enunciated by Hahnemann, or who have seen them so used. It was my fortune to meet, early in my career as a homœopath, one of the greatest masters of our materia medica in this country, in whose hands the high attenuations do really work marvels. I allude to Dr. David Wilson, of London, who was and is a most kindly, genial and painstaking teacher to any one seeking information. Dr. Wilson had for many years given up two entire days in each week, commencing work at 5 a.m. for the convenience of working men, to dispensary practice, and refused to see any private patients on those days. Every case was most fully and minutely gone into, over an hour being sometimes spent in the examination of the patient, in taking his history, and in the comparison of remedies, before the selection was made; and to those who sat by, his method of procedure and the reason for the selection of the particular remedy were fully explained. The remedy having been determined on, a few globules were handed to the patient, with oral directions for their use (Dr. W. used only globules medicated by contact, 700 or 800 to the drop of tincture); and as I watched, week by week, the results were truly astonishing. In this way I got confidence to use the high dilutions, even in the most acute cases; and I must say that some of my most satisfactory cures have been wrought by them.

Imagination and confidence in the doctor are often held

sufficient to account for the results of such treatment; but I will give you two cases which occurred in my own family, where the age of the patients precluded the action of either of these two mental conditions.

About eleven years ago my wife was one day engaged in taking honey from some hives of bees in our garden. My little daughter, then between 3 and 4 years old, was playing near her, and was stung on the forehead by one of the bees. My wife immediately brought her, shrieking at the pitch of her voice, into the house, where I was at the time. The child's delicate skin had swollen considerably from the poison, and the sting was in the wound. I put two globules of *ledum p.* cc. on her tongue, and literally at once, just as the medicine touched the tongue, the child ceased crying, and looking up in her mother's face, said, "Mamma, the pain 's gone," and there never was the faintest return. I then dissolved a few more globules in water, and bathed the swelling, which very soon subsided entirely, and the child resumed her play.

Again, about four years ago another of my children, a boy, when 6 weeks old was badly scalded in the left arm by the carelessness of his nurse. The skin immediately rose in large blisters, and the child howled as if he were being murdered. Being luckily in the house, I was summoned at once, and put a couple of globules of *ars. cc.* on his tongue, and *from that moment* there never was another whimper. As the vesications above and below the elbow came in contact when the arm was flexed, I brushed a little of the wound-protective fluid over them, thus forming an artificial skin, and we had not the least trouble with the arm, and the child had no inconvenience. Of course I cannot say that the same effect would not have been produced in these two instances by much lower dilutions of the same medicines; but nothing could have been more perfect than the instantaneous and permanent relief brought about by the 200.

I have lately had two very satisfactory cases of diphtheria, which I treated exclusively by the 200th of *hepar s.* Soon after my going to Derby, I was called to a child suffering from that complaint. He had up to the time of my visit been taking low dilutions of *merc. proto. iod.* and kindred remedies. I continued these, but in spite of the utmost care the child died. I knew that Dr. Wilson invariably used *hep.* in high dilution for diphtheria, and I had heard him say that he had never lost a case. This made me resolve that when I had another such patient I would use the same medicine.

The next case I treated was that of a lady over 40 years of age, the subject of confirmed and most distressing asthma. She was also between four and five months pregnant with her eighth or ninth child. The exudation was very decided when I saw

her, attended by much general inflammation of the fauces and constitutional disturbance. I at once commenced with *hepar cc.*, and though at first the membrane increased and extended a considerable way down the throat, the general state improved almost from the first, and in a few days the false membrane became wrinkled, and gradually was detached in pieces and disappeared, and the usual state of health was permanently re-established. In this case the throat was so much swelled, and the pain going through to the back of the neck so great, that the patient could not lie down for several nights, and could get almost no sleep. The medicine was administered in solution, a teaspoonful every two hours.

I had soon after another case also in the person of a lady (under 30 years of age), which was equally satisfactory. It was, however, of a slighter character as I saw it before the membrane shewed itself, and had it completely in hand from the beginning. In this case *hep. cc.* was the only medicine used after the appearance of the exudation. I had, previous to this, given *bell.*

I will now give a case or two from dispensary practice. These were treated mostly with pilules for the convenience of the patients, and the dilution was the 30th for the accommodation of the chemist who had no pilules medicated with higher dilutions.

M. W., æt. 49, mother of ten children, ill for two years ever since catamenia ceased, consulted me on April 22nd, 1871. On examination I found enormous enlargement of right mamma, caused by a large and very hard lobulated tumour, discharging foul and bloody purulent matter through a small fistulous opening. The general health was very bad, with great depression of spirits, and severe stabbing pains in the tumor. There was also complete retraction of nipple. *Con.* 30 m. and n.

May 1st. Pain much relieved. Has now a severe pain in region of sacrum. *Rhus* 30.

May 8th. Pain in sacrum better, but the discharge from breast has ceased and the sharp pain has returned. *Con.* 30 as before.

15th. The discharge restored; tumour smaller and softer; pain much relieved. *Con.*

22nd. Tumour still softer and smaller, and general health much improved. *Con.*

31st. Discharge has ceased and pain has returned. *Hep.* 30 m. and n.

June 5th. Discharge free to-day, and she is much better. *Hep. cc.*

12th. *Idem.*

19th. Some drawing pain in breast this week, but she continues much better on the whole. Has pain in lower back when she walks. *Kreos.* 30 and *sulph.* 30.

20th. Last symptoms soon removed. Has to-day a feeling of swelling in abdomen. *Rhus.* 30.

July 10th. Tumour much improved, and has very little uneasiness. *Silic.* 30.

17th. Has a difficulty in urinating, with burning pain. *Ars.* 30.

24th. Urine soon became natural; breast almost well; no tumour to be felt; discharge quite gone, and orifice healed; is troubled with leucorrhœa. *Lyc.* 30.

31st. Leucorrhœa removed; has a few sharp pains in breast occasionally. *Con.* 30.

After this last course of *conium* she became quite well and strong, and I have lately had an opportunity of examining the breast which is of the same size as the other, and perfectly natural with the exception of retraction of the nipple.

The last case I shall give is one signalised by a very rapid cure of a long continued and very distressing ailment.

J. Y., a young man æt. 23, consulted me on Feb. 12th, 1872. He has suffered for several years from severe pains in stomach relieved by eating. *Lachesis* 30 m. and n.

Feb 17th. Much better. Cont. *lach.* at night.

28th. Was soon quite well, and has remained so. Came to return thanks.

Since writing the above, I have had a very striking instance of the power of *lycopod.* An over-worked and rather delicate clergyman, about 40, consulted me about three weeks ago. For five or six months past he had been in very poor health and hardly able to perform his duties. He suffered especially from most distressing pain (which he attributed, and rightly I think, to flatulence) under the ribs, and all over chest *on left side*, so that he dreaded to eat, for it was always worse after taking food. He also had pain in loins, great depression of spirits, and general weakness. He had been treated by a physician with tonics, &c., but had never obtained the least relief. I prescribed *lyc. cc.* in globs. a dose once a day, and when I saw him, ten days after, he told me that the first dose of medicine had given him complete relief, that he had had no return of the pain whatever, and that his general health and strength had so improved as to enable him to perform his three Sunday services without fatigue, and that for the first time for a long period he had not next day felt *Mondayish*.

In conclusion, gentlemen, I would say that although I prefer the higher dilutions of our medicines I am no bigot; that in some cases, for instance, in the early stage of acute rheumatism where *bry.* or *rhus.*, and of gout where *aconite* is indicated, I use the lower dilutions, 1st to 3rd dec., from the belief that I get more rapid curative actions from these than from the higher,

and I repeat what I said at the commencement of this paper, that I regard the question of dose as a matter that can only be truly decided by each man's personal experience enlightened by a careful and conscientious application of the fundamental rule and motto of our art, "similia similibus curantur."

The reading of this paper being concluded, Mr. Walter Parker was elected a member of the Society.

Dr. SHARP was requested to represent the Society at the York Congress by reading a paper. This he consented to do, and stated that he should take for his subject *The Way in Which the Action of Drugs is to be Discovered*.

After a short interval, during which the members visited the wards of the Hospital, an interesting discussion took place on the papers which had been read.

The next meeting will be held at Birmingham on Friday November 1, at 8-30, when Mr. CLIFTON, of Northampton, will read a paper.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

WE have been requested by the secretary, Dr. McClatchey, of Philadelphia, to announce that the next meeting of the Institute will take place at Washington on Tuesday, May 21, 1872, and the three following days. It is expected that a large gathering of medical men will take place at Washington on this occasion, and that much important work in the interest of homœopathy will be accomplished. Reports and papers will be received from the various bureaux, representing all departments of medicine and surgery. The committee appointed at the last meeting to consider the propriety of holding an International Homœopathic Convention at Philadelphia in 1876, during the centennial celebration of the declaration of American independence, will make its report, and there is no doubt about its report being favourable to the holding of such a meeting.

The secretary further desires us to state that great pleasure will be felt by the members of the Institute in receiving any representatives of British homœopathy at the approaching meeting thereof.

DINNER IN AID OF THE FUNDS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE triennial dinner of the supporters and friends of this institution took place on Tuesday, 23rd ult., at Willis' Rooms. The Right Hon. Viscount Bury, M.P., presided, and was supported by the Right Hon. Lord Ebury, Hon. W. Warren Vernon, Dr. Hamilton, H. Cameron, Esq., Dr. R. Hughes, A. J. Ellis, Esq., F.R.S., C. Trueman, Esq., J. B. Crampert, Esq., Rev. T.

Nolan, Dr. Bayes, Dr. Dudgeon, A. C. Pope, Esq., E. Fox, Esq., Edward Pope, Esq., Dr. Burwood, Dr. Mackechnie, Dr. G. Clifton, Dr. Hale, S. S. Stephens, Esq., Dr. Yeldham, Dr. Drury, Dr. Leadam, Dr. Wheeler, J. Hampshire, Esq., Dr. Chepmell, Dr. Wyld, A. R. Pite, Esq., George Hallett, Esq., Philip Hughes, Esq., James Slater, Esq., G. G. Humphries, Esq., F. Rosher, Esq., J. Field, Esq., J. Parkinson, Esq., J. E. Street, Esq., A. R. James, Esq., E. Pain, Esq., H. H. Murdoch, Esq., Chevalier Desanges, Dr. Croucher, Dr. Carfrae, A. H. Batcman, Esq., Messrs. Turner, Pottage, and many others whose names we have been unable to obtain.

The health of her Majesty the Queen having been proposed by the Noble Chairman in appropriate terms, was drunk with all the honours. The choir—consisting of Messrs. Burgess, Perry, Stedman, R. Limpus, and Thurley Beale—then sang the National Anthem.

The health of the Prince and Princess of Wales, the Duchess of Cambridge—the Patroness of the Hospital—and the other members of the royal family, was proposed and drunk with the greatest heartiness. The choir then gave the popular song, "God Bless the Prince of Wales."

The toast of the Army, Navy, and Volunteers having been proposed, Dr. DUDGEON, late of the Scottish Volunteers, responded.

The NOBLE CHAIRMAN then said: The next toast I must ask you to drink, in accordance with our usual custom, in solemn silence—it is the memory of HAHNEMANN. And though, if I remember rightly what I have heard of that great and good man, silence and want of joy were by no means characteristic of the individual, yet in recalling the name of that great medical heresiarch, and commemorating the great reform which he inaugurated, and which is destined, as I and as you believe, to add incalculably to the well-being of the human race, yet I think it is fitting I should ask you to drink this toast—the memory of HAHNEMANN—in solemn silence.

In proposing the next toast, the CHAIRMAN said—Gentlemen, having done honour to the great and good departed, we may now revive our spirits and proceed to the more convivial present. I now call on you to drink the health of the Vice-Patrons and Vice-Presidents of this Hospital, and I anticipate the cheers with which you will welcome the announcement that I shall couple that toast with the name of Lord Ebury. (Loud and long-continued cheers.) Gentlemen, I have read with the greatest possible interest the proceedings of the Governors and Vice-Patrons and Vice-Presidents of this Hospital. In all of them I find the chair is taken by Lord Ebury; I find that the working oar in all that does not concern the medical department

of the hospital is taken by his lordship. We all know the urbanity which distinguishes him; we all know the kindly way in which he puts his shoulder to the work: we all know that when he has begun any undertaking, his genial manner and the way in which he influences those around him, have already made it half a success. He has been so long connected with the hospital whose interests we are met to promote, that it seems almost impossible its affairs should proceed without his kindly co-operation. He is surrounded, as you well know, by other Vice-Patrons and Vice-Presidents who cordially second the efforts he is able to bring to the work. I will only say, in conclusion, that those who are most interested in the hospital have informed me (and I could almost have known it without such an intimation) that its success is mainly due to his able co-operation. I now ask you to drink the health of the Vice-Patrons and Vice-Presidents, coupled with the name of Lord Ebury.

Lord EBURY (who was received with long-continued applause) said—My Lord and Gentlemen: I am really almost overwhelmed at the compliment which his lordship has paid me in proposing this toast and the kind way in which, very undeservedly, my name has been received. I do not know exactly in what character I appear before you. I have the honour to be the Chairman of the Committee of Management, in which capacity I am perhaps best known, but possibly I am also a Vice-President. I have a great regard for all the Vice-Patrons and Vice-Presidents; and I will only say that, grateful as we are for the patronage which their names confer on us, we should be still more glad if they would put in a rather larger appearance at the dinner. For myself I will only say I am here, and I believe I have had the advantage of attending every public dinner given to promote the interests of the London Homœopathic Hospital ever since I have had the honour to be connected with it; and, so long as my strength and my occupations permit, I hope to be present in future. I have no professional interest in homœopathy at all, but I have a strong conviction of the great value of this system; and it is a happiness to think that that which alleviates human suffering—that which is likely to promote what we most value—good health—is gaining ground. I only wish we had in the country, as we have in London, many more medical men practising this homœopathic system. My allegiance to the cause will hardly be doubted, and so long as any efforts of mine can promote the interests of this hospital they will be entirely at your service.

The CHAIRMAN, in proposing "Success and Prosperity to the London Homœopathic Hospital," said:—I do not suppose that any one who has a good cause, a fair field, and no favour, could ever before have more cordially wished than I do at this moment

for the lips of eloquence. We have a good cause, and I wish that I could present to you this toast in such terms that every one who (as I have no doubt) has come prepared with his cheque ready written in his pocket, would be moved to imitate the example of a personage of whom I heard, I think, last Sunday—and take that bill out of his pocket, and, instead of the £20 or £50 which he had written, write four-score. I think we could not do better than change our original intention by doubling the amount which we had before destined for this very admirable charity—this very admirable institution. I do not know that I was right in correcting the word, for it really is an admirable charity, as well as an admirably managed institution. I had the honour of inspecting the wards of the homœopathic hospital with considerable care, the other day, by the invitation of those who have charge of it. I came at a time when, I believe, I took them unaware: at any rate it was a time when everything was going on in the usual routine. I went just at the patients' dinner hour, and saw exactly what was the usual routine of the hospital. It appeared to me that great comfort reigned there. I can speak positively on the point of the wards being kept with scrupulous neatness and cleanliness, as to those who were in charge of the wards being at their posts, as to the general air of contentedness and happiness on the faces of the poor creatures whom illness had compelled to resort to this institution. I was careful to observe without asking a question—for in such cases I believe questioning is almost useless—I was anxious to use my own eyes and look into matters for myself, having visited many similar institutions, and to be able to say what effect the inspection produced on the mind of an entirely unprejudiced visitor. And I do tell you that of all the hospitals I have seen, this one was equal to any in its general organisation. There are many points in which it will compare with the richly endowed institutions of the older medical faith, and I cannot but wish there were at our disposal some portions of those revenues which are enjoyed by other medical institutions. I contrasted their condition with that of our wards—with that scrupulous cleanliness and care to which I have adverted—with—I had almost said the luxury of the hospitals belonging to the homœopathic system, and I have wished that the public could be made better aware of the disparity which exists between the two, and would draw more accurate conclusions from facts placed before them. Gentlemen, it is indisputable that homœopathy, though it be nearly a century old, indeed I should say a great deal older than that, for, if I may be allowed to digress for a moment, I remember that a friend of mine, much more learned than myself in such matters, once pointed out to me that homœopathy had been discovered, and had even been promul-

gated by some of the earliest physicians among the Greeks. Hippocrates, whom many of you no doubt have read (I confess I quote him at second hand), says that "some diseases are to be treated by similars, and some by contraries," and that he (Hippocrates) does not know which is the better plan. I have been told by a distinguished homœopath that this was said so long ago as the time of Hippocrates, and that Hahnemann, whose memory we have drunk to-night, though the reviver of a great truth, was not its discoverer, although the credit of that great formula of our medical belief, together with its development, rests entirely with him. But I was going to say that though in medical practice homœopathy may be some century old, it is in the minds of the general public yet in its infancy. But I believe that that medical creed has made greater strides within the last twenty or thirty years than it ever did before, I am not an old man, but I remember the time when, to declare oneself a homœopath, or to put yourself under a homœopathic physician, was considered equivalent to declaring yourself in some degree a quack. Now, gentlemen, I say this in an assembly of homœopaths, and I shall not be supposed to mean anything disrespectful to homœopathy or to those who practise it. I merely state a fact, and contrast the state of affairs now with what it was twenty years ago. I see that the great majority of thinking men have so far come round to the doctrine of homœopathy, that in the minds of most educated men there is at least a conviction that there is something in the system. That conviction is increasing, and though it does not agree with medical orthodoxy, it is evidently displacing what is now termed such. I have much reason to be grateful to the professors of the allopathic system, as well as to the homœopaths. It matters very little to anybody what a non-medical outsider thinks of homœopathy. A layman can only form an empirical judgment on such points as these, and to suppose that anyone without a medical education, by declaring himself a homœopath or an opponent of homœopathy can throw one fraction of weight into the scale either way, seems to me perfectly ludicrous. I can only say we ought to test things by the result, and although we are unable to say *post hoc ergo propter hoc*, yet we can say *post hoc*, and draw our own conclusions as to whether it is *propter hoc* or not. I have seen homœopathy do wonders, especially in the cases of children, and I think it should be called emphatically a blessing to mothers. We must remember that in this matter we must go by faith, not by sight. You can see perfectly well what is the effect of the doses of the allopaths, but we cannot see, we can only believe and watch, the effects of the small and subtle doses which you administer. I remember a circumstance which came under my own observation when in Syria, which

illustrates this point. An acquaintance of mine, not a homœopath, was called in to prescribe for a man suffering, I believe, from ague, or some disease of that nature. He gave a prescription to the man's brother, and said, "If that does not operate very soon give him this other medicine, and if that has no effect give him this third." We went away, and we were absent two or three days. On our return my acquaintance inquired, "How is that man I prescribed for?" The reply was "Oh, he is dead, but it was not in any way your fault, for the medicine never ceased to operate from the time you left until, by the mercy of Allah, he was removed from this world." Well, we can see the effects of that system, but when we adopt a less stringent treatment, and resort to those charming and exceedingly pleasant doses which are administered by our medical friends, then we must walk by faith, not by sight. I believe homœopathy could not be introduced with good effect, for example, into the army and navy, because many men who merely wish to escape their turn of duty would come into the hospital if they were quite certain of only receiving those mild, delightful doses which homœopathic physicians are accustomed to administer. I remember asking a man who had a great racing stable, who, I knew, was a homœopathist, and whose wife had one of those charming little boxes which we all know so well, "Do you keep all these stout, hearty-looking boys in health upon homœopathy?" The reply was, "No; I gives 'em half a horseball once a fortnight, and they know better than to shirk their work." Well, I fear I have wandered in a most outrageous way from the subject of the hospital which has called us together to-night. You will all agree with me that the facts—the cures which the physicians are able to announce, the number of cases admitted to the wards, the number of cases of improvement, the severity of the cases, and all that distinguishes a well-regulated hospital, all these considerations present it to us as a field for public benevolence, and for largely-increased subscriptions. I was told there were sixty beds in the hospital, and allowing for the removal of one patient and the substitution of another, the beds in all the wards are almost constantly full. When I looked at the boards at the heads of the patients, I saw that most were being treated for grave diseases. Some cases struck me as being of so entirely mechanical a nature that I do not see how they should be particularly fitted for homœopathic hospitals. But on making inquiry, I was told that these were mostly persons who entertained such a belief in the efficacy of the homœopathic system, that even though the injuries from which they were suffering were in a great part mechanical, they wished to be treated, and were most successfully treated, in the homœopathic hospital. I must now announce that the endow-

ment fund of the hospital is something over £8,000, which is an increase of about £2,000 over the figures which the Chairman at the last dinner, Lord Elcho, was able to announce. Of course, this sum, as compared with the great endowments of the sister hospitals throughout the kingdom, is a very small amount. And seeing that homœopathy is spreading and ramifying throughout the whole population, we may most fairly call on those who possess, or who go among persons with money at their disposal, to give us a little of that superfluous money which now finds itself given to the older charities. If homœopathy had done only this one thing it would have been an enormous success—it has created among the great body of the medical men such a change of opinion that whereas large doses were almost universal, and the heroic treatment was all but general, now nine practitioners out of ten will tell you that large doses are entirely out of date. It is the influence of homœopathy which has led the great mass of practitioners to abandon these enormous doses. We all remember the rhubarb and magnesia and black draughts of our childhood, and we rejoice to know that all these are banished from the nurseries of the second half of the nineteenth century. I do not know that there are any more figures which I ought to place before you. The in-patients this year have been 514, the out-patients 7,000, and since the foundation of the hospital 96,000 persons have passed through its wards and waiting-rooms. All these facts justify us, knowing the extreme interest which you take in the matter, in calling on you to support this noble institution. Although we may joke about what most of us consider an antiquated school of medicine, yet none will more readily confess than the homœopathic physicians, with some of whom I possess an intimate acquaintance, that all physicians, wherever found, are all joined in one grand battle to fight against the fell diseases that afflict humanity, to make a stand against the assembled mass of living misery which we are so largely interested in diminishing.

The Hon. W. W. VERNON, in proposing the health of the noble Chairman, humourously referred to the early days when they were at school together, and the inflictions to which they were then subjected under the old system of treatment. With that exception, Lord Bury had been a homœopathist all his life, and this accounted probably for the excellent health he appeared always to enjoy.

The CHAIRMAN, in returning thanks, said: Grateful as he had reason to be to homœopathy, in later life he still looked back to the days to which his friend had referred, black draughts and all, as some of the happiest in his life.

Mr. TRUEMAN then read the list of donations, which amounted to about £900.

Dr. YELDHAM proposed the health of the Editors of the British Homœopathic Medical Journals. He said: The press, we all know, is the exponent of progress in every department of human knowledge. It is not too much to say that without the press progress in knowledge, if not impossible, would be extremely small. In this respect homœopathy has unfortunately been placed at a very great disadvantage. The ordinary channels through which we had a right to expect that a knowledge of the system should reach the profession and the public, have from the first been hermetically sealed against us. Neither the *Lancet*, nor the *Medical Times and Gazette*, nor the *British Medical Journal*, nor indeed any other allopathic periodical, will allow a single syllable concerning our principles or practice to appear in their pages, nor will they even admit an advertisement of a homœopathic book in their advertising columns. Hence, knowledge of homœopathy has been diffused solely through our own periodicals, and the profession had otherwise been kept in utter darkness. The slow diffusion of our principles has, I believe, been mainly owing to this unfair and systematic exclusion. Well, such being the case, a literature of our own is almost a necessity of existence. Fortunately we have enjoyed what was required—the demand has created the supply. We have three medical periodicals. There is the *British Journal of Homœopathy*—a quarterly—I believe the oldest quarterly medical journal in this country. Next year it will have existed thirty years. On the title-page of the first number is the name of Dr. DRYSDALE, of Liverpool, the senior editor, and on the title-page of the last number, published on the 1st April, his name still maintains the same honourable position. Such steady adherence to a good cause deserves our warm acknowledgment. Next to Dr. Drysdale's name we meet with that of Dr. DUDGEON, who has been associated with Dr. Drysdale in the superintendence of this work for the last 27 years. All who know Dr. Dudgeon know that his name is a tower of strength in British homœopathic literature. Next to Dr. Dudgeon's name we find that of our talented colleague, Dr. R. HUGHES, of Brighton. With such a staff of editors the *British Journal of Homœopathy* has come to be regarded as one of the most ably-conducted and important of medical journals. Next in order of time we come to the *Monthly Homœopathic Review*—a journal started some 16 years ago by the late Dr. OZANNE, of Guernsey. It is now, and has been for some years, most ably edited by Mr. POPE, in conjunction with Dr. RYAN. This work is published monthly, and is of a less deep and elaborate character than that of which I have just spoken. In addition to short articles on scientific subjects, it supplies the current information concerning homœopathy all over the world.

It may be compared to the *Lancet* of the old school, with this important exception—that it is always kept bright and clear, and is never sullied by abuse. (Cheers.) “Small by degrees, and beautifully less,” we come to the lively little monthly periodical called the *Homœopathic World*, started some time ago by Dr. RUDDOCK, and still edited by him, in conjunction with Dr. NEWTON, of Cambridge. All these gentlemen are labourers in a good cause; they have done what ought to have been done by the allopathic journals. They must do it at a great expenditure of time and trouble, and I fear with comparatively little reward, save the sense of having done their duty. I think, therefore, we are only doing our duty in drinking their healths.

Mr. POPE, after acknowledging on behalf of himself and his colleagues the kindly appreciation of their labours, evinced both in the manner in which the toast had been proposed and the cordiality with which it had been received, spoke as follows:—We, as editors of the homœopathic medical periodicals of this country, feel a warm interest in the welfare of the institution, the interests of which we are met this evening to promote. By the frequent inspection of its wards and offices, by occasional criticisms on its management and results, we endeavour to increase its usefulness, to make its necessities known, and to add to that support to which we feel it to be so justly entitled. My friend, Dr. Richard Hughes, has, in his excellent *Manual of Therapeutics*, impressed upon homœopathic practitioners the duty devolving upon them, in accepting the *numera* of homœopathy, that they should take a share of the *onera* attaching to it. This duty medical men—some at least—endeavour to perform by officiating at hospitals and dispensaries, and by adding to the common stock of medical knowledge, both as respects disease and the remedies for its removal. But, my lord, I think that if the doctor, by the increased power which homœopathy gives him to control disease, is bound to aid in its development, the patient who recovers from illness more rapidly, more certainly, and more safely, through being treated homœopathically, is equally bound to support institutions such as the London Homœopathic Hospital, where benefits similar to those he has received are conferred upon such as, through their poverty, are unable to procure them. I trust, my lord, that homœopathic patients will recognise their obligations in this matter, and that the funds in the hands of our treasurer will to-night be increased by large supplies of “conscience money.”

I feel, my lord, that in responding to the toast of homœopathic medical literature, I should not be acting rightly were I to sit down without some reference to one who has recently passed from amongst us, and who, in the days of his health and vigour,

was a brilliant ornament of homœopathic medical literature. The late Professor HENDERSON, of Edinburgh, was perhaps the most eminent medical man who, in this country, ever investigated and publicly acknowledged the truth of homœopathy. Urged to its study by the celebrated Abercrombie, he performed his task, not by reading all the diatribes that have been written against it—not by carping criticism and studied misrepresentation of the writings of Hahnemann—but by testing it at the bedside of the sick, by experimentally ascertaining whether disease could be cured by homœopathically-selected medicines. Convinced, by the results he had obtained, that homœopathy gave him a power over disease he had previously been unacquainted with, he felt it to be his duty, not only to practise homœopathy, but, by publicly acknowledging its value, to use his influence in inducing others to do so likewise. Thereupon he was deserted by nearly every medical friend he had; his patients, with one or two exceptions, left him; he was deprived of his post at the infirmary; he was the object of incessant abuse at the hands of the entire medical press;—but, my lord, he never swerved. Conscious that homœopathy was true, he persevered in its practice, ultimately securing the largest family and consulting practice in Edinburgh, and obtaining the respect, at least, of nearly all—certainly of all the more generous—of his many and bitter enemies in the medical profession. The *Lancet*, which more than any other journal of twenty years ago inveighed against him, when noticing his career the other day, described him as “a thinker of rare acuteness and force, a physician of varied and profound accomplishments, a popular expounder of the theory and practitioner of the art of medicine.” In so doing, the *Lancet* did simple justice to Henderson and honour to itself. But, my lord, another medical journal—the *Medical Times and Gazette* on Saturday last—endeavoured to defame his memory by the resuscitation of a story circulated some twenty years ago by one who, I am sure, must, ere he died, have deeply regretted that he ever gave it currency—a story the utter falsity of which Henderson repeatedly proved. [Mr. Pope here gave the details of the story of the box of globules, which is related in our obituary notice of Professor Henderson.] Not satisfied, however, with endeavouring to injure Henderson’s reputation for acumen, this writer seeks also to blacken his character by declaring that he embraced homœopathy for money—that it was a love of money that drove him to homœopathy. He writes: “On embracing homœopathy Henderson’s private practice greatly increased, but he lost in public estimation.” And presently he adds: “His life is instructive; the moral of it is, that the love of money is not everything—that it is nothing “as compared with the loss of professional reputation.” Now,

my lord, nothing in this world could be further from the truth than the statement that Henderson embraced homœopathy through a love of money. Had money been his object he never would have had anything to do with homœopathy. For at the time when he made his public acknowledgment of the truth of homœopathy, he was regarded as a thoroughly scientific pathologist, as an original and singularly accurate observer of disease; he was a physician at the Royal Infirmary, a professor of clinical medicine and of general pathology at the University; and further, he was esteemed and beloved by a large circle of medical men throughout Scotland, by whom he was regarded as the legitimate successor of Abercrombie in the consulting practice of Edinburgh. But that he might declare what he knew to be the truth—what he was assured was for the interest of humanity—he sacrificed all this! And now that he is dead, some wretched libeller, some publisher's hireling, is found to declare that he practised homœopathy for money!

My lord, I ought, perhaps, to apologise for trespassing so long upon your indulgence, but I feel, and feel very deeply, that it is the duty of those who have daily evidence of the truth of the principles that Henderson espoused, principles for the advocacy of which he suffered so much in reputation with the greater majority of the medical world, in the defence of which he endured such long, such bitter persecution; that it is the duty of those who have witnessed the dignity and forbearance with which he received all these attacks upon him, and still more is it the duty of those who, like myself, have had the honour of being among his pupils, to shield his memory from an attack so dastardly, so base, and yet so baseless, as that which appears in the *Medical Times and Gazette* of Saturday last.

Mr. A. J. ELLIS, in proposing the last toast, said—There is one toast which is never omitted at the dinner of the London Homœopathic Hospital, for the child cannot fight its mother, and the homœopathic hospital is the legitimate offspring of the British Homœopathic Society. Nearly thirty years ago, when it was on the cards that homœopathy might be considered as quackery within the profession, a few gentlemen met at the house of our respected consulting physician, Dr. Quin (whose absence to-night we all regret), and determined that homœopathy should be practised in strict accordance with correct professional feeling, and should not degenerate into a quackery. We of the homœopathic hospital—I speak in the name of the board of management—owe to that society special thanks, for it is through them that we are furnished with that staff which alone enables us to make the charity valuable. I will couple with the toast the name of Mr. HUGH CAMERON, one of the vice-presidents of the society for the present year, to whom the

Homœopathic Hospital owes much, and whose ready hand, wise head, and excellent heart, have procured and secured for him the respect and esteem of all who have the happiness to know him.

Mr. CAMERON, in responding, said—When the British Homœopathic Society was founded in 1844, it consisted of some four or five members, and when they had distributed their honours they found they had no rank and file. They had a president, vice-president, treasurer, and secretary, and for some time scarcely anything more. He would contrast that with the proud array of members he now saw around him, and he thought a better proof of success could scarcely be appealed to.

Several songs were admirably rendered by the choir during the evening.

The proceedings then terminated.

NOTABILIA.

SMALL-POX IN CHICAGO STAMPED OUT BY VACCINATION.

THE following illustration of the prophylactic value of vaccination, which we take from the *United States Medical and Surgical Journal* (Jan. 1872), is we think a very striking one, and well worthy of being remembered by all who would endeavour to support the importance of vaccination and re-vaccination.

“When the epidemic of small-pox, which has been so fearful and so fatal in New York, Brooklyn, Philadelphia, and other cities, commenced here, an order was passed that, after a certain date, none of those receiving rations and aid from the Relief Society should have any more food, coal, or clothing, &c., without presenting a certificate of vaccination, or of re-vaccination. This legislation, impossible elsewhere and heretofore, overcame the objections of the ignorant against vaccination, and has served to stamp out the epidemic. One thousand persons were vaccinated daily for several weeks, the expense being borne by the Relief and Aid Society. In conjunction with precautions taken by the Board of Health, under the vigilant control of Dr. Rauch, the disease has almost entirely disappeared. The highest mortality from this disease in this city in any one week has been only sixteen! We shall have more to say upon this subject hereafter.”

PATENT MEDICINES.

WE have been requested by the Secretary of the Homœopathic Medico-Chirurgical Society of Manchester to insert the following expression of opinion regarding patent medicines. A similar resolution, emanating from the Liverpool Society, appeared in

the *British Journal of Homœopathy* for April, and has appeared to have formed material for the amusement of the Editor of the *Chemist and Druggist*.

In the last number of that paper the resolution is quoted, and the secret of the composition and virtues of *aconite*, *belladonna*, and *opium* are said to be as far hidden from medical men as are those of *glykalins*. This is simply incorrect. We do know the "virtues"—that is to say, the physiological action and uses of *aconite*, *opium*, *belladonna*, &c., but we know nothing whatever about *glykalins*. Hence, if a person has been overdosed with one of these drugs, we are in a position to meet the emergency; but supposing some one to have had too much *glykaline*, we should not be able to relieve him, simply because we should not know with what he had been poisoned. It is herein that one of the chief dangers of secret nostrums consists. But so long as the sale of such preparations will bring in cash, so long, we fear, will chemists, whether homœopathic or allopathic, be too frequently found to advertise, sell, and profit by them.

"It having come to the knowledge of the homœopathic practitioners of Manchester that certain medicines, the composition of which is kept secret, are being introduced and sold by the homœopathic chemists, it was resolved, at a meeting held on the 18th day of March, to protest against this proceeding as likely to mislead the public, and to identify in their minds homœopathy with quackery.

"(Signed)

"THOS. RAYNER.

"DOUGLAS MOIR.

"CHAS. H. BLACKLEY.

"JOHN DRUMMOND.

"J. BOWER MOREHOUSE.

"EDWARD PERKINS."

"J. BOYLE COGHLAN.

ANCIENT SCEPTICISM ABOUT BLEEDING.

MR. GIDEON HARVEY, in his *Varieties of Philosophy and Physic*, 1869, says, "it is a consequence," an idiot asserts, "because a person having been blooded eight or ten times in a great distemper doth recover his health, he owes the benefit of it to the bleedings, whereas it ought rather to be said neither the distemper nor the bleeding could kill him."—*British Medical Journal*, Jan. 6th, 1872.

SICK HEADACHE.

DR. WILKS, of Guy's Hospital, in a paper on this disorder in the *British Medical Journal* for the 6th ult. says, that it "is not to be cured by gastro-hepatic remedies. It is a purely nervous disorder, and due entirely in my experience to hereditary predisposition, and excited by causes innumerable, which

act in a susceptible nervous system. There is, then, no cure in the proper sense of the term, for this would imply a change in the patient's nature, and for the attacks themselves when severe, the only relief which can be reckoned upon is to be found in a wet bandage round the head, profound quiet and, if possible, sleep."

OBITUARY.

WILLIAM HENDERSON, M.D., F.R.C.P. Edin.,

Late Professor of Pathology in the University of Edinburgh.

By the death of Dr. HENDERSON the science of medicine has lost one of her most brilliantly successful cultivators, and homœopathy her most distinguished advocate in Great Britain.

Our deceased colleague was the fourth son of Mr. Henderson, sheriff-substitute of Caithness, and was born at Thurso on the 17th of January, 1810. He received his early education at the High School of Edinburgh, whence he proceeded to the University. He passed through the literary curriculum with much distinction, before entering the medical classes. When commencing the study of medicine, Dr. Henderson became an articled pupil of the late Mr. Liston. He took his doctor's degree at the University in 1831, in company with Professor Balfour, Dr. Alexander Wood, Dr. Peter Handyside, and others. Among his fellow-students were the late Professor John Reid of St. Andrew's, Professor Allen Thompson of Glasgow, the late Sir James Simpson, Dr. Douglas Maclagan, Dr. Vose of Liverpool, and many others who have since risen to more or less eminence in their profession. For some time after graduation he was a Clinical Clerk in the Infirmary; an appointment he highly valued—one which he ever regarded as supplying him with the most important portion of his medical education. On the completion of his term in the Infirmary he devoted two years to studying medicine in Paris, Berlin, and Vienna; gaining in these celebrated seats of medical learning not only a large addition to his professional knowledge, but an intimate acquaintance with the languages of France and Germany, which he kept up throughout his life by a constant study of the periodical medical literature of those countries.

On his return from the continent he entered into a partnership arrangement with an elderly practitioner in one of the ancient burgh towns of Scotland. This, however, was soon dissolved by mutual consent, and Henderson settled as a physician in Edinburgh, where his merits as a physician received early recognition by his appointment as Physician to the Fever Hospital and subsequently to the Infirmary, at which institution he

was also for some years the pathologist. In 1842 he was appointed Professor of General Pathology and Clinical Medicine in the University, in succession to the late Dr. John Thomson. How earnestly and successfully he laboured during this period is well shown in the originality and well-tested soundness of his published essays. The chief of these are a series of clinical studies on the heart and large blood-vessels. In them occurs the first notice of the murmur of efflux, in a case of sacculated aortic aneurism. He was the first to demonstrate as a sign of aortic regurgitation that "the radial pulse followed that of the heart by a longer interval than usual." In 1844 he published a very important essay on the distinctions between typhus and relapsing fevers. Prior to this time, the latter form of fever had always been regarded as a mild modification of typhus. Dr. Henderson distinctly proved that the one fever never communicated the other, and that an attack of the one never conferred immunity from an attack of the other. Sir William Jenner, Dr. Murchison and others have abundantly confirmed the accuracy of these conclusions; and the non-identity of these two fevers, which Henderson was the first to point out, is now one of the best-established doctrines of pathology. Dr. Henderson has the credit of having been one of the earliest physicians in this country to employ the microscope in all his pathological investigations. By its aid he demonstrated the anatomy of the lung in pneumonia, the true nature of molluscum contagiosum, &c.

Within a short period after his appointment to the chair of pathology, Dr. Henderson's attention was drawn to homœopathy by the late Dr. Rutherford Russell, and by Dr. Malan, now of St. Catherine's Priory, near Guildford, who was at that time studying medicine in Edinburgh. But it was not until he was urged to investigate it by the late Dr. Abercromby that he determined on making a study of it. "This," said Henderson to a friend with whom he was walking on one occasion, "is the very spot where Dr. Abercromby urged me to investigate the new system, and to see what was in it." It is further well known that Abercromby, when he heard that his expressed desire was being acted upon, said, "Henderson is investigating homœopathy, and if there is anything in it he will get at it." The results of this investigation, pursued in the wards of the Royal Infirmary, were published in 1845 in an octavo volume, entitled *An Inquiry into the Homœopathic Practice of Medicine*. In this book Dr. Henderson gave the notes of 122 cases, selected solely on the ground of the serious character of the diseases constituting them, omitting from the entire series he had treated, only such as were of comparatively trivial import, together with cases of pulmonary consumption and of old organic disease.

The conclusion drawn from this *Inquiry* he thus states: "From what experience has taught me of its operation in disorders curable by any medical treatment, I do not hesitate to say, that I feel bound to give it a decided preference over the ordinary practice; and, in those curable disorders in which I have not hitherto had an opportunity of employing it, the correspondence of the results I have witnessed, with what the practical works on homœopathy declare to be the consequence of the employment of homœopathic remedies, leads me to anticipate with confidence practical advantages of the like nature." (p. 39.)

The late Sir John Forbes, in his well-known article on *Homœopathy, Allopathy, and Young Physic*, in the *British and Foreign Medical Review* for January 1846, does "not hesitate to declare, that the amount of success obtained by Dr. Henderson in the treatment of his cases would have been considered by ourselves very satisfactory, had we been treating the same cases according to the rules of ordinary practice." (p. 250.)

The publication of Henderson's *Inquiry* was the signal for such a storm of abuse, calumny, and misrepresentation as it has rarely fallen to the lot of one man to endure. His resignation of the chair of Clinical Medicine and his appointment as Physician to the Royal Infirmary speedily followed; while the medical press never ceased to urge, in the coarsest imaginable manner, his removal from the chair of Pathology. This happily they were unable to procure. With the exception of three or four, every medical friend in Edinburgh "cut" him! His patients left him! The medical journals, which had been wont to receive his papers as among their greatest treasures were closed to him! Before he had committed himself by publicly declaring his faith in homœopathy, every inducement was held out to him that could by any possibility have dissuaded him from acting up to his convictions. His most intimate friends, the late Dr. James Duncan, Mr. Syme, and many others, entreated him to refrain from any public acknowledgment of the truth of homœopathy. The sands of Abercromby's life were ebbing fast, and Henderson, whose professional reputation and personal character were esteemed as of the highest, who was alike respected and beloved by his medical brethren, was on all hands regarded as his successor in consulting practice. Mr. Syme, when grieving over the change in his views, once said, "Henderson had the ball at his foot when Abercromby died." And as we once heard the late Professor Reid of St. Andrew's remark, "If it hadn't been for homœopathy, Henderson would have been the first physician in Scotland."* All this and much

* As if to prove the truth of the ancient proverb, *Mortuo leoni et lepores insultant*, some wretched detractor of departed worth thus writes of Henderson in the *Medical Times and Gazette* of the 20th ult. After he embraced homœopathy, this person says, "though his

more was laid before him, to impress upon him the suicidal course he was taking in adopting homœopathy, the position he was abandoning, the opportunities of professional distinction he was allowing to slip from his grasp. But he was convinced that homœopathy was true. He knew his duty was to abide by the truth, to uphold the truth, and in defence of what he believed to be the truth to make whatever sacrifices might be demanded of him. He made these sacrifices. No medical man, who ever embraced homœopathy, has been called upon to make more or greater sacrifices than he did. No one ever made any sacrifices at all, however slight, with greater calmness, greater dignity, or greater readiness than he did. He told his friends, in reply to their many remonstrances, that, in avowing his faith in homœopathy, he was but acting up to his conscientiously-formed convictions; that he had resolved on acting up to them; and that he had counted the cost of doing so.

By his colleagues at the University and by well-nigh every member of the profession in Edinburgh he was now regarded as a man who had committed a great crime! Every species of abuse was hurled at him. Falsehood and detraction in every form were used to damage his reputation, both as a man and a physician. Persecution took every shape which ingenuity and malignant hatred could suggest; and, worse than all, the men who were most prominent in degrading themselves by the use of such weapons as these, were among his own colleagues: they

private practice greatly increased, he lost the position he had held in public estimation." And at the close of the article we are told that "his life is instructive; it teaches that money is not every thing, and is not to be compared with the loss of professional estimation." Henderson, we assert, suffered nothing in "public estimation." Had his object been money, he would never have avowed his faith in homœopathy. Large as his practice ultimately became, it doubtless never produced in actual income what it would have done had he been content *stare super antiquas vias*. As to "professional estimation," Henderson knew well the worth of that. In his *Letter to the Patrons of the University*, he says: "I have been indeed 'expelled' from the Medico-Chirurgical Society, and bear the intended insult with that

'Patience that softens every sad extreme

* * * *

And smiling sees the ingratitude of friends,'

satisfied, when I waste a thought on reputation, that *time*, which deals impartial infamy and fame, will change our relative positions, in the estimate of such, if there be any so ignorant, as now regard the persecuting act of an unmanly and domineering sect as capable of disgracing anyone; and that the men of other days who shall reap the fruits of the hardships and contendings of those who now 'bear the burden and heat of the day' in the cause of truth and humanity, will remember us with gratitude, while those who now load us with contumely shall be forgotten or despised."

were those who had been his intimate friends, those with whom he had worked and studied! The cause of it all was that he would not deny the truth, that he had the manliness and honesty not only to practise homœopathy, but to publicly declare that he did so. Had he, like some at the present day, contented himself with practising homœopathy without making any public profession of his faith in it, all this villany might never have been perpetrated. To him the maxim, *veritas vel mendacio corrumpitur, vel silentio*, was a reality. Feeling it to be so his duty lay plainly before him. He performed it; how nobly he performed it those only can appreciate who have had opportunities of observing his dignified bearing during the last twenty-five years of his professorship.

The contributions made by Dr. Henderson to medical literature since the publication of his "*Enquiry*" have been both practical and controversial. In the former he delighted; the latter, while never courted by him, he never shrank from. In the 5th, 6th, 7th, and 10th volumes of *The British Journal of Homœopathy* will be found a series of Essays on General Pathology, full of evidence of wide research, of breadth of view, and of much practical observation of the facts of disease. In the 8th volume of the same journal is a clinical paper on pneumonia, bronchitis, and croup; in the 8th a similar essay on pneumonia, enteritis, and some of the acute sequelæ of scarlatina. In the 10th is a remarkable essay on the relative value of the homœopathic, allopathic, and expectant treatment of pneumonia, in which the comparative duration of the disease under each form of treatment, as well as the comparative mortality, is considered. This is perhaps the most important of Henderson's contributions to homœopathy. In the 11th volume is an essay on the Pathology of Diabetes Mellitus—one in which every student who has attended his course at the University will at once recognise the style of composition and method of presenting a pathological subject which marked his *ex cathedra* pre-lections. At the British Homœopathic Congress, held at Leamington in 1854, Henderson delivered the *Address*. It appears in the 12th volume of the *British Journal of Homœopathy*. In it he points out the relations of general pathology to practical medicine; shows the influence homœopathy had up to that time had upon the ordinary method of treating disease; and refers to the possible, though doubtful, advantage which may arise from the adoption of certain therapeutic novelties of a palliative character which were then coming into vogue, but which, we believe, are now nearly forgotten. In the 14th volume is a useful clinical paper on Bright's disease of the kidney, where he endeavours to mark out that phase of the disease in which *turpentine* is useful. In the 15th volume he points out, in an essay on Organic Disease of the Heart, how far homœopathi-

cally-indicated medicines are calculated to afford relief in the treatment of the disorders resulting therefrom. His last essay of this character is in the 17th volume, and is on Fibrin.

Up to the year 1851 nothing of a distinctly controversial character had proceeded from the pen of Dr. Henderson. He had no liking for writing of this kind, and was well assured of its tendency to degenerate into mere personalities, and of its general want of practical utility. "*Defence, not Defiance,*" was the principle upon which he ever acted. In his *Letter to the Patrons of the University* (written in reply to certain resolutions desiring his deposition from the chair of General Pathology, presented by the Medical Faculty to the Patrons), when referring to the personal conflict that had been aroused, he writes: "Having long anticipated such a result, it has been my endeavour to avert it by such means as I could employ without discredit—by the peaceful discharge of my professorial duties, by replying to no attack made on my opinions within the walls of the University, by heeding no gossip, and retorting no sneer with which the taste of my colleagues has occasionally seasoned their discourses. I have not even offended the Faculty with my presence but on the most necessary occasions; for I concur entirely in the sentiments of a much more famous man than any of us, when he says, 'Were I even wrongfully suspected, and thereby made offensive to my fellow-citizens, I would rather shun their company than be looked upon with hostile eyes.' All, however, has been of no avail, and since the Faculty have preferred the personal assault to the more academic course of rational discussion, it remains for me but to accept their challenge." In this *Letter to the Patrons*; in his reply to "*The Memorial of James Syme, Regius Professor of Clinical Surgery, unto the Honourable Patrons of the University of Edinburgh*;" in his *Letter to the President of the Medico-Chirurgical Society of Edinburgh on the Recent Speeches of Professors Syme and Simpson*; and finally in his admirable reply to Professor SIMPSON'S bulky indictment against homœopathy, entitled "*Homœopathy: its Tenets and Tendencies,*" he gave proof that he did accept their challenge; and that, when called upon to fight, he could do so vigorously. The power, the withering sarcasm, the irresistibly searching exposures of those who had ranged themselves against him, and the irrefutable facts with which these writings abound, afford ample evidence that those who strived hard to humiliate him, those who sought his ruin, those who endeavoured to convict him of insincerity, had not accurately measured the strength of the man they essayed to attack. Strong in his conviction of the truth of the principles he espoused—strong in the consciousness of the purity of motive animating him in their defence—strong in his knowledge of the character of those by whom he was assailed—strong, moreover, in his command of language, in his fami-

liarity with medical and general literature, he demolished his adversaries with a facility and completeness that left nothing to be desired.

We will here give one specimen, out of many that might be adduced, of the mode in which he was attacked. The author of the charge is dead, and we doubt not that before he passed away he regretted ever having made it. Knowing and feeling this, we had not intended to make any reference to it. But in a leading article in the *Medical Times and Gazette* of the 20th inst., the story is re-told, and hence must once more be replied to. "Sir James Simpson," says the writer of this article, "used to tell a curious story of Henderson's conversion to homœopathy. . . . Simpson had some time before received, from a well-known homœopathic chemist, a case containing a set of phials filled with globules, which he had never used. These, he said, he should be glad to hand over to Henderson, and Henderson with pleasure accepted them. He made use of them, and was so struck with their effects, that he declared himself convinced of the truth of the homœopathic doctrines. Unfortunately, it turned out too late, that he had unwittingly deceived himself; for the case with its phials had long been a plaything for Simpson's children, who used to empty out the little globules into heaps, and fill the phials from them indiscriminately. We need hardly say that this was not known to Simpson when he gave Henderson the case, but it became known to him after, and he made Henderson aware of it. But Henderson had gone too far to recede, even if he desired to do so, and he became a declared practitioner of homœopathy."

The only grain of truth in this story of the late Sir James Simpson's is that its author did give Henderson a box of globules. Every thing else, as we shall proceed to show, is false. The version, too, given by the editor of the *Medical Times and Gazette* differs from that first put forth by Sir James Simpson. The editor says: "Of course we need hardly say that this was not known to Simpson when he gave Henderson the case." Simpson says (*Homœopathy, its Tenets and Tendencies*, p. 15): "During the time it was in my possession, I put it to only one use, viz., I gave it as an occasional plaything to my eldest son, then a child. The boy, revelling in his permitted amount of mischief, used in sport to uncork the small bottles, empty their globules into a heap, and then refill the bottles from the general mass." So that Simpson made his knowledge of what he represented to have been done with the case a part of his story! So much for his honour, which the editor of the *Medical Times and Gazette* is so anxious to shield by a "we need hardly say," &c. Henderson repeatedly denied in the most positive manner, both in public and in private, ever having uttered to Dr. Simpson the words which in his story he usually put into Dr. Henderson's

mouth, viz., "Your box has converted me." To have made this or any similar statement, "would," he says, "have been to have uttered an untruth." (*Homœopathy Fairly Represented*, p. 14.) In his *Letter to the President of the Medico-Chirurgical Society*, Henderson says, "My first experiments on homœopathy were made from five different sources, in addition to Dr. Simpson's box. The respected secretary of the Medico-Chirurgical Society favoured me with a box, in connexion with which there was, as became his character, no trick, but all that was fair and honest. Dr. Russell supplied me with many other medicines; Headland of London did so too; the chemist in this city, at a later period, did the same; and some I prepared with my own hands. The results were published. . . . Among them were some 'wonderful effects and cures,' which I have always regarded as evidences of the power of homœopathic remedies! but that they were due to Dr. Simpson's 'own former homœopathic box,' in which the trick was, I do not believe that I could ever have averred, because I was not in the habit of noting in each case from which source the medicines I employed were taken, for I suspected no trick. Since Dr. Simpson made his trick public, I have suspected, reasonably enough, that some of the failures which I could not formerly account for but on the ground of my own want of skill, must have been due to the dishonest box." Again, in *Homœopathy Fairly Represented* (p. 16) he writes in reference to the version of the story we have quoted from Simpson's *Homœopathy; its Tenets and Tendencies*:—"In his new work, Dr. Simpson incautiously enters so much into a pretended history of the box and its contents, while it belonged to him, as to furnish the means of a very satisfactory refutation of another and very material part of the business, which is no less than this: that the whole account of the medicines being mixed is imaginary. The box contained sixty-six phials, each labelled *on the glass and on the cork* with the names, in Latin, of the including drug. Every phial was full, and every cork in its right place, when the box came, unexpectedly by Dr. Simpson, into my possession. Now, we are asked to believe that a child some three years old, in the habit, as is alleged, of uncorking the bottles of his 'occasional plaything,' emptying their contents into a heap, and then refilling them from the general mass, was so precocious a scion that he could replace each cork of the sixty-six in its proper place, according to its inscription? And if not, as is perfectly certain, what learned Theban was at the trouble to readjust the disordered elements of so despised a machine?" As an additional reason for believing that Dr. Simpson's assertion that the globules had been repeatedly turned out, mixed, and returned to the phials by his three year old child was a pure invention, we may state that we do not believe in the existence of any child of that age who would return such tempting mor-

ceaux as globules to the bottles whence he derived them. He would unhesitatingly put them one and all into his mouth!

The story was, at the time it was first made known, so generally regarded as palpably false, as to cast a shade over Simpson's character for veracity. Now that Henderson is dead, the *Medical Times and Gazette* has the good taste to resuscitate this fable, one obviously invented with a single eye to damage Henderson's "reputation for acumen," one, years ago, fully and completely demonstrated to be truthless and worthless.

Bitter and long-enduring was the ill-feeling against him, provoked by controversies, disastrous only to the reputation of his opponents; but Henderson pursued the even tenour of his way, regardless of it all. Absorbed in the duties of an extensive family and consulting practice, and in those attaching to his professorial position, he heeded not the growling of one, the yelping of another, or the continuous howl of a third of his colleagues. He doubtless regretted it all—regretted it much—but it was rather on their behalf than for his own sake that he did so. And we believe that as years passed away the dignity and power of the man overcame much of the resentment with which he had been regarded. One who had maligned him more persistently than all others, when on his death-bed sent to him a message asking his forgiveness and desiring his friendly feeling. The christian and friendly tone of Henderson's answer, we are, on unquestionable authority, assured deeply affected him who received it. As further evidence of his victory over the hatred, bigotry, and ignorance of his opponents, we may refer also to the notice of him in the *Lancet* of the 13th ult. In the columns of this journal many years ago, he was week after week pelted with the foulest of language from the almost inexhaustible treasury of that kind of material then in the possession of "the notorious coroner of Middlesex and radical member for Finsbury." By the successors of this worthy he is now described as having been "a thinker of rare acuteness and force, a physician of varied and profound accomplishments, and a highly popular expounder of the theory as well as practitioner of the art of medicine." Henderson's triumph in asserting his title to the highest rank in medicine has been complete.

During the winter of 1868 his health began to fail. Pains in the chest, which he at first attributed to rheumatism of the costal cartilages, began to trouble him. In the spring of 1869 he recognised the existence of an aortic aneurism—the very disease the diagnosis of which he had done so much to render clear. After having had his conclusions confirmed by an examination by the late Dr. Begbie, he resigned his chair, and forthwith retired from practice. Previously to his retirement he contemplated, when a time of leisure should arrive, the examination and publication of his experience as a homœopathic physician. But the rapid progress of his disease totally unfitted him for any active mental labour, and so rendered the fulfilment of

this project impossible. From the spring of 1869 until July, 1870, he was in a great measure confined to the house, though occasionally able to take a short drive and to visit a few friends, but from this time until near the close of last year he was entirely confined to bed. During the first few weeks of this year he was able to spend a greater part of the day in the drawing-room. About the middle of March his cough became very distressing, the respiration increasingly embarrassed, and on the morning of the 1st ult. he breathed his last.

Dr. BRYCE, of Charlotte-square, succeeded to Henderson's practice some three years ago.

In Henderson were united all the qualities which mark the christian, the scholar, and the gentleman. A man of deep, earnest, but unobtrusive religious feeling. Conscientious to the last degree in the performance of every duty, in the recognition of every obligation; self-sacrificing to an extent but seldom met with. As a physician he was not only sound and varied in learning, but accurate in observation, quick in perception, firm and decided in tone, successful in his treatment of disease. His patients felt and placed the most implicit confidence in his skill, while his kind and sympathetic manner attached him still more deeply to them.

As a companion, whether on the banks of the Tweed or at the table, it would have been difficult to have found one more genial or amusing. His wit and humour were sparkling, fresh, and original. "Often," writes a correspondent, "have we seen him keep a table in a roar of laughter, especially if he could be pitted by Dr. Simpson on some other friend against Professor Reid, of St. Andrews, upon whom would rain a perfect hurricane of shafts of the most amusing raillery and humour." On one occasion Professor Traill objected to a candidate for graduation, a native of Singapore, with whose attainments the other professors were satisfied, on the ground of false spelling. Said Traill, "Why, he actually spells 'exceed' with one e." "Oh!" said Henderson, "you should remember he comes from the country of the Singal-*ess*!" The joke saved him!

The loss of Henderson to homœopathy is great. His example, however, remains to us, and it is a bright one. Unswerving in his fidelity to what he believed to be true, in the interests of truth, regardless alike of the entreaties of friends, of the prospects of professional distinction, of the emoluments which, in the form of a consulting practice, lay before him—Henderson, during five-and-twenty years, stood out from the crowd of professional self-seekers by whom he was surrounded, alone, scorned, sneered at, and defamed by lying lips innumerable! Such a character is all too rare at this period of the world's history—far rarer in the profession of medicine than is pleasant to contemplate.

CORRESPONDENCE.

DR. ALLEN'S QUERIES.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Can you spare me a corner in which to answer Dr. E. W. Berridge, who discusses “Dr. Allen’s Queries,” and adds: “permit me to ask what Repertories he used?”

Fully accepting the results of Dr. Berridge’s personal experience, I merely claim the same credit for my own. If many practitioners will succinctly give the results of their experience, we must soon arrive at more definite notions as to the relative superiority of high or low potencies.

Our only object can be to cure as completely and quickly as possible; and if a majority of practitioners can demonstrate that high potencies are best, I, and I am sure others also, will certainly try again the high potencies more carefully, if that be possible, than before.

May I point out that Dr. Berridge does not impugn my main argument, but simply asserts that in his experience Fincke’s high potencies have been useful, and that he has cured syphilis with *mer.* 200? The question of itch being curable with *sul.* 30 he does not enter into, but implies that he has cured eruptions which he could not identify as itch, with a still higher potency.

I think, then, that my queries are not yet sufficiently answered; and I respectfully await the results of further experience, rather wishing to test, than to advocate, my own opinion.

With regard to my knowledge of the German language, which Dr. Berridge somewhat gratuitously insinuates, cannot be large, I beg leave to assure him that I know that language fairly, and that I have carefully read the works of the author to whom he alludes—without, however, coming to the conclusion that it is either necessary or useful to limit myself to the 30th or higher dilutions, which was the real question mooted in my first letter.

May I enquire if, in England, the 30th and the 200th are principally, or even commonly, used in homœopathic hospitals, in dispensary practice, by Dr. Berridge himself, in acute cases of unmistakeably diagnosed maladies which, like cholera, may end fatally unless promptly relieved?

If so, what is the proportion of cures? Such *data* are indispensable to satisfactorily settle, or even to approximatively argue this most vital and important question.

I have dared to make known the experience I have gained from the careful records of 860 cases. Let us all help by producing the result of our honestly noted experience.

Your faithful servant,

CH. ALLEN.

[We very much regret that this letter was inadvertently omitted from our last number. Our correspondent will find by a reference to a paper by Dr. BAYES, on *The Question of the Dose*, published in the *British Journal of Homœopathy* for January, that out of 173 physicians practising homœopathy who have directly informed him of the doses they use, nine "exclusively or almost exclusively" use dilutions from 30 and upwards. Five others prescribe "all dilutions from the lowest to the 200th habitually, in both acute and chronic cases." "Forty-six prescribe the lower or medium dilutions habitually, but occasionally have recourse to the 200th (of these seven also use dilutions higher than the 200th in certain cases)."—Eds. *M. H. R.*]

NOTICES TO CORRESPONDENTS.

Dr. BRYCE.—Pray accept our thanks for the information you have so kindly procured for us regarding the career of the late Dr. Henderson.

Communications have been received from Dr. WYNNE THOMAS, Birmingham; Mr. FREEMAN, Cardiff; Dr. GIBBS BLAKE, Birmingham; Dr. BAYES, London; Dr. NEWTON, Cambridge; Dr. FERNIE, Malvern; Dr. DYCE BROWN, Aberdeen; Dr. MASSY, Brighton; Dr. CARROLL DUNHAM, New York; Dr. H. PAINE, Albany, U.S.

BOOKS AND PERIODICALS RECEIVED.

A Plain Guide to the Principles and Practice of the Water Cure. By W. F. FERNIE, Physician, &c. London: Simpkin & Marshall. 1872.

What is the Action of Drugs? By W. SHARP, M.D., F.R.S. London: Turner & Co. 1872.

Longevity. The Life of Thomas Geeran, a Centenarian. London, 1872.

L'Homœopathie à L'Hôpital Beaujon en Mai 1871. Par Le Dr. GUERIN-MENEVILLE. Paris: Baçon & Co. 1872.

Medical Report of the Northampton Dispensary, &c. Northampton, 1872.

The Homœopathic World, April 1872. Jarrold & Son.

The Chemist and Druggist, April 1872.

The Medical Investigator, March 1872. Halsey, Chicago.

The American Observer of Homœopathy, Mar. & April 1872. Detroit.

The Am. Jour. of Hom. Mat. Med. Feb. 1872. Philadelphia.

The Hahnemannian Monthly, April 1872. Philadelphia.

Bulletin de la Soc. Méd. Hom. de France, April 1872. Paris.

Bibliothèque Homœopathique, Feb. 1872. Paris.

Allgemeine Homœopathische Zeitung, April 1872. Leipsic.

Internationale Hom. Presse, Nos. 1, 2, 3. Leipsic.

El Criterio Médico, Sept. 1871—March 1872. 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.

THE OLD-SCHOOL PHYSICIAN OF THE
PERIOD.

THE history of therapeutics is a curious one. In early times physicians were involved in an atmosphere of mysticism and superstition. More lately, when this amount of cobweb had been gradually brushed away, a reaction, in the shape of decided materialism, set in. The doctors of this period were in the possession of certain powerful agents—agents which undoubtedly produced very marked effects on the system, as the unfortunate patients of the day showed to their discomfort and loss. This was the period of bleeding, both general and local, of blistering, purging, and mercurialization in all inflammations, whether severe or slight. Reactions always occur after any extreme course of treatment, but such reactions seldom take place so suddenly as to affect equally and at once such a large body of men as that constituting the medical profession in this kingdom. A decided change of opinion in the important subject of the treatment of disease involves so uncomfortable a discovery of unsuspected truth, and so ruthless an uprooting of old beliefs and prejudices, that at first it is only a few of the more daring and original spirits in the profession who are in any degree able to set themselves rapidly free from old trammels, and to open their eyes to behold facts to

which they had formerly been blind. The wave of reform is started in perhaps one man's speeches and writings, and it gradually, but only gradually, spreads and increases till every nook and corner where a practitioner exists feels its influence. It is owing to this gradual progress of reform that one sees at the present day such diversity of treatment among the old or allopathic school of medicine. Even now, chiefly in the rural parts, we find remains of the old "heroic" treatment, while in the metropolis, and at the various medical schools, we meet with representatives of a creed as nearly antipodal as possible to such "heroism," while in intermediate positions we encounter all varieties and gradations of therapeutic art.

The first impulse to the reform of our time was undoubtedly given by HAHNEMANN and homœopathy, as even our opponents admit. Those who would not, or could not, forego their old prejudices and beliefs to such an extent as to inquire honestly into the truth of the new doctrine of similars, and the power of the small dose of a homœopathically-chosen medicine, have nevertheless been obliged to open their eyes to facts of a certain class. "Facts are chieft that wanna ding," as the national poet of Scotland long ago assured us; and the fact that patients did get well, and of acute diseases, too, which it had up till then been thought necessary for the patient's life to treat with "heroic" remedies, was so patent that the old school physicians could not ignore it. Not only did they actually get well under the new treatment, but they did so in much larger numbers, and at much less cost to the patient's comfort at the time, and to his subsequent state of health, to say nothing of the diminished duration of his illness. This had to be accounted for, and as there was a determination that the medicine administered by the new school should have no voice in the matter, the only available explanation was that at least some diseases hitherto supposed to be specially requiring so-called "active"

treatment, must be capable of getting well by the "*vis medicatrix naturæ*," and the natural but uncomfortable corollary from this was, that the old active and perturba- tive system of treatment was in reality only a means of doing harm, and of unnecessarily punishing the patient. This discovery was the first step to the scepticism which now prevails to so large an extent among the most ad- vanced and most highly educated of the physicians of the old school. It was soon discovered that bleeding was not only unnecessary, but positively hurtful; that mercury given in inflammations generally, as it was, was of no use, and was still more hurtful than bleeding; and so on, till one after another of the long-used drugs were weighed in the balance, and found utterly wanting. We had men like Sir John Forbes—the leader in the van of thera- peutic scepticism—believing in only four medicines (*vide Nature and Art in the Cure of Disease*), of which four two were homœopathic. Though Sir John was looked askance upon by many of his contemporaries, we have now ample evidence of the wide-spread leaven of scepti- cism, he provoked, in the writings, periodical and other- wise, which daily appear. We have Dr. Rogers in his "Present State of Therapeutics," the most recent syste- matic work of inquiry into this subject, writing (p. 203) as follows:—

"Before concluding this part of my work I would offer a few remarks to those medical men who still have great faith in the therapeutics of the old school, and who still talk of treating diseases according to what they call the principles of scientific medicine. I will assume only, what will not probably be denied, that no reasonable objections can be made to the reports of Tessier, to those which I have given of the general results of homœopathic hospital practice, or to those of Eidherr. In the recoveries that took place under homœopathic treatment, ac- cording to these reports, the drugs employed either cured the diseases or they did not. If they cured them, then the *Materia Medica* of the old school must be put aside at once; if they did

not it must still be put aside, since the most successful results, with few exceptions, were obtained without the aid of drugs. In short, the sad conclusion is inevitably forced upon us, that the *Materia Medica* of the old school, the result of the accumulated experience of ages, is a worthless—nay, more, as it has been hitherto frequently employed—a noxious mass of what was once regarded as health-restoring drugs. The truth of this conclusion cannot be gainsayed, and no conscientious and intelligent medical man can ponder over it without resolving to abandon the chaotic polypharmacy of the old school, and trying to ascertain, by proper investigations, what drugs really do accomplish in the cure of disease."

We have Dr. Wilks openly confessing to his students, and to the profession at large, that he has no therapeutic principles, and that he simply employs this or that medicine in this or that disease, because he has found it of use. And lastly, in point of time at least, we have Dr. Bristowe, of St. Thomas's Hospital, delivering a course of lectures at the College of Physicians on "Disease and its Treatment," which propounds views, going to the extreme of scepticism, and shows the old school physician of the period in the highest state of development hitherto reached.

If the allopaths are indebted to the homœopaths for showing them that serious disease can be cured without severe treatment, the homœopaths are also indebted to the expectant school for showing them that some diseases will get well in a certain time if left entirely to themselves; and not only this, but also that certain cases, if of only moderate severity, recover as quickly without drug treatment as with it. But Dr. Bristowe would go much further. His medical creed amounts very much to this:—Every disease must run a certain course; if it is going to get well it will do so without medicine, and medicine will not alter its course; if it is not, the patient will die, so there is no need for giving medicine at all; or, to use his own words—

“ Nearly all, if not all, diseases tend to run a certain course, which varies within certain limits, according to the intrinsic severity of the attack, the patient's constitutional peculiarities, and the influences to which he is exposed during his illness, which tends (as the case may be) towards convalescence, towards relapse, towards permanent impairment of health, or towards death, but which is yet, in the main, typical for each disease.” (*British Medical Journal*, April 20th).

He then proceeds to illustrate his proposition by naming various diseases in which medicine is of no value. As a matter of course, typhus and the other specific fevers are included. In pneumonia Dr. B. long ago gave up “ all special medicinal treatment ;” simple cartarrh, boil, carbuncle, and erysipelas, ditto ; acute rheumatism does equally well, he says, whether without treatment or with it ; psoriasis is not cured by arsenic, but gets well in spite of it ; syphilis is uninfluenced by mercury and iodine, except for a time ; chorea will get well, whether treated or not ; in goitre iodine is a delusion ; neuralgia ceases without or in spite of medicine ; in all internal inflammations internal treatment is worth no more than so much cold water ; in dropsy the only thing of any service is the hot air bath, or an occasional purgative, diuretics being of no use ; in short, Dr. Bristowe would limit his therapeutic powers to preventing disease, if possible, or ; if the disease is already there, to palliating its most urgent and distressing symptoms ; and by means of general hygiene and good nursing, along with food and occasional tonics, he trusts to pull his patient through to the end of his complaint.

All this is certainly sweeping, and has even called forth the disapprobation of the *Lancet*, which cannot take in such “ advanced ” views. Dr. Bristowe admits that it is much easier to pull down than to build up, and certainly he has succeeded in pulling down his faith in therapeutics to the very lowest point.

But after witnessing such extreme scepticism in the

value of drug treatment, as employed by the old school, a strong feeling of comfort and consolation arises in thinking that medical men who are alive to the responsibility of their profession cannot long remain in such a dreary wilderness. Chaos generally precedes order, darkness light, and that period of the day is the coldest and dreariest, and all nature is at its lowest, just before the appearance of the bright and warmth-giving sunlight. So is it in medicine; and we are thankful that, now at this period of the thick darkness of scepticism in the old school, there are visible, more plainly than for years before, the warm and clear rays of the morning sun of therapeutic truth. Dr. Ringer writes a work on therapeutics so full of homœopathy that some years ago no such book would have been tolerated. *Now* it is praised by the old school journals, recommended as the best text-book on the subject, and its obvious homœopathy is passed over in silence. We have the *Practitioner* admitting articles which might have been written by any homœopath; and lastly, we find the *Lancet* in a late number remarking with surprise on "the extraordinary neglect of *aconite*" as a febrile medicine, "which enjoys the nearest approach to infallibility as a reliever of dry heat of skin of any remedy that we possess, while gallons of sweet spirits of nitre—a medicine which may be confidently pronounced to be unworthy of the slightest confidence—are poured down people's throats." (*Lancet*, April 6th.)

We should have rejoiced still more had those who thus begin to see the truth been able to find courage to acknowledge the source from whence they obtain their information, and give honour where honour is due—namely, to those men who have endured much contumely and hardship for the sake of that very truth the reality of which they are beginning to recognise. This open acknowledgement must come sooner or later. Meantime we can afford to wait and work, doing all we can to disseminate the leaven.

which has already begun to leaven the whole profession, and that to a far greater extent than is generally known.

Before, however, dismissing Dr. Bristowe and his scepticism there are one or two points in his lectures with which we are at one with him—points which we are always glad to hear insisted on by men of note in the old school. The first of these is his complete vindication, if vindication were necessary, of our stand-point with respect to the unjust taunt which is often levelled at us—namely, that we treat symptoms, and that uneducated persons can, therefore, practise homœopathy. This subject was so fully entered into in our leading article of last month that little more need be said upon it. We shall, however, give Dr. Bristowe's views of what disease is. He says (*British Medical Journal*, March 30th):—

“The biography of every disease comprises some specific cause, and certain resultant phenomena, vital, chemical or mechanical, which are, or which produce, the symptoms or signs by which we recognise its presence; and we may venture to define disease as a complex of some deleterious agency acting upon the body, and of the phenomena (actual or potential) due to the operation of that agency.”

He then goes on to show that although every disease has a cause, which it is desirable if possible to remove, yet that we may either not be able to trace out this cause, or if we do, to remove it; or again—and this is the most common event—the cause may have passed away, leaving secondary results, which results constitute the disease we have to treat. After giving examples of this latter, he says:—

“Now, taking the above-selected examples as the basis of argument, let us consider how many of the morbid phenomena which have been grouped under each head belong to the primary disease, how many should be looked upon as secondary or independent diseases, and if any be secondary or independent, where

the line of separation should be drawn. It will be acknowledged that we speak every day of certain morbid conditions as diseases, although we know, and are ready to admit, that they are merely symptoms of some more deeply-seated affection. Thus it is that we speak of ascites as a disease, even when we know that it is due to cirrhosis of the liver ; or of a spasm of the larynx in a similar sense, even when we recognise its dependence on compression of the recurrent laryngeal nerve by an aneurismal tumour ; or of leucocythemia, jaundice, dyspepsia, and a host of other signs or symptoms which, however important they may be severally, are still only the effervescence, so to speak, of disease. Now, if this mode of regarding the questions be accepted as true, every separate consequence of some primary disease should be deemed a disease, and scarlet fever, pelvic carcinoma, syphilis, alcoholism, and probably also every primary disease that can be named, would severally include within them, or could be compounded of, innumerable secondary diseases. And I must confess that it seems to me, not only convenient and of practical utility to consider the secondary incidents of a primary disease in this sense ; but further, that this mode of looking at the question is logically tenable, at least if, according to the definition of disease which I have adventured, we combine with each such incident, in our conception of it as a disease, its cause or its consequences. Thus the mere fact of the presence of fluid in the peritoneum, or of excess of urea in the blood would, I take it, by itself contribute a mere sign or symptom. But ascites or uræmia, in association with cirrhosis of the liver, or atrophy of the kidney, as their respective causes, would each rise to the dignity of a disease ; and would equally rise to that dignity if regarded in association, as causes, with the various untoward consequences, as symptoms, which they respectively tend to produce."

This is a most lucid explanation of our position in selecting a medicine. The majority of diseases we get to treat are such as Dr. Bristowe describes ; and in selecting a medicine which produces the totality of the symptoms present in a given case, we attack the root or source of the diseased state far more accurately and surely than

could be done by any mere theoretical treatment of the supposed cause. This last remark leads us to another statement of Dr. Bristowe's, in which we concur. He says (*ibid*, April 20):—

“ But perhaps the greatest impediment of all to the advancement of clear therapeutical knowledge is offered by the various theories of disease which spring up from time to time, and influence our judgment of the nature of diseases and our mode of action in regard to them. . . . When we observe the different plans on which different practitioners (who have been educated, probably, in the same school, and have imbibed the same doctrines) treat the same diseases; how the one insists on principles or details of treatment which the other thinks of no importance; and how also they carry their several peculiarities more or less through their whole practice; we cannot help recognising (what is certainly a fact) that there is a tendency among us, as time goes on, to invent small theories of our own for our own private guidance—theories which we both form and obey half unconsciously, and which would probably be at once repudiated if we took the trouble to think them out and put them into form.”

This is also the opinion of Dr. Wilks, who, in his recent lectures, stated that what is generally called scientific medicine did more than anything else to retard true therapeutics.

The last point in Dr. Bristowe's lectures we shall allude to is his disapproval of the habit of prescribing a combination of drugs in disease, provided we wish to arrive at accurate conclusions respecting the action of any medicine. He says (*ibid*):—

“ That in proportion as we combine drugs habitually, so we deprive ourselves of the power of acquiring any precise acquaintance with the specific effects of the individual drugs we employ.”

This point is now admitted by all the leading old-school physicians, and the principle that we homœopaths have preached and practised so long is being on all hands gradually regarded as the true method of prescribing—

viz., that only one drug should be given in one prescription. All these points show how surely, if slowly, our principles and practice are making way. The wave of reform, as we already remarked, moves slowly, but we are confident, judging from the results before us, that it is spreading, and that it is doing so more widely than is imagined by many who, in their ignorance, sneer alike at our principles and our practice.

Our business is not to be disheartened by the tardiness of men to accept and to acknowledge the truth, but rather, looking to the numerous and powerful obstacles placed in the way of such reception and acknowledgment, to feel encouraged by the sure indication of the progress of opinion towards the admission of those great therapeutic principles, the truth of which we have so long maintained, and steadily and earnestly to persevere in spreading a knowledge of them.

NOTES ON SURGICAL CASES.*

By S. H. RAMSBOTHAM, M.D. Edin., M.R.C.S. Eng.

I FEEL considerable diffidence in thus addressing, as it were *ex cathedra*, so many of my professional seniors, but as you have done me the honour to elect me your president, I must endeavour to fulfil the duties of that office to the best of my ability, and trust to your kindness to bear with my shortcomings.

I have decided to read to you the records of a few surgical cases, not with the view of bringing forward any novelties in treatment, but rather to add some slight contribution to that substratum of fact which we are gradually accumulating, and on which may hereafter be built a sound system of practice.

The first case to which I wish to draw your attention is one of fracture of the neck of the femur, which presents some rather unusual features. The subject of the accident was a young lady, aged nineteen, well developed, stout, and muscular. Whilst out for a walk with her

* Read before the Northern Homœopathic Medical Association at Manchester, May 10th, 1872.

younger brothers and sisters they got to playing about some railway sidings, and in trying to run along a rail her foot slipped, and she fell, twisting her foot under her. She nevertheless walked home, a distance of nearly a mile, with her brother's assistance, and moreover, managed to walk upstairs. Her belief was that she had dislocated her ankle, to which joint she referred all her pain. When I first saw her she was sitting on a sofa, just as she had come in; her feet hung side by side, and the legs appeared to be equal in length. The right foot and ankle were much swollen from the effects of the sprain. It was not until the next morning, on seeing her in bed, that I observed the right leg to be nearly two inches shorter than the left, inverted, with the toes resting on the tarsus of the opposite foot. The trochanter major was thrown somewhat upwards, and the limb presented the appearance usually seen when the head of the femur is dislocated upon the dorsum ilii. I was obliged to defer any attempt at reduction for a few hours, when my father saw the case, and, agreeing with me that it was a dislocation, pulleys were applied, but it was not until considerable force had been exerted that the limb returned to its usual position with a slight jerk. As soon, however, as the pulleys were loosened the trochanter went up again, shaking our faith considerably in the correctness of our diagnosis. After many patient trials a slight crepitus was elicited, sufficient, however, to give evidence of a fracture. Viewing it as a case of fracture through the neck of the femur, probably external to the capsule, the following treatment was adopted:—The bone being again got into position by means of the pulleys, and held there by their aid (the muscularity of the patient rendering manual traction insufficient), a wide Gooch's splint was placed on the external aspect of the limb, from the crest of the ilium half-way down the thigh, and on the internal aspect, a shorter but equally wide one from the perineum to a corresponding point; these were carefully tied together with looped bandage, the external splint at its upper end being secured by a handkerchief passed round the pelvis. Over all was fixed a Liston's long splint, retained in close apposition to the limb by means of a folded sheet passing along its entire length, the upper end bandaged to the side, the lower tied to the foot, and foot and splint together firmly fastened to the lower edge of the bedstead.

A few drops of *symphytum* 1 were mixed in half a tumbler of water, and the patient directed to take a dessertspoonful three or four times a day. This remedy she continued to take throughout the treatment. The splints were kept on for a month, during which time she experienced no untoward symptoms; and when they were removed the two legs were equal in length, the limping from stiffness which at first occurred soon wore off, and at the end of six weeks from the date of the accident she went into the country to visit some friends, one of whom, a surgeon, refused to believe the limb had ever been broken, as, he said, it could not possibly have been so successfully re-united. The young lady being the daughter of a Wesleyan minister, I lost sight of her soon after, when her father was removed from that circuit, and I have not had any further opportunity of inquiring into the state of the limb.

There are several points of interest connected with this case. Fracture of the neck of the femur is a very rare occurrence in so young a person: her age rendered dislocation the more probable accident of the two. Then the limb was inverted—an infrequent position, eversion being much more usual. The cause of the fracture was apparently very slight. The girl fell whilst running on the metals of a railway. She could not tell that she had struck her hip against the rail in her fall, the only theory on which we felt able to account for the fracture, nor was there any ecchymosis in evidence of her having had a blow there. Again, it is very singular that after such an accident she could walk home. The fractured end of the neck probably got jammed in some way between the trochanters; and this would also be the reason why no crepitus was elicited at our first examination. The separation of the two pieces of bone would further explain the jerk felt as the limb resumed its natural aspect, and deluded us for a few moments with the pleasing fancy that we had accomplished our task.

Lastly, her recovery was rapid and complete. In Holmes' "System of Surgery" (1st edition) it is stated that while bony union is the rule in cases of fracture of the femur external to the capsule, it is a very slow process, and two to three months is spoken of as the average time an adult will require to remain under treatment, six weeks to two months the time for a child; the first half of the time to be passed in bed, and during the latter half liberty being given to the patient to move about with apparatus

applied to keep the limb immovable. At the end of six weeks in this case no further support of any kind was needed.

To this happy result no doubt the *symphytum* materially contributed. Very little, however, is said about this remedy in our standard works. Hughes, in his *Pharmacodynamics*, and Hempel in his *Comprehensive Materia Medica*, do not even mention its name, although in the *Therapeutics* Dr. Hughes alludes to its claims to consideration. Dr. Henriques, in a lecture on Fractures (*British Journal of Homœopathy*, Vol. X), passes it by in favour of *ruta*, which he indicates as our chief agent in promoting bony union; Helmuth dismisses it curtly as "one amongst others;" and even the usually copious Jahr can only find time to say of it that "it has been employed to promote bony union in cases of fracture," adding, "it is said in some cases to have been successfully employed." We can hardly expect to find this action of *symphytum* detailed in any proving, and must be content to study it *ex usu in morbis*. In other cases besides the one just related, I have found it of service, and have been so well satisfied with the results obtained, that I have had no temptation to desert it for other remedies. It is too, or was, a well known popular remedy. Many years ago, my father, when visiting a lady residing near some large iron works, remarked a quantity of *symphytum* growing in a corner of the garden. Knowing that she was frequently applied to by the workpeople to prescribe for their ailments, he enquired to what use she put it, and was told that when any one broke a bone at the works, a messenger was despatched for a supply of *symphytum*, of which an infusion was made, and administered to the patient. "They call it knit-bone," she added.

"Symphytum" in Greek, "Knit-bone" in English. Surely it is a coincidence worth noting, that in both languages the name of the plant should afford so marked an index to its healing virtues.

If this case is interesting because of its rarity, the next, one of *morbus coxarius*, is so because of the greater frequency with which we meet with such cases in our ordinary practice.

H. S., aged 9 years, of strumous diathesis, caught cold by lying out on the grass in spring, playing with some pet animals. A few days thereafter, I was asked to prescribe

for a pain in her knee, thought to be rheumatism. As she entered the room her peculiar walk directed suspicion at once to the hip-joint, and but little further examination was necessary to elicit the truth. The predisposing and exciting causes were both favourable to hip-joint disease; and the apparent lengthening of the limb, its position, the foot of the affected side slightly in advance of the other, with the toes everted, when the child stood at rest; the pain felt in the joint on pressure or gently striking the hip; the character of the pain, worse always at night, preventing sleep, with marked remission during the day, left no doubt as to the nature of the disease. Rest in bed, with the long splint to secure immobility of the limb, were the surgical means advised; but her parents wished that she might not be separated from the family circle for a few days longer, if the delay would not be injurious. There were no signs of active inflammation; there was little or no swelling about the joint, and the child's general health did not appear affected. I therefore deferred to their wishes, and a week elapsed during which various remedies were tried. *Acon.*, *bell.*, *calc. carb.*, and *mercurius*, both *sol.* and *corr.*, alike failed to produce any curative effect, or procure any marked decrease of the nocturnal pain. The child did not get worse, but she certainly got no better. The loss of rest was beginning to tell upon her health, when reflection on the neuralgic character of the pains suggested *colocynth.* This was given with almost magical results. The child had after its administration the first good night's rest she had enjoyed since the commencement of her illness, and next morning she appeared so much better that hopes were excited in her parents' minds that she might not after all require to undergo the dreaded confinement in bed. However, after the lapse of a few days more, I put on the long splint, discontinuing for a time all remedies to watch the effect of the rest thus secured to the joint. The pain did not return, and I therefore administered constitutional remedies only, *calc. carb.* and *silicea*, while the splint was on. After keeping the child thus confined for a month, the splint was removed, but the result was not quite so satisfactory as had been hoped for. The pain on pressure remained, and there was still a slight apparent elongation of the limb. Her parents therefore desired me to obtain a surgical opinion as to

what further means could be devised for her relief, and acting on the advice given, the splint was re-applied for a fortnight, this time with a 4 lb. weight attached to its lower extremity, and allowed to hang over the foot of the bed. Thus for another fortnight the joint was kept at rest, and at the expiration of that time I had the satisfaction of finding all pain gone from the joint, even on striking it pretty forcibly, and the two limbs very nearly equal in length. I kept her for some time longer on *calcarea* and *sulphur*, and now, nearly a year from the time of the illness, she continues in good health, is as straight as an arrow, and has not the very slightest limp perceptible in her walk.

I do not wish to claim too much credit for homœopathic treatment here, as I well know how much may be done by the "long splint treatment" alone. I cannot doubt, however, that the remedies, local as well as constitutional, greatly aided the cure. My principal reason for alluding to this case is to illustrate the power possessed by *colocynth* of controlling severe neuralgic pains in the lower extremities, even when these proceed from a local affection to which that remedy has no specific affinity.

I have never yet had the satisfaction of curing a case of fully developed *caries* by homœopathically-selected remedies alone, though great success has attended their use in remedying the constitutional dyscrasia, when once the offending member is removed by operation.

For eighteen years J. K. had suffered from *caries* of the tarsus, and during that time had hardly ever known the pleasure of a night's rest. Many a night she spent in wakeful restlessness, often rolling on the floor in the agony of her sufferings. At the time she came under my care the foot was swollen, distorted, and discharging from three or four openings a thin, ichorous, offensive pus. A probe passed into these openings entered deeply into the diseased and softened bone. The middle finger of the left hand was red and swollen, as if *caries* were attacking that also. Her eyes looked weak, the lids red and tumid, and I learnt that she often suffered from sub-acute scrofulous ophthalmia. Her health was so much impaired, that I advised immediate removal of the foot; and accordingly, assisted by my father and Dr. Scott, of Huddersfield, I performed amputation at the ankle-joint, on Syme's plan. She lost a large quantity of blood from

oozing of the vessels, a few hours after the operation, and I was obliged to take down the dressings and sponge out the cavity of the stump. Notwithstanding, she made an excellent recovery; *calendula* assisted the healing by first intention of the greater portion of the wound; and the operation having been performed on the 11th November, she returned home on the 22nd December, to join her family at their Christmas gathering, in better health than she had enjoyed for years. She remained under treatment for the ensuing six months, taking *merc. corr.*, *hepar*, and *sulphur*; and the threatening disease of the finger and the affection of the eyes gradually subsided. This was in 1862-3, and a short time ago I heard that she continued well and healthy, and, aided by an artificial foot, was able to take ample walking exercise, and a fair share of her household duties.

The next case is by no means such a serious one as those we have been considering. I bring it before you as a case of true, uncomplicated homœopathic surgery.

Early in July last a gentleman consulted me for a large mucous polypus, occupying nearly the whole of the right nostril, interfering with his comfort in breathing, and extending almost to the exterior orifice of the nares, where it was plainly visible. I recommended evulsion as the quickest means of obtaining relief; but said he, "I came to you in order to avoid an operation; can you not cure me without it?" Accordingly I gave him *sanguinaria* 2 internally, and a small quantity of Keith's *sanguinarin*, diluted with flour in equal proportions, to be used as a snuff. He continued under observation for about three weeks; the size of polypus greatly diminished, large shreds often coming away after the application of the snuff. At the end of this time he could breathe with nearly equal freedom through both nostrils, so that, although he has never been to report himself "cured," I feel no doubt as to the result.

The admirable action of *arnica* in cases of surgical shock is so well established a fact, that it may seem almost a waste of words to dwell upon it. I should like, however, with your permission, briefly to relate two cases which strikingly illustrate its usefulness. The first is that of a young man who, by the giving way of the tackle of a "lift" or "hoist" worked by hydraulic power, fell in the lift from top to bottom of a warehouse four stories

high. I did not see him until some hours after the accident, when he had been taken home and got to bed. Although rendered insensible at the time, he had sustained no injury beyond a severe shaking, was quite calm and collected, and said his only painful sensation was that his chest felt as if it were crushed in till he had no room to breathe. I mixed a few drops of *arnica* 2 in half a tumbler of water, and directed him to take a dessert-spoonful every hour. After the second dose his breathing became quite easy, he fell into a sound sleep, and slept through the night, awaking next morning much refreshed. He was confined to the house for about a week, and has never since felt any inconvenience from the effects of his fall.

The other case is that of a railway guard, who, whilst engaged in shunting some waggons, was caught between the buffers, and his chest severely crushed. Happening to be on the platform of the station when the poor fellow was brought in, the station-master asked me to take charge of him as far as Leeds. He was cold, his pulse small and thready, and I was told he had, immediately after the accident, spit up a quantity of blood. I obtained a tumbler of water, mixed with it a few drops of *arnica* 2, and during our fifty minutes' journey, let him take an occasional drink. On arriving in Leeds he was at once conveyed to the Infirmary, and I lost sight of him, but was told next day by his "mate," who travelled with us, that he had expressed great gratitude for the relief from pain afforded by "the stuff you gave him to drink, sir." I heard the other day that the man had recovered.

It has not been my object to enter into the general question of the application of homœopathy to surgical practice. This portion of our domain has been, I will not say neglected, but less attention has been bestowed upon it than upon medical practice. But no one can doubt, after the able papers read by Dr. Dunn and Dr. Wynne Thomas before the Congress held at Oxford last September, that this field is now being diligently cultivated, and we may hope will, ere long, yield fruit as rich and as beneficent as has already been won from the sister field of medicine.

16, Park Place, Leeds.

CASES OF CHOREA: WITH REMARKS.

By J. GIBBS BLAKE, M.D., Lond.,

Physician to the Birmingham Homœopathic Hospital.

ELIZA BETT, æt 18, suffering from chorea, was admitted into the Birmingham Homœopathic Hospital on Oct. 24th, 1871. Is employed in a warehouse. She cannot state definitely when this illness first began, but dates an increase in its severity from a fright she had a fortnight ago from seeing a man who shook very badly. The involuntary twitchings are chiefly in the left leg, which is raised up in bed when she is lying. She can hold out both arms pretty steadily; there is little motion in them, slightly greater in the left. Muscles of face are a good deal affected, and she complains of her mouth being often sore. The catamenia are regular, and general health is good. There is no history of rheumatic or scarlet fever.

Prescription: *Ignatia* (3) gtt. i. ter die.

Oct. 27th. Is no better; has almost lost the control of both her arms, and the muscles of her face. Had no sleep whatever last night, but was very restless, often crying and weeping. She was put under chloroform this morning, went very easily under it, but did not remain many minutes so, and on recovery her condition was unaltered. R̄ *Mygale* (1x) gtt. i. ter die.

Nov. 4th. Has greatly improved since last date. Arms and shoulders much steadier.

17th. Was nearly well, and continued so for some days, but the twitchings are evidently returning. Rep. med.

24th. Getting worse. R̄ *Viscum* (Φ) gtt. ii. ter die.

Dec. 1st. Does not seem to improve at all. She is now evidently worse than when she came in. There was decided improvement after her admission under the use of *mygale* (1x), but the improvement was of short duration. Rep. med.

5th. Has been confined to bed for the last fortnight; there is great emaciation, although she takes her food regularly; she cannot chew it, but bolts it. There is continual movement in the arms and legs; a constant twitching of the tongue; when asked to put it out, she does so with a jerk, and immediately draws it in, suddenly

putting it out again, and twitching it from side to side. The lower jaw, too, is very unsteady; most of the movements are suspended during sleep. There is almost total loss of speech; she can seldom give an answer to a question, if she does, it is by a monosyllable. The eyes are very prominent, and roll about from side to side, are very brilliant, and seem to project from their sockets. The pulse is 112, 120, or 130 even, and has varied from 100 to 120 for the last three weeks. She complains of pain in the lower part of the abdomen. Catamenia have not appeared for the last two periods; food causes heaviness in the stomach. \mathcal{R} *Kali bromid.* gr. v. ter die.

9th. No better. \mathcal{R} *Mygale* 1x, gtt. i. ter die.

15th. No better. \mathcal{R} *Mygale* Φ , gtt. ii. ter die.

16th. No better. \mathcal{R} *Mygale* Φ , gtt. iv. ter die.

18th. Very hot and feverish; tongue red and dry.

\mathcal{R} *Acon.* 3, gtt. i, o. 3. h.

18th. Feverish attack is better. \mathcal{R} *Bell.* 1x, gtt. ii. 4tis horis.

22nd. She is very ill; the convulsions are very severe in the arms and legs; the lower lip is much cracked and bitten, and bleeds from the constant convulsive action of the lower jaw; is very restless during the night, and does not sleep; she cannot speak a syllable this morning, though she makes great efforts to do so, as if she wanted to say something. Much jerking in the right shoulder; tongue clean, and bowels open regularly; appetite is good, but she cannot chew her food properly. \mathcal{R} *Cimicifuga* Φ , gtt. iii. ter die.

23rd. Slept after each dose of the medicine was given to her; is to be fed with teaspoonfuls of milk and beef-tea; medicine to be given her in teaspoonfuls of water at a time, because of the difficulty of swallowing. Repeat.

28th. Much quieter this morning, but is very pale and anæmic; sleeps much better at night; left eye blood-shot; pain at lower part of abdomen; pulse 116; bowels open regularly.

29th. About the same; she is always quieter in the morning; slept well last night.

Jan. 2nd, 1872. Much quieter the last two days; motion in arms, legs, and shoulders much less; pain over hypogastrium diminished.

4th. Better, but still unable to speak.

5th. About the same; cold shower bath ordered daily.

9th. Twitchings in hands and mouth much less. Repeat medicine.

12th. Very much better; can speak to-day in monosyllables; when spoken to she makes an effort to reply; attempts to speak bring on considerable convulsive movements of the muscles of the mouth and face.

13th. Much improved; the twitchings in the arms very much better, but those of the mouth remain about the same; spoke again in a monosyllable; bowels open regularly; appetite good. Repeat.

15th. Getting better.

22nd. Better; has been up, and is very quiet now; muscles of face still convulsed; pain in the lower part of the abdomen.

Feb. 5th. Can now speak with considerable freedom; was able, after some trouble, to thread a needle to-day; has continued to improve ever since the *cimicifuga* was employed; her appetite is good; bowels open daily, and she is looking much better; is getting a little stouter; is taking cod-liver oil, a dessertspoonful three times a day, and is gaining strength. For the last three days the right hand has begun to shake, and to be more or less unsteady, but otherwise she is well. Repeat.

10th. Leaves the Hospital to-day quite well; no vestige of the chorea left, and her strength and health have greatly improved.

CASE II.—Jane Alderson, æt. 15, admitted May 10th, 1871: had an attack of rheumatic fever seven years ago. Her present illness began about six weeks since with slight, scarcely perceptible twitches in the fingers of the left hand, gradually extending up the arm to the shoulder; now attacking muscles of left side of trunk and extending to left leg. The affection is entirely confined to the left side.

Present condition, May 10th:—

Left arm. There is constant irregular motion; when asked to grasp anything, she does so with a snatch; she cannot feed herself; the arm is entirely useless.

From the constant irregular action of the muscles of the left side, she is restless in bed, and is perpetually changing her position.

Left leg. She can walk well enough, but the left leg is very unsteady. The twitchings are worst when standing.

Face. Twitching began on left side of it; can put her tongue out easily and naturally, but speech sometimes much affected, especially in the morning.

The movements are constant without any intermission; at night they abate a little, but even during sleep the left hand and arm are in motion; sleeps very little at night, being disturbed by the constant motion; when asked to restrain the movements, she is able to do so to some extent. Has frontal headache which is very severe; she sometimes feels giddy; tongue clean at tip, furred at back; appetite good, but food lies heavy at the stomach; bowels open regularly; pulse regular and quiet; no endocardial murmur. \mathcal{R} *Cimicifuga* Φ , gtt. i. ter die.

May 23rd. Much better, but sleeps very little at night yet; the movements in the left leg are nearly gone; left arm very much better, and involuntary twitchings much less severe.

June 7th. Much better.

8th. Frontal headache; pain between shoulders; can't sit up in bed; inclined to be sick; tongue furred; bowels costive; catamenia not appeared for seven weeks.

\mathcal{R} *Puls.* 12, gtt. i. 4tis horis.

13th. Headache much better.

14th. Feels very much better in head and back; has been "unwell" to-day, and is much relieved. *Rep. puls.*

23rd. Ordered *mygale* 1x, gtt. i. ter die. Whilst taking this medicine the twitching, now almost confined to arm, was very much lessened.

July 3rd. Very much better.

6th. This day discharged cured.

CASE III.—Elizabeth Henney, æt. 12, a pale, thin, nervous girl, temperament sanguine, was admitted into the hospital March 28, 1872, suffering from chorea. She says she has been affected for a week with considerable unsteadiness in her left arm and hand, incapacitating her from doing anything with it, or from holding anything in it. There is some unsteadiness in her left leg, interfering with her walking. She says she was similarly affected a year ago, but then the involuntary movements were confined to the arms alone. Has had scarlet fever, but there is no history of rheumatic fever or of any other illness. Pulse 100. Health in other respects good. No

systolic or diastolic murmur. Tongue clean, and bowels open regularly. R. *Cimicifuga* Φ , gtt. iv.

April 4th. Is much better. Great improvement in the leg, but the arm is still unsteady. Pulse 112. Repeat.

8th. Can hold out her arm very steadily, and is useful in the ward. Pulse still quick. Repeat.

12th. Arm nearly well. Can hold out a paper-knife steadily for a few seconds. Can walk steadily, and stand on either leg. Is so nearly well that she is to leave the hospital to-day, and become an out-patient.

Remarks.—The first case reported is interesting in several respects, and especially inasmuch as the conditions under which treatment was carried out enable us to judge of the effects of the remedies used. There is no doubt that a number of cases of chorea get well without medicine. Where the chorea depends upon debility caused by deficient food and crowded dwellings, the improved diet and cubic space of the hospital may be sufficient to remove the symptoms, but Case I. does not come under the category of the simple cases of chorea which tend to get well. The symptoms were very acute, especially in the relapse, which is reported on the 17th of November. The patient then was so seriously ill the expression became so idiotic, and the movements disturbed her rest, and interfered so much with deglutition, that a grave prognosis was given, and death from exhaustion seemed imminent.

The marked benefit that followed the first use of the *mygale* might possibly have been owing to the improved hygienic conditions which surrounded the patient in the hospital as compared with those of her home; but during the first three days of her stay in the hospital she had *ignatia* 1x. No improvement took place, *mygale* was substituted, and the improvement began immediately after. At some future period I hope to lay before the readers of the *Review* some other cases of chorea treated with *mygale*, and to point out the indications for the choice of this medicine.

The foregoing cases, however, tell most in favour of the use of *cimicifuga* in chorea. There can be no doubt, looking to the pathogenesis of *cimicifuga*, that this medicine is indicated in cases of chorea of rheumatic origin. This is no mere pathological distinction. I mean that the

totality of symptoms observed in the provings of the medicine corresponds most closely with the totality of symptoms met with in those cases of chorea which are preceded by symptoms grouped in such a manner that, for the sake of classification and brevity, are spoken of as "acute rheumatism." *Cimicifuga*, however, is not to be confined to those cases of chorea which are accompanied or preceded by rheumatic pains. Some individuals, as shown in the provings, have a nervous system, peculiarly liable to be affected by comparatively small doses of *cimicifuga*; so when in practice we meet with cases of chorea in patients with a nervous system, liable to be disturbed by external conditions, and we find that other symptoms correspond, then *cimicifuga* is the remedy for the individual case of chorea before our notice. Sleeplessness, restlessness by day, and the affection of the left side are prominent additional indications for the choice of this medicine. When improvement was decided in Case I. it was thought well to expedite the cure by the use of cold bathing. It will be observed that this was not ordered till the curative medicine had been given for a fortnight.

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REVIEW.

A Plain Guide to the Principles and Practice of the Water Cure, With Directions for the most appropriate Homœopathic Remedies auxiliary thereto in the Treatment of Disease. By W. F. FERNIE, Physician, &c. London: Simpkin & Marshall. 1872.

The widely-spread confidence which exists in this country in the value of hydropathic treatment, or, as this method is commonly now termed, "hydro-therapeutics" is mainly due to the energy, determination, courage, and skill of one man—Dr. GULLY. Whether he or the late Dr. Wilson, of Malvern, was actually the first to devote himself to the treatment of disease by the use of water in various ways, we do not know, but we believe that the influence of Dr. Gully has been pre-eminent in making hydropathy practical, popular, and useful. He has recently retired from practice, and has left Malvern with abundant evidence of the esteem of his fellow-townsmen, of their gratitude to him, and of their high appreciation of the many benefits he has conferred upon them, and upon their town. Addresses, testimonials, and presents of one kind or other

appear to have poured in upon him from all sides on the eve of his leaving Malvern, while seven columns of a local paper (the *Malvern News*) are occupied with a panegyric upon his career there. That he has worthily earned the encomiums bestowed upon him we cannot doubt, and we heartily congratulate him on having terminated his professional labours amid so much hearty good will from those who have known him so well and so thoroughly.

In the hands of Dr. Gully hydropathy has been carefully and consistently practised. His establishment has never been suffered to degenerate into an hotel, but has ever been exclusively the resort of those requiring medical care. Neither has he been accustomed to fall back upon antipathic drugging, as has been the case with some. We believe that when he has found medicine requisite to help him, he has universally resorted to homœopathically *indicated remedies*. Hydropathy now occupies a very different position to that it filled when Dr. Gully in 1843 selected Malvern as his home. Then it was laughed at and cursed at by turns. Now it finds a place in the treatment of disease in more than one London hospital. But as it has been with homœopathy, so it is with hydropathy. Those who have developed it are never so much as acknowledged by their hospital imitators. Dr. Ringer, at University College, teaches homœopathy and ignores Hahnemann. Dr. Wilson Fox, at the same institution, teaches hydropathy and ignores all who have taught the power and method of using water in the treatment of disease. Nay, more, Dr. Fox writes and practises as though no one had ever used cold water since the time of Currar! Cold water and cold affusion in the treatment of inflammatory fever seem to be the beginning and ending of his knowledge of hydrotherapeutics! From the works of Dr. Gully, Dr. Johnson, Dr. Lane, and from that we are about to notice, Dr. Fox and others might learn much; but they prefer to go on in their own way, and contemptuously pass by the experience—the long, large, and carefully studied experience—of all who have been instigating this method of treatment for thirty years past! Such a course is, perhaps, natural enough, but it is as unwise as it is unjust.

The writer of the book before us has for some years been associated with Dr. Gully in the management of his hydropathic establishment, and now fills the place he has left vacant.

It would not be a difficult matter to find fault with Dr. Fernie's production. Its style is involved, its phraseology somewhat pedantic and affected, and its physiological expositions by no means uniformly clear. It has also the additional disadvantage of lacking any division—it is one long chapter of 300 pages. But with all these faults it is a useful book, and con-

tains a great amount of information—information useful to medical men in general practice—information which will enable all to avail themselves of many of the methods of applying water of various temperatures to the advantage of the diseased body. In short, we do not know any book in which the several hydropathic processes are better described than in the one before us.

After some rather obscure remarks of a physiological character, and the expression of some very sound, common-sense views on that much misapplied term, *vis medicatrix nature*, Dr. Fernie briefly describes the leading features of allopathy, of homœopathy, and of hydropathy. This last he says "consists in a course of processes which includes nothing more nor less than the withdrawal, when in excess, or the application, when beneficial, of caloric; that potent principle by which, as vitalised heat, the warmth of the animal economy is maintained, and on which, as solar heat, it is scientifically proved that all motive physical power, and all magneto-electrical action throughout the universe absolutely depend. Many persons wrongly name hydropathy the *cold water cure*, as if it should consist entirely in the unvaried and exacting application of cold water in all conditions of disease, and to all patients alike, without respect to their individual states, or their personal present capabilities. Although it is often necessary to commence hydropathic curative operations with a modified temperature of application, and even to employ some hot water processes, which correspond in results to the primary effects of medicines, yet it is equally necessary that at length, before complete restoration to health, cure be accomplished, every patient must be rendered able to tolerate secondary cure by cold, stimulating, and derivative application, with reactionary readiness, and with pleasurable sensations of benefit glowingly received."—p. 41.

The word "crisis" is one frequently made use of by patients who have visited hydropathic establishments, and one, too, which is often met with in the writings of hydropathic physicians. Dr. Fernie represents this result of hydropathic treatment to mean a sudden reaction occurring in organs whose capacity to exercise their functions healthily has become restored through the removal of congestion or nervous irritability existing in other organs. This "crisis" takes place "in the form of a copious eruption, to purify poisoned and bedrugged blood, or in the shape of one or more boils to mitigate nervous distress, or as a copious flow from the bowels to unload stagnant viscera, or in some other explosive and vehement manner"—p. 63. The skill displayed in recognising sufficiently early and in encountering contingencies of this character is, of course, all important to the successful management of a case. We have

frequently seen persons return from hydropathic establishments conducted by persons entirely ignorant of the several sciences upon which the art of medicine is founded, with the skin of their abdomens as brilliantly red as though they were suffering from erysipelas. This, we were told, was the evidence of "crisis!" It generally, however, transpired that mustard or some other irritant had been freely mixed with the water, and that the so-called "crisis" was nothing more than a very severe process of counter-irritation. This, of course, is sheer humbug, and Dr. Fernie very properly protests against such a misapplication of the term. "Any so-called crisis," he says, "which has been spuriously produced from without by persistently applying mustard to the skin, whether beneath a compress or otherwise, until soreness or mattery pimples have been irritatively determined by the pungency of this mordant medicament, has nothing in its effects which can be for a moment regarded as a critical effort made by the system for its relief under a revolutionary water-cure, and that the same obvious objection equally applies to whatever local or general eruptive outbreak has been artificially inflicted through external, ardent, or blistering agencies employed against the skin."—p. 69.

The employment of water as a remedy in disease requires for its safe and successful use as thorough a knowledge of physiology and pathology as does any other remedy in the pharmacopœia. And persons who resort to establishments opened by men who are devoid of even the slightest familiarity with the elements of physiological and pathological learning, must not be surprised when they find themselves imposed upon either in this or in any other way.

Dr. Fernie now enters upon what we conceive to be by far the best part of his work—for the sake of studying which we would advise our colleagues to obtain it. At page 71 he commences the consideration of the different remedial applications and processes employed in hydro-therapeia. He describes the mode of manipulation and manner of action of each. They are divided into three classes: the (1) *sedative*, or *palliative*, comprise packings, fomentations, compresses, tepid or long cold sitz baths, and general warm baths. (2) *Tonic*, or *stimulating*, and (3) *exciting* include cold wet towels applied with friction, the dripping sheet, partial or general cold and spongings, the general cold bath, the cold foot bath, spinal washings, short cold sitzes, running sitzes, and the different forms and applications of the douche; also very hot general baths, and the sweating operations of lamp or vapour bath, followed by cold splashing of the whole body.

To the Turkish bath Dr. Fernie entertains strong objections, as he does also to that known as the electro-chemical bath. Of

the former he says "that its use morbidly affects the mucous linings of the air passages, and injuriously overtakes the action of the heart; that the oxygenation of the inspired unnatural atmosphere is so injuriously incomplete as to occasion the detention of unconsumed carbonaceous elements within the general circulation; and that this imperfectly carbonised stream of blood is sent to the brain with an injuriously exaggerated impulse, and tends to oppress it stupefaciently to apoplectic fullness.

There can be little doubt that in some instances these objections are valid. But they are so only where the temperature of the hot air room is exceedingly high. When first the Turkish bath was introduced into this country, 120° F. was considered a very high temperature to remain in during a few minutes; now, however, the chambers in many baths are heated to over 200° F. Such a temperature is, we believe, quite unnecessary to attain the advantages of the bath, but is well calculated to act injuriously, especially when the heart's action is at all feeble.

Dr. Fernie's remarks on sea bathing are worthy of attention by all who are undertaking a summer sojourn at the sea-side. His directions for taking a bath in the open sea are sound and useful. On water-drinking, exercise, and diet, the advice given is equally deserving of consideration. In cases where a patient cannot "at first tolerate re-invigoration by water, through extreme nervous sensitiveness, or through incapability for the smallest amount of bodily exercise," Dr. Fernie has found "skilled rubbing" often prove highly efficacious in soothing their intensity of nervous excitability, and in drawing blood to the surface by acting as a substitute for exertion of the limbs." The several conditions in which the rubbing proves useful are fully and carefully described.

The remainder of the book is occupied with details of the kinds of hydropathic treatment adapted to fevers, catarrh, neuralgia, chronic congestion of the brain and spinal cord, uterine disorders, constipation, paraplegia, intermittent fever, asthma, boils, epilepsy, acute inflammation of the brain, delirium tremens, gout, rheumatism, diseases of the joints, and acute disorders of the thoracic and abdominal viscera. We notice that in nearly all these forms of disease Dr. Fernie teaches not only the uses of water, but points out the advantages of using homœopathically indicated medicines at the same time.

Such is an outline of the book before us, and we can confidently recommend it to our colleagues as one from which they may derive many useful hints in the treatment of disease.

EXTRACTS FROM MEDICAL LITERATURE.

MEDICINE, &c.

IN a former number of the "Extracts," we mentioned the *Eucalyptus Globulus* as the new remedy in intermittent fever. Some more information is given regarding it in the *Lancet*, April 20th. It is already known in Spain, though lately introduced as the "fever tree." Dr. Torinscr, of Vienna, reports success with it: also Dr. Carlotti, of Corsica. Professor Maclean, of Netley, says that he knows of no remedy, with the exception perhaps of the sub-cutaneous injection of *morphia*, so efficacious in relieving pain, calming irritation, and procuring sleep, in cases of chest aneurism involving pressure on the *vagus* or its branches, and in cardiac asthma, as the *Eucal. Glob.* An analysis was made by Professors Vunquelin and Leiciana. "They obtained, besides an essential oil containing eucalyptol or eucalypt-camphor, an extract resembling resin of cinchona. This extract yielded a substance capable of neutralizing the strong acids, and forming crystalline salts. The sulphate crystallised in stars, like the quinine salt. This induced them to try the action of chlorine and ammonia on this substance, and the green colouration of quinine was instantly produced. It would be curious if quinine should be found in other trees than cinchonas. The oil has a lemon-yellow colour, but in other respects it strongly resembles cajeput oil." A tincture and extracts are kept by Messrs. Savory and Moore.

The following important and well-tabulated results of the action of *Eucalyptus Globulus* in *Intermittent Fever* is given in the *Brit. Med. Journal*, May 11th. They are supplied by Dr. JOSEPH KELLER, the chief physician of the Austrian Railway Company. "The number of patients treated with tincture of eucalyptus was 432. Of these, 310 (71.76 per cent.) were perfectly cured, and 122 (28.24) required to be afterwards treated with quinine. Of the 310 patients who were cured, no paroxysm occurred after the first dose in 202; in the remaining 108, there were one or more subsequent paroxysms, which, however, yielded to repeated doses of the medicine. Quinine had been given without result in 118 of the 432 cases; 293 of the patients had had ague in the previous years, and 139 were attacked for the first time in 1871. Of the 122 cases in which the eucalyptus failed, 68 recovered under the use of quinine, 38 were not cured, 10 were sent home, and 16 remained under treatment. Of the 118 cases in which quinine had been given unsuccessfully, 91 recovered under the use of eucalyptus, and in 27 no result followed. The several types of intermittent fever were represented as follows:—Quotidian, complicated,

117; simple, 73=190; tertian, complicated, 126; simple, 95=221; quartan, complicated, 16; simple, 4=20; quintan, complicated, 1. The complications were enlargement of the spleen or liver, anæmia, or chronic gastric catarrh, paludal cachexia, &c. The remedy was successful in 161 of the 260 complicated cases, or 61.9 per cent.; and in 149 (or 86.6 per cent.) of the 172 simple cases. The percentages of success in the several types were:—In tertian, 75.57; in quartan, 70; and in quotidian, 67.89. Among the cases in which the first dose of eucalyptus arrested the disease, were 95 complicated and 107 simple; 28 of the former and 20 of the latter had previously been treated unsuccessfully with quinine. In the cases where the paroxysms recurred, there were 70 complicated and 38 simple; quinine had been given without success in 27 of the former and in 15 of the latter. Of the 432 patients, 353 were men, 46 women, and 33 children. There were 155 patients who were immigrants into the localities; and in these the disease was more frequently attended with complications, and the treatment was less successful than among the indigenous inhabitants. The treatment was generally commenced on the fifth day after the first paroxysm of ague; its duration averaged 9½ days; that with quinine in previous years having been 12½ days.

The tincture was made by dividing into small pieces the leaves of the eucalyptus, obtained through France from the native country of the plant, and macerating in alcohol for three months. Ten pounds of leaves yielded 25 quarts of the tincture. The average dose was 2 drachms, and the average quantity used for each patient was 7 drachms. This, however, varied much, according to the nature of the case and its complications.

Dr. Keller concludes that eucalyptus must be regarded as a very important remedy for ague; but that the plant, as cultivated in Austria, is less efficacious than that imported from its native soil; that the remedy is of service especially in obstinate cases of ague when quinine has been given unsuccessfully; and that the average duration of treatment by eucalyptus is shorter than that by quinine. He believes that the tincture is the most eligible preparation of the plant, as the essential oil is retained.

Dr. WATERS, of Liverpool, in a clinical lecture on *The Use of Chloral Hydrate in Certain Diseases of the Chest*, gives the two following cases of heart disease in which *chloral* was useful.

[Our readers will remember that in a paper on the *Action of Chloral* in a former number of this *Review*, it was shown that as *chloral* paralyzes the heart in large doses, it ought to be of service homœopathically in smaller quantities in certain forms

of heart disease. Some cases were then given in illustration of this point, which we are now able to supplement by Dr. Waters' cases.]

"P. C., aged 59, was admitted into the Northern Hospital on the 9th of June, 1870. He said he had been ill for about 18 months. He had a somewhat sallow aspect, and a faintly-marked upper segment of the so-called 'arcus senilis.' From the commencement of his illness he had been from time to time attacked with dyspnœa and a sense of impending suffocation; but there had been no decided angina. His attacks had become more frequent and more severe, and he had therefore sought admission into the hospital. He complained of being unable to sleep, or even to lie down, and said he passed his nights sitting up in bed. On examination I found all the characteristics of aortic disease, with regurgitation, together with hypertrophy of the heart. It was clear, therefore, that the patient was suffering from cardiac asthma; and the sleeplessness which often exists in such cases, and was so strongly marked in this one, is not a sleeplessness which can be beneficially treated by opium. Stimulants given at night sometimes act well, but they frequently afford only very slight and temporary relief. I prescribed for this man gr. 20 of *chloral*, to be taken every night. The first night he took it he went to sleep about an hour after it was given, and slept for four hours. He soon went to sleep again, and slept till morning. He continued* the *chloral* every night with the most satisfactory results. He took during the day a mixture of iron and sulphuric ether, with a small quantity of whisky. For some weeks he remained free from any decided attack of dyspnœa. He felt at times as if an attack were coming on, but it always passed off; and whereas he used, before he took the *chloral*, to have a fit of dyspnœa every morning between five and six o'clock, he now did not suffer at all. He continued well and free from any attack till the beginning of July, when he had diarrhœa, and his breathing became somewhat worse; but there was no asthma till the 12th, when he had some slight attacks during the night. All medicines were omitted for a few days. On the 18th he had a slight attack; and on the morning of the 20th a very bad one. The *chloral* was accordingly resumed, when he again slept well, and was free from attacks, with the exception of one on the 5th of August, up till the time of his discharge, August 18th."

The second case is as follows:—"I prescribed in April, 1870, 20 grs. of *chloral* every night for a gentleman who suffered from the following symptoms:—About Christmas, 1869, his breathing became bad, and for twelve weeks before I saw him he had been unable to lie down, and had always rested in a chair at night. He said that usually about twelve o'clock at night he went to

sleep for about an hour, when he woke up with a start, and did not sleep again. He was 72 years old, and very feeble. There was oedema of the leg, a feeble action of the heart, a slight roughness with the first sound, but no distinct murmur and no increased cardiac dulness. The pulse was 100. I considered the case to be one of fatty degeneration of the heart. I prescribed iron, and directed that 20 grs. of *chloral* should be given every night. As the patient came from a distance, I gave directions that the effect of the *chloral* should be carefully watched by his medical attendant. I saw the gentleman again in about a fortnight. There was not much change in the general symptoms, but he reported that since he had taken the *chloral* he had passed better nights. I recommended that the *chloral* should be continued in 30 gr. doses. I did not see the patient again, but about ten weeks afterwards I had the following report of him from one of his relations:—From May 10th he had taken 30 grs. of *chloral* every night. This produced about three hours' sleep regularly. He still slept in his chair. On one occasion he omitted to take his draught, thinking he could do without it. He passed a very restless and sleepless night, and did not repeat the experiment. This gentleman died some months after the date alluded to. He continued to find great relief from the *chloral*, and there can, I think, be no doubt that his life was both prolonged and rendered more comfortable by its use."

Dr. H. A. ALBUTT, of Leeds, records a case (*Lancet*, April 20th) where, in a convalescent from acute rheumatism, he gave half a drachm of *chloral hydrate*. "She, however, had scarcely swallowed the draught when she broke out into a cold perspiration; this was followed by acute pain in the muscles of the back, dimness of sight, palpitation of the heart with slight pain, twitching of the muscles of the thighs, spasmodic contraction of the hands, and also, most singular of all, opisthotonos. The spasms were, however, intermittent. There was also difficulty of breathing. All these symptoms lasted about three hours, and then passed off in sleep."

A communication by Dr. WILKS, of Guy's, occurs in the *Brit. Med. Journal*, April 20th, drawing attention to the use of "*Guarana*" as a remedy in sick-headache. *Guarana* consists of the seeds (powdered) of a tree growing in Brazil, called "*Paulinia Sorbilis*;" these, according to Johnstone, in his "*Chemistry of Common Life*," are used as we do cocoa. They contain an alkaloid which is said to be identical with that found in tea and coffee.

Dr. Wilks was recommended to try it in sick-headache by Mr. Helmecken, of British Columbia, and also by Dr. Wood, of Montreal, who had both found excellent results from it; Dr. W. has found also encouraging results from its use.

In *Brit. Med. Journal*, May 11th, Dr. SAMUELSON, of Manchester, reports a case of severe *hemiparalysis*, where the *guarana* was given for some time without any result.

A proving of "Extract of *Urtica*" (we presume the common variety of nettle) is given (*Lancet*, April 20th), as occurring in a case of pertussis. This remedy was being tried in pertussis by Dr. J. MURRAY, of the Middlesex Hospital, with no satisfactory results. In one child, the extract was given in half-drachm doses three times a day. On the day following its administration, "the face became puffy, and the skin over the whole body swollen, red, and very itching."

Two cases are recorded (*ibid.*) of long standing *sick headache*, which had been much benefited by the administration of *cannabis indica*.

Four cases of *Exophthalmic Goitre* are recorded (*Lancet*, April 20th) under the care of Mr. JONATHAN HUTCHINSON; one case improved *slightly* under the use of *perchloride of iron*; two others got worse under the same treatment, kept up for a long time, and the fourth had only just come under observation.

A leader in the *Brit. Med. Journal*, May 4th, says, "The experiments of GUSTAVE BRUNGE lead him to conclude that the common opinion that beef-tea and extract of meat are as valuable articles of diet as tea, coffee, or alcohol, is totally unfounded; that the refreshment they give is only due to their warmth and pleasant taste; and that their chief value is that they enable a person to take with appetite a larger amount of dry or tasteless food than he could otherwise do. The statement of Liebig, that the addition of some meat extract to vegetable food increases its nutritive value, and that the extractive matters of meat, and especially creatine and creatinine, are the materials for muscular work have been disproved by Voit and Meissner; and the idea that beef-tea and meat extract were beneficial, on account of the salts they contain, is an unlikely one, as these salts are already present in excess in ordinary food."

A paper in *Lancet*, May 11th, by Dr. WARRINGTON HAWARD, of the Hospital for Sick Children, bears testimony to the value of *belladonna* in *incontinence of urine* of children, where no local cause, such as *ascarides*, *phimosis*, &c., is to be found.

A very interesting article occurs in the *Lancet*, May 4th, on the *Pathology of Herpes Zoster*. It is taken from the *Centralblatt*, No. 7. It has an important bearing on the modern views regarding the pathology of this disease. "Dr. O. Wyss had the opportunity of carefully watching during life, and examining after death, a patient of Von Witte's, of Rheinau, suffering from herpes. The patient was 68 years of age, and on Sept. 15th he had headache and febrile symptoms. On the 19th scattered vesicles appeared of herpes labialis. On the 20th the right

side of the forehead, and nose, and cheek, as far as to the right border of the lower jaw, were injected. On the 22nd the right eye itself was inflamed, and on the 23rd the left. Two days afterwards an eruption of herpes appeared on the right side of the face, which affected the cornea and conjunctiva. On the 28th the patient died.

"The post-mortem examination was conducted with the greatest care. The herpetic vesicles and scabs were very accurately limited to the right side, and to the parts supplied by the first branch of the right trigeminal nerve. The left eye was perfectly normal. The nerve above mentioned was found to be broader and thicker than that on the left side, of a deeper grey-red colour, of softer consistence, and with the several nerve fasciculi separated by greyish-red soft tissue, containing many vessels. This alteration in its character extended from the point where it entered the orbit to the finest branches as far as they could be traced with the simple lens. The other nerves traversing the orbit were perfectly healthy. Outside the orbit, and extending from it to the Gasserian ganglion, the first branch of the fifth was surrounded by extravasated blood. On the proximal side of the Gasserian ganglion the fifth nerve was normal in appearance. The ganglion itself was larger and somewhat more succulent than the left; upon its inner side was a red mass that appeared to be caused by an ecchymosis. The proper substance of the ganglion was not of a yellowish white colour, but bright red. The fifth nerve was healthy at its apparent origin from the brain, where it entered into the Gasserian ganglion. There were numerous ecchymoses. These were especially visible also in that part of the ganglion whence the first branch of the fifth arises, while that from which the second and third branches arise was little altered. Microscopical examination of the skin showed that the papilla and the corium were strongly infiltrated with cells. In some parts the *rete* was preserved, in others, together with the upper layer of the corium, destroyed. The fasciculi of connective tissue on the forehead exhibited an infiltration of cells, especially in the vicinity of the sweat-glands; where the cutis was most deeply ulcerated, these fasciculi presented a lustrous homogeneous character, corresponding to the vitreous swelling of Neumann, or hyaline degeneration of O. Weber. The cornea was abundantly infiltrated with cells, especially in its upper layers; the ulcerations of the surface penetrated to the substantia propria. This is an important communication, and shows conclusively that herpes Zoster is a consequence of inflammation of the corresponding spinal ganglion and of the nerve traversing it."

A good deal is written now about the *power of quinine to reduce temperature*, but its real practical value, or rather uselessness is

shown by the following results of recent investigations as given in a paper in the *Lancet*, May 4th, entitled "Cooling Remedies."

1. "It is established, by a very large agreement of evidence, that *quinine*, given in the most various conditions of pyrexia, in the great majority of cases, effects a reduction of temperature, temporary or permanent; the comparatively few exceptions belonging, mainly, to those cases of extremely high and progressive temperature which have been universally recognised as indicating (at least until the discovery of the cold water treatment), a necessarily fatal result, and a remarkable insusceptibility even of palliation by remedies of any kind. 2. These effects, however, are rarely to be obtained, at any rate in severe cases, except by the use of very large doses (15-30, 40, or 50 grains); but, on the other hand, it has been noticed that the frequent repetition of the remedy is then not required—*e.g.* Liebermeister, in his experience of typhoid fever, often found that a large dose of *quinine* did not need repetition under 48 hours. 3. It is not proved that these reductions of temperature distinctly shorten the course of a febrile disease. 4. But they often give comfort; and in circumstances where sustained high temperature is a cause of danger to life or to integrity of organs, there now seems an irresistible weight of evidence for the belief that *quinine* can often render inestimable services by its antipyretic action."

[When we thus find that a dose varying from 15-50 grs. is required to produce the required result, one which is of no service in shortening the disease, but only gives temporary comfort, which, considering the other effects of *quinine*, must be very equivocal; and that cases where it fails altogether are relieved by the cold-water treatment, our readers will see that there is little inducement to punish patients to this extent, and they will also agree with us in thinking it unnecessary to go into the ingenious theory which accounts for the reduction of the temperature by *quinine*.]

A paper on the *Differential Diagnosis and Treatment of Bronchocele*, by Dr. MORELL MACKENZIE, in *Lancet*, May 11th, is worth reading, but it would be impossible here to do any justice to the paper without taking up too much space. The paper is important as diagnosing between the forms of goitre that are benefitted by *iodine* and those which are not improved by it, but require a surgical operation for their cure, as insertion of seton, or converting the tumour into a chronic abscess. We must therefore refer those who are interested in this subject to the original paper.

SURGERY.

An interesting case of *Abdominal Aneurism Cured by Compression of the Aorta* is recorded (*Med. Times*, April 20th) by Dr.

MOXON and Mr. DURHAM. The patient was 27 years of age, and under chloroform the aneurism was compressed by a tourniquet for $10\frac{1}{2}$ hours, during which time the lower extremities were enveloped in cotton wool, and hot-water bottles kept in the bed. No further treatment was resorted to, and in a month no pulsation was perceptible, the patient being in better health than he had previously been in. No bad symptoms occurred in this case from beginning to end. Mr. Bryant also reported a case of the same, where the pressure of the tourniquet produced peritonitis, of which the patient died. Mr. Bloxam also related a similar case, in which the patient died from embolism.

A case of *Removal of a Cancerous Tongue*, by Mr. F. JORDAN, by means of the ecraseur, is recorded (*Lancet*, April 20th). The patient recovered perfectly.

In *Lancet*, May 4th, are—a case of wound of the knee-joint, one of compound fracture into the ankle-joint, and a case of compound dislocation of the ankle, all treated on the antiseptic method, and with excellent results.

The *Brit. Med. Journ.*, April 27th, quotes from the *Berliner Klin. Wochenschr.*, March 4th, 1872, the results got by Dr. PAUL VOGT, of Greifswald, in the treatment of *varix* by sub-cutaneous injection of ergotine. The solution used was made of "2 grammes of ergotine in 7.5 grammes each of spirit of wine and glycerine; and a quantity containing 12 centigrammes of ergotine was injected at the proximal end of a varix more than 2 inches long, and as thick as a little finger, lying over the tibia. The injection was repeated every second day. In eight days the varix could not be seen, and in six weeks no trace was left. During the treatment the patient went about as usual. Another varix, of the size of a hazel-nut, lying on the outer side of the calf, was treated in a similar manner, with the same result. At the point where the injection was made, there was some hard circumscribed infiltration, which gradually disappeared. Several other patients in the Greifswald Hospital, some of them with very large varices, have been treated with the sub-cutaneous injection of ergotine, with a surprisingly good result. Dr. Vogt believes that the ergotine causes contraction of the muscular coat of the arteries, so that the flow of blood into the dilated vessels is hindered; that it also produces contraction in the veins; and that the local infiltration following the injection may have some effect by the compression which it exercises."

D. D. B.

MEETINGS OF SOCIETIES.

NORTHERN HOMŒOPATHIC MEDICAL
ASSOCIATION.

THE usual half-yearly meeting of this association was held at the Palatine Hotel, Manchester, on the 10th ult. There were present:—Dr. RAMSBOTHAM, of Leeds, in the chair; Dr. DRUMMOND, Dr. RAYNER, Mr. COX, Dr. MOIR, Mr. BLACKLEY, Dr. COGHLAN, and Mr. RUSSEN, of Manchester; Dr. HAYLE, Rochdale; Mr. HOWDEN and Dr. MOREHOUSE, of Bowdon; Mr. FRASER and Dr. PYBURN, of Hull; Dr. HAYWARD and Dr. BLACKLEY, of Liverpool; and Dr. HARVEY, of Southport.

The minutes of the last meeting having been read and confirmed, two new members were proposed. Dr. PYBURN, of Hull, was appointed to represent the association at the congress to be held at York in September.

A communication was read from the Homœopathic Medico-Chirurgical Society of Liverpool referring to the sale of secret nostrums by homœopathic chemists. It was thereupon proposed by Dr. Pyburn and seconded by Mr. Blackley, and carried unanimously:—

“That this association having considered the practice of certain homœopathic chemists with reference to the sale of several secret remedies which are assumed to be homœopathic remedies, does protest against this practice, whether directly or indirectly carried on.”

An able paper was then read by the PRESIDENT, entitled “*Notes on Some Surgical Cases*” (see p. 334), which elicited the warm approval of the meeting.

An interesting report of a case of “*Spinal and Cerebral Meningitis*” was then read by Dr. DRUMMOND:—

G. C., aged 49, a dark-complexioned man, has, on the whole, enjoyed average health. During the last sixteen months he has had three severe attacks of colic, preceded and accompanied by obstinate constipation. The last attack occurred in July, and confined him to the house for a week. Since then he has considered his health good. He is an active partner in a large mercantile firm, and, due to changes which have occurred in consequence of the death and retirement of two of his co-partners, he has had an unusual strain upon him for some months.

On 10th January, 1872, whilst returning home from a school meeting, he was suddenly seized with a severe rush of pain to the head, followed by nausea, faintness, and pain in the epigastrium and abdomen. Although very near to his own house, he

felt quite unequal to the task of walking there, and, being opposite to the house of an intimate friend, he stopped, trusting the sense of feebleness would pass off in a few minutes. A medical man was sent for, and by his advice the patient was placed in bed, hot fomentations were applied to the abdomen, two aperient pills were at once administered, and a mixture containing chlorodyne was given at intervals during the night.

11th. I was sent for early this morning. There has been no relief during the night; the pain in the epigastrium and abdomen is described as most agonizing, and is compared to a completely locked-up sensation in the abdominal viscera. The bowels are distended, but no flatus can be discharged; no tenderness, tongue coated, pulse 96; he has vomited several times, and complains of constant nausea. *Bell.* 1x and *coloc.* 1x every hour; 8 grains of ext. *colocynth* and 2 grains of blue pill to be taken at once.

Evening Visit.—Symptoms same; great mental depression; and refers despondingly to a fatal case of intestinal obstruction, which lately occurred in the neighbourhood. The bowels responded to an enema of about three pints of soap and water with castor oil, a very large scybalous evacuation being passed, with an immediate sense of relief.

12th. Passed a better night, and feels better this morning; says, "You have relieved the bowels, but I am held here," placing his hand upon the epigastrium, "as though I was in a vice." No vomiting, slight thirst, tongue coated with yellowish fur, pulse 108. *Bell.* 1x, *nux* 1x, alternately every hour. He was removed home in a cab during the afternoon.

13th. Still complains of the sense of constriction at the epigastrium. He lies upon his right side, and says "the pain is greatly increased if he attempts to lie upon the back or left side." Tongue coated, bowels inactive since enema, pulse 106. Two grains *merc. dulcis* 1x, every four hours; *bell.* 1x, *bry.* 1x, every hour alternately.

14th. The pressure at the epigastrium is very much relieved. He says he feels dull and confused, and thinks he hears imperfectly on the right side—indeed he is sure it is not so clear as on the left. He has no pain in the head, but mentioned, for the first time to me, the sudden shock of pain in the head which occurred at the onset of his illness. Pulse 98; perspires freely, urine scanty, and loaded with lithates; medicine continued.

15th. He has had very little sleep, owing to pain in the arms and shoulders, and down the back of the thighs, but in other respects he feels better; pulse 112; tongue coated. He took a dose of oil during the night, but there was no action of the bowels until assisted by an enema this morning; *acon.* 1x, *bry.* 1x.

vere pain in the nape of the neck, the head re-
 that when he stands he cannot look down upon the
 ere is some contraction in the muscles of the spine,
 and the neck appears stiff and straightened when he gets out of
 bed. He can walk, but he does so awkwardly, with the head
 thrown far back. Complains of severe pains in the right
 shoulder and arm, and cries out if any attempt is made to raise
 it. He had severe pains in the buttocks and hams during the
 night, but they are comparatively free to day. *Bell.* 1x, *rhus* 1x.

17th. Profuse perspiration all night, which he thinks has
 relieved the pains. He lies perfectly still upon the right side, the
 head thrown back, and the muscles of the back feel hard and
 contracted, but he says he is moderately comfortable whilst quiet,
 but he dreads to move, as every motion produces pain; tongue
 dry and coated, bowels relieved by enema. *Acon.* 1x; *nux* 1x.
 The spine to be rubbed with this embrocation:—*R.* Tinct.
aconiti, tinct. *bellad.* āā ʒi., liq. *ammon.* ʒij., ol. *oliva* ʒiiss. ft.
 linimentum.

18th. Thinks there is more freedom in the neck, and that
 his condition is improving. There is decided loss of power in
 the right arm; he can move it with difficulty in different direc-
 tions; can elevate it from the shoulder, but he has very little
 power to grasp anything, and when he attempts to shake my
 hand I am only conscious of a slight momentary pressure from
 the fingers, and a slightly stronger pressure of the thumb. He
 says, "The whole arm feels benumbed, and as though it was
 asleep, but I have been lying upon it so constantly for several
 days that I am not surprised." The legs appear free from any
 paralysis; he moves them about freely in bed, and when out of
 bed can walk. Pulse 106; tongue coated. *Nux* 1x, *bell.* 1x.

19th. In the early part of the day he felt so much better
 that he got out of bed and sat in his chair for several hours.
 During the evening he was slightly incoherent, and very restless,
 but I was not sent for, and did not know of these changes in his
 symptoms until the following morning.

20th. Has had a very bad night—sleepless, restless, and
 talking incessantly. Answers questions when his attention is
 fixed, but rambles off incoherently, and mixes up business
 matters with his replies. Says "he has more pain in the neck
 and in the loins, which are held in bathing drawers screwed up
 as tight as a vice." The head is retracted far back on the
 shoulders, and the spinal muscles are so rigid that there is a
 state of partial opisthotonos; pulse irregular, but about 118;
 tongue moist, but coated; right pupil contracted more than the
 left. *Acon.* 1x, *bell.* 1x, every hour. Ice to the back of the
 head and nape of the neck. Mr. Cox met me in the evening.
 Condition worse; rambling delirium all the day, with delusions

leading him to describe supposed difficulties through which he was passing, as fraud, murder, &c., and to distribute bequests to different charitable objects. The right arm appears quite powerless, the fingers moving constantly, and the muscles of the forearm quivering so that the pulse cannot be counted on that side. No urine passed since morning; after rousing him, and directing his attention to the act, he passed some with difficulty, and with the expulsion of flatus, and a small motion at the same time; pulse 110. *Gels.* 1x, *strych.* 1, gr. i., alternately every hour.

Dr. C. D. F. Phillips, by the request of one of my patient's partners, came from London at 3 a.m., when I met him in consultation. He carefully examined the patient with me, and agreed with the diagnosis as inflammation of the meninges of the cord and base of the brain, and suggested *bell. φ* and *potas., bromidi gr. v.*, alternately. As he was obliged to return by the first train, I remained with him until six o'clock, and he said if he thought of any change he would call upon me on his way to the station. He did not do so, but after my departure he again examined the patient (as I was told with very great minuteness), and professed that he had discovered latent typhoid fever, which would be developed in a few days, and if any further difficulty arose he suggested that Dr. Roberts or Dr. Phipps should be called in, and he would be in readiness for a second telegram if necessary.

21st. Mr. Cox met me at 10 o'clock. After hearing the directions left by Dr. C. D. F. Phillips, we carefully examined the patient, but could not find any reason for a change in our opinion. The retracted state of the head, the rigid contraction of the spinal muscles, the loss of power in the right arm, and the involuntary twitching of the left, the peculiar convulsive shocks through the whole body, which made every limb and muscle start, left no doubt upon our minds that the disease was seated in the spine and base of the brain. Any attempt to push the head forwards produced convulsive contortions of the features; pulse 116, temperature $103\frac{2}{5}$. To satisfy the family, and to protect ourselves, we suggested a consultation with Dr. Drysdale, and he, in reply to our telegram, arrived in Manchester that evening. During the whole day there had been incessant incoherent talking and restlessness, the head spasmodically retracted, opisthotonic rigidity of the spine, contraction of the right pupil, and comparative dilatation of the left, both responding sluggishly to the stimulus of light, loss of power in the right arm, but in no other limb, bowels confined, urine passed involuntarily. After confirming our views of the case, he suggested *cuprum acet.* 1 in alternation with *bell.*, and the continuation of the ice to the spine, but by means of Chapman's vulcanized ice bag.

22nd. Very restless until 7.30 a.m., when he went to sleep, and slept rather heavily until our visit, at 9.30 a.m. He was easily roused, but answered questions incoherently; pulse 106, temperature 103°; Chapman's ice bag, 18in. long, applied from the nape of neck. *Bell.* and *cupr.* continued.

23rd. Had a quieter night, and slept calmly for nearly two hours. Answers questions and describes his sensations with some degree of accuracy, but rambles and talks incoherently when his attention is not fixed. Convulsive tremors of both arms, and sudden jerks affecting the whole body, by startings in every limb; pulse 102; temperature 102 $\frac{1}{5}$. Bowels relieved by enemata after some difficulty. Urine passed partly involuntarily, but there is a semi-state of consciousness of the act before its completion. Dr. Drysdale saw the case again in the evening. The general improvement more marked, and decidedly more conscious. The patient appears to recognise Dr. Drysdale as a stranger, and describes his state to him. Evening temperature 101 $\frac{3}{5}$.

24th. Although he spoke to Dr. Drysdale, and answered his questions last evening, he has no recollection of his visits. Had a fair night; rambles a good deal when dozing, but when aroused he answers questions and converses rationally. Complains of a sensation in the spine, as though he had received a blow, and this sensation is manifested by a sudden jerk through the body. During our visit he has had three of these twitches. He thinks the sense of pain is most intense just below the ice bag, and we have therefore ordered one four inches longer. Thinks the difficulty of voiding urine is greater than hitherto, and when he finishes passing it, complains of a painful shudder which has recurred each time during the last few hours. Temperature 102°, pulse 106. *Bry.* 1, *cuprum acet.* 1, every hour.

25th. Passed a restless night, and does not seem so well this morning. Increasing difficulty with the urine. The nurse says the convulsive jerks appeared more frequently during the night. Last evening he tested his powers by turning himself upon the left side, and afterwards by raising himself into a sitting posture, which produced great suffering in the back, and spasmodic contraction of the features; pulse 112, temperature 102°. *Bell.* instead of *bry.*, *cantharis* 1, every four or six hours.

26th. Improved; sleeps better; the jerks are both slighter and less frequent; urine passed in large quantities; complains of hunger. To have a chop, in addition to the beef-tea and milk, and if much exhausted, to have a teaspoonful of brandy in water.

27th. Comfortable day; evening temperature 101°, pulse 98.

29th. Better in all respects. Is very anxious about the

paralyzed state of the right arm, and expresses a wish to have an interview with Dr. Drysdale, as he cannot recollect his previous visits. *Sulphur* 1, every four hours; gradually leave off the ice.

30th. Dr. Drysdale has seen the patient with us. His condition is very satisfactory, the retraction of the head has passed away, and he can lie upon the back and left side for a short time without discomfort. He has had tranquil sleep during the night; the pupils are quite equal, and dilate and contract regularly. The bowels were well relieved by an enema; he felt exhausted afterwards, but soon recovered after taking a teaspoonful of brandy. The right arm continues benumbed and powerless; he has a little grasping power, but it is very slight and jerky, and he is uncertain, if he is told to hold a pin between his thumb and forefinger, whether he has it or not, after its withdrawal. He has enjoyed his food, and thinks he could take more, if allowed to do so. Temperature 99°, pulse 86. From this date he improved day by day. On the 4th he attempted to sign his name, but only succeeded in making an illegible scrawl, which temporarily depressed him. The following week he succeeded in signing his name in a very fair manner. A slight galvanic current was now passed from the spine to the fingers by means of the electro-magnetic machine. His general health very much better; sits in his chair for a few hours, or lies upon a couch. The power in the arm had so far been regained that on the 2nd of March he was able to shave himself, and two days afterwards he went to Southport. The progress of the case has hitherto been satisfactory, but as we are wishful that absence from business cares should be scrupulously continued, he has been advised to travel about for a few weeks. He spent a month in Southport, and about three weeks at Hastings, and he is now in Germany; and I am in hopes when he returns that he will be able to resume the duties of his active life.

Remarks.—Cases like the above are not so frequent that I need make any apology to you for detailing the symptoms from day to day so fully. The disease crept on stealthily, and was not, of course, recognised at its onset. He had previously been under my care for attacks of colic, and the present commenced very like the previous ones, but did not yield to the usual treatment. On the third day of my attendance he complained of "a sense of constriction at the epigastrium, as though in a vice," and I gave him *bell.* and *nux.* and the following day *merc. dulc.*, as the tongue was coated, the bowels constipated, and the liver evidently inactive. Subsequently he told me he had a sudden shock of pain in the head at the onset of his illness, and he complained of dullness of hearing on the right side, then of muscular pains in the shoulders, arms, and down the back of

the thighs; and as he was perspiring freely, the exudation being particularly acid in its character, and the urine scanty and loaded with lithates, I gave him *aconite* and *bryonia*, until the next day, when he complained of pain in the nape of the neck, head retracted so that when he stands he cannot look downwards, and walks awkwardly with the head thrown back, and the muscles of the spine contracted, and *bell.* was substituted for the *bryonia*. The following day he felt more comfortable, and said "he wished to remain quiet, for if he attempted to move he brought on severe suffering," and he lay upon the right side, the head resting upon the arm, and thrown far back, and I ordered an embrocation containing *aconite* and *belladonna*, to be rubbed into the spine three times a day, giving *aconite* and *nux* internally. These remedies appeared to give some relief, for he expressed himself as better the following day, and thought he had more freedom in the neck, but he called attention to the loss of power in the arm, and I gave *bell.* instead of *aconite*, along with the *nux*, and in a few hours he felt so much better that he got up and sat in his chair; the night following he was slightly incoherent, and very restless, and after my next visit I requested further advice, as the symptoms had assumed a very grave character, and I had little doubt, in my own mind, that I had to deal with a case of spinal meningitis, advancing upwards to the brain, and Mr. Cox afterwards visited the case with me. The disease continued to advance during the ensuing night and following day, and when Dr. Drysdale joined us in the evening the symptoms were so far developed that I read the following description of the disease in *Copeland's Medical Dictionary* to them as a very true description of the present state of our patient:—

"The pain is severe, and, although beginning in a particular part or region, generally extends more or less along the spine. The cervical region is most frequently attacked * * *

The pain is not confined to the spine, for all parts of the frame supplied with nerves proceeding from the portion affected, or its vicinity, are more or less subject to neuralgic pains, or uneasiness, tingling, and formication, accompanied with spasms and with constrictions around the corresponding parts of the trunk. These symptoms are always increased on motion * * *

When the cervical portion of the membrane is most affected trismus, spasmodic retraction of the head, and tonic spasm of the spinal muscles, contraction or spasms of one or both arms, and convulsions or convulsive movements of the lower limbs are commonly present. When the dorsal or lumbar portions are chiefly affected painful constriction of the thorax and abdomen, increased pains on motion, with the other symptoms already mentioned, are present. In extreme cases the spasmodic contractions of the dorsal muscles

recur, or are exacerbated at intervals, and give rise to attacks of opisthotonos. Although the lower limbs are affected by pain, cramps, or chronic spasms, and are more or less enfeebled, the power of voluntary motion is not lost at an early stage; but it becomes much impaired, and ultimately abolished, at an advanced period, and when the disease is not arrested in its usual course."

Case 31 in Dr. Hughes Bennett's work on the *Principles and Practice of Medicine*, 3rd ed., p. 409, is interesting, and presents several symptoms analogous to those above detailed. The patient in this case, after an illness of five days, was admitted into the hospital with general pains resembling those of rheumatism, which were treated as such during the first week, when symptoms of a more decided spinal character declared themselves, and steadily advanced, to terminate in death on the twenty-fourth day of his illness. The following is Dr. Bennett's commentary of this case:—"Cases of acute myelitis are rare, and are almost uniformly fatal. In the present instance the symptoms commenced with the usual signs of fever and of general muscular rheumatism, followed by retention of urine and difficult deglutition. The insomnolence and haggard expression of countenance led us to fear that the brain might be implicated; but the total absence of mental confusion, the local pain, and the appearance of paralysis in the arms, at once indicated the cervical portion of the cord as the seat of the disease. The fugitive character of the paralysis was remarkable, at first appearing in the right arm and leg; on the following day disappearing in the arms, then once more returning, and again, towards the close of the case, altogether disappearing from the limbs. This must have been dependent on the congestion, which was more intense at one time than another, and which preceded the exudation. The sense of constriction round the chest was harassing, and latterly the lungs became engorged, one of the most common complications preceding death in cases of myelitis at the upper part of the cord. The treatment was on his admission directed to combat the supposed rheumatism, at first with alkaline salts, and secondly with Dover's powders. As soon as the spinal character of the disease was manifested, anodynes were freely given, with cupping over the seat of pain in the neck, as a palliative. But it is to be observed that none of these remedies, whether internal or external, gave him the slightest relief. The disease took its relentless course, and life was only prolonged by assiduous efforts to support the system by nutrients and by wine."

Fortunately for my patient, we have not to close our remarks so gloomily. The medicine, which throughout had the best influence in controlling the disease, was *belladonna*. In the earlier

stages *aconite* was useful; and when the spasms and contractions predominated, the *cuprum acetikum* proved eminently successful. A very interesting paper on this drug is published in the 1st vol. of the *British Journal of Homœopathy*, by Dr. G. Schmid, of Vienna. The use of ice to the spine was decidedly beneficial, and I will close my remarks by reading to you a short quotation from a paper published by Dr. Chapman in the *Medical Press and Circular*, July 31st. 1867:—

“I shall assume, without further discussion, that all excessive muscular contraction is due to excessive energy in those nervous centres which preside over the muscular system. Now this being so, it is obvious that the only rational way of treating lock-jaw, retraction of the head, and other tetanoid states, as well as convulsions and subsultus tendinum, is by lessening the energy of the nervous centres producing those phenomena. Can we do this? I affirm that we can; and notwithstanding the difficulty of many thoughtful men in believing it possible, by applying ice along the spine, to influence the circulation of the spinal cord at all, and the fact that, up to the present time, this method has, with a few exceptions, been wholly disregarded or unknown, I believe that the time is not far distant when it will be counted on by medical practitioners as one of the most powerful remedial agents at their command for subduing hyperæmia or inflammation of the spinal cord.”

The next meeting of the Association will be held at Leeds, on Friday, October 11th.

The members dined together in the evening.

HOMŒOPATHIC PHARMACEUTICAL SOCIETY.

At a meeting of the members of this Society, held on Tuesday, April 23rd, 1872, at 445, Strand, London,

The President, Mr. J. C. PORTAGE, in the chair,

The minutes of last meeting were read and approved.

Mr. I. C. THOMSON, Treasurer, who had acted as Secretary during the last three months, in consequence of Mr. Cheverton's lamented illness, said that he had issued a circular letter to all those he knew of connected with the trade, bringing the Society under the notice of all who were not at present members or associate members of it. He had received applications for membership from Mr. Joseph Dixon, of Hull; Mr. Joseph Dufty, 212, Glossop-road, Sheffield; Mr. Alfred Hallet, Great Malvern; and Mr. J. R. Morris, 14, Clarence-road, Lower Clapton. And the following gentlemen as associate members:—Mr. E. Brook, Edinburgh; Mr. George Brittain, London; Mr. F. Epps, London; Mr. Thomas Doughty, London; Mr. F. Flint, London; Mr. Thomas Hills, London; Mr. Handford,

London; Mr. R. R. Huggins, Edinburgh; Mr. W. H. Huggins, Glasgow; Mr. Edward Lynn; Mr. James Richards, London; Mr. J. M. Randall; Mr. F. Reid, Edinburgh; Mr. Tooke, London; Mr. G. E. C. Webber, London; and O. Worsdell, Liverpool. These gentlemen were proposed for election by the various members present, and were received and passed. Mr. Thomson then read the correspondence he had had with Messrs. Craft, of Reading; Alfred John Powell, Esq., M.D., London; Mr. R. C. Pond, Brixton-hill; Mr. Tirrell, Hanley; J. B. Berry, Esq., M.R.C.V.S., Northampton; and Mr. J. D. De Trossier, Wakefield, &c. He said that the members present would observe that the correspondence was upon the whole highly favourable to the Society, and that when the Society had become a little older, he had no doubt that all engaged in the trade would apply for enrolment as members. The Society had been formed for the benefit of all in the trade, and the Executive were fully alive to their work in striving to cement good-fellowship and in helping its members in the development of their businesses. He was happy indeed to say that these gentlemen were willing to sacrifice time, trouble, and even expense, if the latter was imperatively required, in conducting the Society's mission to a happy issue.

Ten beautiful designs for the Society's diploma were then laid upon the table by Mr. Barratt, who had received them from the Art Department of the Kensington Museum. One having been selected, was ordered to be engraved. A vote of thanks was warmly passed to Mr. Barratt for the exertions he had made to procure a suitable design for the Society.

Mr. BARRATT having acknowledged the compliment,

The SECRETARY said the next subject before the meeting was the Society's new Constitution and Bye-Laws. The meeting would recollect that when the newly-elected Executive came into office the President drew the attention of the meeting to the insufficiency of the constitution and bye-laws, it was recommended that these deficiencies should be supplied, and an amended draft issued to all the members for approval. This had been done. As yet no member had suggested any radical alteration, and he concluded therefore that they met with unanimous approval.

The PRESIDENT suggested that the new constitution and bye-laws be finally confirmed at their annual meeting in October next, which was unanimously agreed to.

The SECRETARY said that the next subject before the meeting was of great importance, and that it would involve a considerable amount of time, which he was sorry to say the meeting had not at present at command, as the Executive had intimated their intention of being at the Homœopathic Hospital dinner by half-

past six o'clock. There was a preliminary discussion on the pharmacopœic preparations. He and the President had received notes from Mr. Franklin Epps on many of the preparations of tinctures from fresh plants. These having been read, it was, after some discussion, unanimously resolved to postpone the further consideration of the subject until the next meeting, when Mr. F. Epps would probably be in attendance to give explanations of his contributions.

Mr. THOMPSON, the treasurer, then addressed the meeting, on the venom of the rattlesnake (*Crotalus Horridus*), and in doing so, made the following interesting remarks:—

He said that their firm (Messrs. Thompson and Capper) had recently imported several large rattlesnakes from the Southern States of America, for the purpose of extracting the venom therefrom, which operation, he was glad to say, they had, with the kind assistance of Dr. Hayward, most successfully accomplished, and they had now therefore a considerable supply of the venom, taken out during the life of the animals.

Mr. Thompson proceeded to describe the process of extraction. The reptiles were in separate compartments of a large case, fitted with a double lid for extra security. A long staff, fitted with a thick indiarubber noose at end, which could be loosened or tightened by the hand at pleasure, was inserted through the partially opened lid, and the opportunity quickly seized of slipping the loop over the snake's head, the loop being immediately drawn tight by means of the cord attached thereto. With a similar contrivance the tail was next fastened, and the snake being thus securely held, was lifted out of the box on to the floor of the room. A pickle bottle containing chloroform was then thrust over the snake's head, and carefully held in its place by keeping time to the animal's efforts to extricate itself. As the reptile became stupified, the noose was gradually relaxed to enable the lungs to have full play, and when it appeared powerless, the snake was laid in a long narrow box made for the purpose, with an aperture at one end, out of which its head projected while the after-operation was performed. Its jaws were then opened and fixed, and the poison-glands pressed with forceps, then with the gloved finger and thumb, while a small blown graduated pñial was held to receive the drops as they came slowly out through the poison fangs. Twenty drops was the average quantity yielded from each snake. The venom is of a straw colour, thick and gummy in consistency, and decidedly acid in its reaction on litmus paper. It is readily soluble in glycerine or water, but is precipitated by strong alcohol, the precipitate being re-dissolved by the addition of a little water. Its toxicological properties were fully tried on a variety of animals. Half a drop produced death on a linnet within three

minutes after being injected under the wing. The symptoms produced in all cases were very similar.

In the course of his remarks, Mr. Thompson exhibited specimens of venom, and a mounted series of preserved rattlesnake fangs. He had much pleasure in presenting the Museum of the Society with a stuffed rattlesnake.

The PRESIDENT thanked Mr. Thompson, in the name of his colleagues, for the interesting account he had given them of his perilous undertaking in procuring the Medical Faculty a supply of that valuable therapeutical agent; and also for the gift of a stuffed rattlesnake to their Museum, which would prove a very attractive and interesting specimen. If any member could be so fortunate as to secure the services of a lachesis snake of such a kind as that we had the proving of in the "Jahr's New Manual," by Dr. C. J. Hempel, a very important addition would be made to their pharmacies.

The SECRETARY announced that the next subject before the meeting was the consideration of the propriety of offering medals instead of money and book prizes for the best herbaria.

After a discussion, the subject was postponed until the next meeting.

A letter was read by the Secretary from Mr. Brown, Sheffield, enclosing £1 for the benefit of the Society's library.

A minute, recording the thanks of the meeting to Mr. Brown, was ordered to be recorded, and an extract directed to be sent to him.

A letter was read by the Secretary from P. Proctor, Esq., Secretary to the Liverpool Homœopathic Medico-Chirurgical Society, enclosing a copy of a resolution passed at their March meeting:—

"Resolved,—That the medical men practising homœopathy in the neighbourhood protest in the most positive manner against the sale, in connection with homœopathy, of any secret remedies, such as glykoline, neuraline, substitute for cod-liver oil, and the like, and they request the discontinuance of such practice.

(Signed) "JOHN W. HAYWARD, *President.*
"P. PROCTOR, *Secretary.*"

The letter was allowed to lie over for future consideration.

Before separating the meeting expressed their congratulations to Mr. Cheverton on his convalescence, and hoped he soon would be restored to perfect vigour.

LONDON HOMŒOPATHIC HOSPITAL.

THE Twenty-second Annual Meeting of Governors and Subscribers of this Hospital was held on Tuesday last in the Board-room of the Institution, Great Ormond-street, Bloomsbury. The

Right Hon. Lord EBURY, Chairman of the Board of Management, occupied the chair; and among those present were the Hon. W. Warren Vernon, Messrs. Boodle, Ellis, Rosher, Hughes, Cramporn, Pite, Trueman, Slater, Cameron, Pope, Drs. Yeldham, Dudgeon, Bayes, Wyld, Hale, and Mackechnie, and the Revs. Dr. Nolan and A. Pope.

The Rev. Dr. NOLAN (Chaplain to the Institution) having opened the meeting with prayer,

Mr. JOHN R. WARREN read the minutes of the last annual meeting, which were then confirmed and signed by the chairman.

In consequence of the indisposition of Mr. C. Trueman, the Official Manager, the following annual report was read by Mr. Ellis, and elicited the expression of considerable satisfaction:—

“The Board of Management have to report that during the last year the total number of patients amounted to 7,682, of whom 524 were in-patients, and 7,108 out-patients; showing a decrease of 282 of the latter, but an increase of 28 in-patients. Since the opening of the Hospital 96,676 patients have been treated.

“At the beginning of 1871 the balance at the banker's was £104 19s. 8d., and with petty cash in hand, £15 4s. 8d., there was an available amount of £120 4s. 4d. The year's income from all sources reached £2,894 8s. 2d., an increase, as compared with the preceding year, of £122 0s. 2d., this increase arising entirely from the special appeal made to the governors and subscribers when it was found inadvisable to have the usual biennial dinner on behalf of the funds of the hospital. It will be regarded as satisfactory that the dividends on stock are increased by £27, and that in spite of the demands made last year on the public generally, the subscriptions have maintained their ground, whilst the donations and bequests, although not quite equal to the preceding year, were actually £927 15s. 6d. against £1,164 11s. 8d. The Board have been enabled to invest for the year £645, thus making the reserve fund of the Hospital, irrespective of house and furniture, £8,318 15s. 9d., at a cost of £7,560 11s. 11d.

“The Board wish to call the attention of the governors and subscribers to an item in the receipts, viz., £145 7s. 6d. from the Nursing Fund; being the first instalment derived from sending out nurses to private families—a portion of the system of nursing adopted by the Board two years since—a system which, although not perfect, has enabled the Board to bring in young women as probationers, and train them to become nurses, and has been the means of carrying on the nursing of the Hospital itself in a far more satisfactory manner than was the case before it was initiated. The Board has been able, by sending

out these private nurses, to supply a want long felt, and many homœopathic physicians have at once availed themselves of the advantages thus offered. It will be satisfactory to the governors and subscribers to learn that, with one exception, the reports of the nursing engagements have been favourable.

“The expenditure is in excess of the previous year by £106 10s. 8d., due in part to the additional number of in-patients (28), but more largely to the higher prices of meat and other provisions. The Board, looking to the causes of this excess, do not consider that it is extraordinary. This expenditure has, however, been covered by the receipts, with the exception of a small sum, shortly to be mentioned. On 31st December, as usual, every account was paid.

“The donations and bequests, as has been mentioned, amounted together to £927 15s. 6d.—viz., donations £532 15s. 6d. and bequests £395. The principal sums of the latter were £50 from the late Miss Vernon Harcourt, £45 from the late Mrs. Manning, and £300 from the late Miss Yerbury; whilst those of the donations were £100 from a friend of Dr. Quin; £50 from our respected treasurer, Mr. Rosher; £64 2s. 8d. from Mrs. Procter; and £100 from the Misses Smith. All these amounts have been invested, whilst the smaller donations, amounting, however, together to £300, have been carried to the general account of the Hospital. To the donors letters of grateful acknowledgment, on behalf of the Board representing the governors and subscribers, have been sent.

“The want of the usual public dinner last year has of course been felt; and the Board regret to say that the balance due to the bankers on the 1st of January this year was £46 10s. 5d., and this notwithstanding the amount received from the special appeal already referred to, yielding £200 16s. The Board had hoped that the dinner given on behalf of the funds of the Hospital on Tuesday last, 23rd inst., under the presidency of Lord Bury, would have resulted in donations as large as those at the dinner of 1869, which gave the Board £1,270 available contributions. They regret to say that the dinner on Tuesday resulted only in donations to the extent of £900, thus rendering the work of the Board more difficult, and probably compelling them, if the efficiency of the Hospital is to be maintained, to appeal in some form or other for further support to the governors and subscribers at an earlier period than they had hoped would be necessary.

“The uncertainty of the result of these dinner appeals—appeals which to a large extent can only be made through the goodwill of physicians practising homœopathy—renders it more than ever necessary to make the Hospital freer in its action by increasing the reserve fund; and although there is every reason

for gratitude on the part of the governors and subscribers and of the Board for the increase which has already taken place, the Board feel it their duty to urge more and more the necessity of each one doing all in his power to aid the cause, not merely of the Hospital, but of the best curative system of disease.

“If only the ladies, who are always foremost in good works, would weigh well the exigencies of the Hospital, its wants would soon be of the past, and the Board would rejoice in the increased power of doing good, and of spreading, through the medium of the medical teaching of the physicians of the Hospital, the tenets of our system.

“The following members of the Board, Mr. Boodle, Rev. Mr. Alder, Mr. Hughes, and the Hon. W. Warren Vernon, retire by rotation, but being eligible for re-election, offer themselves again to serve.

“The Board have deeply felt the loss which the Hospital has sustained in the sudden and lamented illness of Dr. Madden—an illness which necessarily led to his resignation, thereby causing a vacancy much to be regretted. The Medical Council of the Hospital have, however, recommended to the Board, that, seeing the number of beds allotted to each of the internal medical officers is far fewer than those allotted in other hospitals, no new appointment in place of Dr. Madden should at present be made. The internal staff will become more efficient by the larger number of beds attributed to each medical officer, whose interest in the Hospital will be greater. This view of the Council being in entire accordance with the views held by the Board and by other governors, enables the Board to propose to-day, with even more confidence than they before had, that the governors and subscribers will give power to the Board to abstain from filling up vacancies in the internal staff, should the Board deem it desirable, until the period of the next annual meeting, by which time the working of the Hospital with a somewhat diminished internal staff would be to some extent tried.

“The Board regret that three resignations have occurred in the staff of the Hospital in charge of out-patients, Drs. Bayes, Dudgeon, and Watson. The two former gentlemen have, however, considerably proposed to carry on their duties as medical officers in charge of out-patients until the month of August (if necessary), thus giving the Board of Management time to fill their posts. The Board have, on behalf of the governors and subscribers, conveyed to these gentlemen their thanks for the efficient manner in which their medical duties have been performed, and their regret at losing their valuable services.

“It remains for the Board to ask the governors and subscribers to join them in the usual vote of thanks to the medical

staff for their unremitting attention to their medical duties, and the Board desire also cordially to thank the lady visitors to the Hospital, who have given their time and attention to its inmates.

“In conclusion, the Board, while expressing their obligations to the governors and subscribers who have hitherto so fully given them their confidence, look forward with entire assurance that a continuance of such confidence and generosity will enhance the future prosperity and usefulness of the Hospital, and enable the Board, under the blessing of God, still further to extend the benefits derived from the homœopathic treatment of disease.”

The Noble CHAIRMAN, in addressing the meeting, said: Ladies and gentlemen, it has been the duty usually of the chairman of the meeting to propose the adoption of the report, and I have performed that duty so often that I am afraid, in moving that resolution on the present occasion, I shall not be able to add much of variety to what I have before remarked in addressing you upon former occasions. It is said, “Happy is the nation that has no history,” because it shows that things go continually on in that smooth current which indicates sound prosperity; and this satisfactory saying might, with much truth, be applied to our affairs, for certainly upon the present occasion there is not, I think, anything in the report which calls for any special remark from me. I have once or twice at previous meetings made a remark which might very fitly be expressed on the present occasion, only that I have always some diffidence in making it, because it sounds as if I were scolding the people present for those that are absent—(laughter)—when remarking on the thin attendance at our meeting. But there is another view in which the question may be regarded, and which I am inclined to adopt—namely, that the small number of subscribers who come to our meetings is a proof that the general body of our supporters have the utmost confidence in the spirit of the management, and in the excellent medical staff we have the honour to possess. (Hear, hear.) As far as I am concerned, I can only state that all I have seen shows me that those who are workers in the management generally, and in the medical treatment of the patients in the Hospital, leave nothing undone that might be done in order to gain the satisfaction of the governors and subscribers, and to meet their wishes in laying out their money in compliance with their expressed desires, so far as they are consistent with the best interests of the Institution. (Cheers.) I forget whether anything has been said on a former occasion with regard to our system of nursing, but it is scarcely possible to commend this practice too often or to speak of it with an excess of praise,

unwarranted by the success it has attained. Our report says "It will be satisfactory to the governors and subscribers to learn that, with one exception, the reports of the nursing engagements have been favourable." We have, at all events, instituted a system which will prove profitable to the Institution, while it furnishes to the physicians out of the Hospital the most valuable assistance that they can possibly obtain in difficult cases—namely, experienced nurses. I do not know of any further remark, beyond expressing the wish that we had more friends and more money. I cannot help thinking that, if we are to be trusted with a small amount, we are also entitled to take charge of a greater sum. We have the very highest possible authority for assuring us that such is the case. And I think that nobody can say that we do not make the most of our resources. We have treated more patients during the last year than in the previous twelve months; and considering the very great rise in prices, and the very high value of all articles of consumption, which has prevailed during the past year, I think you will give us credit—that is the board of management, together with the medical officers—for having exercised all due care in economising our expenditure. (Hear, hear.) In the medical returns we find that the curative plan or system, which we have every reason to believe and know presents the most active remedies, and ensures shorter periods of sickness and a more permanent cure than any other, has been carried out here as well as human infirmity will permit. (Cheers.) With these remarks, I have very much pleasure in proposing the adoption of this report. Although it is true with regard to our subscriptions, that we have collected rather less at our dinner this year than we did in 1869, yet it is to be remembered on the other hand that the year before we made an appeal to the public, which probably subtracted from what we might otherwise have received this year. All that we can say in respect to that dinner is that our chairman most eloquently advocated our interests, while there was no fault to be found with the entertainment itself except the absence of the ladies, whose cause I will confess I most strenuously espoused. (Laughter and hear, hear.) With this exception I believe that everything was done to ensure the success this Institution so richly deserves. (Cheers.) Before sitting down I will once more move, formally, "That the report and accounts for the year be received and adopted."

Dr. WYLD seconded the report. In so doing he expressed his regret at the resignations it announced, and his pleasure after an absence from these meetings of five years to see the same old faces among the members of the board of management. He regarded it as an extremely gratifying testimony to the stability and worth of our system. (Cheers.) He did not find that those who had at first participated in the management of the hospital

had got disgusted and retired ; on the contrary they remained the steadfast friends of the Institution. He only wished he could say as much for the medical officers. He congratulated the Hospital upon having on its board of management such constant and enduring supporters of the homœopathic system. He begged again to express the pleasure he felt in seconding the resolution proposing the adoption of the report.

The resolution was then put to the meeting, and carried unanimously.

Mr. CAMERON said : My lord, ladies and gentlemen, I had not the smallest idea that I was to be called upon to perform one of the most important offices of the day. But fortunately for me and for you also, gentlemen, this motion requires little or no eloquence on my part in order to recommend it to you, and to receive your unanimous and hearty approval. I have to propose the following : " 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.) It now simply remains for me to ask your cordial approval of this resolution. I must also beg of you to bear in mind the totally unexpected way in which this duty has fallen upon me to-day, and trusting you will forgive me the paucity of my words, I will confine myself now to simply moving the proposition I have read to you. (Hear, hear.)

Rev. Dr. NOLAN had much pleasure in seconding this motion. He desired to bear testimony to the general ability, care, and cleanliness with which the operations of the Hospital were conducted. (Hear, hear.)

On being put, the resolution was carried with acclamation.

Mr. P. HUGHES in acknowledging the thanks of meeting said : He had had the opportunity for many years past of witnessing the labours of the board of management, and having taken part in it himself, he could testify to the unwearied zeal and attention which had been constantly shown, and which had rightly called forth the approval of the governors of this Institution and the thanks of the present meeting. He knew also somewhat of the duties of the house committee from having formerly been a member of that body. It was essentially necessary that there should be a house committee to attend to the minutiae of the proceedings of this Institution. And when he remembered the care that had been taken by the board of management and the house committee in preserving the comfort and welfare of the patients, in keeping up the Hospital in its present state of efficiency, and in regulating its funds under great disadvantages, he felt it was highly gratifying for the board of management and committee to receive this acknowledgment of the services they had performed. He had also been a witness to the readiness

with which Mr. Henry Rosher (their treasurer) had come forward, in a time of great strait and difficulty, as a sort of volunteer to administer to the temporary wants of the Institution until funds sufficient to meet its expenditure could be raised. (Cheers.) And as to the office of sub-treasurer, he had filled that capacity also, and recollected the time when Dr. Quin had encouraged them to persevere in well-doing when their hearts were almost fainting from disappointment. He felt sure that the duties which had been performed by Mr. Crampertn as sub-treasurer, entitled him to the warmest thanks and approval of the meeting. (Hear, hear.) Then, with reference to the lady visitors, he said he regarded their office as possessing peculiar merit, and bringing special blessings to such an Institution as this. Their visits, he could say with truth were regarded as those of ministering angels by those patients who needed attention, not only in act, but in manner. And he hoped they would continue to exercise the same care and attention in their kind office as hitherto, and that the thanks now bestowed on their endeavours to promote the well-being of the inmates of the Hospital would enable them to go on as they were doing, "unwearied in well doing," and that the efforts of each one labouring in the interests of the Institution might, by God's blessing, be attended with success. In conclusion, he again tendered the meeting, on behalf of the board of management, the house committee, the treasurer, the sub-treasurer, and lady visitors, their sincere thanks for the hearty expression of approbation of their services contained in the resolution just awarded.

Mr. A. C. POPE, in moving the next resolution—"that Mr. Boodle, Mr. Hughes, the Rev. Mr. Alder, and the Hon. W. Warren Vernon, who retired on the present occasion according to the rules of the Institution, be re-elected members of the board of management" remarked that they had, as Dr. Wyld had the moment before observed, shown their constancy and attachment to the Hospital; he considered it very important that the members of a board of management should evince this spirit of steadfast support, and therefore he hoped that these gentlemen would be re-elected to day. There was one matter in the report to which he would take the liberty of referring, in which it was suggested that at some future time another appeal should be made to the public in consequence of the comparatively small amount received at the dinner. The mention of such a prospect had reminded him of a fact which he had seen mentioned in a little paper entitled *Similibus*, which he had that morning received from New York. In that city a bazaar—or as the Americans termed it "A Fair," had recently been held in aid of the funds of the New York Homœopathic Hospital. The fair was open for ten days, and on each day this paper, edited by the wives of two

homœopathic physicians, appeared giving a record of its progress. In it he noticed that one of the chief attractions, was a stall presided over by a lady whose name and voice were alike well known in London.—Middle. Nilsson. Her stall was termed "Nilsson Cottage," and her presence and exertions had materially contributed to the success of the fair. He thought that in any arrangements the board of management might make for the purpose of appealing to the public for additional assistance, they might, with perfect propriety, in the event of Middle. Nilsson being in this country next year, endeavour to induce her to lend her valuable aid in promoting the interests of the London, as she had done in advancing those of the New York Homœopathic Hospital.

Mr. GOULD having seconded the motion, it was unanimously carried.

Mr. ALEX. J. ELLIS, F.R.S., said: My lord, ladies, and gentlemen, it is my duty to propose to you the next resolution, namely, "That a vote of thanks be given to the medical staff for their valuable and zealous services during the past year." We all know very well that, however zealous the board of management may be, however careful they may be in distributing the funds which are committed to their charge, and in keeping up all the creature comforts of the patients in the Hospital, their efforts would be entirely unavailing if the curative operations were not properly attended to. (Hear, hear.) And we of the board of management are exceedingly happy to be able to bear testimony to the zeal and attention of our medical staff in carrying out the duties which they have so freely and generously undertaken. (Hear, hear.) Of course our Hospital in many respects labours under a disadvantage in comparison with the originally endowed Hospitals that at present exist—because we necessarily have not the advantage of a medical school of sufficient size attached to the Hospital to make it worth the while of eminent men to attend constantly for the purpose of giving medical lectures. We are, therefore, very much more indebted to those eminent homœopathic practitioners, who, as it were, sacrifice a portion of their valuable time in order to enter on the treatment of disease by the homœopathic system in this Hospital. We are not entirely without occasional students, but of course hitherto it has been impossible to carry out one of the leading ideas of the hospital—that is to make it really a homœopathic school. (Hear, hear.) It would be worth while for persons who turn their attention to this point to learn that we must have increased capacity for patients in our Hospital, that we must have at least 100 beds in it before we can make it a medical school. It is one portion of the ideal that we have to keep before our mind, for nothing is done by attempting to grasp that which is easily within our reach,

but it is only by striving to obtain that which is continually eluding our grasp that any point is eventually gained. In regard to this project for the future, I trust it will not continue to elude our grasp, but that we shall in this respect, some time or other, have a real homœopathic school. (Hear, hear.) And I am sure, judging from the care and attention of those medical officers who have hitherto given us their valuable services, we may fairly anticipate that, should the consummation of our hopes in this particular ever come to pass, we would not be without the means of making it available for the best interests of homœopathy. (Cheers.) I beg leave to move with great pleasure, a vote of thanks to our medical staff for their zealous and valuable services during the past year. (Cheers.)

Mr. ROSHER: I have much pleasure in seconding the resolution in which Mr. Ellis has so ably proposed.

The CHAIRMAN, before putting the resolution, said: Ladies and gentlemen, I beg to add to what has been said, my humble testimony to the value of the services rendered by these gentlemen, and to offer my thanks, as chairman of the board of management, to the medical staff for their services during the past year. (Hear.)

The resolution was then put and unanimously carried.

Dr. HALE, on behalf of the medical staff, returned thanks to the meeting for the kind and even flattering terms in which allusion had been made to their services.

Dr. YELDHAM said: My lord, ladies, and gentlemen, the proposition I have to move is as follows:—"That, for the reason assigned in the report, power be given to the board to abstain from the election of a medical officer in charge of the in-patients in lieu of Dr. Madden, resigned, until the next annual meeting." The reasons assigned for this proposition being stated on the face of the resolution as having been expressed in the report, it would seem a work of supererogation to say anything further on the subject. I may however be permitted to explain somewhat more fully the meaning of this proposition. Our Hospital usually contains about fifty patients. Now fifty patients do not require six medical officers to attend to them. And it must be borne in mind, that notwithstanding the fact that there may be only one or two, or even no patient at all to visit, the medical officer is bound to come. In my opinion each medical officer should have a larger number of patients, say twenty. By this arrangement the interest of the medical officer's duties would be considerably increased, his sphere of observation would be enlarged, and, in case of a school, an object so much to be desired, being formed here, the medical officer, having these advantages, would be better enabled to impart information to those who might visit the wards. (Hear, hear.) With these

remarks, gentlemen, I beg to move that no election of a medical officer in the room of Dr. Madden be made during this year.

Mr. A. R. PITE briefly seconded the resolution, which was put and carried unanimously.

On the motion of the Rev. Dr. NOLAN, seconded by the Hon. W. WARREN VERNON, a vote of thanks to the chairman for the able and courteous manner in which he had presided at the meeting, was carried with acclamation.

The compliment having been briefly acknowledged, the proceedings were brought to a close.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

At a Meeting of this Society, held at Albany during February last,

Dr. WATSON, of Utica, delivered the following address on "*The Homœopathic School, the Modern School of Rational and Liberal Medicine of the Future*:"—At the close of an address, which, as President of this society, I had the honour of delivering before it on Feb. 9, 1869, I used the following words: "Let us seek to make our school at once broad, catholic, and comprehensive, to such an extent that liberal-minded and educated physicians of all shades of views, assenting only to the therapeutic maxim, 'similia similibus curantur,' as the guide in selecting the appropriate drug for specifically impressing diseased tissues, and regarding this as the only manner in which we can attain the power of curing disease by medicines, may be welcomed in its ranks. Let bigotry and intolerance find no abode among us; they have no place in the realm of science. While we may differ with the practitioners of allopathy, we should treat them neither with bigotry and intolerance, nor with contempt; but rather with that chivalric courtesy which, while it compels respect from others, cheerfully renders it in return. Let our motto be, both in respect to ourselves and our opponents, 'in certis unitas, in dubiis libertas, in omnibus charitas.'" "

On the 8th of June, 1870, in an address on *Liberty of Opinion and Action; a Vital Necessity and a Great Responsibility*, before the American Institute of Homœopathy, then in session at Chicago, a distinguished member of this society, Dr. CARROLL DUNHAM, than whom no truer, more conscientious, able or eloquent champion of homœopathy lives in this or any other land, gave utterance to the following liberal sentiments:—"I would have no exclusive creed, no restrictions relating to theory and practice, but would receive into membership of the institute every applicant of suitable education and moral standing;" and

most happily enforced the principle by quoting the words of the wise Chomel, when it was proposed to deprive the distinguished Tessier of his position as hospital physician on account of his conversion to homœopathy, as follows: "Every physician who is thoroughly qualified to practise, has the right to select his own mode of treatment, and to judge what is best for his patients, and may not be interfered with unless his results are notoriously bad, or he commit some act of unquestionable mal-practice. For," said he, "it is only by the exercise of this freedom that changes and improvements have ever been introduced in practice, and herein lies the only hope of further improvements. Tessier, in practising homœopathy, has only exercised the same freedom of selection which Bouillaud and Rayer and Louis and I have enjoyed; and as his results are as good as ours, we may not interfere with them."

On the 7th of June, 1871, the American Institute of Homœopathy at Philadelphia unanimously passed the following resolution:—

"Resolved. That the interests of the cause of truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines where these higher interests can be subserved thereby."

Such are some of the liberal utterances which have emanated from individuals and associations connected with the homœopathic branch of the medical profession.

Let us now for a moment glance at the sympathetic responses which they have elicited from our brethren of the allopathic school. For, Mr. President, they are our brethren engaged with us, though using different methods of attack, in a continual warfare against the common foe.

In a paper read before the Albany County Medical Society in January, 1871, Dr. C. A. Robertson says: "I, for one, am frank to say that I regard the regulation which forbids consultations with homœopaths as unwise. I cannot but think that we should have treated it (homœopathy) with gentleness instead of severity; have regarded its claims with the appearance, at least, of judicial consideration, and not with invective and derision; have met its practitioners as well as other practitioners in instructive 'consultation,' instead of standing aloof with lofty self approbation. We have fought homœopathy; instead of 'hugging it to death' by opposition, instead of destroying it we have dignified it, so that it has hospitals and colleges as well as the regular profession. I know nothing of their quality, but I would willingly swear they are not inferior to what have come under our observation, where practitioners claim to be regular."

In August, 1871, Dr. HOPKINS, of Buffalo, published in the *Buffalo Medical and Surgical Journal*, a paper containing the most liberal sentiments, of which the following quotation presents the concluding paragraphs :

“ As before stated, the act admitted the homœopathic profession to all rights and privileges as physicians and surgeons under the acts of 1818 and 1827, and all acts amendatory thereof; thus they became ‘legally authorised practising physicians and surgeons,’ and as such are entitled to membership of our county medical societies. This right is positive, and no county society has the power to adopt a by-law which will keep them out if they should make application for admission. The right of legally authorised physicians to membership in county medical societies has been most definitely settled by our courts, and the proceedings to obtain such rights are well understood by many of our members.

“ In view of these facts, what should the regular profession do in the matter? Shall we continue to call ourselves *the* profession, and neither by public act nor private word allow that there is any other? Shall we continue a line of treatment condemned by law and experience—treatment which only makes homœopathy notorious and ourselves disgraceful? or shall we submit gracefully to the laws of the State and public opinion, and proffer the homœopathic profession those amenities which should exist between professional equals? Invite them to their rights in our county medical societies; when called by their patrons, attend with them in consultation; when wished by our patients, ask them to attend in consultation with us. If they have any superior knowledge in the management of disease or the protection of health, our duty to our patrons requires us to avail ourselves of that knowledge. If we possess the greater professional ability, they and their patrons will find it out. If we hold back from this, we may reasonably be charged with having little confidence in our doctrines. If we go into it, I rest my faith upon the ‘survival of the fittest.’”

At the recent meeting of the *Medical Society of the State of New York*, held in this city, Dr. C. B. COVENTRY, a distinguished member of the allopathic profession in my own place of residence, and formerly a professor in several of the prominent medical colleges of this State, whose locks are now white with the frosts of many winters, passed in the honourable practice of his profession, who has been always and still is an adherent of the allopathic school, and, as I believe, honestly and conscientiously opposed to homœopathy, although ever courteous in his intercourse with its practitioners, submitted a resolution that the delegates from the State Society to the American Medical Asso-

ciation be requested to present an amendment to the constitution of that association to the effect that "any person having a diploma or license to practise medicine from any legally authorised institution or society of the State in which he resides, may become a member of the association on signing the constitution and by-laws"—thus practically carrying out the suggestions of Dr. Hopkins, above alluded to, that regularly qualified physicians, irrespective of their methods of practice, should be invited to their rights in the Allopathic Medical Societies of the State and country. The resolution took the society by surprise, and was laid upon the table, and I can only regret that the majority of the members of the society were not animated by the same liberality of sentiment as that which actuated the venerable mover of the resolution.

Such are some of the more recent utterances which evince the growing liberality of sentiment and kindness of feeling of the members of the two great branches of the medical profession in this country towards each other, and the palpable tendency towards a coalition of the two schools on some common platform.

The tendency of medical thought, both in this country and in Europe, renders it no longer doubtful to the observing mind that with the adoption of the essential principle of homœopathy, but probably with the rejection of the name, there will ere long be formed a coalition of the more rational and liberal-minded members of the two schools. On every side do we find our allopathic brethren practising more or less in accordance with the principles of homœopathy.

Those who are familiar with the writings of Drs. Haldane, Anstie, Rogers, Harley, and Sydney Ringer in Great Britain, and of Dr. Louis Saurel and other representative thinkers of the allopathic school of the present age, cannot fail to notice that one by one our principles are being adopted by that school.

Dr. Louis Saurel, editor of the *Revue Therapeutique du Midi*, thus writes:—"Our incredulity has less to do with the principle of similars, which we consider rational, and frequently practicable, than with infinitesimal doses. We can hardly doubt that certain diseases can be cured, perhaps even the most part, by remedies acting homœopathically, provided that their dose be one appreciable by the senses."

Again, medicines are now usually prescribed singly and in comparatively small doses. Says Sydney Ringer, the distinguished professor of therapeutics in University College, in speaking of the administration of a certain drug:—"It was given alone, as it is only by such a method that any exact knowledge of the effect of drugs can be obtained."

Recently the proving of medicines on the healthy body has

been recommended, and grants of money have been proposed for its accomplishment.

Thus one by one all the modes of practice for which, during seventy years we have contended, are now being rapidly adopted.

Who will deny that, at no distant date, either under the name of the Homœopathic School, or adopting a title now often used synonymously—that of *The Modern School of Rational and Liberal Medicine*—we may see the two great branches of the medical profession, for many years estranged and often hostile, united in one solid phalax, under the ample folds of that banner, unfurled to the gaze of an astonished world by the genius of Samuel Hahnemann, on which, inscribed in letters of living light are the words, “*similia similibus curantur*,” and, actuated by that philosophic and christian motto, “*in certis unitas, in dubiis libertas, in omnibus charitas*,” marching onward to the attainment of conquests over disease and death, such as have never yet been depicted in the dreams of the most ardent medical enthusiast? Then will have come the millenium of medicine. God grant a consummation so devoutly to be wished!

NOTABILIA.

MILK OF COWS SUFFERING FROM FOOT AND MOUTH DISEASE.

MR. C. W. LATHAM writes to the *British Medical Journal* of the 25th ult. as follows: “I should like to be permitted to mention a case, now under my notice, which leads me to suspect that the milk of animals suffering from the foot and mouth disease (which cannot fail to be in a general way unwholesome), is also capable of producing symptoms of a specific character; and, at the same time, to ask your readers whether any of them have met with cases which would tend to corroborate this suspicion. A healthy male infant, aged seven months, not yet suffering from any irritation from dentition, was vaccinated by me on the 15th of April, and passed through it without a bad symptom; he has been brought up principally on cow’s milk, to ensure the purity of which the nursemaid has always been sent to see the milk drawn, and always from the same cow. A few days ago, a roseolous eruption made its appearance on his face, body, and extremities, in large circular patches of a bright rose colour; his hands, feet, face, and abdomen swelled, and altogether he had the appearance of one poisoned by mussels or other fish. The eruption afterwards extended to his scalp, and became almost livid, lasting about five days. There was great heat in the parts affected, but no itching, and no great constitutional dis-

turbance; he only seemed rather languid, and more disposed to sleep than usual. I was puzzled to account for this, until I heard from the nursemaid that the cow had sore feet. I went to the cow-barn, and found that (although in every other respect a fine animal enough), she was suffering most unmistakably from foot and mouth disease. Another cow in the same stall was suffering in a similar way, and the disease had extended to the udder. The milkman was drawing the milk from the cow on to the ground. It had none of the characteristics of milk, but was a limpid, amber coloured fluid like serum or whey. Another child of the same age (twin) fed with the same milk, has suffered from a pustular eruption on the head and face, differing materially from impetigo or eczema impetiginodes. The milkman took the matter very coolly; but he horrified me by a statement (which I trust is not true) that the disease prevails in almost every cow-barn in London. If that be so, it is quite time that these places were officially inspected, and milkmen prohibited from selling the milk of diseased animals."

THE NEW YORK HOMŒOPATHIC SURGICAL HOSPITAL FAIR.

SOME years ago the board of trustees of the New York Ophthalmic Hospital declined to re-elect their medical officers and substituted homœopathically practising surgeons for them. The greatly increased success which has attended the operation of their Institution since this change was effected has fully proved its wisdom. Some very gratifying extracts from the last report of this hospital will be found at page 185 of our March number. It is now found necessary to extend the operations of the Institution from ophthalmic to general surgery. To accomplish this end, without interfering with the prosperity of the hospital, it is proposed to supplement, a piece of ground in its rear has been purchased, and money is being collected to build an additional wing. To increase their resources the trustees have recently held a Fair; or, as we term it, a Bazaar in a building known in New York as the Armoury of the 22nd Regiment. We have received no detailed account of the proceedings, or any statement of the results to the proposed Hospital; but if we may judge from the intense cheerfulness which pervades the organ of the Fair—a paper entitled *SMILIBUS*—we may conclude that its success has been great. There were tables for refreshments, tables for the sale of flowers, of ornaments, of articles of utility of all sorts, of pictures, and of articles of *vertu*. There was also a Fine Art Gallery. Messrs. Chickering, of New York, who advertise themselves as the makers of the very best pianos in the whole world, presented a specimen of their handiwork, which was valued at upwards of a thousand dollars. The crowning attraction on the occasion was the presence of Madlle. Nilsson as

a stall-holder. On her table "were beautiful and costly articles, which eager purchasers received from the hands of the charming Prima Donna. Among them was a series of dolls dressed in the costume of some of the characters which Miss Nilsson personates. In the course of the evening Miss Nilsson made a tour of the Fair, and the admiring crowd swept after her."

The paper from which this passage is extracted was edited by Mrs. Carroll Dunham and Mrs. H. D. Paine, it appeared daily during the ten days the Fair was open, and contained, besides a report of the doings of each day, verses, tales, *bon mots*, jokes—good and bad—and an address by Dr. Carroll Dunham to the graduates of the New York Homœopathic Medical College.

We hope that in our next we shall be able to report more fully as to the amount of influence possessed by the belles of New York over the purses of those who surrounded their stalls. In the meantime we can only hope that it was as great as it deserved to be.

THE DUTY OF MEDICAL MEN.

THE following extract is from the address delivered by Professor Ogston, M.D., to the Graduates in Medicine at the recent commencement of the University of Aberdeen. We commend its study to all our young medical friends :—

"False views must, of course, be opposed by all lovers of the truth, but the only legitimate mode of doing this is by the exposure of their falsity, not by attempts at their arbitrary suppression. So generally, indeed, have new developments of truth been frowned down at first, only to triumph more conspicuously in the end, that unreasoning opposition may actually help on a false system instead of checking its growth, by raising the impression that unless it had some foundation of truth, it would rather be met by fair arguments, or at least be left to fall to pieces by its inherent weakness ; and the sympathy which such persecution has a natural tendency to raise up, has not unfrequently formed into a sort of spasmodic vitality the expiring embers of a worthless cause. Deference to the authority of great names and of prevalent belief is of the highest value—as are other conservative drags—when it acts as a check on the tossing to and fro of men's minds by every crude and hasty change of opinion which may suggest itself to a clever and unscrupulous agitator, more bent perhaps on pushing himself forward than on promoting the real interests of truth ; but it comes to be perhaps the most powerful of all its opponents, when it is employed promiscuously against all innovations on established opinion. And as it may thus, according to circumstances, operate with the utmost potency, either for or against the truth, it becomes a matter of prime importance on the part

of all its investigators to determine when it is to be deferentially submitted to, and when to be vigorously resisted. It is a question, too, which requires not only a sound discretion, but still more a thorough rectitude of intention; for, while a false step in this matter may certainly be the result of a mere error of judgment, leading, on the one hand, to a suppression of the truth, because it is frowned down by great names or by the multitude—or, on the other hand, to a mischievous unsettlement of men's minds by unfounded novelties, which will stand no searching trial, and do but bring discredit on the cause of science, by far the greatest amount of evil done in this way has arisen from unworthy personal motives acting under cover of the pure love of truth, or at least largely mixed up with it. Sometimes it may be a sort of indolence and want of moral courage which induces a man to suppress his honest and well-tried convictions, when he finds they are likely to meet with no favour from the world, or—baser still—positively to advocate views of which in his heart he disapproves, because they seem to offer him a fair chance of floating himself on along the stream of popular applause. Sometimes, again, it may be the love of notoriety, or the desire to push himself forward by the singularity of his views—or, short of this, the self-conceit which we often find to be much in proportion to a man's real ignorance, and which indeed is the natural result of ignorance of the worst kind—that is ignorance of his own shortcomings. Such a one is naturally impatient of restraint, and having as little appreciation of the merit of others as of his own deficiencies, cannot be expected to give that painstaking consideration to their judgment, which a true feeling of humility and candour would induce one to do when he finds himself in opposition to those who have on their side any advantage of superior age, talent, position, or other such means of greater proficiency. Let the student, then, whether he is engaged in original research, or occupied in testing the conclusions of others, first make sure of the singleness and purity of his own motives—let him use all diligence in his enquiry—let him bring a candid mind to the consideration of the opinions of his opponents no less than of his own—let him take heed to the Apostolic precept, not to think of himself more highly than he ought to think; but once he has fully assured himself of a truth, let him never shrink from boldly avowing his conscientious conviction; and though he will do well not to court opposition by any needless singularity in the mode of bringing his views forward, he need not fear that, if really true, they will prevail in the end, and that all the more speedily and generally, the freer his advocacy is from all admixture of motives of self-aggrandizement, and the more careful he is to advance them with a gentle firmness, and a tender regard for the prejudices of those from whom he differs.”

THE LATE SIR JAMES Y. SIMPSON, BART.

IN the *Times* of the 17th ult., in a review of the recently-published collected works of the well-known Professor of Midwifery in the University of Edinburgh, occurs the following very accurate estimate of his critical capacity:—

“Simpson made very extended enquiries into the mortality which occurred in hospitals, and having, with characteristic industry, brought together a prodigious amount of statements couched in numerical form, he at last reached and promulgated the astounding conclusion that the rate of death after operations, in any hospital, bore almost an exact proportion to its magnitude. . . . In the controversy that followed, Simpson's weakness became at least as conspicuous as his strength. In many respects of a highly feminine temperament, the qualities of his mind partook also of a feminine character. Infinitely patient in pursuing and collecting *data* which seemed to him to be facts, he was yet neither critical as to their quality nor logical in their employment. His rapidity of perception led him to jump at conclusions which were brilliant—veritable intuitions of genius—when they were right, but lamentable blunders when they were wrong; and his emotional character rendered him as ardent in his defence of the latter as in his exposition and advocacy of the former. He could scarcely either follow or appreciate close reasoning, and sought to overwhelm his adversaries by the mere weight and accumulation of statements drawn from his vast stores of acquired knowledge, and often irrelevant to the precise point at issue.”

OBITUARY.

DR. VEIT MEYER.

WE regret to have to announce the death of this well-known German homœopathic physician, which took place at Leipsic on the evening of the 22nd of April, in consequence of disease of the heart.

Dr. MEYER's reputation has been established chiefly through his contributions to the German periodical literature of homœopathy. Of the *Vierteljahrschrift für Homœopathie* he was, jointly with Dr. Clotar Müller, the editor from its commencement in 1850 until 1853. Several of his essays, originally published in that periodical, are translated in the *British Journal of Homœopathy*. Of these the best are those on *Affections of the Sexual System*, Vol. XVII.; on *Affections of the Stomach*, Vol. XVIII.; and a very useful study of *Sepia* in Vols. XIII. and XIV. On the death of Dr. Rummel in 1855 he became the editor of the *Allgemeine Homœopathische Zeitung*, and conducted it with much

ability until the day of his death. This journal was commenced by Hartmann, Gross and Rummel forty-two years ago, and is, we believe, the oldest homœopathic medical periodical published.

Meyer was a thoroughly well-informed man, not only in medicine, but in matters of general scientific interest, and his opinion in all discussions at the Homœopathic Medical Society of Leipsic—of which he was at one time the Secretary, and on another occasion the President—was always received with the greatest attention and respect.

Personally he was an active, lively, genial man, and much beloved by his medical brethren in Saxony, by whom his death, at a comparatively early age, is very deeply deplored.

CORRESPONDENCE.

ACCIDENTAL HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Perhaps the following may interest some of your readers:—Some time ago I had under my care a lady who was suffering from schirrus of the mamma. She was in a hopeless state before I saw her, and suffered great pain. Her brother was exceedingly anxious (as I had said there was no hope of her recovery) that she should see his doctor, which she did. She told him that nothing had given her so much relief from the pain as the medicine she had had from me, which was *arsenicum*. This surgeon remarked to his partner, who is a friend of mine, "These homœopaths must deal largely in *morphia*, for Miss H. says that the clear medicine she had before relieved her instantly."

Some time after this my friend had a hopeless case of phthisis, in which constant and severe headache was always the cry. He tried *quinine* in large doses, *mercury*, and a host of other remedies; lastly, thinking of the similarity of the pains to those felt by the patient just attended to, he gave drop doses of the *liquor arsenicalis* of the British Pharmacopœia, and he told me that he was perfectly astonished that after two doses the headache vanished, and that there had been no return of it.

I had this morning an amusing account of a mistake with its beneficial results, which I shall give in my correspondent's own graphic language:—

"I came along here to see my friend A., who has been very ill, and quite unable to write me. He has had violent inflammation in his eyes, inflamed temples, and swollen veins, with dreadful pains in his head, from all of which he was completely laid up, and unable to attend to any business or leave his house. On Friday this was his condition.

On Saturday morning, about 2 o'clock, being almost blind, he swallowed a wine glassful of his eye-lotion instead of taking his proper physic (the bottles were alike). The lotion contained *belladonna*—the flavour informed him of his mistake. So he quickly got up, drank water plentifully until the kettle was heated, then he drank *hot* water in large quantities, until he vomited frequently. He went to sleep for a while, but he was soon wakened up by his son, who was alarmed at his condition. He then complained of parching thirst, drank more water, and he gradually shook off the effects of the dose.

On Sunday he smoked and drank whisky with me ; on Monday he went to business ; was out on Tuesday night, and to-day (Wednesday) all his symptoms are removed, and he is quite well, except that one eye is not *quite* free from redness on the ball. The poison cured him !"

I am, yours truly,

GEO. A. CRAIG.

4, Old Square, Birmingham.

HOMŒOPATHY IN MELBOURNE.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I enclose an extract from a private letter from Melbourne—which may furnish you at least with "copy," if not with a text, for an article.

I am, Gentlemen, yours faithfully,

WM. FREEMAN.

19, Charles St., Cardiff.

EXTRACT FROM A PRIVATE LETTER FROM MELBOURNE,
UNDER DATE, FEB. 25TH, 1872.

"Diphtheria has been fearfully prevalent recently in Victoria The alarm which has been felt has been very general ; and, in deference to the marked expression of public opinion on the subject, the Government decided upon appointing a Royal Commission to enquire into its causes, symptoms, and the proper mode of treatment. In this the Government were wise enough and liberal enough to include the name of Dr. Günst, one of the three homœopathic physicians practising in Melbourne—a man of skill and experience, and of proved ability. At this nomination the members of the Commission of the allopathic school took great umbrage—notably so your old acquaintance, Dr. ——— He, with others, forthwith declined to act on the Commission with a homœopath, the Government then appointed other M.D.s in their place, and the result was similar. The Medical Association of Victoria, feeling itself offended that it was not made the medium of nominating the Commission—the Government, wearied with their exhibitions of intolerance, then gazetted, as the Board, Dr. McCrae, who is

the paid medical officer of the Government, Dr. Reid, chief officer of the Geelong Hospital, another allopathic doctor, whose name I forget, and Dr. Günst, leaving the cantankerous old-system doctors to digest it as best they might."

[We are much obliged to Mr. Freeman for this extract from his friend's letter. The appointment of this Commission has excited a "considerable ferment" among the members of the profession in Melbourne. The Secretary of the Commission is Mr. Hickson, a gentleman who has had a great deal to do with introducing homœopathy into public notice in Melbourne; and who is now connected with the *Melbourne Herald*, one of the most influential of colonial newspapers. As diphtheria has been unusually prevalent in and around Melbourne, we trust that much useful information will result from the investigation of the Commission.—Eds. M. H. R.]

NOTICES TO CORRESPONDENTS.

Dr. W. THOMAS.—We much regret the presence of several errors in your paper of last month. The delay occasioned through its being lost for a time at the Post-office, prevented your having the usual proof sheets to correct.

Communications have been received from Dr. YELDHAM, Dr. BERRIDGE, and Mr. TRUEMAN, London; Dr. BRYCE and Mr. POTTAGE, Edinburgh; Dr. DYCE BROWN, Aberdeen; Dr. RAMSBOTHAM, Leeds; Dr. EDWARD BLAKE, Reigate; Dr. NANKIVELL, Bournemouth; Dr. GIBBS BLAKE, Birmingham; Mr. ISAAC THOMPSON, Liverpool; Mr. HEADLAND, Gravesend, &c.

BOOKS AND PERIODICALS RECEIVED.

- Annual Record of Homœopathic Literature.* Edited by Dr. RAUE, &c. Bœricke & Tafel, Philadelphia. 1872.
Report of the Birmingham Homœopathic Hospital, 1872.
Third Annual Report of the Scarboro' Homœopathic Dispensary.
The Homœopathic World, May 1872. Jarrold & Son.
The Chemist and Druggist, May 1872.
The Calcutta Medical Journal, Nov. & Dec., 1871.
The Similibus, Nos. 1, 2, 3, 6, and 7. New York, 1872.
The Am. Jour. of Hom. Mat. Med., March 1872. Philadelphia.
The Medical Investigator, April 1872. Chicago.
The Albany Journal, April 24, 1872.
Bulletin de la Soc. Méd. Hom. de France, May 1872. Paris.
Bibliothèque Homœopathique, March and April 1872. Paris.
Allgemeine Homœopathische Zeitung, May 1872. Leipsic.
Internationale Hom. Presse, Heften 4 und 5. Leipsic.
La Reforma Médica, April 1872. Madrid.
El Criterio Médico, April 1872. 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.

THE MISSING LINK.

THE responsibility attaching to the work of members of the medical profession is of the weightiest. An error in diagnosis, a mistake in the selection of remedies, an omission in some matter in the detail of treatment—how terrible may be the consequences of either! Nothing short of a thorough knowledge of disease, and of, at the same time, a complete acquaintance with the means available for its relief or cure, can enable a conscientious man to undertake the office of a physician, and to perform its duties with pleasure, and with freedom from a sense of overwhelming anxiety. Further, for his own comfort, as well as for the good of his patients, the physician must not only be familiar with the various remedial measures he may, at one time or other, be called upon to use, but he must *believe* in their efficacy. He must have an assurance that what he orders will benefit his patient. There is something revolting in the idea, and demoralising in the practice, of prescribing a medicine with the consciousness that there is not the faintest probability of its having any influence in soothing pain or removing disease. And yet there is abundant reason to believe that such a course as this is pursued every day by many hundreds of medical men. Thus we are told, in an Address recently delivered

to the members of the *Materia Medica* class at the Westminster Hospital, that "in the out-patient department of "hospitals" the physicians, "in violation of all their "professed principles, and opposed" to their "most "strenuous teaching," "have to administer drugs daily "to a promiscuous assembly of individuals ignorant "enough to accept treatment of no other kind." Those who have come to learn what drugs will effect in the treatment of disease, are, in short, told that they really and truly contribute nothing whatever towards its cure; that they are prescribed, not to relieve pain, but to satisfy an ignorant faith in physic, which finds its only stronghold in the minds of the credulous and the vulgar. Such teaching as this cannot fail, one would think, to have a depressing influence upon the minds of men anxious to devote themselves to the cure of disease.

When we consider that the use of drugs has, throughout the entire history of medicine, been regarded as the most reliable of the resources the physician has had to draw upon in encountering disease—when we further consider that they are, even now, daily prescribed in enormous quantities—that the drug bills of our hospitals form a large item in their annual expenditure, such a sentence as that we have just quoted, coming from one appointed to teach the properties and uses of medicines, seems to suggest that no small part of the practice of physic is but a grievous sham. Drugs are constantly being prescribed by physicians who have not the smallest confidence in their asserted virtues!

The old-school physicians of the period have so far advanced in their education as to have learned how *not* to use drugs. The problem which they have to discover is how they may be used with advantage. We are as fully alive as any one can be to the power of good nursing, suitable food, comfortable rest, and a healthy atmosphere in promoting the restoration of health. But there are cases where the physician must encounter dis-

ease without any of these auxiliaries—cases where a medicine is the only weapon wherewith he can hope to mitigate suffering—cases where food is rare, clothing scanty, air impure, rest impossible, and anything like nursing out of the question. It is under circumstances such as these—all too frequent as they are—among the poor in the back streets of crowded cities, and in the wretched hovels of the peasantry, that, unless relief can be procured from medicines, it can scarcely be obtained at all. In refusing, whether in these or in other cases, the aid that drugs can give, the physician is, we are certain, declining an arm of great value—one, moreover, capable of being used with singular accuracy. We cannot understand how anyone who feels the responsibilities his profession imposes upon him, and who is convinced of the utter uselessness as to the kind of information respecting the actions and uses of drugs which passes current as knowledge, can rest satisfied in not devoting himself to finding out some way in which he can employ these *materia medica* to advantage. While, how any teacher of the properties of remedies can stand up and declare that the large class of remedial agents known as drugs is of very secondary importance, and consists of substances respecting which little or nothing of a positively serviceable character has been ascertained, is indeed passing strange!

Drugs, however, have, as we have said, a value, and a great value too. Sir Thomas Watson hit the right nail on the head when he said that his want of faith was not in drugs, but in drugs as they are commonly used. This sentence reveals the source of the scepticism which prevails—a scepticism which makes itself heard whether in discourses delivered to the *patres conscripti* of the profession, or in lectures addressed to its students. This source is ignorance—ignorance of the nature of the action of drugs upon the animal economy, and ignorance of the mode of applying any knowledge of this kind that may be

obtainable. The mode in which drugs are commonly used is a wrong, a useless, and oftentimes a mischievous one. This is acknowledged freely and fully both by the Croonian Lecturer at the College of Physicians, to whose teachings we referred in our leading article last month, and by Dr. STURGES, the lecturer on *Materia Medica* at the Westminster Hospital, to whose introductory address (*Lancet*, May 25) we propose to devote our attention on this occasion.

His pupils being first-year's men, and therefore necessarily uninformed on the subject of the nature of disease, Dr. Sturges naturally enough finds some difficulty in teaching them how to use the means commonly adopted for its treatment; and he comes to the very sensible conclusion that, as they may be supposed to have obtained some insight into physiology during the preceding winter Session, they should "study the physiological action of drugs without any reference to their therapeutical action." But here another difficulty arises, and it is this: Is there any practical advantage to be derived from such a study? "How far," he says, "you may fairly ask, as a matter of fact and history, have these experiments with drugs actually helped forward the curative treatment of disease?" In reply he expresses his personal belief in the matter in supposing that "it would be admitted by the majority that less had been learnt by acting upon the apparent teaching of physiology than was at first expected, and that there would be found lurking in many minds a feeling akin to disappointment in contrasting the present state of physiological science with the present state of medical treatment." And he adds: "However this may be, what has been done already is no measure of what it may be possible to do hereafter with the same materials."

Did we not know how carefully the literature of homœopathy is avoided, how studiously it is kept out of sight, how serious are the pains and penalties attaching

to even an examination of the truths it contains, one would feel surprised beyond measure that a well-read physician could address a class of medical students in such a strain as this.

Having thus defined the plan of study, suggested its possible uselessness, but spoken hopefully of its future, Dr. Sturges goes on to say :

“ It might seem at first sight that a knowledge of the action of drugs upon the healthy body would enable us, apart from other experience, to determine how these could be best employed in those deviations from health which constitute disease, It is true, no doubt, that disease is evidenced to us by certain changes in secretion and temperature and the like, and that these may suggest to the mere experimentalist, who knows no more, rational modes of treatment. Yet such changes, however definite and uniform, are nevertheless subordinate in every case to certain special phenomena proper to the disease, and unlike anything to be met with in a state of health. Thus, for example, the observation of the action of alkaline salts upon the healthy urine might furnish us with a rational remedy for certain altered conditions of that fluid ; but no such method of inference, by nothing short of the fact itself, could we have told that quinia would cure the ague or colchicum arrest a fit of the gout. There is nothing in the condition of health analogous to the special phenomena of these diseases ; no physiological or chemical action, therefore, on the part of these drugs, could ever point them out beforehand as appropriate remedies under altogether new circumstances.”

This passage supplies us with one explanation of how it comes to pass that Dr. Sturges questions the advantage of studying the physiological action of drugs. He limits his observation to certain objective effects. If a drug does not sweat, does not purge, does not alter the chemical composition of urine or increase its quantity, or does not influence the temperature of the body, it teaches him nothing. And if, on the other hand, a medicine does excite one or other of these processes, and he prescribes

the purge when constipation exists, the diaphoretic when the skin is dry, the alkali when the urine is acid—the results of doing so show that he is but touching one symptom of the entire disease, and that however he may so far palliate, or rather, we should say, obscure it, he has done nothing towards curing it. He entirely ignores the subjective symptoms produced by drugs given to healthy persons; just as indeed many physicians of the present day pass by all those phenomena which they cannot see, or hear, or touch, or smell. Whether we are engaged in studying the symptoms provoked by drugs, or such as arise in the ordinary course of disease, we must, as Dr. Russell Reynolds has remarked, “be careful to give to both groups of symptoms their true value, and one danger in the present day is to underrate the importance of those which, a few years ago, constituted almost the total symptomatology of disease.” There may indeed be nothing analogous in health to the special phenomena of intermittent fever, but in health disturbed by quinine there will be found many analogies to such phenomena.

To study the action of drugs upon the health of man, with the hope of any practical result, we must collect and examine *all* the symptoms they are capable of exciting. This was the rule laid down by HAHNEMANN; and its wisdom is clear. It is true that, in having acted upon it, many unimportant symptoms are included in his provings; but his redundancy is infinitely to be preferred to the poverty of his modern imitators. The number of trivial symptoms left to us by Hahnemann would, however, have been of no moment had he given to us the records of the provings, the order and connection in which the symptoms arose. The mechanical cataloguing of symptoms is far more answerable for any obscurity in reading his *Materia Medica Pura* than the *embarras de richesse* with which these volumes are weighted. The neglect to carry into their researches the thoroughness and completeness which characterised the investigations of Hahnemann is the first

reason why the labours of those who have of late devoted their attention to the study of the physiological action of drugs have been so comparatively fruitless.

The second cause of this failure consists in the fact that when the physiological action of the drug is ascertained, the knowledge requisite to turn it to account in the treatment of disease is wanting. Dr. Hughes Bennett has proved that the tendency of mercury is to interfere with the due secretion of bile, to render the liver "sluggish." He is at once confronted by the clinical fact, repeatedly observed during a long series of years by thousands of medical men, that mercury cures a sluggish liver, that it restores the bile-secreting function. The link connecting these two facts is, so far as Dr. Hughes Bennett is concerned, missing. "The chemical constitution or physiological properties of a drug," writes Dr. Sturges, "may give a true direction to our anticipations of its conduct, but its action in the system is always beyond these anticipations, and often contradicts them; the part we can explain is insignificant by the side of that we cannot explain." And again, he says: Drugs "cure, yet baffle every attempt to explain why they cure." The conclusion he arrives at is given in the following passage: "Neither our fathers nor we have succeeded in obtaining that sanction for our proceedings, which must be reserved for the time when, from a number of empirical observations, we are able to enunciate the existence of some general law."

The conclusion, then, at which Dr. Sturges has arrived is, that the observations accruing from experiments made with drugs upon healthy persons teach nothing which can aid us in administering them to the sick for the relief of their suffering; and they are thus valueless, because there is no general principle by which we can be guided in their prescription. Consequently, we may argue, that could such a general principle be presented, these experiments would become of essential service.

In 1866 Dr. Sharp, in a paper *On the Physiological Action of Medicines* (*M. H. Review*, Vol. X., p. 594) read before the British Association, put this question—“What, then, is the practical end of these investigations into the actions of drugs in health? Suppose the tables just now mentioned were completed, how are they to be utilised? It seems to me that this would be by a comparison being instituted between the *physiological* and the *therapeutical* action of medicines: a comparison between the effects of drugs in health, and the effects of the same drugs in disease. When this comparison has been made, the further question will arise—how far, and in what manner, can the physiological action guide the therapeutic use? How can these experiments in health be made use of to direct the employment of the same drugs in disease? It is in the highest degree probable that the result of this aggregate of experiments and enquiry will be the establishment of a *principle* which shall be, for all time coming, a settled rule in therapeutics—the compass, the guiding-star to the medical practitioner.”

Let, then, the experiments and the enquiry, as here suggested, go hand in hand. The points to be observed are two: 1st, the parts affected by a drug and the mode in which it affects them; and 2ndly, the clinical records illustrating the action of the given drug in disease, which occur in the writings of physicians during the last 2,000 years. Let this enquiry be made independently of any evidence which homœopathic physicians have adduced to show that the morbid action constituting disease is cured by a drug which excites a similar morbid action in a person in health. We know perfectly well what the results of such an enquiry will be; but we nevertheless would suggest that those who question the value of these experiments should make it for themselves. Hahnemann, in his *Essay on a New Principle for Ascertaining the Curative Powers of Drugs, with a few glances at those*

hitherto Employed,* published in 1796, collects a goodly number of facts of the kind. In the introduction to the *Organon of the Art of Healing*, are many more; and in the 'Appendix to a pamphlet on *Homœopathy*, by Dr. Reith, published three or four years ago, Dr. Dyce Brown has shown, from more modern literature, the relation subsisting between the ascertained physiological actions of a large number of drugs and the nature of the diseases they are known to cure. While in *The Practitioner* we have of late had numerous illustrations of the character of this relation. And then, again, Dr. Sidney Ringer's *Hand-book of Materia Medica* abounds with them. There is thus no lack of opportunity, no want of "empirical "observations," whence to "enunciate the existence of "some general law."

It is only by a careful investigation of this kind that the missing link which shall connect the study of the physiological actions of medicines with the clinical study of disease can be found by those who honestly desire to discover it. It is this missing link which will render it useful to know that mercury influences the functions of the liver, and the manner in which it operates upon that organ.

We know, have long known, that this link is expressed by the formula, *Similia similibus curantur*. Dr. Stürges and his friends are supposed not to know it. We, therefore, urge them to go over the ground we have already trodden. Our medical brethren who profess to repudiate homœopathy are thoroughly alive to, at any rate, the probable importance of studying the physiological action of drugs; while, at the same time, they evince a remarkable shyness in pursuing this line of investigation. They recall to our memory a set of Vienna physicians who, some twenty or five-and-twenty years ago, had arrived at the same conviction, and set to work to carry it into practice. But when

* *Lesser Writings of Samuel Hahnemann*, p. 295.

they found that the results they obtained corresponded so closely with those secured by Hahnemann, that they led directly up to the principle of homœopathy, they at once, with one exception (and he became a convert to homœopathy), abandoned their investigations! Are our allopathic brethren afraid that such researches must lead to homœopathy? Is this the cause why we hear so much talk about the importance of this kind of study, and see so little, so very little, of it carried out? Is there a suspicion that, unless it adds still more to the existing evidence in favour of homœopathy, to investigate the action of drugs upon the healthy can lead only to the discovery of so many more purgatives, narcotics, diaphoretics, and expectorants? The suspicion, if any such there be, is assuredly a correct one! Unless this enquiry lead to the "enunciation of a general principle," it will be—as indeed it appears to Dr. Sturges to be—useless. Such a principle can be no other than one indicating the relation in which the physiological effects of a drug must stand to the process of disease. These effects must be dissimilar from, *i.e.*, contrary to those resulting from disease—or they must be similar to, *i.e.*, like them. The former cannot obtain. We know of no drug that can produce the "contrary" of intermittent fever, for example; simply because it is impossible to ascertain what that condition is which is contrary to intermittent fever. What, again, is the contrary of neuralgia? Who will undertake to define it?

It is true that we may learn what is the contrary of diarrhœa. But, in the first place, diarrhœa is only a symptom; and our business is with disease which declares itself by a number of symptoms. And in the second, to treat diarrhœa by a medicine which will check healthy intestinal action by paralysing the bowel, is an admitted failure. So, too, in the case of constipation—will purgatives *cure* it? Certainly they will not. There remains, then, only the principle of similars. It is possible, by the

action of a drug, to produce a disturbance of health like that observed in disease. *Arsenic* gives rise to gastric irritation resembling some forms of dyspepsia; *ipecacuanha* excites a kind of sickness like that presented in some cases of vomiting; *aconite* creates a pyrexia exhibiting all the features of some inflammatory fevers; *belladonna* produces well-marked tonsillitis, and so on. That drugs do produce disordered states which have their analogues in disease, is too well known to render insistence upon it requisite. All that remains is to ascertain whether this analogy will supply the link required to make the study of the physiological actions of drugs useful to the practising physician. There is but one place where that question can be answered, and that is at the bedside of the sick. Thither homœopathic physicians have gone for upwards of seventy years, and their universal testimony is that the link is supplied by this analogy, by selecting to cure disease drugs which, in healthy persons, will create similar or analogous disorders.

It is, then, to the bedside that we would urge Dr. Sturges to take the results, not of a partial, but of a complete study of the effects of drugs upon health, and guided by the law of similars, see for himself whether he cannot control disease more successfully than he has ever been able to do hitherto!

NOTES ON NEW REMEDIES.

By EDWARD T. BLAKE, M.D., M.R.C.S.

(Continued from p. 171, Vol. XV.)

No. 3.—*ACTÆA RACEMOSA.*

My indications for the use of this remedy are mental depression, amounting even to suicidal tendency; vertical headache, epigastric sinking (abdominal sinking, *bell.*); infra mammary pain; pains in the lumbar region in women; uterine pressure; irritability of the bladder; rheumatic dysmenorrhœa.

No. 4.—CAULOPHYLLUM THAL.

Is, I consider, the best remedy for after-pains, excessive in character or duration. I administer drop doses of the matrix tincture frequently, at the same time applying the remedy to the abdomen in the form of a compress. This medicine meets, like its congeners, *cocculus* and *nux*, *spasmodic dysmenorrhœa*. It probably acts more directly than either of those remedies on the uterus, not merely controlling, as they do, reflex spinal irritability; while, on the other hand, *cauloph.* lacks the defined relation to the cervix possessed by *nux vomica*.

For dysmenorrhœa I always employ the 1st dec. dil.

No. 5.—CHELIDONIUM MAJ., 1x,

I have seen speedily remove pain over the right eye.

No. 6.—COLLINSONIA CAN.

May be said to find its appropriate sphere in *obstructive dysmenorrhœa*, especially where there are loss of appetite, constipation, piles with or without pruritis; in fact, when pelvic and portal congestion are co-existent.

No. 7.—GELSEMINUM SEM.,

Resembling *cocculus* and *nux vomica*, in at least one respect, exerts a control over the functions of the uterus by virtue of its remarkable specific relation to the spinal cord. It reacts on the womb through its reflex sensibilities, like *belladonna*, but without the additional marked uterine sympathies of that drug.

Whilst *hamamelis* meets *passive* uterine congestion, *gelseminum* will probably prove an invaluable ally in combating the active form.

I give it in recent amaurosis, in "blind headaches" and sleeplessness, in erysipelas and scarlatina.

No. 8.—HAMAMELIS VIR.

The pathological relations of this drug are summed up in two words, viz., *passive congestion*.

The recorded instances of its successful use are confined, I believe, to passive congestion of the skin and mucous tracts; thus it differs from *belladonna*, *nux* and *arnica*, so useful for a congested condition of internal organs.

I have seen it act well on the mucous membrane lining the fauces, rectum and uterus.

In a very severe case of angioleucitis, where the surface of the abdomen was covered with distended lymphatic sacculi filled with amber fluid, and varying in size from a pin's head to a Spanish nut, the symptoms yielded to the 1st dec. dil. of *hamamelis*, with a local application of the same drug on hot flannels.

This condition occurred in a lady who had miscarried during typhoid fever; there were reasons for supposing subinvolution of the uterus to be present.

The inguinal glands were tender and much enlarged.

I cannot decide whether *hamamelis* bears a more specific relation to the veins, like *pulsatilla*, or the lymphatics, like *mercurius*.

This drug affords great relief as a topical application in the "blue" stage of chilblains.

It will cure *recent*, but not in my hands *chronic*, varicocele; and it is useful in beginning the treatment of that *bête noir* of dispensary practice—varicose ulcer.

I commence my treatment of white-leg with *aconite*, then I give *hamamelis*, and lastly *pulsatilla* or *sulphur*.

I can support the testimony of Dr. Dyce Brown as to the efficacy of this remedy in uterine "draining." I have never employed a higher potency than the 1x.

No. 9.—IRIS VERSICOLOR

Is certainly an excellent agent in the treatment of "bilious headache." I have now seen three extremely intractable cases, of five, eleven and thirty years' duration respectively, yield to this medicine. In each case the patient was of the female sex.

The 1st and 2nd dec. dils. were employed.

No. 10.—PODOPHYLLUM PELT.

Is useful in the jaundice of children when the conventional remedies have failed.

In a case of prolapsus ani, complicated with, and probably sequential to, uterine displacement, this remedy effected a cure of the anal symptoms. I have seen a sharp cathartic effect produced by the 3x.

No. 11.—ROBINIA PSEUDO-ACACIA

I have seen helpful in dyspepsia, manifesting itself at night and preventing sleep. I use the 1x.

No. 12.—RUMEX CRISP

Is a most useful remedy in that protean symptom, "cough."

It greatly relieved a dry cough, in a medical friend, commencing at 2 a.m.

A useful indication for *rumex* is "clavicular pain." This is borne out by the proving: "Raw pain just under each clavicle while hawking mucus out of the throat."

No. 13.—SANGUINARIA CAN.,

In the 2nd dec. dil., gave much assistance in the removal of sub-acute pulmonary congestion in a lady of florid complexion and full habit of body, aged 50. This patient was much troubled with general flushings.

For chronic basic congestion I usually depend on *sulphur*, but that remedy in various dilutions had, like many others, signally failed in the above case before administering the *sanguinaria*.

In a lady, aged 47, of the spare habit so frequently seen in the subjects of cardiac disease, who suffered from tracheal irritation, apparently secondary to the heart affection, and in whom slight hæmoptysis occasionally supervened, *sanguinaria* gave decided relief to the tracheal symptoms.

No. 14.—SENECIO GRA.

Is useful in *anæmic dysmenorrhœa*, especially when the strumous habit is present. *Senecio* symptoms, like those of *sulphur* and *mercury*, are aggravated during the night.

No. 15.—STICTA PULMONARIA AND S. SYLVATICA

Have a similar sphere of action. *Sticta* is of great service in dry and noisy coughs.

I have seen it relieve in the spasmodic stage of whooping cough, when the classic *drosera* (high and low) had proved a failure. It is sometimes markedly successful in diminishing the reflex laryngeal irritability of the early stage of tuberculisation. Both provers of *sticta* experienced frontal headache, and the drug has proved curative in cough with headache. *Bryonia* and *chelidonium* also give cough with headache, but apparently of a rheumatic character, whilst that of *sticta*, like *belladonna* and *nux*, appears to be more of the nature of gravedo.

No. 16.—URANIUM NIT.

I have seen arrest nocturnal enuresis in an albuminuric, in the 1x trit.

Since the issue of Part II. of the *Hahnemann Materia Medica*, I have confirmed, in another case, its value in gastric ulceration.

No. 17.—XANTHOXYLUM FRA.

Is indicated in *neuralgic dysmenorrhœa* by the presence of pain along the course of genito-crural nerve: Spare habit, nervous temperament, and delicate organisation seem more particularly to call for this remedy.

Wray Park, Reigate.

VERATRUM VIRIDE.*

By W. H. BURT, M.D.

Veratrum viride (*Green Hellebore*).

This remedy belongs to the cerebro-spinal group, and spends the most of its action upon the pneumogastric nerves and the spinal filaments of the vaso-motor nervous system.

No drug in the *Materia Medica* produces such profound paralysis of the whole circulatory apparatus, and this leads us to believe that one of its grand centres of action is in the medulla oblongata, that being the nervous centre of the vaso-motor system. "Its irritation produces contraction of the arteries and increased blood pressure in the heart. Its action, on the contrary, paralyses the vaso-motor nerves, the arteries become dilated and filled with blood, and the heart almost empty." Paralysis of the functions of the medulla oblongata is prominently portrayed in all animals poisoned with the *veratrum viride*. The medulla is also the nervous centre that controls respiration, and no drug interferes with respiration more than this remedy.

Just here is the place to show the grand difference between the action of *veratrum viride* and that of *aconite*.

Aconite selects for its centre of action the ganglionic nervous system; through this it paralyzes the heart and capillary blood vessels so as to produce congestion in every tissue in the body that contains capillaries.

* From the *United States Medical and Surgical Journal*, April 1872.

Veratrum viride, on the contrary, selects for its centre of action the cerebro-spinal system; especially affecting the pneumogastric nerve, and, by paralysing its functions, produces congestion and inflammation in every organ and tissue to which it is distributed. Its action upon the great sympathetic is only through sympathy, or incidental.

Another difference between the two remedies is this:

Aconite cures congestion and inflammation in every organ and tissue in the body.

Whereas, *veratrum viride* only cures congestion and inflammation in the brain, and the organs that are under the immediate control of the par vagum. This makes its sphere of usefulness much less than that of *aconite*.

Veratrum viride is only useful in those diseases that have their starting point in the cerebro-spinal nervous system.

On the contrary, diseases that call for *aconite*, must have their starting point in the great sympathetic.

Brain.

The action of *veratrum viride* upon the brain is to utterly prostrate its functions, and thereby produce intense congestion of its capillary vessels. On the contrary, *belladonna* produces its congestion by exciting the cerebral functions.

Through the kindness of my friend, Dr. C. Adams, I am able this evening to show you with the microscope, the pathological changes *veratrum viride* is capable of producing in animals poisoned with the remedy.

The microscope has given us definite and valuable knowledge, showing just the changes the remedy is capable of producing in the various tissues of the body. In the study of this drug, Dr. Adams has rendered me invaluable service, and I hope the Academy will tender him a vote of thanks for this microscopical treat.

The microscopical examination of the brain revealed intense capillary congestion of both the white fibrous structure and gray cineritious substance; there being more congestion in the cerebellum than in the cerebrum. Nothnagal says: "The convulsive centre is located in a limited space on the floor of the fourth ventricle in the

pons varolii." We found great capillary congestion of the pons, and this solves the problem why *veratrum viride* is so valuable in spasms of a congestive nature. In puerperal convulsions that have for their origin some emotional cause, and when there is excessive cerebral hyperæmia, *veratrum viride* is, of all remedies, the first to be thought of. *Belladonna*, *chloroform*, and the whole list of narcotics cannot equal it. That acute observer, Dr. Kitchen, of Philadelphia, says he has been successful in many cases of puerperal convulsions with the *veratrum viride*.

Many other physicians, especially the Eclectics, have used it with great success. My success with this remedy in this disease and spasms in children has been so pleasing and universally successful, that I feel as though I cannot urge you too strongly to give this remedy a trial, not only in puerperal convulsions, but in sudden spasms of little children where intense cerebral hyperæmia exists.

Characteristics: Intense cerebral congestion, feeling as though the head would burst open; sudden spasms with nausea and vomiting, with much prostration.

Headache, as if the head would burst open, with nausea and vomiting; in a case of puerperal convulsions, followed with profound coma for six days; face dark, livid colour.

Headache, with dimness of vision, and great dilatation of the pupils.

Drawing pains over the left eye, with a contracted feeling of the skin of the forehead.

Heaviness of the head; can hardly hold the head up, from paralysis of the muscles of the neck.

Eyes.

Its action upon the eyes I believe to be in sympathy, from its action upon the intra-cranial nervous centres, especially the corpora quadrigemina. The dilated pupil is caused by paralysis of the circular fibres of the iris.

Dimness of sight, from congestion of blood to the base of the brain; loss of sight, from paralysis of the heart's action, with great faintness.

Headache, with vertigo.

Headache, proceeding from the nape of the neck.

Severe frontal headache, with nausea and vomiting.

Dimness of vision, with dilated pupils.

"Immense green circles appeared around the candle, which, as vertigo came on, and I closed my eyes, turned to red double vision."

Twitching, and rolling of the eye-balls.
Paralysis of the lids.

Ears.

Veratrum viride produces paralysis of the auditory nerve, from its action upon the brain at the origin of this nerve.

Ringling in the ears, from congestion of blood to the head, with nausea and vomiting.

Moving quickly produces complete deafness, with faintness.

Dull roaring in the ears.
The ears are cold and pale.

Face.

The facial symptoms all point to a deep-seated, intracranial disease.

Pale, cold face; livid colour of the face in convulsions; nose looks pinched, cold and blue.

Face cold, bluish, and covered with cold perspiration.

Convulsive twitching of the facial muscles; mouth drawn down at one corner.

Paleness of the lips and around the alæ of the nostrils; nausea.

Singular contortions of the muscles of the face.

Profuse secretion of mucus from the nose.

Mouth, Fauces, and Œsophagus.

The yellow coating upon the tongue, and the bitter taste in the mouth, point to a functional derangement of the liver. The motor force of the pharyngeal branches of the pneumogastric is so powerfully irritated as to throw the œsophagus into constant spasm, as shown by the frequent and long-continued singultus, and the constant sensation as if a ball were rising in the œsophagus. In my proving, spasm of the œsophagus was one of the most prominent symptoms the remedy produced. The microscopical examination of the mucous membrane of the œsophagus revealed intense congestion of its vessels, and this shows that the spasm of the œsophagus was really due to inflammation of this tube, a fact well worth remembering, for there are but few remedies that cause inflammation of the œsophagus.

Copious secretion of saliva; frequent and long-continued hiccough, with a constant sensation as if a ball were rising into the œsophagus; tongue coated yellow.

Tongue feels as if it had been scalded.

Flat, bitter taste, with yellow-coated tongue.

Copious secretion of saliva.

Intense burning in the œsophagus, with constant inclination to swallow.

Frequent and long-lasting spasms of the œsophagus.

Burning and spasm of the œsophagus, with risings of frothy, bloody mucus in the mouth.

Constant sensation as if a ball were rising into the œsophagus.

Stomach.

Veratrum viride produces intense congestion of the pneumogastric nerve, at its origin in the medulla oblongata; the microscope revealed its vessels perfectly gorged with blood; this explains the phenomena of the action of *veratrum viride* upon all the organs to which the par vagum is distributed. It is capable of producing inflammation in *every organ* under the control of the par vagum. No remedy can produce greater congestion and inflammation of the mucous membrane of the stomach, as you can see by examining this stomach with the microscope. Through the filaments of the vagus, the mucous follicles of the stomach are greatly excited, so as to cause them to pour out an immense amount of mucus. Its emetic action, causing nausea and long-continued vomiting, is caused from its irritating action upon, not only the filaments, but the whole of the par vagum, making the vomiting neurotic, as well as gastric.

Violent, and long-continued vomiting, without much nausea, sudden nausea, with violent vomiting, hiccough, before and after vomiting; vomiting of large quantities of glairy mucus, with sensation as if a ball were rising in the œsophagus. The least quantity of food produces vomiting.

Vomiting of first food, then glairy mucus, and finally a small quantity of blood.

Slight nausea, with violent and excessive vomiting, accompanied with profuse secretion of tears, and of mucus from the nose.

Painful, empty retching.

The pain in the stomach would culminate every five minutes, with powerful and expulsive vomiting.

Vomiting of bile and blood.

Hiccough, before and after vomiting.

Pains in the cardiac portion of the stomach.

Sharp, flying pains in the epigastrium, and umbilical region, passing down to the pubes.

Intense, drawing, twisting pains in the stomach, with a feeling as if the stomach were being tightly drawn against the spinal column, causing pain in the dorsal region.

Excruciating pain in the lower part of the stomach, the pain covering a space about the size of the hand.

The constrictive pain is increased by warm drinks, which seem to go under the pain. Dr. Norwood says: "We have seen it produce emesis in very susceptible persons, and the contractions of the stomach were so rapid as to be almost continuous and uninterrupted, but there need be no danger apprehended of causing inflammation of the stomach; we have given especial attention to that particular." The examination of this stomach shows you how greatly mistaken he was. The intense congestion and inflammation of the pneumogastric nerve show us why its functions are so perverted, and the stomach is thrown into such constant spasm.

Liver.

Through the filaments of the pneumogastric nerve, *veratrum viride* produces congestion and inflammation of the liver. The microscope revealed the intra-lobular veins perfectly gorged with blood. The action of this remedy upon the liver, producing inflammation, has never been hinted at by any writer before; this is a practical fact that I hope the profession will make good use of. It also greatly increases the secretion of bile.

In bilious fever, where the poison centres upon the par vagum, and there is much vomiting of bile, this is one of our best remedies.

Bowels.

Upon the intestines the action of *veratrum viride* is very slight, from its action upon the liver, we have more or less venous congestion of the bowels: it hardly ever acts as a cathartic, but is more liable to produce constipation.

Frequent drawing pain in the umbilicus.

Neuralgic pains in the abdomen; heavy aching pains in the umbilicus.

Pains at the right side of the umbilicus, passing down to the groin.

Sharp pains in the epigastrium and umbilical region, passing down to the pubes.

Cutting, aching pains in the umbilical region, with rumbling in the bowels and desire for stool.

Mushy stool, preceded by cutting pains in the bowels and followed by cutting pains in the rectum and anus.

At three different times, on the second day of the proving, I had severe neuralgia, and long-lasting pains in the rectum; neuralgic pains in the left groin, coming on twenty or thirty times a day, for three weeks; when there appeared a large tumour which pained constantly; one-half of the tumour was red, the other half dark blue; never having been troubled with piles, this must have been due to the action of the remedy upon the liver, producing portal congestion.

Stools mushy, or slightly constipated.

Kidneys and Urine.

Allopathic physicians claim that it is an excellent diuretic, increasing the solid constituents of the urine. As a diuretic, I believe we have many remedies more useful than the *veratrum viride*.

It increases the amount of urine, and decreases its specific gravity.

Increased secretion of pale urine.

Profuse urination.

Female Organs of Generation.

Having no proving of this drug upon women, we cannot give its symptomatic range, but in many congestive diseases of these organs, it will be found of great use. Dr. Peterson says he has relieved hundreds of cases of menstrual colic with this remedy, in drop doses of the tincture. In any congestive disease of these organs, where we have reflex symptoms that affect the par vagum, we ought to think of this remedy.

Male Generative Organs.

This remedy will hardly ever be called for in diseases of these organs, when we have such remedies at our command as *aconite*, *pulsatilla*, *cannabis*, &c., &c.

Chest.

We have no remedy in the *Materia Medica* that will produce such sudden and intense congestion and inflammation of the lungs as will the *veratrum viride*. The twelve cats and three dogs killed with the *veratrum*, all had inflammation of the lungs of the most marked character. The microscope revealed intense congestion and a large number of the capillary vessels ruptured.

Sections of the lung were so completely hepatized that, when thrown into the water, they immediately sank to the bottom of the vessel.

Thus you see, we have positive evidence that *veratrum viride* will not only produce congestion, but inflammation of the lungs. This congestion and inflammation I believe to be due to paralysis of the motor filaments of the pneumogastric nerve.

Upon the mucous follicles of the bronchial mucous membrane, it has a specific action, causing them to secrete an immense amount of mucus. This the microscope most beautifully illustrated, the smallest air-cells being completely filled with mucus.

We have an abundance of testimony in all schools that *veratrum viride* will cure pneumonia. I have seen it act like magic in many cases of pneumonia, during the first, or congestive stage, and here it resembles *aconite*. After the second stage, that of complete hepatization, has fairly taken place, in my hands, it has failed, but the effects upon animals would go to show that it ought to be useful until the stage of suppuration commences.

In bronchitis it must prove one of our most useful remedies, especially when it is of the vesicular nature.

From its irritating action upon the vagus, the heart's action is lessened to a wonderful degree, but we could find no structural changes in the substance of the heart, with the microscope.

Acute congestion of the chest, with rapid respirations, nausea, and vomiting. Asthma, with laboured respiration, and cold sweat on the face.

Oppression of the chest.
Sensation as of a heavy load on the chest.

Oppression of the chest, with nausea, and violent vomiting.

Asthma: The breathing is excessively laboured; patient has to sit up; impossibility of lying down, with cold sweat upon the face.

Just here let me say, that if any member of this society wants the gratitude of a patient afflicted with asthma, let him try *veratrum viride* as a palliative, to cut short the paroxysm. No remedy has given me such quick and pleasing results in asthma. I use it in full doses, so as to get the nauseating effects of the remedy.

The respiration decreases from 40 to 16 and 12 in pneumonia. It also reduces the respirations in the healthy full one-half.

Loose rattling cough in bronchitis.

Cough dry and hacking in pneumonia.

Constant, dull, burning pain in the region of the heart, under the sternum.

Pricking pains in the region of the heart.

Dull, aching pains in the region of the heart.

Faintness after rising from the recumbent position.

Syncope when walking, relieved by lying down.

The heart's pulsations reduced from 68 to 24 in health, and from 140 to 33 in fevers.

Very feeble pulsations of the heart.

Fluttering sensation in the region of the heart.

Palpitation on taking the least exercise.

Strong, loud beating of the heart.

Palpitation with dyspnœa.

Rheumatic carditis, with dyspnœa and palpitation of the heart.

No remedy produces such debility of the heart's action in large doses.

In bronchitis, where there is a loose, rattling cough, worse by going from a warm to a cold room, it has given me excellent results.

Skin.

Upon the skin it acts as a mild diaphoretic; however, in some instances the perspiration is very profuse, but generally the skin is soft, moist, and very cool.

Cold, clammy sweat; cold sweat upon the face, with nausea and vomiting.

Coldness of the skin, which is usually perspiring.

Tingling and prickling of the skin.

First stages of small-pox, where there is a high fever, and the functions of the vagus are much excited.

Measles, where the lungs are invaded, with high fever, difficulty in breathing; very quick respiration, and much congestion of the lungs, with nausea and vomiting.

First stage of scarlatina, where the disease seems to centre upon the pneumogastric nerve, and we have nausea and violent vomiting ; high fever ; hard, bounding pulse, and much cerebral hyperæmia.

In erysipelas, it has been used internally and locally by a number of physicians with excellent results. I have no experience of my own in this disease with *veratrum*.

Nerves of Motion.

This remedy has a wonderful action upon the motor nervous system ; generally producing complete paralysis of the whole motor apparatus, but in some cases violent spasms are the most prominent symptoms. The spasms are both tonic and clonic ; frequently come on like galvanic shocks.

As a remedy in chorea, no remedy has given better satisfaction. There is now an immense number of cases on record that have been permanently cured by it.

Two years ago I was called to a most heart-rending case of poisoning by strychnine, in a noble little boy of six years of age. An old-school physician had prescribed strychnine sugar-coated pills, each containing 1-32 of a grain, to the boy's uncle for ague. How many he ate we never could learn. When I reached him he had been in spasms two hours ; the least touch of his body, the noise made in shutting the door, or the movement of his body, would bring on the most frightful spasms, lasting from one to five minutes ; his arms and legs were rigid ; the muscles of the chest so rigid that respiration would cease ; face livid, and bloody saliva was running from his mouth. I immediately gave him nearly one teaspoonful of the fluid extract of *veratrum viride*, and then two drops every ten minutes. He had nine spasms the first hour, the second but two, which were the last. The *veratrum* had completely relaxed his muscular system, so that he could hardly move a limb. The third day he was up and playing about the house. The wonderful action of the *veratrum* in subduing those fearful tetanic spasms caused by strychnine, gave me more confidence in the remedy than I can express to you.

Epilepsy : I have used this remedy in this disease in one case, a child subject to epileptic fits every three months. When they would come on, the spasms would

last two weeks, and average thirty spasms every twenty-four hours. The remedy was given in nauseating doses, and arrested the spasms the first day. The next period I was called the first day. It was having three spasms an hour. The *veratrum* arrested the spasms in two days. The third period it had not the least effect. The spasms lasted ten days. Nothing seemed to do the child the least benefit, and he is fast becoming an idiot.

I have already called your attention to its great utility in puerperal convulsions, and eclampsia of little children.

The wonderful power *veratrum* has to produce congestion of the brain, especially the cerebellum, explains to us why it produces such profound paralysis of the muscular system.

Nerves of Sensation.

Its action upon the posterior portion of the spinal cord is but slight, but pain and hyperæsthesia are often allayed by it.

Muscular and Fibrous Tissues.

The striped muscles, or muscles of animal life, lose their power of contractility, and are profoundly prostrated. This muscular prostration is due to the paralyzing influence the remedy has upon the functions of the cerebellum and antero-lateral portion of the spinal cord. My experiments upon animals were too short to produce much structural change in the spinal cord, and consequently it was not examined with the microscope. This I much regret, and I hope some one will finish what I have neglected.

No remedy produces greater relaxation and *prostration* of the whole muscular system : in half an hour the animals were completely prostrated and not able to move a limb. The animal would remain in any position in which it was placed.

I would call the particular attention of the profession to this *complete relaxation* of the whole muscular system. The power of the *veratrum* in controlling spasms has been so marked in my hands, that I believe it will prove to be a complete antidote for the spasms produced by strychnine. My one case certainly goes to prove this statement. There is no known antidote to strychnine, and if this will prove to be, it will be a great blessing to many a

poor mortal who has tried to take his life, and then repented when too late.

Its specific action upon the muscular system is shown in its wonderful power in curing chorea. I would call the *particular attention* of the profession to the use of *veratrum viride* in chorea.

In myalgia and muscular rheumatism it must prove of great value. The eclectic physicians are enthusiastic in their laudations of this remedy in acute rheumatism, especially when it affects the heart. Our school have not used it enough in this disease to learn its real value. I have used it in one case of rheumatism of the splenius muscle, where its action was most marked and pleasing, after *aconite*, *bryonia*, *belladonna*, and *rhus tox.* had completely failed. The lady was taken, after being out in the damp, cold atmosphere, with severe pain and stiffness of the neck; the pain on motion was so great that she could not lie down for three days and nights. She had taken *acon.* and *bell.* all this time, with the use of warm fomentations, and a blister to the back of the neck. I selected *bryonia*, because the pain was so greatly aggravated by motion. After one day and a night, she was no better; I then gave *rhus tox.* for the same length of time, when I found my patient extremely nervous from want of sleep, and worse than she was when I commenced. I put ten drops of Squibb's fluid extract into a tumbler three-quarters full of water, and gave one teaspoonful every half-hour. After the third dose was taken she went to sleep, and slept half the night, and in the morning was decidedly better. She continued the remedy once in two hours for three days. She could then lie down, and turn her head quite well, but still felt the pain more or less, however not enough to keep her from work.

This is my first trial with it in rheumatism, and I am encouraged enough to test it thoroughly. Locally it ought to be one of our best remedies for myalgia. Dr. J. C. Peterson has used this remedy in many cases of rheumatism, with quick and marked results. He thinks it acts better upon the left side. This I doubt not, from the action it has upon the liver.

Extremities.

Drawing pains in the right elbow and calves of the legs.

The fingers and toes cramped, as in cholera.

Galvanic shocks in the limbs, frequently of such violence as to precipitate the patient out of bed.

Coldness, blueness, and dampness of the hands, feet, and limbs, with cramps of the extremities.

Prickling, and partial loss of sensation in the extremities.

Complete loss of power in the extremities ; not able to move a limb.

Complete paralysis of the legs.

This complete prostration of the whole muscular system is one of the most prominent symptoms the remedy is capable of producing, mobility being *perfectly lost*.

SOME NOTES OF AN OUTBREAK OF RÖTHELN AND ALLIED AFFECTIONS.

By J. HARMAR SMITH, Esq.

My attention was first directed to this disease by meeting with a case of it in a family at Hampstead, whom I attended in the year 1864 or 5. I found a little girl suffering from fever, accompanied with an eruption of patches of raised purple spots or stigmata. Coryza and other catarrhal symptoms were also present. Judging from these symptoms, I felt no doubt that I had got an ordinary case of measles ; but when I found that my patient had also symptoms of dysphagia, I was somewhat puzzled as to the nature of the disease, and my embarrassment was increased when an examination of the throat disclosed inflammation and swelling of the tonsils and soft palate, as in scarlatina. My little patient recovered well, without any secondary symptoms, and the disease spread no further in the family. Happening to mention the case shortly afterwards, at a meeting of the British Homœopathic Society, the late Dr. Russell stated that a number of similar cases had occurred in London during the preceding summer and autumn. He did not, however, state his view of the pathology of the disease, of which the other members of the society, present at the time, did not appear to have had any experience.

I found, however, on looking into Copland's *Dictionary*, that he gave a full description of the disease, under the cognomen of *rubeola*, viewing it as " a hybrid

between measles and scarlet fever," and adding his belief that "the differences between scarlet fever and measles have been more absolutely believed in, than an extended and diversified experience warrants." His definition of "rubeola" is as follows:—"Fever attended by coryza; redness and watering of the eyes; redness and soreness of the throat; pains in the head, back, and limbs, attended on the third or fourth day by the sudden and general eruption of a red efflorescence, which terminated about the tenth day in desquamation; the disease presenting the character of measles and scarlet fever conjoined."

The disease has been more recently described by Dr. Aitken, who has adopted the German name *Rötheln*, first employed in this country by Dr. Paterson, of Leith. Dr. Aitken agrees with Dr. Copland in viewing it as a hybrid or androgynous disease, developed from combined poisons of the two fevers—measles and scarlet fever.

I did not meet with any other case of rötheln until 1870, when it occurred as an epidemic in a gentleman's school at Blackheath. I shall refer briefly to all the cases which I attended in this house during the continuance of the epidemic, as I believe them to be all mutually related. It has been frequently observed that during the prevalence of scarlatina, sore throat and other allied affections have occurred in persons exposed to its influence, but who have been able to resist its full development; a principle which we are in a much better position to recognise than the old school, as knowing the action of medicines on the individual organs of the body, and the relation between these actions and those of morbid poisons.

CASE I.—October 4th. Master G. called to consult me on this day, not feeling well, and fainted away in my consulting room. On the 5th his chest and abdomen were covered with a purple stigmated rash, like measles, but which did not extend to the face or back. On the 6th he first complained of sore throat, which on the 7th was red and inflamed. The urine was scanty and loaded with urates; but the recovery was rapid and complete. The medicines given were *belladonna* and *mercurius solubilis*.

This case was far from being a typical one, the eruption appearing on the second day of the disease and disappearing on the fourth; nor were there any catarrhal symp-

toms, and but little fever. Indeed, none of the cases which I have seen could be called typical ones, according to the definitions of Copland and Aitken; in fact, it appears to me that these able writers have attempted too great a precision in their descriptions; for it might be expected, reasoning *à priori*, that if the poisons of two distinct diseases have been received into the same organism, they would tend to override one another in varying degrees in different cases; and my own observation of the epidemic in — House tends to confirm this idea.

CASES II. & III.—October 5th to 14th. The Hon. Chas. B. and his brother suffered simultaneously from acute inflammation of the parotid glands (mumps), accompanied with fever and tonsillitis; there was no eruption. The medicines given were *aconite*, *belladonna*, and *mercurius*. I refer to these cases for the reason already mentioned.

CASE IV.—Attended from October 6th to 14th. The interest of this case is increased by the question of diagnosis having been raised in reference to it.

Master M. suffered from the 6th to the 11th with catarrhal symptoms, accompanied by dry râles in the larger bronchial tubes—bronchial catarrh, in short. On the 12th was superadded inflammation of the tonsils and fauces, with feeble circulation, cold extremities, and nervous depression.

In the evening these symptoms had increased, and were accompanied by extreme and painful dysphagia. At 10 p.m. reaction had taken place, accompanied with high fever.

On the 13th the fever continued, and was accompanied with delirium.

On the 14th there was less fever, but a measly rash appeared on the chest, which afterwards extended over the body: it was stigmated, but not so dark-coloured as in the other cases, being deep rose rather than purple.

My further information about this case was only by report, as on this day Master M. was removed by his relatives in a carriage to Hampton Court, where he had a severe and protracted illness. He was placed under the care of an old army surgeon, who, I believe, was a medical officer of the regiment of which the boy's father was

colonel,—an old-school practitioner in every sense. He confidently pronounced the case to be scarlatina; an opinion which had all but led to the removal of several pupils from the school, on the ground of want of sufficient care on the part of the *maître d'école*. I was therefore thankful to have my opinion of the nature of the epidemic confirmed by Dr. —, of Greenwich,—an allopathic physician who attended several of the cases, and also necessarily saw others that were being attended by me. This concurrence in judgment was of more value, as we are not only strangers to each other, but of different therapeutic schools, and did not consult together. His decided opinion, too, was given prior to the question having been raised by the assertion of the army surgeon that the disease was scarlatina. The medicines given in this case were *bryonia*, *nux vomica*, *belladonna*, *hepar*, and *ignatia*.

CASES V. & VI.—Oct. 13th to 21st. Misses —, daughters of the principal. These young ladies had mumps and sore throat, with fever, for which I gave them *aconite*, *belladonna*, and *mercurius*, and painted the tonsils with *nitrate of silver*.

CASE VII.—Master —, brother of the last named, attended from October 14th to 29th. Fever with tonsillitis and cerebral congestion; febrile exacerbations in an evening, and awoke in terror on several nights in succession, at nearly the same hour. Observing the periodicity of the attacks, and that they were not influenced by *aconite* and *belladonna*, as well as that the other symptoms corresponded to those of the *sulphate of quinine*, I gave this medicine with decidedly beneficial effect.

CASE VIII.—Master R. October 14th. Had fever; sore throat; and a rose-coloured eruption on the trunk, most marked on the chest. A very mild case, requiring little treatment.

CASE IX.—Master Ro——. Attended Oct. 14th to 22nd. Fever; measles eruption on trunk on the second day; throat ulcerated; no catarrhal symptoms. Medicines: *aconite*, *belladonna*, and *mercurius*. Applied *nitrate of silver* to the throat.

CASE X.—Master T. October 16th. Fever; sloughing spot in the throat, ending in ulceration; purplish stigmated rash on chest. *Acon.*, *merc. cor.*, *nitrate of silver*, and *carbolic acid* lotion to throat.

CASE XI.—Master B. Oct. 19th. Eruption more raised and darker than in the last case, and present on the abdomen as well as the chest; fauces inflamed, but not ulcerated. Case progressed rapidly to a favourable issue under *belladonna* and *hepar*, followed by *pulsatilla*.

CASE XII.—Oct. 21st. Master Ba——. Slight sore throat; furred tongue. *China*.

22nd. Much the same.

Oct. 25th. Headache; hot skin; pulse 120, full and strong; throat inflamed; measly eruption on chest (only); sleepless. *R.* *Aconite*; gargle *carbolic acid*, 3 ss to Oss.

Evening. Throat very painful; fever as before. *Acon.* and *bell.*

26th. Slept better, and less fever; throat less painful; chest fuller of rash, none elsewhere (did not afterwards extend further). Continue medicines and gargle.

27th. Much the same. Urine neutral, but not albuminous.

28th. Improving, but in spite of this he on this day passed out of my hands, his relatives being alarmed by the bugbear of "homœopathy." He, however, continued to improve (I saw him occasionally), and in a week or two he was convalescent. There were no catarrhal or bronchial symptoms.

CASE XIII.—Oct. 21st. Master S. A very mild case: sore throat and debility. Treated by *chin. sulph.* only.

CASE XIV.—Oct. 21st. Master W. A precisely similar case to the last, treated by the same medicine.

CASE XV.—Master A. Oct. 22nd. Furred tongue and nettle rash; then sore throat; then inflamed axillary gland, which suppurated; finally, deafness. *Bell.* and *hepar*.

CASE XVI.—Attended from Oct. 19th to Nov. 14th. Master Br. This was by far the worst and most tedious case, one cause of which no doubt was the strumous

habit of my patient. He was also one of the youngest I had had under my care, not being more than 9 or 10 years of age.

Oct. 19th. Fever; pulse 120; skin hot and dry, throat inflamed. *Acon.* and *bell.*

20th. Restless night; pulse 120; thready and weak; heat of skin replaced by coolness. *R. Ars.*

21st. A sleepless night from pain in the ear, which has begun to discharge and is a little easier, but still very painful. *R. Puls.* and *merc. cor.* *Chloral hydrate*, 10 grs. occasionally.

8 p.m. Got an hour or two's ease and sleep after each dose of the *chloral*, but pain returned badly since, now asleep. Repeat medicines. Repeat *Chloral hydrate* if necessary.

22nd. Pain returned last night and kept him awake till 4½ a.m.; the *chloral* appeared to excite him so that he was in a state of hysterical elevation when awake, singing, laughing, &c. Was at length relieved by hot flannels to the external ear which discharged again, and he had several hours sleep. The whole of the surface of the body (the face only excepted) is now covered with a purple stigmated rash, precisely similar to that of a severe case of measles. Tongue and throat also deep purple; pulse 80; thready and weak; urine normal, (temperature of body not tried). *Arsenicum*; *pulsatilla*; champagne.

Evening. Earache returned; to inhale the vapour of boiling water. *R. Acon.* ix every half hour.

10½ p.m. Earache gone, but the champagne disagrees.

23rd. Better; slept all night. *Bell* and *puls.*

Evening. No return of earache; tongue livid and swollen, and covered with *aphthous* spots. Continue medicines. *Lotio sodæ boracis.*

25th. Continues better; eruption on chest faded, but continues on legs and thighs; tongue much ulcerated on dorsum and edges; no return of earache since taking the *aconite*. *Lotio potassæ chlor.* *R. Mer. cor.*

26th. Eruption faded except on legs.

27th. Desquamation has begun.

30th. Desquamation from all parts of the body; tongue livid, but ulcers gone; left parotid gland enlarged and tender; urine neutral, but not albuminous. Continue *mer. cor.* *Ferro pyrophos.*, gr. i. semel die post prandium.

Nov. 2nd. Great desquamation; left parotid still swollen and indurated. Apply tr. *iod.* to gland. *China Sulph.* 1st dec.; gr. i. ter die.

6th. 10½ p.m. Had a chop for dinner and rich hare soup made with milk for supper; followed by violent pain in the stomach. *Puls.* 1, one drop every half hour, and hot fomentation and poultice.

7th. Got relief from the dose of the *pulsatilla*, so that when they came to foment him he was gone to sleep. [The effect of *pulsatilla* is fully as remarkable in dyspepsia caused by rich food, as in certain forms of amenorrhœa.]

After this I put him on *nitric acid*, continuing the *ferrum* after dinner, and there was no further relapse, although desquamation went on for some time longer.

This, which was the most severe case I attended, was not after all up to the typical description of systematic writers; but if it were not a case of Rotheln, what was it?

Some of the cases I have referred to had very much the character of Roseola. In no case attended by myself, and I believe not in any attended by Dr. — in — house, was there albuminous urine or anasarca.

— House is large and airy, well drained and ventilated. It was difficult to account for the epidemic, nor was there any evidence that the disease spread by infection, but much to the contrary.

I attended a case, of which the symptoms were nearer to the type described by Copland and Aitken than any I have referred to above. This was in February and March, 1871. The little girl was one of a very large family of young children, but there was not a second case. Here there was ceaseless and intolerable itching during desquamation. After a week's apparent convalescence, secondary fever occurred in a severe form, accompanied by a return of the sore throat and by bloody urine.

Aconite, *ipsecac.* and *cantharis* were given in this case for several days, without the least beneficial effect; but on the day after giving *turpentine* 1x, the 20th of a drop for a dose, the urine was only slightly tinged, and on the day but one after this, no smokiness even remained, nor was there scarcely a trace of albumen. The child, however, did not regain its strength for some time.

Ivy Lodge, Blackheath.
June 1872.

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By E. W. BERRIDGE, M.B. Lond.

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Kali bromidum, xlvii. 321 ; xlix. 214.

- Kali iodidum*, xlvi. 384-5.
Laburnum, xvi. 209 ; xvii. 246 ; xxxv. 248.
Mercury, xviii. 69 ; xxi. 242.
Natrum bromidum, xlvi. 384-5.
Nitrous oxide, xlvi. 340.
Nicotiana tabacum, xx. 477 ; xlii. 545.
Oenanthe crocata, xl. 484 ; xlii. 11.
Oxalic acid, xxxiv. 221 ; xxxviii. 508.
Phosphorus, xiv. 10 ; xx. 479 ; xxiv. 252 ; xlix. 224.
Plumbum, vii. 405 ; xxvii. 482 ; xxxii. 491.
Papaver somniferum, viii. 446 ; xl. 221.
Quinine, xxxiv. 42 ; xlix. 215-7.
Secale, iv. 248.
Snakes, xlii. 492.
Strychnos nux vomica, xxiv. 214 ; xxxiv. 188.
Turpentine, i. 540.
Tellurium, xvi. 194.
Veratria, xlii. 249.
Veratrum viride, xxxiv. 43.
Woorari, xxiv. 480.
Zinc, xvi. 489.

REVIEWS.

What is the Action of Drugs? By WILLIAM SHARP, M.D.,
 F.R.S. London: Turner & Co. 1872.

This essay, which has already appeared in our pages, is sufficiently familiar to our readers to render it needless for us to do more than announce its publication in a separate form. It discusses one of the most important questions that can engage the attention of medical men—the action of drugs;—and is written in that clear and thoroughly practical style which is characteristic of all Dr. Sharp's writings. As such we commend it to the careful study of all members of our profession.

Few, if any, have done more to introduce homœopathy in an acceptable manner to medical men than has Dr. Sharp; and, therefore, while in some points we differ from him, we do most gratefully acknowledge our indebtedness to him for the efforts he has made to direct medical thought in the direction of the important therapeutic truths which HAHNEMANN was the first to develop. And at the same time we congratulate him on the marked success which has followed his exertions—a success which we believe to have been far greater than is ever likely to be rendered as fully and completely apparent, as we would that it could be.

An Essay on Sea Sickness. Explaining its Real Nature, and giving Practical Advice for its Prevention and Treatment. By COLOMANUS DE ROCHLITZ, M.D. and Ch.D., Vienna. London: Longman & Co. 1872.

Doubtless at this moment many of our friends are forming plans for holiday excursions. Some of these will probably involve a sea-voyage of greater or lesser length. With some Iceland and Norway have attractions, increasing every year; others are looking forward to a trip to the Mediterranean on board a yacht; while not a few will seek in a cruise across the Atlantic to make "direct claims" upon the hospitality of our cousins in the States. The pleasures of a sea-voyage are great—when they can be enjoyed. But when they are thought of, the possibility of that terrible sea-sickness casts its grim shadow over them all. Were there any chance of being assured against the horrors of the nausea, retching, vomiting, and mental misery which make up what is ordinarily known as sea-sickness, many, we are certain, would contemplate their autumnal trips with much greater pleasure than they do at present.

The author of this little pamphlet has had abundant personal experience to assist him in excogitating a theory of the cause of this disorder, and in suggesting a plan for its prevention; having, during the last twenty-one years, made nine sea voyages, varying from 2½ hours to 104 days in duration.

Nausea is, says Dr. de Rochlitz, the chief symptom of sea-sickness, and is dependent upon contraction of the abdominal muscles provoking spasm of the muscular fibres of the cardiac orifice of the stomach. This violent contraction of the abdominal muscles is attributed by him to a want of co-ordination in the muscles of the limbs in the effort to maintain a proper balance of the body on a moving base—an effort which is aggravated by the vertigo which attends it.

Many years ago Dr. Wollaston attributed sea-sickness to a pressure of blood upon the brain, and his theory has been recently expounded by Sir JAMES ALDERSON in the *British Medical Journal*, as follows:—

"Dr. Wollaston explains the way in which pressure is induced upon the brain during the motion of a ship at sea, by reference to the action of mercury in the tube of a barometer. He says 'that if a barometer be carried out to sea in a calm, the mercury will rest at the same height as when on shore; but when the ship falls by the subsidence of the waves, the mercury is seen apparently to rise in the tube which contains it.' I may add to this, that anyone who has carried a mountain-barometer, and has happened to let it descend suddenly, must have been sensible of a concussion of the mercury against the top of the tube, and

must have both felt and heard the blow. In fact, the mere action of walking is sufficient, by the alternate rise and fall of the hand, to produce this effect. Dr. Wollaston considers that the action of the blood on the brain, at the moment of the descent of a ship, is identical with that of the mercury on the top of the barometer, and that there is an actual pressure, and even a blow, which, by frequent repetition, produces nausea and vomiting. Now, it is to be regretted that Dr. Wollaston does not state the true scientific explanation of the apparent rise of the mercury in the barometrical tube, to which inaccuracy may possibly be referred the reason why so little notice has been taken of this valuable suggestion. It is not necessary here to analyse his statement with a view to refute it. The fact is undeniable, that contact does take place between the mercury and the upper part of the tube with more or less violence, and the proper explanation of the apparent rise of the mercury when the tube descends is this: that when the rigid tube falls, the mercury, having its own inertia, and not being attached to, or a part of, the tube, remains stationary—at least for a time; thus the tube is pushed down upon or over the mercury, and the concussion takes place. Exactly the same occurs between the brain and vessels on the one part and the blood on the other. The approximately rigid brain and vessels are carried downwards, the blood remains by its own inertia, and the consequence is to crowd blood into the vessels of the brain, and so press with increased force, producing a certain shock; this shock and the attendant pressure produce sickness and vomiting. The vomiting thus induced is of a peculiar character—very different from that proceeding from a common disordered stomach; it occurs in a spasmodic manner, and violent retching remains after the contents of the stomach have been ejected. This continuous retching seems to indicate the repeated action of the increased pressure."

Dr. de Rochlitz is not very clear in his manner of stating his views, but they seem to us to tend to develop still further those of Dr. Wollaston rather than to contradict them. For though he denies the direct influence of blood-pressure on the brain in the creation of vomiting, he admits its power to give rise to it indirectly, through irritation of the pneumogastric nerve.

To prevent sea-sickness is, however, the great desideratum of our sea-going friends—they care very little how it happens to take place, knowing only too well that it does do so. Dr. de Rochlitz is well assured that no medicine is specific against it, but he has, he thinks, been able to check it by taking twenty drops of chloroform in two table-spoonsful of water about half an hour before starting, taking neither food or drink for half an

hour afterwards, repeating the dose three hours later, should nausea be felt. "Three doses a day may be taken for a couple of days, walking exercise being freely engaged in during this time in order to get the limbs accustomed to the motion of the vessel. After thirty-six hours of this treatment, the voyager is either safe from sea-sickness, or the case will have been decided against him. In both instances there is no need more for using chloroform. Stronger doses than twenty may irritate the stomach too much, and produce then—what they ought to keep back—vomiting."

Our author gives many minute directions as to the mode of living on ship-board which will be serviceable to those who are intending to take a cruise, and we would advise them to read the hints Dr. de Rochlitz has published for their benefit.

We would suggest to our colleague that, in the event of his pamphlet reaching a second edition, he should secure its revision by an English friend; for though he shows considerable familiarity with our very difficult language, his style is, for all that, rendered obscure, and the reading anything but pleasant by reason of the large number of Germanisms which find a place in it.

Longevity. The Life of Thomas Geeran, &c. Being an Answer to the late Sir George Cornwall Lewis. London: St. James' Library. 1872.

The hero of this story is an old soldier who recently died at Brighton at the age of 105 years. An account of the post-mortem examination, which was made by Dr. Tuthill Massy, appeared in the *Medical Times and Gazette* of November 25th, 1871, and is here reprinted. The revelations made by the autopsy were certainly extraordinary when viewed in relation to the age of the deceased. The pericardium was adherent to the heart in every part, and the left lung had adhesions to both pericardium and ribs. The liver was diseased; and carcinoma existed at the pyloric orifice of the stomach!

The question of Geeran's age has been warmly disputed, chiefly on the hypothesis that it is impossible for man to attain to such an age as 105 years. Sir George Cornwall Lewis was at one time an unbeliever in the existence of centenarians. He, however, was convinced before his death that the age of 100 is occasionally passed. Referring to this subject, when describing "The Club," Sir Henry Holland, in his *Recollections of Past Life*, says:—

"The dispute turned on human longevity, Macauley and Lewis affirming their persuasion that no authentic record could be produced of life exceeding a hundred years. A review I had

formerly written of Flouren's work, *Sur la Longévité Humaine*, brought me into the controversy, and I urged against them successfully, as I think, that in every age, country, and race of men we had the concurrent record of ages much exceeding a hundred: and further, that the extreme diversities of human stature and weight are at least as great in proportion as these many alleged excesses of age; that the absence, in fact, of anomalous instances of the latter, would be in itself a greater anomaly. It was easy to support this thesis, while admitting at the same time the great liability to error in all ordinary statements on the subject. In 1863, scarcely a fortnight before his death, I received a letter from Sir G. Lewis, admitting, with his wonted candour, that he had been wrong in his limit, an authentic case having just occurred to him of life prolonged to 103 years. I have myself seen a person still living who numbers 106 years, well attested by documentary proof. The doctrine of Flourens, founded on a fanciful relation of the period of growth to the duration of life, that a hundred years is the normal life of man, carries its refutation on the face of it. But I see no just reason to doubt the affirmation and evidence coming to us, both from ancient and modern times, of numerous instances much more remarkable than those just named." P. 223-4.

Dr. Massy, who writes the introduction to this memoir of his old *protégé*, has collected, and here publishes, a large number of instances, all more or less well authenticated, of the extreme prolongation of human life. Those who are interested in this subject will find much here to attract their attention.

For our part, we see nothing impossible, nothing incredible, in man or woman exceeding a hundred years of age.

EXTRACTS FROM MEDICAL LITERATURE.

MEDICINE, &c.

A PAPER entitled "*Notes on the Action of Medicines, New and Old*," by Dr. SPENDER of Bath, occurs in the *B. M. J.*, June 15, from which we extract the following as a "sign of the times." "Elsewhere I have tried to show that a drug may fulfil various purposes according to the doses in which it is given, and according to the times at which it is administered. A small quantity may do one sort of good, and a larger quantity another sort of good; and these two results may be not only quite different, but even of a contrary kind. Thus *ipécacuanha* is a typical emetic when administered in the quantity of (say) 4 fluid drachms of the wine; but one or two drop doses of the same preparation,

given every hour, have a growing repute for the power of arresting sickness. Small quantities of the sulphate of magnesia have an astringent effect, and were recommended by Dr. Billing in the first stage of cholera. And of most of the vegetable narcotics it may be said that comparatively large doses produce results to which no clue is afforded by the administration of small doses. Thus do we make different tools out of the same material according as we have more or less of it; and by combining relative quantities of drugs in various ways, we may obtain effects which are often of high therapeutic interest. Hence it is clear that a serious injury is done to the therapeutic merits of any medicine, and to our therapeutic skill as practitioners, if that medicine be administered in inadequate doses, or in wrong doses. A small and a large quantity of a medicine produce respectively a particular effect; each within a certain range has a distinct and different value. Now, when we aim to produce the specific effect belonging to the large dose, what is the use of administering the small one? The large and the small dose ought respectively, for all therapeutic purposes, to be considered as different medicines; and not more interchangeable than medicines of diverse properties. No fact in the history of medicine is more easily established than this; and it is easy to see how it multiplies our resources, and how it enables us to fight against disease with increased precision and power. Passing from generals to particulars, I spoke just now about the medicinal history of *ipecacuanha*. Perhaps more by chance than anything else (!) *ipecac.* was discovered to have anti-emetic properties. This apparent contradiction has a parallel in the subcutaneous injection of morphia; most medical men would testify that sickness is a serious drawback to the use of this method; and yet some forms of obstinate vomiting, notably that which afflicts pregnancy, may be completely controlled by it. Dr. Ringer gives a very encouraging list of stomach infirmities, which, he says, can be removed or relieved by *ipec.*; but some of these troubles I have been unlucky enough to increase instead of curing. I have succeeded best with *ipec.*, in the so-called hysterical sickness of young women, in the early sympathetic vomiting of other diseases, and in some forms of infantile sickness, accompanied by diarrhoea. *Ipecac.* shows itself to most advantage when the element of spasm is mixed up with over-secretion, as in bronchorrhoea with asthma, and in diarrhoea with tenesmus. Hence the value of *ipec.*, not merely as a classical remedy for dysentery, but in many varieties of flux from the bowel; it soothes reflex irritation, and so indirectly acts as an astringent to a mucous surface." [Are not we right in saying that homœopathy is making steady way with our opponents, though not acknowledged by them as such?]

In a lecture on *Dropsy* by Dr. MURCHISON (*Brit. Med. Journ.*, May 25th), he says: "Minute but frequent doses of turpentine or cantharides are believed by many to be efficacious diuretics in renal dropsy."

The following is part of a leading article on the "*Action and Use of Carbolic Acid*" (*ibid*): "At the present time, when the hypothesis that all infectious diseases are due to a *contagium vivum* has many supporters, any such experiments bearing upon it as are mentioned by E. Salkowski, in Pflüger's *Archiv*, 1872, p. 355, are of great interest. Considering it highly probable that variola depended on a *contagium vivum*, he administered *carbolic acid* in this disease during the epidemic which raged in Königsburg from Sept. 1870 to April 1871, expecting to find the most benefit from its employment. Its power to destroy bacteria and other low organisms is so great, that nothing could be more natural than this expectation, if the supposition that variola depended on the presence of organisms in the body were correct; but, unfortunately, his sanguine hopes were doomed to disappointment, and after an extensive trial, his unprejudiced verdict is, that the acid exerted no perceptible action on the disease, nor did it shorten its course. In other diseases of a non-infectious nature, however, in which he tried it, decided benefit resulted from its use; these were gangrene of the lung, *skin diseases*, and *derangements of the stomach*. In one class of prurigo the effect was marvellous, though, unfortunately, only temporary. After several *grammes* of *carbolic acid* had been taken, the itching disappeared and the papules vanished, and the eczema induced by scratching healed; but after awhile the symptoms again returned, only to disappear a second time under the renewed use of the medicine. In *vomiting* he found it of great service. When given for some time, as in cases of gangrene of the lung, it sometimes *deranged the digestion considerably*, causing *pain in the stomach, loss of appetite, sickness, &c.*; but these effects depended very much on the purity of the preparation employed, and impure acid, having an unpleasant smell, produced them very much more quickly. The post-mortem appearances which he found in the stomachs of rabbits to which he had given the acid, showed very clearly that it should be very freely diluted, and only given in a concentrated form in very exceptional cases. When a concentrated watery solution (1 part acid in 20 of water) was injected into the stomach, the mucous membrane of the whole cardiac half of the organ was converted into a greyish pulpy mass, which could be easily stripped off from the muscular layer. Whenever such a dilute solution as 1 part of the acid in 100 of water was injected into the stomach for four successive days, the mucous membrane was found warty and studded with hæmorrhagic patches, some capillary, but others larger."

[The importance of these observations on the action of the acid in skin and stomach diseases is seen, when one remembers that the physiological action of all these tar preparations is to produce a skin eruption resembling eczema, and in the stomach sickness and irritation, as shown by Salkowski himself; the corresponding therapeutical effects being as above related. The italics are ours.]

An interesting case of *Paralysis of Taste and Smell* was recorded at the Clinical Society (*Brit. Med. Journ.*, May 25th), by Dr. BURNEY YEO. The man had been thrown out of a cart four months before, sustaining concussion of the brain. After recovering from this state, he was found to have complete absence of taste and smell, with no other perceptible nervous affection. He recovered completely in about two and a half months. The medicine given was *iodide of potassium*. The effect of this medicine in producing its physiological action in very small doses is worth noting. "The patient was ordered 5 grs. of *iodide of potassium* three times a day. The first two doses produced such violent symptoms of iodism, that it could not be continued. The dose was therefore reduced to 2 grs.; and as this also acted in the same way, only one grain three times a day was given. This dose at first produced iodism, and afterwards purged him; he, however, continued to take it."

In *Lancet*, May 25th, and *Brit. Med. Journal*, June 8th, are two interesting and important communications by Mr. FURLEY, of Edinburgh, on the *Treatment of Small-pox by Vaccination*. He gives three cases in his first paper and six in his second, where the disease was modified in a most remarkable manner, and sometimes aborted at once. His method of treatment is not by the ordinary method of vaccination, but by the injection, through a fine syringe, of lymph subcutaneously. He believes that to combat such a disease as a severe case of small-pox, the amount of lymph used for an ordinary vaccination is not sufficient, and that the amount injected is a most important factor in the success of the treatment. He injects, according to the age of the patient and the severity of the case, the contents of from one to six tubes of lymph. His results are certainly such as have never been attained by any other mode of treatment, and if they are corroborated by others in a large number of cases, it would seem that this treatment will be as surely curative in small-pox as the ordinary vaccination is preventive.

Notice was taken in a former number of the "Extracts," of the discovery by LOSTORFER, of Vienna, of certain corpuscles in the blood of syphilitic patients, which he maintained were peculiar to, and characteristic of syphilitic blood. His results were called in question by certain other observers, and Professor Stricker undertook a series of investigations on the subject.

The following is a summary of his results (*Med. Times*, June 1st.) That the corpuscles do exist in some specimens of blood there can be no question. "The second question to be solved is whether or not the organisms in question are peculiar to syphilitic blood. To this question Stricker at once replied in the negative. He has used for his experiments 18 patients suffering from general syphilis, 9 of them exhibited large numbers of the organisms; in 2 cases they decidedly did not exist at all, and in 2 there were very few, so that it was advisable to consider these cases likewise as negative—making up altogether 9 positive and 4 negative cases. The first case of lupus at Stricker's disposal also exhibited large numbers of the organisms, and there were likewise 9 cases, in one of which the corpuscles were discovered, though not in large masses, making 2 positive cases in 9 cases of lupus. The results thus obtained seemed to support to a certain degree Dr. Linstorfer's teaching. In 37 non-syphilitic cases Professor Stricker found the organisms in but two, and even in these 2 cases the supposition was admissible that a thorough difference between lupus and syphilis was not beyond all doubt. In the meantime an occurrence took place which drew Professor Stricker's attention toward another direction. The patient whose blood had served for the preparation of the objects for the investigation was attacked with hæmoptysis, and as the results had been obtained in no other person in such a pregnant manner, the idea was not to be dismissed from consideration that ill-nutrition or a combination of syphilis with some other general disease might be the cause of the numerous development of corpuscles in this patient. This induced Stricker to experiment with blood from individuals suffering from grave chronic illnesses. The experiments were made with few patients only, but suffice, however, to arrive at certain conclusions for the present. Large numbers of the organisms were found in a case of cancer of the stomach, and in 2 cases of tuberculosis. Having further been discovered in a very advanced case of altered nutrition—namely, in Bright's disease combined with heart disease, and in another case of anæmia after smallpox, Professor Stricker considered his investigations sufficiently far advanced to arrive at conclusions sufficient to pronounce the organisms in question not to be *exclusively* characteristic of the blood of syphilitic patients. Considering, however, that they have not been discovered in a considerable number of healthy persons, and of patients suffering from acute diseases, the discovery of Linstorfer must be admitted to be of some importance for pathology in general and for syphilis in particular. Of course we are not warranted in denying altogether the existence of the alleged elements in healthy persons, and in sufferers from acute disease. For that

purpose the number of experiments is insufficient; but Professor Stricker thinks his experiments sufficient to show the prevalence of the newly discovered bodies in the blood of individuals subject to long-lasting chronic disease, and particularly to syphilis."

An interesting lecture on *Fissure of the Anus* by Dr. DOLBEAU, of Paris is reported in the *Med. Times*, June 8th. He points out that neuralgia is a most important factor in the production of the symptoms, and that this accounts for the symptoms being so much more severe in some cases than in others—those having a neuralgic tendency suffering very severely. He also points out that the neuralgia may be the whole disease in some cases, at least that all the symptoms of anal fissure may exist without any actual fissure being present. The presence of spasm of the sphincter he also notes as important. He defines "fissure of the anus as being a spasmodic neuralgia of the anus with or without fissure." The treatment he recommends as being most successful is forcible dilatation of the sphincter, under chloroform, until a crack is heard. The state of parts produced by this method resulting in the 'crack' heard, was found to be simply tearing of the mucous membrane, leaving the sphincter intact. A girl on whom he had thus operated, died the same evening of cholera, and thus he was enabled to dissect the parts.

A remarkable case of *Extra-uterine foetation* is recorded by Mr. METCALFE JOHNSON (*Med. Times*, June 8th). The extra-uterine foetation occurred when the patient was 26 years of age. She went to term, and contrary to all expectation, after a long illness, she recovered, and was able to follow her occupation of washerwoman. The catamenia were restored, and continued normal till the age of 45. When 68 years old, a parietal bone was passed *per anum*, and several other bones followed.

In a paper on *Lienteric Diarrhœa in Children* by Dr. EUSTACE SMITH, he recommends *arsenic* and *nux vomica*. These cases he remarks are aggravated by opium and other astringents and by castor oil, &c. [It is a pity that physicians who ascribe results to one definite medicine will persist in combining them with other drugs, which not only cannot assist the action of the medicine but prevent a true estimate of the value of the principal drug. It is quite evident that Dr. S. is right in ascribing his results to *arsenic* and *nux vomica*, but what good can there be in combining these with nitric acid, citrate of potash, citrate of iron and ammonia, and bicarbonate of soda. The use of *arsenic* here is of course homœopathic. *Nux vomica* is also homœopathic. At first sight it may not seem to be so, but in these cases "abnormal activity of peristaltic action" is present by which the food is forced along from the stomach so rapidly

as to prevent digestion. This also accounts partly for the griping pain and the feeling of desire to go to stool. The action of *nux vomica* is to produce excessive and irregular peristaltic action (see *Hughes' Pharmacodynamics*) which in most cases causes constipation, but occasionally diarrhœa. Dr. Hughes recommends *nux* in such cases of diarrhœa as above described. Of course in these cases there is besides great irritation of the intestines produced by the passage of the irritant food, as shown by the red tongue &c., corresponding to *arsenic*.]

Another case of *Spina Bifida*, cured by the injection of a solution of iodine in glycerine is recorded (*Brit. M. J.* June 15th,) by Dr. MORROW of Glasgow. As this is similar to his former case, recorded in a former number of the "Extracts," a bare mention of the case is all that is necessary now.

The following editorial note, *On the Action of Phosphorus on the Bones*, is worth quoting. (*Brit. Med. Journ.*, June 15.):— "At the Surgical Congress, held at Berlin in April, Herr George Wegener detailed the results of his experiments on the action of phosphorus on the organism, so far as they are of surgical interest. He finds that the fumes of phosphorus always produce periostitis of the jaws and facial bones in animals when the periosteum has been injured; when this membrane has not been injured, the effect is only occasionally observed. Phosphorous vapour also acts as an irritant on the exposed periosteum of other bones, but less intensely than on the jaws. Phosphorus given internally in pills, or in the form of phosphorous acid, affects the bones generally; but the results vary according as the animal is growing or full-grown. In growing animals new bone is deposited in much thicker masses than in the normal state. . . . When the bones have been artificially injured by fracture or resection, the effect of the internal administration of phosphorus is to produce a richer and thicker deposit of new bone, presenting, especially after fracture, the characters of ivory. This effect on osteoplasia is produced by the daily use of doses so small as not to produce any toxic results, even though long continued. The practical question raised by Herr Wegener was, whether these results did not point out that phosphorus might be found useful in osteomalacia and in fractures, and also in caries and rickets."

The attention of the profession has for the last week been much occupied by a discussion resulting from a paper read by Sir WM. GULL and Dr. SUTTON, at the Royal Medical and Chirurgical Society, *On the Pathology of Bright's Disease*. The form of kidney disease under consideration is that known as granular kidney. In this disease the heart and arterioles have been for some time known to be affected with hypertrophy of their muscular structures. Dr. Johnson, who is the leading

exponent of the presently received views, teaches that the arterioles and capillaries become hypertrophied in their muscular structure, as a secondary effect of the kidney disease; that the impure blood which circulates on account of the kidney disease is resisted as non-nutritious by the arterioles, which, in consequence, hypertrophy; and that the heart becomes hypertrophied to enable it to force on the blood which is thus resisted by the arteries. The small arteries of the kidney are also found hypertrophied in the same way as in other parts of the body. Sir W. Gull and Dr. Sutton disputed this pathology. They believe that the disease in the arterioles and capillaries is not secondary to the kidney disease, but that both conditions are a result of a general state of morbid nutrition in the system, which causes degeneration of the arterioles and capillaries throughout the body, kidney included; that though this morbid state commonly commences in the kidney, yet that there is evidence of its beginning primarily in other organs; that the kidneys may be even little or not at all affected, while the disease is advanced in other organs; that the disease in the vessels does not consist in hypertrophy of the muscular coat, but that the *intima* and *adventitia*—the inner and outer coats of the vessels—degenerate in structure, and become replaced by what they call “hyaline fibroid;” that this substance is mostly structureless, but outside the vessels assumes a fibroid character, and that this fibroid tissue produces contraction in the surrounding tissue; that the heart becomes hypertrophied in consequence of this degeneration of the arterioles; and that, in fact, the essential feature in what is known as Bright’s disease with contracted kidney, is this general and constitutional degeneration of the arterioles and capillaries throughout the body. The views of Sir W. Gull and Dr. Sutton were illustrated by specimens. Dr. Johnson combatted these views, and maintained his own. The judgment of outsiders was deferred till the *conversations* of the Society, which was held the other day, at which specimens were brought forward on both sides of the question. Sir W. Gull’s and Dr. Sutton’s specimens were prepared by soaking in glycerine and water, while Dr. Johnson’s were not. The general opinion, as expressed in the three leading medical periodicals, seems to have been that Dr. Johnson’s specimens showed unmistakable hypertrophy of the muscular coat of the vessels, while the “hyaline fibroid” appearance of the other specimens was produced by the soaking in the glycerine and water, while even in some of these undoubted muscular hypertrophy was visible; in other words, that Dr. Johnson had the best of the argument.

D. D. B.

MEETINGS OF SOCIETIES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE annual meetings of this large and important body of homœopathic physicians were held at Washington on the 21st, 22nd, 23rd, and 24th of May. We have to express our obligations to our friend, Dr. Carroll Dunham for having supplied us with copious reports of the proceedings on this occasion from the columns of the local press.

On the evening of Monday, the 20th, those members of the Institute who had arrived at Washington were, with their wives and daughters, received by Dr. and Mrs. Verdi, of that city, at their residence, where music, conversation, and "an overflowing table of delicacies" constituted an "entertainment perfect in all its details."

On the following morning the twenty-ninth anniversary and twenty-fifth Session commenced. The attendance was large, and among the number present were several ladies who have entered the medical profession.

The President, Dr. J. T. TALBOT, of Boston, took the chair at ten o'clock, and the Divine blessing having been invoked by the Rev. BYRON SUNDERLAND, the President introduced Dr. VERDI, the President of the Washington Homœopathic Medical Society, who delivered an address of welcome, in which he welcomed the delegates in the name of the homœopathic physicians of Washington. He characterised the mission of the visiting doctors as a high and holy one, free from all venal considerations, and untrammelled by narrow personal views. Washington was spoken of as a fitting place for so grand a gathering. He referred scathingly to the medical society of that city, chartered in 1836, whose course, he said, was arbitrary and presumptuous. Up to the 20th of April, 1870, homœopathic physicians, however skilful in the treatment of disease, had no professional rights the law would recognise. The proscription of the homœopathic doctors by the late Commissioner of Pensions, Dr. Van Ærnam, was alluded to, but the speaker said that homœopathy had prospered, like all righteous causes, under proscription.

The President then addressed the meeting at considerable length. After thanking the Committee of Arrangements for the welcome they had given to the Institute, Dr. Talbot compared the position of homœopathy and of the Institute with that which they occupied when the members last assembled in Washington. In doing so, he said:—

"Fifteen years ago this institute held its session in this city, and we cannot but contrast that time with the present. Then a few, earnest, working men came together to compare notes, to

report what they had done, and to learn from each other. Now they come in large numbers, from the North and the South, from the East and the West; and each one who comes leaves behind a score of brethren who wish also to be here. Then the whole membership of the institute was but 325. Now it has upon its roll the names of more than 1,000 physicians in active practice. Then its members felt the smallness of their numbers and the comparative unpopularity of their system, and no one presumed or aspired to hope that the institute would receive any recognition or attention from the city in which it assembled. Now the meanest citizen would blush with shame if so large a body of devoted and untiring men could assemble without receiving some kindly greeting from the city or from some of its honoured inhabitants. And, as the Committee of Arrangements inform us, the official heads of the nation and of the district take us by the hand and recognise us as the representatives of a strong and growing power in the profession.

“Then the whole yearly transactions of this institute were included in a little pamphlet of eighty pages. Now they annually fill a volume of six or seven hundred pages. Then the greater part of the institute work was done in its two-days’ session. Now four busy days are crowded with the reports of the various bureaus and committees, which have been hard at work for the year.”

Having noticed the decision of the government in the case of Dr. Van Ærnam, who was removed from his official position because he had expelled from office certain surgeons on the ground that they believed in homœopathy, he spoke as follows:—

“During the past year our State and local societies have been well sustained; their meetings have been large, and marked with an earnestness which cannot fail to accomplish much. There are at present twenty-one State societies, including that of this District, and at least sixty local and county societies. These are of great importance in soliciting statements of the observations and experiences of the profession, most of which, it is true, do not reach the press directly, but all of which benefit, more or less, the members of the association in which they are reported.

“There has, perhaps, never been a year in which homœopathic hospitals have received so much aid as in the last. In New York the Ophthalmic Hospital—which some years since acquired new life by its adoption of homœopathic treatment—has now become one of the most prosperous institutions of that city. It has received liberal donations from various sources, and, but very recently, from one of its generous and noble patrons the timely gift of 100,000 dolls. The Surgical Hospital has re-

ceived an expression of public confidence and interest through one of the most brilliant and beautiful fairs ever held in New York, which realised for it upwards of 35,000 dolls. These are but the precursors of other institutions soon to be established in that city."

The disastrous fire at Chicago was next noticed, and the rapid extension of homœopathy in the Western States was illustrated.

Dr. Talbot then drew attention to the proceedings of the Massachusetts State Medical Society, who, as our readers will be aware, endeavoured to expel from their brotherhood some sixty homœopathic physicians. Their power to do so was called in question, and now awaits the decision of the Supreme Court of Massachusetts. The retrospect of these proceedings does not appear to be pleasant, neither is the prospect cheering to our allopathic brethren in Boston, for a leading spirit among them has thus characterised the whole affair :—

"They offered to the expelled irregulars the privilege of resigning from the society, which, when asked for in years past, they had denied, and the offenders laughed at them. They threatened renewed expulsion if they did not resign, and the offenders laughed still more. They summoned them then individually and by name before a board of trial, and when met for the purpose of trying them were themselves served with a legal injunction, and cited by the sheriff to themselves appear in court. And where was the laugh again? Themselves held up to popular derision, ridiculed in the newspapers, cursed by their own associates, and one of their leaders rendered severely ill from mere chagrin—was there ever a more pitiable set of wretched beggars than are at present the board of counsellors of the Massachusetts Medical Society? Deliberately stirring a hornet's nest they as deliberately sat down thereon, and there they are sitting still. Heaven pity them if it can. Should they eventually succeed in carrying the technical point that has been made, and in expelling their three-score homœopaths, one by one, they will have involved themselves, and possibly the society also, in a labyrinth of legal proceedings, of which no man living may see the end."

He further bemoans the fact that this action has "aroused popular sympathy with the irregulars to such an extent as to divert, during the past year, some hundred thousand dollars, or more, of fees from the pockets of orthodox fellows."

The Fair held at Boston to further the interests of the Homœopathic Hospital of that city had, Dr. Talbot said, been greatly helped by the unseemly conduct of the members of the State Medical Society, nearly one hundred thousand dollars—£ 20,000—having been raised during one fortnight by this means.

The progress of homœopathy in Europe was next referred to, and the Congresses held in England were alluded to in the following terms:—

“In England the British Congress has, in the last two years, held important and valuable annual sessions, and the discussions of its members are worthy of our study and imitation, and have laid us under obligations to them which we can only repay in kind. The progress which homœopathy has made, and is making in England, may be judged by the increased number of physicians and the better support given to its hospitals and charitable institutions. Recently a dinner was given in aid of the funds of the London Homœopathic Hospital, at which the Right Hon. Viscount Bury presided, and was supported by many honourable and distinguished names.”

He referred to the death of Professor Henderson, of Edinburgh, Scotland, one of the most prominent members of the profession, and paid a tribute to his worth. He incidentally spoke of the differences of opinion which had existed in regard to the size of doses, and said it had now reached a point where it could be discussed by both parties without ill-feeling. He called attention to the necessity of having a chartered society, which should become the political guardian of the professional interests of its members. In conclusion he said:—

“If by the meeting here the members acquire increased powers, and learn to relieve the sufferings and save the lives that are so dear, so valued, then shall this meeting not be in vain, and with advancing years the American Institute of Homœopathy will become a name cherished alike by its members and by the community.”

Several committees were then appointed, after which Dr. CARROLL DUNHAM presented the report of the *Materia Medica* Bureau, which comprised twelve papers.

Dr. J. P. Dake, of Tenn., submitted the following, which was adopted:—

“Resolved. That the Bureau of *Materia Medica* be instructed to consider and submit, at the next meeting of the Institute, a plan for the more thorough and proper proving of remedies and notation of symptoms, for use under the homœopathic law, such as shall exhibit the comparative value of the various symptoms elicited, as well as their full range in the male and female organism observed by all the improved means and tests of modern science.”

Dr. W. E. Payne then delivered an appeal in behalf of the publication of a complete *Materia Medica*.

Dr. Guy moved that the appeal be referred to the committee on *Materia Medica* for report. So ordered.

Dr. Dunham, of the Bureau of *Materia Medica*, made an ela-

borate report in reference to prescribing alcoholic liquors, and proposed the following substitute for a resolution offered at the last Session of the Institute :—

“ In view of the great prevalence of intemperance in the use of alcohol, and of its disastrous effects upon the individual and the community, the American Institute of Homœopathy declares that no medical practitioner should prescribe alcohol without a grave sense of responsibility ; that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess or for the continuance of its use when the occasion which induced the prescription shall have passed.”

After some considerable discussion, this resolution was agreed to.

Papers on *Hepar Sulphuris*, by Dr. Dunham, and on *Electro-Magnetism*, by Dr. Frost, of Danville, Penns., were then submitted to the meeting.

From the reports of the Bureau of Clinical Medicine—consisting of eleven papers—one on *Typhoid Fever*, by Dr. Cate ; one on *Puerperal Convulsions*, by Dr. Bair, of Indiana ; and one on *The Radical Cure of Colic from Gall-stone and other Causes*, were read.

The Institute then adjourned to the following day, at 9.30 a.m., when the members were received by the President of the United States, at the White House. General GRANT having made his appearance, Dr. Verdi introduced Dr. Talbot, who made a brief address to the President, describing the position and objects of the Institute, who, in reply, said :—

“ I am very thankful to you for your kindness, and also to all the members of your profession. Of course, I know nothing about the theory, but recognise the fact that we may learn something in the future, and may find something that is better than that which we have had in the past. I return thanks for this visit.”

The delegation, with their lady friends, then filed past the President, and proceeded to examine the mansion ; after which they retired to the hotel.

On resuming business, the first matter discussed was the proposal to hold a meeting in Philadelphia in 1876, consisting of homœopathic physicians from all parts of the world.

Dr. Dunham, the Chairman of the International Congress Committee, presented the following resolutions, which were agreed to :—

Resolved, That under the auspices and by the authority of the American Institute of Homœopathy, a convention of the homœopathic physicians of all countries, to be called “ The World’s Homœopathic Convention,” be held in Philadelphia in

1876, on the occasion of the celebration of the centennial anniversary of American independence, and that the institute hereby invites the co-operation of all homœopathic societies, institutions, and physicians of the United States.

Resolved, That at the present session of the institute there be appointed by the president a committee of arrangements, to consist of one member from each State, represented in the membership of the institute, and that the committee thus appointed may appoint one additional member from the physicians of each State represented, and that the president appoint seven additional members from the city of Philadelphia, who shall constitute an executive committee, to attend to local details, under the direction and subject to the approval of the committee of arrangements. The committee of arrangements shall have full power to adopt and execute all measures which they may deem necessary for organising the convention, determining the nature and order of the proceedings, and securing from it the best results for the cause of homœopathy. It shall present a full report of its proceedings at each annual session of the institute.

A large number of physicians, including men and women, were, on the favourable report of the censors, admitted to membership.

A paper on Cerebro-spinal Meningitis, by Dr. Cate, was then read.

Dr. Kellogg next produced a very ingenious and interesting report on the comparative mortality which takes place under homœopathic and under allopathic treatment. To abridge it would be to spoil it, and it is too lengthy for insertion at this time; we propose therefore to publish it next month.

The treatment of small pox, and the advantages of vaccination, were then discussed at some length.

Dr. Dake, of Tenn., submitted the following resolution, which was adopted:—

Resolved, That while in common with all scientific bodies, interested in the gathering and diffusion of knowledge useful to mankind, we heartily express our thanks to Congress for devising, and to the signal service of the army for carrying into execution, the simultaneous observance of certain atmospheric conditions and changes in the different parts of our country, as the basis for a rational philosophy of the weather, and a successful mode of predicting storms, for the protection of commerce and agriculture, we do most earnestly desire and ask for an extension of the scope and means of observation, so as to note also the electrical states of the atmosphere, together with the prevalence of epidemics and contagions in various places and at different times, that we may the better understand their causes, and anticipate their dreaded coming.

Dr. Ludlam, of Chicago, next presented the report of the Bureau of Obstetrics, consisting of seven papers.

At the evening session of this day, Dr. Tontin, of New Jersey, one of the Vice-presidents, occupied the chair. Dr. Woodbury read a paper "On Auxiliary means for checking Uterine Hemorrhage." After some discussion, Dr. Rice of Salem, Mass, and Dr. Baer of Richmond, read papers "On Puerperal Convulsions," and Dr. Langren of Toledo, one "On Corroding Ulcer of the Womb."

The Committee on Foreign Correspondence having made their report, a committee of arrangements for the World's Homœopathic Convention, to be held in Philadelphia in 1876, was nominated.

On the third day Dr. Dake, of Nashville, Tenn., offered an amendment to the bye-laws, to the effect that each bureau shall report upon one specific subject at each meeting of the Institute.

The amendment was discussed by Drs. Beckwith, H. Noah Martin, Lee, and Cate, and adopted.

Dr. Bushrod James followed with the report of the Bureau of Surgery, containing a series of papers on Surgical subjects, which were read by their authors, and referred to the committee on Publications.

Dr. John F. Gray, of New York, from the committee on legislation, reported with reference to the adoption of a law by the New York legislature, looking to the establishment of a university in New York with a homœopathic department.

The speaker announced that the bill had passed, and was signed by the Governor yesterday. [Applause.]

A question was asked the speaker, whether allopathic students in the university will be examined as to their knowledge of homœopathy?

Dr. Gray replied, "Yes, sir; that is the correct idea." [Laughter and applause.]

A resolution was adopted instructing the president to telegraph to the Governor of New York the gratification of the members of the institute upon the receipt of the intelligence of the passage of the bill.

The Board of Censors next reported some additional candidates for membership, all of whom were elected.

Dr. Thomas, of Philadelphia, said the Surgeon-general of the United States had concluded to add to his library all homœopathic publications, and offered the following, which was adopted:—

Resolved, That the members of this Institute are ready to co-operate in the accomplishment of the above object, and are willing to contribute books, pamphlets, etc., towards that end.

The members of the Institute were appealed to to furnish

books in their possession to the library, so as to have complete volumes of their school in the possession of the Surgeon-general.

The accounts of the Institute were then presented, having been duly audited and found correct. Papers on physiological subjects, on ophthalmic and aural surgery, were then presented, and subsequently the reports of the committees on statistics, organization and registration, and on homoeopathic colleges, were read and accepted.

On the fourth and last day, after some preliminary business had been transacted, the next meeting was appointed to be held at Cleveland, Ohio, on the 1st of June, 1873.

Dr. Dake, of Tennessee, presented the following, which was adopted:—

Resolved, That we heartily approve the noble resistance offered by our members in Massachusetts to the Star Chamber attempts of the Massachusetts State Medical Society to expel them from its membership, and that we hereby extend to them our warmest sympathy in their efforts in behalf of the freedom of medical opinion and practice.

Election of Officers.

On motion, the Institute proceeded to the election of officers, with the following result:—

President—Dr. A. E. Small, of Chicago.

Vice-president—Dr. J. C. Burgher, of Pittsburg, Pa.

General Secretary—Robert J. McClatchy, of Philadelphia.

Provisional Secretary—Bushrod W. James, of Philadelphia.

Treasurer—E. W. Kellogg, of New York.

Board of Censors—T. R. McMannis, of Baltimore; W. M. Williamson, of Philadelphia; R. D. Rush, of Ohio; N. Schneider, of Ohio; S. S. Guy, of New York.

A resolution was offered by Dr. McClatchy, returning thanks to the Press of Washington for publishing the proceedings of the Institute.

Votes of thanks were also tendered to Dr. and Mrs. Verdi, President Grant, and the Congressional Librarian.

The members of the several bureaux of the Institute and committees were then announced by the president.

On motion of Dr. Beckwith, at 12 o'clock the Institute adjourned.

On the evening of the 23rd, the members of the Institute, with their lady friends, visited Governor Cooke at his residence in Georgetown. The visitors were received by the Governor and his wife, assisted by Dr. Humphreys, of New York. Upon the conclusion of the ceremony the guests were invited to partake of an elegant collation, after which they assembled in the library, when Dr. Verdi introduced Dr. Talbot, of Boston, who

replied to the toast of "Our National Medical Organizations," returning thanks to the citizens of Washington, D. C., and Governor Cooke, for hospitality extended to the members of the association during their stay. To which Governor Cooke replied.

To the toast "In certis unitas, in dubiis libertas, in omnibus charitas," Dr. Dake, of Nashville, replied.

To the toast of "Medicine as a Liberal Science," Dr. Cox, of Washington, D. C., responded.

To the toast "Silentia est potentia," Dr. Ludlam, of Chicago, replied.

To the toast "Our Worthy Hostess," Dr. Paine, of New York, replied.

The party then took leave of the Governor and his lady and departed.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

THE Eighteenth Annual Meeting of this Association was held at Chicago, on the 15th, 16th, and 17th of May, under the presidency of Dr. McAFFEE, of Mount Carroll. We are greatly obliged to Dr. Duncan, of Chicago for the copious reports of the proceedings he has sent to us; and can only regret that our space this month will not allow of their insertion. The following, in addition to an Address by the President, are the titles of the papers read:—

The New Points of Pathology, by Dr. A. G. Beebe; the Etiology of Sudden Cardiac Failure, by Dr. E. M. Hale; Nerve Centres, by Dr. S. P. Hodges; the Relation of Materia Medica to Therapeutics, by Dr. O. H. Mann; Biliary Calculi, by Dr. J. S. Mitchell; on Pathology, by Dr. Beebe; on Clinical Surgery, by Dr. Danforth; an elaborate report of the Scammon Hospital, by Dr. Danforth; on Phthisis Pulmonalis, by Dr. Mitchell; on Gynæcology, by Dr. R. Ludlam; on Ophthalmic Surgery, by Dr. Woodyatts; and on Philosophic Anatomy, by Dr. Foster.

On the second day the members of the Association took part in the laying of the foundation stone of a new wing of the Scammon Hospital. Dr. D. S. Smith, Ex-President of the Hahnemann Medical College, and one of the trustees of the Hospital delivered an address. This was followed by a luncheon and this again by a speech from Dr. Small.

We rejoice to know that this important Institution—the gift of a successful citizen of Chicago, the Hon. I. Y. Scammon—is in the full tide of prosperity, and that after an existence of only two years an extension has not only been found necessary but capable of being carried out, and this too within six months of one of the most disastrous fires on record.

NOTABILIA.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE Executive Committee appointed to make the arrangements for holding the next Congress are we believe rapidly approaching the completion of their duties.

The Congress will assemble at YORK, on Wednesday, the 4th of September. A meeting of the Hahnemann Publishing Society will, we presume, be held, as on similar occasions previously, at nine o'clock. The business of the Congress will commence at ten, with an Address from the President Dr. FRANCIS BLACK, of Clifton, *On the Attitude of the Members of the Medical Profession towards Homœopathy*. Dr. SHARP, of Rugby, will read a paper on *The Way in which the Action of Drugs is to be Discovered*. In the afternoon Dr. RICHARD HUGHES, of Brighton, will read a paper on *The Treatment of Typhoid Fever*; and Dr. PYBURN, of HULL, one on *The Value of Serpent Poisons in the Treatment of Disease*.

The proceedings of the day will close with a dinner. The Secretaries are Dr. GIBBS BLAKE, of Birmingham, and Mr. NANKIVELL, of YORK, either of whom will be happy to supply intending visitors with any information they may require.

We may also add, that the presence of foreign homœopathic practitioners will be very welcome on this occasion. As York is a city full of objects of the deepest interest, and as it admits of being reached with great ease from all parts of England, we have every reason to anticipate the *réunion* of a great number of medical friends; while from the established reputations of those who have undertaken to read papers, and from the subjects they have selected to discourse on, the thoroughly practical and eminently useful character of the discussions which marked the meetings at Birmingham and Oxford will be fully maintained on the coming occasion.

ALLGEMEINE HOMŒOPATHISCHE ZEITUNG.

THE editorship of this important Journal, which was rendered vacant by the death of Dr. Veit Meyer, has been undertaken by Dr. Kafka of Prague. We congratulate our German colleagues in having so accomplished a physician to preside over their oldest periodical. We offer him our heartiest good wishes for the prosperity of his "Zeitung." *Floreat semper!*

LONGEVITY.

IN *Price's Geographical Dictionary* (1759), at p. 380, describing Corsham in Wiltshire, there are the following sentences:—As to the healthfulness of the place, 'tis common to see gravestone inscriptions 80, 90, 100 and more years of age; and not many years ago a Fellow of the College of Physicians, being accosted

by some aged beggars, and inquiring their age, one of them said he was above a hundred, and that another old fellow that stood by him was nigh *xix* *scour*, at which the doctor expressing surprise, 'twas told him that the Christmas before ten of them danced a morris-dance at a neighbouring gentleman's house, who among them all made above 1000 years;" and at p. 1401, in the article *Coshim (sic)*: "We have noted the healthiness of the place and the long lives of the people there, and we here add that advices from that town of November 24, 1752, assured us that, 'Within this week one Sarah Jarvis, aged 105, has out five teeth, and, which is further remarkable, they say she has a new set of toes, her former ones having rotted off about sixteen years ago, and that vast numbers of people from the neighbouring villages resort daily to see her.'"—*Brit. Med. Jour.*, Jan. 6, 1872.

LONDON HOMŒOPATHIC HOSPITAL.

At a Meeting of the Board of Management of this Institution, held on the 24th ult., Dr. RYAN, of West Street, Finsbury Circus, was appointed to be one of the physicians on the honorary medical staff.

At the same time the Board have, with the approval of the Medical Council, created a new medical office—that of Visiting Medical Officer. The gentleman appointed will be non-resident, and allowed to engage in private practice; and, in addition to assisting in the out-patients' consulting rooms, he will be required to visit such acute cases as, residing within a mile from the hospital, may be unable to attend at the Institution. Cases suitable for admission into the wards it will also be his duty to send thither. The gentleman who has been nominated to fill this post is Dr. BLACKLEY, who was for a considerable period the house surgeon to the hospital, and whilst occupying that position performed his duties with much credit to himself and advantage to the Institution.

We are satisfied that, if efficiently worked, this plan of visiting acute cases will be productive of great service to our hospital, and be the means of giving greater scope for discrimination in the selection of cases for admission into the wards than has hitherto been possible. We trust that it may lead to the adoption of that systematic plan of clinical teaching which we have repeatedly urged as necessary to the complete utilisation of our hospital.

CORRESPONDENCE.

ANNUAL MEETING OF THE GOVERNORS OF THE LONDON HOMŒOPATHIC HOSPITAL.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In your report of my observations at the Annual Meeting of the Hospital, you report correctly in making

me congratulate the Board of Management on their laborious constancy, but you completely misrepresent my sentiments when you add Dr. Wyld "wished he could say as much for the Medical Officers."

On the contrary what I said was, that although the Board of Management deserved all praise for their industry and perseverance, I yet feared there was something objectionable in the laws of the Hospital which led to the frequent changes among the Medical Officers. I trust in justice to myself, and to the Medical Officers you will insert this correction in your next number.

GEO. WYLD, M.D.

12, Great Cumberland Place, Hyde Park.

[Our report of Dr. Wyld's speech was an abstract of that which appeared in *The London Mirror* of May 4th. In that report the word "laws" does not appear, neither do we remember hearing Dr. Wyld use it, although he probably intended to have done so. In the opening part of his speech he is reported to have said; "It struck me as unfortunate that our leading homœopathic physicians should feel *from some cause or other* called upon to resign their appointments." Subsequently he said: "I do not find that those who first participated in the management of the Hospital have got disgusted and retired, on the contrary they remain stedfast friends to the Institution. I wish I could say the same for our medical officers."—EDS. M. H. R.]

A DISCLAIMER.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—My attention has been called to the *Monthly Homœopathic Review* for June, which contains a report of a case read by Dr. Drummond before the Northern Homœopathic Medical Association, in which is presented a very incorrect statement of facts as to my part in the diagnosis and treatment of the patient's malady.

Let me say, in the first place, that it was at the express wish of the patient's own family that I was telegraphed for.

In the next place, I was left in ignorance, by the telegram, as to the name of the medical gentleman I was to meet; otherwise, I should have declined going down, even though the sick person was a friend and former patient of my own.

Thirdly, I must distinctly affirm that, up to the time of my arrival the diagnosis of the case had been "muscular rheumatism," and then "paralysis," and that the idea of the disease being cerebro-spinal meningitis entirely originated with myself. I described the disease as "inflammation of the membranes of

“ the brain and upper part of the spinal cord, with very marked “ typhous symptoms.” The latter expression Dr. Drummond has perverted into the statement that I thought the disease was typhoid fever. On the above points I have now before me the distinct testimony of the patient’s wife.

Fourthly, allow me to say that, having been taken to the patient’s bedside on my arrival, I at once appreciated the gravity of the case. I felt bound, therefore, to state my views to Dr. Drummond on his arrival, although I had declined altogether, on several occasions, to hold any consultation with him. I wrote my own prescription, ordering the Tinct. Belladonnæ, “ Brit. Phar.,” and Bromide of Potassium, and then took leave of the case.

Finally, Gentlemen, you must allow me to deny, with some indignation, the statement that I proposed my being sent for again. Mrs. C. states that no such suggestion fell from me, and, so far was I from making such a proposal, that I never for a moment thought of, or wished for, any such second summons. On the contrary, I suggested to Dr. Drummond and most distinctly requested the friends in his presence to call in an independent opinion, if necessary, and, at their desire, proposed Dr. Roberts, of Manchester, or Dr. Phipps, in order that the family might take their choice between an ordinary and a homœopathic practitioner.

I am, Gentlemen, yours obediently,

CHARLES D. F. PHILLIPS.

107, Lancaster Gate, London.
13th June, 1872.

[A copy of this letter having been sent to Dr. Drummond, the following replies to the allegations contained in it have been received.—Eds. *M. H. R.*]

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Your kindness in sending me a copy of the disclaimer of Dr. C. D. F. Phillips places me under a great obligation to you, as it enables me to furnish you with a reply which may be published at the same time, and your readers will be better able to form a correct judgment of the case. I am not surprised that Dr. Phillips is attempting to gain some credit from the case; but he will have some difficulty in proving himself entitled to anything beyond his fee. As the notes of my case point out, the disease at its onset developed slowly and obscurely, but its features were distinct enough before his arrival, and I and Mr. Cox had definitely fixed upon our diagnosis as inflammation of the membranes of the spine and brain, the day before he saw the patient. Mr. Cox distinctly supports me in the correctness of this statement, and it is also corroborated by the treatment before and at the time of Dr. Phillips’s

visit, which consisted of the administration of *gels.* and *strychnia* internally, and *the application of ice to the naps of neck and back of the head*, which is an evident proof that we had localized the disease, at any rate. On the day following his visit, the confidence of the family being evidently shaken, we desired to get the unbiassed opinion of Dr. Drysdale, not to support the view of the case which we had formed, and which Dr. Phillips now says originated with him, for that was unnecessary, as we were all agreed that the case was inflammation of the spinal and cerebral membranes; but to disprove and remove the suspicion that typhoid fever was the disease which had to be treated, and which we had failed to discover, but which he, with singular astuteness and skill, had brought to light after I had left him in the morning. The confidence of the family was restored, and all distrust and doubt removed when Dr. Drysdale emphatically assured the friends and relatives of my patient that the case was spinal and cerebral meningitis, and not typhoid fever; and after that assurance we heard no more of Dr. Phillips, or of Dr. Roberts, or of Dr. Phipps. Dr. Drysdale's letter supports me in this statement, and however Dr. Phillips may object to the words *Typhoid fever*, they are the words used by the friends at the time, and in the presence of Dr. Drysdale, Mr. Cox, and myself. Of course we cannot be responsible for any mistake, if mistake has been made, of the friends of my patient, in quoting his opinion, but there is no doubt, whatever he said, he succeeded in causing a very manifest alarm amongst them, exciting the fear that the case was one of fever, and as he chose to give this wonderful opinion behind my back, he must take the consequence of the subsequent discovery that it was only a mare's nest.

As his letter reflects upon my veracity, I emphatically deny that he ever declined to meet me in consultation, for when he was in Manchester I never estimated his abilities high enough to care to place my professional reputation in his hands, and as I never, under any circumstances, sought his assistance, he never had the opportunity of refusing to give it. On the present occasion I should have adopted a similar course, if I had had the opportunity of doing so. But I had no choice in the matter, for Dr. Phillips was on his way to Manchester before I received any intimation of the intended consultation. The suggestion that he should see the case was telegraphed from a London partner to one of the partners in Manchester; he mentioned it to my patient's wife, who said she would not oppose it, if I thought it necessary, but that I had better be seen first. The gentleman, without seeing me, sent the necessary telegram, and Mrs. C. received the first intimation of the visit, when a telegram was handed to her to say that Dr. Phillips had left London and would be in Manchester at 3 a.m.; that message

was at once sent to me by Mrs. C., and I received it at about 11 o'clock in the evening.

Dr. Phillips' statement that he made the proposition of calling in Dr. Roberts or Dr. Phipps in my presence is so absurd that it might be left to refute itself. If there had been any difference in our opinions at the time of our consultation, it would have been preposterous in him to have endeavoured to have arranged them by proposing an allopath to me, one who would not meet me; or a homœopath, who being his brother-in-law, would probably have supported him. But there was no difference in our opinion; he supported my view of the case, gave his opinion satisfactorily to the wife of my patient, wrote a prescription for *belladonna* (not Brit. Phar.) and *bromide of potassium*, and got rid of me. It was then that the mischief was concocted. The patient was again subjected to a very careful examination, the discovery of the latent typhoid was announced as the result of that examination, and the suggestion that Dr. Roberts or Dr. Phipps should be consulted was made, and then Dr. Charles Phillips took leave of the patient, but not until then, and he did not call upon me on his way to the station, as he had promised to do if anything fresh suggested itself before his departure. I have placed the correspondence in the hands of my colleagues, who will send independent replies, and believe me,

Yours very truly,

JOHN DRUMMOND.

Montague House,
Higher Broughton, Manchester,
June 17, 1872.

To the Editors of the Monthly Homeopathic Review.

Gentlemen,—I have seen Dr. Drummond's reply to the disclaimer of Dr. Charles Phillips, and I substantiate the parts with which I was connected. I may add that the morning after Dr. Charles Phillips' visit, I was asked by the friends who were waiting to hear our report of the case, whether I recognized any symptoms of masked typhoid, which Dr. Charles Phillips had represented as present, I stated "I did not," and would pledge my professional reputation that it was a case of spinal meningitis, as we had previously informed them, and not of fever.

Believe me, yours truly,

W. H. Cox.

Burlington House,
Oxford Road, Manchester,
June 17, 1872.

To the Editors of the Monthly Homeopathic Review.

Gentlemen,—On my arrival in Manchester, on the 21st January, for the purpose of seeing Mr. C. in consultation with Dr. Drummond and Mr. Cox, I was instructed that for some

time the patient had presented obscure and anomalous symptoms, at one time pointing to inflammatory colic and obstruction of the bowels, and at another to rheumatism. But that for some days they had decidedly indicated cerebro-spinal meningitis, in which opinion both gentlemen concurred, and based their treatment upon it. That in the middle of the previous night Dr. C. Phillips had made his appearance at the instance of, the London partner in the firm to which the patient belonged. That Dr. Drummond had consented to meet Dr. C. Phillips, and was present during the examination of the patient by Dr. C. Phillips, and that the latter had agreed with Dr. Drummond as to the nature of the case, and also as to the use of *belladonna* which had up to that time been one of the chief medicines used, but suggested it should be given in tincture, and that in addition five grain doses of *Bronide of Potassium* should be given. That after Dr. Drummond had left the house, Dr. C. Phillips had again paid a visit to the patient by himself, and then wavered in his opinion as to the nature of the case, and spoke somewhat vaguely of the possibility of its being a case of incipient typhoid fever, and that if farther advice in Manchester were desired, he would recommend the friends to call in either Dr. Phipps or Dr. Roberts. The family did not change the treatment in consequence of the advice of Dr. C. Phillips, but were much disturbed by his fears of typhoid fever. When I examined the patient along with Dr. Drummond and Mr. Cox, I quite concurred with their view of the case that it was one of cerebro-spinal meningitis. I could find no grounds for the suspicion of typhoid fever. On going down stairs I was questioned by several different parties of relatives and friends who all enquired anxiously respecting the probability of typhoid fever; and I had to explain several times that, although that was probably a less formidable evil for the patient yet, I did not see any grounds for considering it a case of that or any other ordinary fever.

The case on the whole proved to be a rapid and satisfactory recovery from a disease always formidable and generally fatal.

I am, yours, &c.

J. DRYSDALE.

Liverpool, 18th June, 1872.

[We have received from Messrs. Turner, of Manchester, the chemist who dispensed the medicine used in this case, the original copy of the prescription referred to. It runs as follows:—

Rx. Tinct. Belladonna, ʒi.

Aqua Pur., ʒvi.

Ft. M.

A tablespoonful to be taken every 2 hours.

R. Potas. Brom., ʒij.
Aqua Pur., ʒvi.
Ft. M.

A tablespoonful to be taken occasionally as directed.

It will be observed that the indications, "Brit. Phar.," which Dr. C. D. F. P. alleges his prescription contained, do not appear.—Eds. *M. H. R.*]

ERRATUM.

In our last number an extract is given from an *Address*, which is erroneously attributed to Professor OGSTON, M.D. Its author was Professor OGILVIE, M.D.

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. WYLD and Mr. TRUEMAN, London; Dr. DRYSDALE, Liverpool; Dr. BLACK, Clifton; Dr. NEWTON, Cambridge; Dr. DRUMMOND, Mr. COX, and Messrs. TURNER & Co., Manchester; Dr. BROWN, Aberdeen; Dr. PYBURN, Hull; Dr. COOPER, Southampton; Dr. DUNHAM, New York; Dr. DUNCAN, Chicago, &c.

BOOKS AND PERIODICALS RECEIVED.

- Diseases of Children. Remarks on the Feeding of Infants and Young Children.* By W. V. DRURY, M.D., M.R.I.A., &c. London: Turner & Co. 1872.
- Practical Notes on the New American Remedies.* By R. T. MASSY, M.D. 2nd Ed. Enlarged. London: Gould & Son. 1072.
- An Essay on Sea-Sickness.* By Dr. C. de ROCHLITZ. London: Longman & Co. 1872.
- The Homœopathic World*, June 1872. London: Jarrold & Son.
- Transactions of the Homœopathic Pharmaceutical Society.* 1872.
- The Chemist and Druggist*, June 1872.
- United States Med. and Surg. Journal.* Halsey, Chicago, April 1872.
- The Hahnemann Monthly*, May and June, 1872. Tafel, Philadelphia.
- The Medical Investigator*, May 1872. Halsey, Chicago.
- The American Observer*, June 1872. Detroit.
- The American Journal of Hom. Mat. Med.* Philadelphia: April and May, 1872.
- Bulletin de la Soc. Méd. Hom. de France.* Paris: June 1872.
- Bibliothèque Homœopathique.* Paris: May 1872.
- Allgemeine Homœopathische Zeitung*, June 1872. Leipsic.
- Internationale Hom. Presse*, Heft 6. Leipsic.
- La Reforma Médica.* Madrid, May 1872.
- El Criterio Médico*, June 1872. Madrid.
- Rivista Omiopatica*, March and April, 1872. Roma.
- Il Dinamico*, March, April, and May, 1872. 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.

CUI BONO ?

WE have had occasion repeatedly to remark on the "signs of the times" in therapeutics, and to call the attention of our readers to the obvious but quiet, and unacknowledged advance towards homœopathy, evinced by the old school. Even in the prevalent scepticism in regard to the value of drugs we find encouragement, feeling satisfied that this is but a prelude to future belief in the efficacy of these remedial measures, when the true mode of using them has been recognised by our opponents. In this article we purpose to consider more fully, and from a somewhat different point of view from that taken up in our last month's number, the conclusions to which the old school are driven, if they carry out what all their leaders now admit is the first great step in therapeutics. Sir Thomas Watson, and other prominent physicians after him, have declared frequently in public discourses that the one great difficulty with which they have to contend in prescribing with any hope of a good result, is their lamentable ignorance of the action of drugs. Non-professional persons, when they read statements of this kind, open their eyes with astonishment at such an admission, and can hardly believe that it is not an *ex parte* statement of the homœopaths. Want of space prevents us multiplying

quotations in support of what we assert. At the time these statements were published we noticed them, and it is not necessary again to fill our columns with well worn confessions of ignorance on the part of our opponents. For this state of affairs the leading members of the old school see the true remedy, and consider the first *desideratum* to be the re-proving of all the known drugs, with a view to discover their action on the healthy body. They see that mere experimentation in disease gives only a partial and one-sided view of the drug ; that it does not really advance the scientific drug-treatment of disease in any single instance.

Such was the belief of HAHNEMANN, who, with his wonderful acuteness of perception, and power of practical application, did not content himself with simply enunciating his views, but set to work, and with the aid of friends, produced a marvellously large number of observations, constituting in many instances the most complete investigation of a drug that has ever been attained. This was the first great practical step accomplished for the advance of true and scientific therapeutics. Upon these and other provings homœopathic physicians base their ability to choose a drug for the treatment of a diseased organ. They know that in so doing they employ agents having a special affinity for the tissues, the action of which they desire to modify : agents which go direct to the affected part. Our opponents feel it their duty to ignore all this vast amount of work ; to keep their fellow-practitioners in ignorance of the fact that the field they propose to work has already been ploughed and sown, and that it only wants reapers to gather the fruit which is ripe for the harvest.

They yet further proclaim, *ex cathedra*, as though the teaching were original, that all medicines ought, before being prescribed in disease, to be tested on the healthy body, that one may see for what organs each drug has an affinity, and what kind of disease, as manifested by the

symptoms, is set up in each case. Though Hahnemann's observations and those of his followers are thus treated as non-existent, we should be only too pleased to see the old school set to work in earnest and thoroughly re-prove every medicine. We, as well as they, would be the gainers, as still many points in our drug-provings require to be cleared up. Not only for the additional facts which would thus be brought to light would we be thankful, but for the effect which such observations must have on honest and enquiring minds among our opponents.

They will inevitably say at the end of their investigations, *Cui Bono ?* and lament that somehow they are after all on the wrong tack. They will have produced a long series of artificial diseases, which are interesting, to any one practising allopathically, only as so many curious facts which are to be stored up in their mind's museum, and taught to students as the physiological action of the drug. Of what practical use is it, from an allopathic point of view, to know that *arsenic* produces conjunctivitis, vomiting, pain in the stomach, irritative dyspepsia, watery diarrhœa and cramps, except to serve as a warning-post indicating that too large a dose has been given for some other disease, and that it is time to stop the medicine, or reduce the dose? What to an allopath is the advantage of ascertaining that *corrosive sublimate* excites dysenteric diarrhœa, except as an indication that, given in some other complaint, he must not prescribe so large a quantity as to set up diarrhœa? Or in the case of *bella-donna*, what cares he for its power of causing sore throat and erysipelalous eruptions, but as a hint to aid him in estimating a safe dose in some other complaint? Other medicines he will find are utterly useless for his purpose, and he will discard them from his *Materia Medica*. Thus, *rhus toxicodendron*, with its skin eruptions, its rheumatoid pains, and general depression, he will consider as a drug which has simply a deleterious action on certain parts of the body, and as one capable of fulfilling no useful indication ;

while *veratrum*, with its drastic purging, causing so much depression, he will find to be never required, as he can purge with other drugs more safely. He will, to be sure, discover, perhaps, another medicine to add to his list of purgatives, or he may chance on a new sedative, or new emetic, or a new "tonic," but he will be obliged to confess that the amount of wheat in comparison with the chaff is so insignificant as to make his labour virtually thrown away for practical purposes.

But to the homœopath all these morbid symptoms are of intense interest and value. He sees in *arsenic* a powerful remedy in conjunctivitis; he finds it correspond to cases of dyspepsia which are met by no other drug; he confidently prescribes it in watery diarrhœa and cholera; he at once sees the value of the throat and skin symptoms of *belladonna* for the treatment of tonsillitis and erysipelas; while the cast-aside drugs, such as *rhus* and *veratrum*, take an essential place in his *armamentarium*.

This argument from the results of drug-proving, in favour *à priori* of homœopathy as against allopathy, has always seemed to us a most important one; and one that has not been sufficiently made use of in discussing the comparative merits of the two systems. We have frequently stated it to our allopathic friends, who reply by silence, as they cannot but admit the force of it. This admission, however, has never appeared in print, so far as we are aware, until lately, when in the Lecture published in *The Lancet* of May 25th, by Dr. Sturges, lecturer on Materia Medica at Westminster Hospital, entitled: "*On the Sanctions with which Drugs are administered,*" on which we made some observations last month, we find the following:—

"You are invited, then, to observe certain phenomena exhibited by healthy organisms under the influence of drugs, but cautioned at the same time against seeking at present to apply such observations to any useful purpose. It is only reasonable, under such circumstances, that you should desire to know

beforehand, upon a general view of the matter, something of the practical issues of inquiries of this sort. How far, you may fairly ask, as a matter of fact and history, have these experiments with drugs actually helped forward the curative treatment of disease? I might seek an answer to this question by a bare enumeration of recent experiments, and attempt to estimate their exact value either in supplying us with new drugs, or in clearing our views as to the employment of old ones. Such a discussion would carry us beyond the limit I have just laid down, and be a mere attempt on my part to fasten upon you my own preconceived views. We may safely go so far as to assume that, taking the question upon a simple comparison of labour with results, there would be a wide difference of opinion as to the practical issue of such experiments. I express only my personal belief in the matter in supposing that it would be admitted by the majority that less had been learned by acting upon the apparent teachings of physiology than was at first expected; and that there would be found lurking in many minds a feeling akin to disappointment in contrasting the present state of physiological science with the present state of medical treatment. However this may be, what has been done already is no measure of what it may be possible to do hereafter with the same materials. The question which the student would have answered is no less than this: How far by experimenting on healthy creatures, men and brutes, am I furnished with necessary information applicable and sufficient for the treatment of disease?"

We thus see that the conclusions, which we had predicted would be arrived at by allopaths after making extensive drug-provings, are foreseen by Dr. Sturges as the only conclusions which can be come to. He therefore would give the matter up as waste of time and labour, as far as practical results are concerned.

What must next occur to the honest inquiring mind after having come to this dreary result? It must be that somehow he has got on to the wrong road in his exploring travels. When one has a certain goal in view, and goes on to the high road leading thereto, he feels satisfied and

assured in pursuing his way, By-and-bye, he comes to a spot where the road divides into two. Following what he conceives to be the more likely of the two, he after some tiresome but hopeful journeyings comes to an object, or rather perceives the absence of some land-mark, which at once tells him that he has been mistaken, that he has chosen the wrong turning, and that in order to attain his object he must retrace his weary steps and try the other path. This path, though unlikely, according to his previous instructions, to be the right one, he perseveres with, finding out by degrees that it leads so evidently in the direction he wishes to go, that at last he is satisfied, and arrives at the wished-for end. Such, in an allegory, is the position in which many who have come to Dr. Sturges' conclusions, find themselves. All men of both schools agree that the high road, about which there can be no mistake, is the necessity of drug-proving. From an allopathic point of view this high road leads on to the wrong path, causing much labour, with only a barren—a very barren—result. But let such an inquirer try the other path, and read his facts by the light of "*similia similibus*," and he will at once see what infinite practical meaning will open to his astonished eyes, in the mass of pathogenetic symptoms produced by his experiments on the healthy body. With this new light thrown in upon his mind, he perceives a certainty in medicine, a clear path leading him through the maze of his former uncertainties, enabling him at once to predict the therapeutical value of any drug whose physiological action he has ascertained.

Dr. Sturges evidently has a suspicion that he has got on the wrong tack in his investigations, else he could not have said in the passage just quoted, "However this may be, what has been done already is no measure of what it may be possible to do hereafter with the same materials." He sees that his materials ought to be and must be valuable, if he only knew how to interpret their meaning ; and

in no other way than in the light of "similia" can such a mass of materials be either correctly understood or turned to any practical account.

If such an inquirer could once free his mind from the trammels of prejudice and authority so far as to think it *possible* that the law of similars may be correct, how many sign-posts would he see to show him that this must be, or may be, the right path for him to take. He will find that *arsenic*, though it produces irritative dyspepsia, is of great value in curing it, as Dr. Leared has empirically testified; that *ipeoacuan.*, though it causes vomiting, excels all other medicines in the treatment of some forms of vomiting; that *ipecacuan.* produces the same set of chest symptoms which he already knows it to cure; that *antimony* in the treatment of bronchitis and pneumonia is homœopathic; that *arsenic* causes an exact *simile* of cholera, and that, as Dr. Black of Chesterfield finds, it excels all the old-school treatment in choleraic diarrhœa and cholera; that *belladonna* produces convulsions and also cures them (Brown-Séquad); that it produces delirium and mania, and at the same time cures them (Trousseau); that *cantharides* produces nephritis and cystitis, and also cures these affections (Ringer); and so on, with many other examples, with which we could fill pages. The more we consider the matter, the more are we surprised that honest, earnest practitioners cannot cast aside their prejudices, and reflect on the *possibility* of there being something true in "similia similibus," and still more that those who do see *some* good in it, and there are many such, should allow the influence of authority to prevent them persevering with their investigations, or openly acknowledging what they already believe.

However, such result must come. No amount or degree of opposition can prevent it. Inquirers will find themselves driven by the process of exclusion to see that the law of similars is the *only one* which will enable them to practice their profession with a feeling of certainty,—with

a feeling of assurance that what they are prescribing will be of real benefit to the patient, and with a feeling of satisfaction in knowing that what was hitherto inexplicable and valueless has turned out clear and of the greatest practical utility to him.

ON THE DEFINITION OF A SPECIFIC.

By Dr. DRYSDALE.

IN DR. SHARP'S interesting article on "The Action of Drugs," in the *Monthly Homœopathic Review* for April, 1872, he quotes a passage from John Hunter on "The Specific Action of Medicines and Poisons," and then adds :—

"It seems to me more dignified and becoming, both to the human mind and to true science, thus simply to state the fact, with an acknowledgment of our ignorance of the manner of its production, than to attempt to hide our ignorance by clothing the statement in metaphors, which imply an understanding and explanation of the causes and manner of the actions.

"The definition of this medicinal action which has been given by Dr. Drysdale is of the metaphorical kind. He defines a specific to be "a remedy which cures by the *absorption* of its whole physiological into its therapeutic action." What is the meaning of the word 'absorption' in this sentence? To 'absorb' literally means to suck up; a sponge absorbs water, but a therapeutic action is not a sponge. A piece of black cloth absorbs the rays of light, but a therapeutic action is not a piece of black cloth. A substance can absorb, but an action cannot be said to absorb, except in a metaphorical sense, and the use of a metaphor in the definition of a physical act teaches nothing. As Dr. Drysdale's definition can have only a metaphorical and not a literal meaning, we fail to learn anything from it. It is surely better to say that each drug has an action in health which produces disorder or disease of certain parts of the body; and when given in a different dose, a curative action in disorder or disease of the same parts.

"This is to make a plain statement of fact. It is intelligible and of great practical usefulness. When the statement is put into Dr. Drysdale's words it becomes less intelligible and not more useful. I think it is better to be content with the confession of ignorance, the *tertium quid* of John Hunter."—p. 297.

I do not know the exact sense of the word metaphorical as

used by Dr. Sharp in the above passage, and I would agree with him that the use of analogical illustration in reasoning may often have a misleading effect, if that be what he means. But in the above definition I use the word absorb merely in its figurative sense, as we are compelled to do with many, if not the majority, of the more abstract terms by the exigencies of our language. In fact, I use it exactly in the same sense as he uses it himself—for he says “a sponge absorbs water,” while he says “to absorb literally means to suck up.” But a sponge does not “suck up” in the literal sense of sucking, which is done by creating a vacuum. Nor assuredly does a piece of black cloth “suck up” the rays of light, but nobody objects to the use of the word, which conveys an accurate statement of the fact that rays of light are lost as light when they fall on black cloth, although no explanation of the fact is thereby given. The same applies to the law on which the method of spectrum analysis depends, and which is usually expressed thus:—Substances in the state of incandescent gas have the power of absorbing rays of light of the same degree of refrangibility as those they emit. This is a simple statement of a fact without any explanation, and the knowledge of it without the explanation is quite sufficient for all the momentous results which have followed its discovery. Now, you may read much on the practical application of spectrum analysis without finding any explanation of the principle on which it depends, nor is any explanation needed for its practical application. The explanation, however, happens to be known, and is simply that the æthereal vibration constituting the ray of light of a particular colour is transferred to the particles of an element in the state of gas capable of vibrating in unison with it. The force of motion being thus lost to the æthereal particles, the ray of light is extinguished to our perceptions, and we have the black line in the portion of the spectrum which the ray of the particular colour would have occupied. Here the absorption means the transference of an action from the æthereal to the material particles. We do not yet understand sufficiently the nature of the molecular actions called life to be able to explain how the action of a specific stimulus and a morbid action of the living matter can be absorbed into, and materially extinguish each other, but it may be of the last importance in practice that the statement should be a fact,

and capable of being generalized into a law. The homœopathic principle implies such a law, but I have endeavoured to show that for several reasons it is convenient to embody it in a more general definition of specifics. In doing so I have been specially careful to choose terms which imply no attempt at explanation of their mode of action. Dr. Sharp apparently has not read my article on the subject, otherwise he would hardly have criticised my definition as implying that which it was especially designed to avoid. The subject is far too large to be discussed again here, but perhaps I may be allowed to quote the following passage:—

“For convenience I have preferred the definition of a specific hitherto always used, viz., that is a remedy which ‘cures *with* the absorption of its whole physiological into its therapeutic action,’ because this implies no theory of the nature of the process of cure, but merely brings into prominence the essential condition that there should be no surplus of physiological action.”—*Brit. Journ. of Hom.*, 1869, p. 475.

ON MEASLES.

By ALFRED C. POPE, Esq.

SOME confusion exists in the writings of British and foreign physicians regarding the technical term by which this form of disease should be known. In England it has generally been described as rubeola, abroad it has been known as morbilli; while the designation rubeola has been reserved for an allied but still different disorder, also called rōtheln. In the *Nomenclature of Diseases*, by the Royal College of Physicians, we are directed to apply the word morbilli—its earliest designation—to measles, and roseola, I presume, is that intended to define rōtheln. If this is the case the term is an erroneous one; the disease described by G. W. Balfour, Trousseau and others, as rubeola or rōtheln, is closely allied to measles and scarlatina, and has several features which distinguish it from the rash commonly known as roseola; one occasionally met with during the heat of summer or early autumn, and sometimes associated with gout and rheumatism.

The existence of three diseases, similar in their external appearance, morbilli, rubeola or rōtheln, and roseola, is

on many grounds important. In the following remarks I shall consider the pathology and treatment of the first of these three, viz., morbilli or measles.

The term morbilli is derived from the Italian word *morbillo*, or little disease, and was suggested to distinguish it from that more formidable enemy of human life—the plague. Rhazes was, it is believed, the first to describe it; but long after his time it was confounded with scarlatina and small pox. Forestus, who published an account of an epidemic of measles occurring at Brabant in 1580, was the first to distinguish it from scarlatina; and Sydenham gives a full description of an epidemic that prevailed in London from 1664 to 1670. Since the time of Sydenham its diagnosis has been rendered easy, and its characteristic features have been generally well recognised.

Measles is for the most part met with in children, occurring in adults with much less frequency than does scarlatina. The rate of mortality, too, in the former is considerably lower than in the latter. Scarlatina is not unfrequently fatal during the course of the fever itself; while the deaths which occur from measles are almost entirely restricted to some pulmonary, intestinal, or cerebral complication. In short, the whole danger of measles may be said to lie in its complications and sequelæ. It is in the frequency with which these *addenda* to the actual disease are met with, that its medical interest chiefly lies. It has been in preventing and controlling such contingencies that the power of homœopathy has in several epidemics been so conspicuously observed.

Though occurring, during some years, so generally in certain districts of the country, as to be correctly styled epidemic, measles is often met with in a sporadic form. In those large metropolitan nurseries, the London suburbs, it is more or less constantly present. When epidemic, the attacks are usually marked by some common feature, a tendency in all, or in the majority, to some one kind of complication. The occasional cases, ever and anon met with, are for the most part mild in their type, and easily managed. In all, however, careful watching is required to ensure the early observation and prompt treatment of any inflammatory action arising in either of the great cavities of the body.

Like the other exanthemata, measles has its periods of incubation and invasion, and is eminently contagious.

throughout its whole course. These periods have been variously fixed—that of incubation at from six to ten days, and that of invasion, dating from the first febrile indications, at from four to seven days. In the duration of both these stages there is some variation in the greater proportion of cases—especially in the sporadic forms; the course of epidemic cases is more regularly marked. The stage of invasion is peculiarly irregular; and very unlike that which ushers in the symptoms of scarlatina and small pox. A child is languid, probably sick, somewhat feverish, and with the usual indications of a cold in the head, for one or two days, on the third he appears pretty well again, takes his food, and is as ready for amusement as usual; but on the fourth or fifth day the febrile symptoms reappear with much greater energy than previously, and now an eruption, not altogether unlike that produced by the ravages of a flea, is seen on the face; the eyelids look swollen, light is painful, there is some discharge from the nose, and a frequent hard cough; while, not unusually, a sharp attack of diarrhœa attends the breaking out of the exanthem. The eruption spreads during the next few hours over the chest, arms, abdomen,³ and lower extremities; the cough, catarrhal and febrile symptoms, increase *pari passu*. On the third day from its first appearance the eruption begins to fade, and with its subsidence, in favourable cases, the fever, cough, and catarrhal symptoms abate. A few days more, and with the exception of some degree of weakness, the child is in his usual health again.

Such is the course of a mild, simple and uncomplicated case of measles; and where the patient has had the advantage of the early and persistent use of *aconite*, with a warm bed and darkened room, and has been freely supplied with diluent drinks, such is commonly the course of cases where the eruption is not excessive.

The eruption on the skin is that which first claims our attention.

It makes its earliest appearance on the face and neck, where a number of minute points, raised above the skin, can be both seen and felt. In a few hours, usually within twenty-four, these points are observed to have become brighter in colour and to have coalesced so as to form small, brightly-red patches. As it increases in the face it gradually extends to the trunk and extremities. By

the evening of the second day the body is as completely covered as it probably will be, and on the third fading is noticed to have begun where the eruption first appeared. When it has completely disappeared, desquamation commences. This process, however, is entirely dissimilar from that which follows scarlatina, and is much less general—or appears to be—than in it. In the latter large flakes of epithelium peel off, while in measles the scales are scarcely as large as small bran; and the appearance is not unlike that of a person who has been slightly dusted with flour. The desquamatory process is often observed only on the face, neck and arms, though, doubtless, it proceeds wherever eruption has been. During desquamation every care should be taken to prevent the chances of a chill, as, until it is completed, the surface of the body is unusually susceptible to cold. It is in consequence of neglect at this period that so many of those disorders, which alone render measles a disease of any gravity, take their rise.

The condition of skin which produces the appearances presented by the eruption, is essentially one of congestion, together with “an exudation round the mouths of the hair-sacs. These, consequently, become raised above the level of the skin, forming minute papules, or even vesicles, if the apertures of the canals should happen to be closed. At the same time there is a superficial injection of the surrounding part of the integument; but this, being generally limited by the cutaneous furrows, does not present the appearance of an inflammatory halo. The larger maculæ are formed by the coalescence of smaller ones.”
—(Hebra.)

The irritability which the presence of this eruption on the skin indicates is not at all limited to that surface, but extends to the mucous membrane—the skin of the inner surfaces of the body. Hence we have (as has already been mentioned) that irritation of the conjunctiva and of the schneiderian membrane, which creates the catarrhal symptoms characteristic of measles; irritation of the bronchi producing cough, the sub-acute bronchitis with which it is usually associated from its commencement; and in the severer cases capillary bronchitis and pneumonia. From the same cause arises irritation of the gastrointestinal membrane, exciting the vomiting and diarrhœa occasionally met with. In ordinary cases the ophthalmia,

nasal catarrh and cough, which very generally precede and continue during the development of the skin eruption subside to some extent as it disappears, not rarely, however, remaining somewhat longer. During an epidemic of measles a "cold in the head," some watering of the eyes, or a hollow barking cough, are the most marked of the premonitory symptoms; and in a child unprotected* by a previous attack of the disorder, may suffice almost to enable us to predict the speedy appearance of the usual eruption. The cough, especially, is at times of great violence, and knows no relief until the eruption breaks out, when the intensity of its paroxysms subsides.

No especial difficulty exists in the diagnosis of measles. The time elapsing between the first febrile symptoms and the development of the rash is, it must be remembered, longer than in either small-pox or scarlatina. On the first day of the eruption there may be room for doubt as to whether the case before us is one of measles or small-pox. But on the second day the character of the papules, the brilliancy of their colour, and the extent of surface occupied by them are, together with, or indeed without, the catarrhal symptoms, sufficiently assuring to enable a decided expression of opinion to be given.

The symptoms of measles differ in well-marked particulars from those characterising scarlatina. The rash in the latter is brighter, smoother, and more uniform. It commences on the chest, while that of measles makes its first appearance on the face. The mucous surface of the throat is that on which irritation is first seen in scarlatina, while that on the conjunctiva and nose marks the onset of measles.

Rötheln—of which Mr. Harmar Smith gave a series of clinical illustrations in the last number of this *Review*—may be mistaken for measles, though it is more likely to be confounded with scarlatina, to which it presents a greater general resemblance. The character of the Rötheln eruption varies in different cases, being in some of a measly appearance, in others like that of scarlatina. In most

* Measles is generally regarded as non-recurrent. But, as has been noticed with respect to both scarlatina and small-pox during recent epidemics, a second or even a third attack has been far from uncommon. In one instance that came under my notice, measles recurred twice in the same patient within eighteen months, the eruptions being equally well developed on both occasions.

cases its extent is limited to some one or two parts of the body. It is not uniformly distributed when it is seen, but occurs in patches of varying size. It is first noticed on the third day, and has no definite duration, the time of its remaining visible being in proportion to the severity of the illness, and not unfrequently does it remain apparent for eight or ten days. It has associated with it symptoms of both catarrhal and tonsillary inflammation. In short, it is a hybrid form of disease, partaking of the character of both scarlatina and measles. It is in this fact, together with the limited and patchy character of the eruption that we find the chief materials for a diagnosis.

As we have already hinted, uncomplicated measles requires for its treatment little more than a warm bed, a darkened room, and bland, simple nourishment. At the same time, when called to a case of this disease, we have before us certain possible, and, under some circumstances, probable contingencies of an inflammatory order to provide against. This provision we must make by the exhibition of medicines homœopathic to the inflammatory fever, and to the irritable conditions of the mucous surfaces upon which the measles poison—whatever that may be—makes its presence especially felt. By specific medication—by the use of medicines having an elective affinity for the tissues for which the measles poison has an elective affinity—we do most effectually control the inflammatory action liable to be set up. And not only so, but, in cases where homœopathic treatment has been adopted, the troublesome sequelæ to which measles often gives rise, are much less likely to occur than when so called febrifuge mixtures, varied with occasional aperients and expectorants have been taken. Dr. Buchner, of Munich, in commenting upon two epidemics that occurred in his neighbourhood, says: "I never saw 'sequelæ' occur in patients who had been treated homœopathically, but they were very common in those treated allopathically."*

As is the case in nearly all diseases characterised by fever, *aconite* is our chief stay in the commencement of an attack of measles. It is well to give a drop or two drops of the 1st centesimal dilution of this drug, in a little water, every two hours from the time when the first indications of illness are noticed. When violent coughing precedes the eruption, it is doubtful whether any medi-

* *Brit. Journ. of Hom.*, vol. ii., p. 68.

cine will check it; *belladonna*, *hepar sulphuris*, *potassæ bichromas*, and *iodine* appear to resemble it in different cases, but I have never remarked any result from giving either. *Aconite* is the only medicine which has appeared to me to exercise any influence over it, and that has not been considerable. It is only when the efflorescence on the skin presents itself that it really abates. Hence I think that we do more good to our patients by giving them *aconite* freely during this stage, than by trusting to a more purely symptomatic selection of medicines.

In some cases, especially when the initiatory fever is high and the shivering severe, and more particularly still when this happens in a very young child, a convulsion will occur. It requires no small confidence in the teachings of experience to regard such an event as of little importance. But so it is. Whereas in scarlatina a convulsion during the first few hours of the attack is an omen of the greatest danger, in measles, unless the fits occur frequently, it is otherwise. It calls for no alteration in the treatment. All that is requisite is to repeat the *aconite* rather more frequently. As Trousseau has so strongly insisted, almost the only danger is from medical interference. It is true enough that if the convulsions continue during one or two days death may be the consequence. But two or three convulsions at the onset of the fever, are but a part of a severe rigor, and therefore require the treatment adapted to rigors. They do not—unless they become continuous—arise from a congested brain, and, therefore, do not demand the use of *belladonna* or of cold affusions. On the other hand, convulsions occurring in the later stages of measles, or arising from an undeveloped exanthem, are especially serious, and must be treated with remedies adapted to meet cerebro-spinal congestion.

The irritation in the eyelids, the nasal catarrh, and the frequency with which this condition runs up the Eustachian tube appears to call for the use of *pulsatilla*. When in a mild form, and equally diffused over these tracts, *pulsatilla* is competent to control this sub-acute inflammatory action. It is, however, undesirable to substitute it for *aconite*, with which, on the contrary, it should be prescribed in alternation after the eruption is well developed. A drop of the 1st centesimal dilution should be given in a little water, alternately with a similar dose of *aconite*, one medicine being given every two or three hours,

according to the degree in which the disorder manifests itself.

When the excitement of the mucous membrane is more developed in one part of the tract usually invaded by measles, than another, our medicines must be differently selected. Where the conjunctiva is much inflamed, and the eyelids are swollen, where there is much intolerance of light and considerable lachrymation, there is no remedy equal to *Euphrasia*. I prefer prescribing it externally to giving it internally, and am in the habit of having the eyes well and frequently bathed with an infusion. Without doubting the efficacy of *Euphrasia* when given internally in such cases—of which I have had ample evidence—I have seen so much relief so promptly given by the application of the infusion, that I would strongly urge upon those who have not employed it in this manner to put it to the test. *Aconite* should also be given internally at the same time. In cases where the mucous membrane, bearing the brunt of the disease, is that of the larynx, *potassæ bichromas* is our most reliable remedy. A grain of the 1st or 2nd centesimal trituration, taken every two or three hours, will generally produce a markedly good effect within a comparatively short time.

The tendency of measles to be complicated with bronchitis and with pneumonia is that which has especially to be guarded against. Here, as in the more purely idiopathic forms of these disorders, *tartar emetic* and *phosphorus*—especially the latter—constitute our principle reliance.

The danger in these cases is considerably heightened by the presence of the measles poison in the system, and is yet greater in proportion as the eruption is imperfectly developed. Capillary bronchitis is the form usually assumed at first. The simple catarrhal bronchitis, with which measles usually sets in, extends into the capillary or suffocative form, and this again may pass into lobular pneumonia. Cases of this type demand the most anxious watching. It is a good practice, while not neglecting *tartar emetic* in the bronchitis, or the *phosphorus* in the pneumonia, to give an occasional dose of *sulphur*, a couple of grains of the 1st trituration being a suitable quantity. If, however, *aconite* has been given freely and regularly from the commencement, and every care has

been taken to prevent exposure to circumstances likely to aggravate the catarrh already existing, it is but rarely that we shall encounter dangers so great. In forming a prognosis, we must be guided by the age of the patient, the character of the rash, and the type of the epidemic at the time. The younger the patient, the more imperfect the exanthem and the more severe the generality of the prevailing cases, the less will be the chance of success rewarding our exertions to save our patient when once capillary bronchitis has commenced.

While the mucous surfaces of the parts of the body above the diaphragm are those most likely to be disturbed during measles, those of the stomach and intestines are scarcely less so. Nausea, sickness, and diarrhoea are the chief indications of this complication. Here *pulsatilla* does far more good than any other medicine. A few drop doses of the 1st or 2nd dilution will speedily restore healthy action in these parts.

Of medicines which deserve more notice than they have received, at any rate in this country, *gelsemium* is one of the chief. Dr. E. M. Hale, in the record of the proving he has given of it in his *New Remedies* (1st ed., p. 214), says:—"The *gelsemium* produces a very marked eruption in most of the cases. It appears on the face most frequently, but sometimes also upon the back and between the shoulders. It is papulous, very much like the colour of measles, which it closely resembles, but the papulæ are more distant and distinct. Though very conspicuous, they are attended with little or no sensation. . . . It generally appears on the second or third day of the proving, and continues one or two weeks more." At the same time it gives rise to "chilliness, watery discharges from the nose, hoarseness, with feeling of soreness of the throat and in the chest, cough, &c." Acting upon these indications, Dr. Hale states that he has treated a good many cases of measles with *gelsemium*, and thinks that it has prevented catarrhal and chest complications. Dr. Douglas regards it as "capable of modifying the disease in a very marked manner." With the exception of *aconite*, there is no medicine in general use which, in its physiological action, so closely simulates measles as *gelsemium*.

In the *Brit. Journ. of Hom.*, vol. xxi., there is an account of some interesting experiments by Dr. Salisbury

with the fungus of wheat straw.* These fungi, when injected under the skin produced an illness resembling measles in a very striking manner. I am not aware that Dr. Salisbury's observations have ever been turned to any practical account in therapeutics. They certainly deserve more consideration than has been accorded to them.

It is also worthy of remembrance that the rash excited by *copaiba* is precisely similar to that met with in measles. And as complications may arise in the course of this disease simulating other parts of the physiological action of *copaiba*—especially on the mucous surface of the bronchi—it is a medicine of which we must not lose sight.

A sudden retrocession of the eruption occasionally occurs, and is followed by symptoms of the greatest gravity. Delirium, convulsions, and coma set in, and are but too frequently followed by death. In such a condition the *acetate of copper* is the medicine from which the best results have been obtained. A drop of the 2nd centesimal dilution, taken every half hour or every hour, has proved of the greatest service. The wet-sheet-pack is also a powerful and useful auxiliary in such cases. Where cerebral symptoms are less marked than such as indicate a tendency to general sinking or collapse, *carbonate of ammonia* in grain doses is preferred to the *acetate of copper*.

During some epidemics of measles, a tendency to sloughing of the mucous membranes of the throat and of the vulva has been observed to occur with unusual frequency. Cases of this kind have always been adynamic or typhoid in character. Dr. E. M. Hale met with several in the course of an epidemic which prevailed in Chicago during 1858-9. He found the topical and internal use of *nitric acid* and in some instances of *hydrastis canadensis*, to be his most effectual remedies in the severer cases.

When the cough which has been set up during measles remains after the eruption has disappeared, and does not yield to frequently repeated doses of *sulphur* (as it generally will do) change of air is the surest means to remedy it. I have known this cough to be cured within twenty-four hours of removal from one house to another, even in

* See also a paper based on these and similar observations, by Dr. H. Kennedy, by Dr. Arthur de Noë Walker, *M. H. R.*, vol. vii., p. 284.

the same district. A mild locality at the sea-side forms the best place at which to secure rapid convalescence.

When the eyelids remain weak and somewhat swollen, *arsenic* is called for, and its administration will generally prove successful.

In those cases where otitis has happened, and some degree of deafness or discharge remains, *silica* should be taken regularly for some time. If inflammation of the ear has been at all severe, caries of the bones must be guarded against, and no medicine is more useful in preserving the integrity of bone, threatened with inflammation, than *silica*.

Lee Road, July 13th, 1872.

CLINICAL NOTES.

By Dr. J. LAWRENCE NEWTON.

Cerebro-Spinal Meningitis.

June 1. I was called to see a labouring man in a fen village in Cambridgeshire, who was reported to have been "out of sorts" for two days only.

D. B., æt. 42, is a tall, dark, thin man. He is unmarried, and moderately steady, and has never been ill in his life. Two days ago he was seized with a sharp, stabbing pain in the occiput, and giddiness, both of which symptoms were removed by the vomiting of an acrid, bitter fluid. He continued to work, however, till the morning, but gives a very undecided account of what that work was, though it was of an arduous nature, and he made frequent mistakes, and was often reprimanded.

When cross-examined as to his feelings, he constantly neglected to notice my first examination, complained of numbness in the hands and feet, sensations of a cord being tied round his waist, and a heavy weight at the back of his head. He could only be induced to say, in addition to the above, that he was nauseated.

His face is dusky red, eyes wild and bright, with sluggish pupils, head hot, and the slightest pressure on the scalp causes an unbearable headache. At times he is noticed to put his fingers to his ears when spoken to, as if noise were objectionable.

The muscles in the cervical region are in a state of tonic spasm, and there are frequent twitchings down the

whole of the back. The examination of the spine was gone through as quickly as possible, but tried the poor fellow very much. After it was over he said I had tied a piece of cord round his waist, and had taken away his power of extending his left fore arm, which was flexed on the left arm. Lungs normal.

Temperature, 104° . Pulse, 120. Tongue, tremulous, dry, and very dirty. Skin, hot, but free from petechiæ. Bowels, costive.

R. *Bell.* 1x. 2 drops every 2 hours, and

R. *Merc. Dulc.* 1x. gr. v. one hour after each dose of the *bell.*

June 2, 8 p.m. The patient has been fiercely delirious all night, but "is as quiet as a lamb now." The coma, which is so patent to every one to-day, is accompanied with strabismus and widely dilated insensible pupils. The fæces and urine are passed involuntarily. The breathing is stertorous, and pulse irregular and slow. Temperature 104° .

Omit all medicine.

June 2, 12 a.m. Gradually sinking.

4 p.m. Died asphyxiated.

P.M. examination made 24 hours after death. As I was not allowed to open the spinal column I only infer that there was considerable effusion there as well as in the cavity of the arachnoid. The quantity of bloody serum was enormous, and the pia matter was most closely adherent to the brain. The cerebral substance was engorged, and, on being cut transversely, showed a very large number of vascular points.

The lungs were engorged, and probably accounted for the asphyxia.

Remarks.

1. The rapidly fatal progress of the disease.
2. The undiminished heat elevation which the thermometer indicated.
3. The utter uselessness of medicines in some cases.
4. I should have availed myself of the application of Chapman's ice-bag to the spine if possible, but poverty precluded the unfortunate relatives from getting one.

Acute Pleurisy.

Mr. —, æt. 20, a student at St. John's College, Cambridge, sent for me on December 5, 1871, and when I

reached him he merely complained of slight shortness of breath and great prostration of strength. When cross-examined he referred to the right mammery region as being somewhat painful, and as he was nauseated and costive, and the liver tender to the touch, though not enlarged, I suspected jaundice was threatening. His tongue was dirty and dry; urine high-coloured; pulse 120; temperature 100°. I carefully regulated his diet, and ordered

Merc. Sol. ʒx. gr. i. every four hours.

December 6. *In statu quo*, except that he was troubled with a slight cough, which much increased the pain in the side. Careful auscultation and percussion did not enable me to detect anything wrong with the lungs. Repeat.

December 7. Much the same, but there is greater shortness of breath than ever, and there is complete absence of physical signs of lung mischief. Repeat.

December 8. Worse in every respect, and to my surprise and annoyance I found the right pleural cavity distended with fluid. There was dulness on percussion to the lower margin of the third rib. Bronchial respiration and bronchophany were well marked. There was pain in respiration in the left lung.

I excluded fluids from his diet scale, and ordered

Kali Hydriodicum ϕ gr. i. every 3 hours.

December 10. Feels rather better to-day, but complains of the unpleasant diuretic effects of the medicine. Continue.

December 12. His thirst is so great that I was obliged to give him fluids. The effused fluid is being rapidly absorbed. Repeat.

From this date he made a most satisfactory recovery, and soon resumed his arduous studies.

Remarks.

(1.) I am strongly inclined to think that the friction sound (to and fro) is, as a rule, in pleurisy, conspicuous by its absence. The above case is by no means the first or last that I have met with where there was no friction sound whatever. Some years ago, when in Australia, I was called to see a lady, the wife of a large storekeeper, and after careful examination—diagnosed pleurodynia, due to a draught of damp air—I gave her *aconite*. On the evening of the day I saw her I was compelled to leave my

practice for several days, and when I got home I found the lady had not felt satisfied with my substitute, and had gone to consult a physician of eminence in a neighbouring town. When she returned she sent for me and requested me to contradict or substantiate the consultee's opinion, which she refused to give me. Much to my chagrin I was forced to say she had pleuritic effusion, which she had at once been told was the case by my friend. She blamed me for not finding out that she had pleurisy when I first saw her, and also for not providing a competent substitute.

Of course, I did my best to smooth over difficulties, but perhaps did not succeed very grandly. When I chatted over the case with my friend, who was both careful and well qualified, we came to the conclusion that there were no physical signs of the disease until the effusion took place. And to this date I am positive there was no friction sound present at all, and I am equally positive I have seen several such.

The last case I had of pleurisy was in a big, hurly-burly butcher, a short time ago. I marked in my note-book *pleurodynia, but ? pleurisy*. He came every day for examination, and never presented any symptoms of the latter disease except the pain, which seemed to quite justify me in thinking the case one of pleurodyna. On the 6th day of his illness and the 4th of his attendance, he was found with extensive pleuritic effusion. Under a solid diet, and *kali hydriodicum* in small doses he rapidly recovered a normal state of his chest.

Of course I cannot expect my mere dictum, founded on my own necessarily limited experience, to be allowed to upset the dicta of all our text-books, but whenever I have had a chat with professional brethren on the subject of pleurisy and pleurodynia, I have been able to get them to confess that supposed cases of the latter complaint have in a short time proved to be the former. My remarks convey the explanation, and I am firmly convinced they were really pleurisy without any friction sound.

(3.) All cases of pleurisy by no means require medicine. The general system may often be put, by regulation of diet, &c., into a position to procure absorption. Should, however, medicine be called for, *kali hydriodicum* will seldom disappoint. The lower attenuations or the crude drug have proved more rapidly curative in my hands than the higher dilutions.

Facial Paralysis.

Mrs. H., æt. 70, a lady of very active habits, was in a draughty railway carriage late one evening some time in December last. Three days after she sent for me. At a glance I saw she had paralysis of the facial nerve. Her right eye was constantly open and not winking; the features were relaxed and drawn to the left side; her right forehead was unwrinkled and the nostril of the same side motionless.

R. *Causticum* 3x. one drop in a little water every 3 hours.

She persevered with this one remedy, and in ten days' time had quite recovered from the effects of the exposure.

29, Regent Street, Cambridge.

ON RHUS TOXICODENDRON.*

By O. MANN, M.D.

RHUS is one of the most important of our polychrests, ranking with *acon.*, *bel.*, *nux.*, *sulph.*, etc. Its sphere of action is extensive. It acts profoundly upon the head, producing stupefaction, giddiness, headache, humid suppurating eruptions, erysipelatous swelling of the head and face, absence of mind, mental derangement, delirium. Upon the organs of locomotion, affecting principally the integuments and membranes, causing erysipelatous swellings of the skin, burning and itching pustules, rheumatic pains of the joints. The entire vegetative system is affected by its action, producing diarrhœa of watery mucus, accumulation of saliva and mucus in the mouth and throat; cough dry, or with mucous expectoration, oppression and difficult breathing. The urinary symptoms also show that those organs, and particularly their mucous membranes are particularly affected by its action. It affects the glandular system, producing painful swelling of the axillary glands; also enlarging and inflaming the inguinal, mesenteric and cervical glands; also, inflammation and suppuration of the parotid glands, resembling in this respect *bell.* It also has a very depressing influence upon the nervous and muscular system, as shown by the paralytic symptoms, the great debility and weakness.

Head.—Restlessness; unable to sit quiet; tossing about

* From *The Medical Investigator* (Chicago), June 1872.

in bed ; anxiety and apprehensiveness ; fear that he will die, which are also *aconite* symptoms. With the *aconite* restlessness there is a peevish, irritable, malicious mood, or an excited frenzied ecstatic state, a great determination of blood to head, fulness of head, and brightness of eyes, heat of head ; but with the *rhus* restlessness there is a depressed, dejected, fearful mood, with coldness or cool perspiration of head, a torpid state of mind, with difficult comprehension. Desire to commit suicide, disgust for life, and inclination to weep, in which respect it resembles *aurum*. *Puls.* also has inclination to weep, and desire for suicide.

The mild delirium, which can easily be distinguished from *bell.* delirium, by contrasting the foregoing symptoms with the rage, madness and furious delirium of *bell.*

Humid suppurating eruption on the head, forming heavy crusts, eating off the hair, with offensive smell and itching, worse at night.

The eruption of *ars.* is white and dry like bran, has burning and itching, and burns and bleeds violently when scratched ; *calc. c.* has tumours and suppurating boils ; *clematis* has a similar eruption to *rhus*, but it is confined to the back part of the head ; the eruption of *graph.* is very closely allied to that of *rhus*, the choice is only to be determined by the concomitant symptoms. The eruption of *hepar* is widely different, and can be easily distinguished. In *merc.* the eruption is very similar, and requires the aid of concomitants to decide. Also *nit. acid.* In *staphisagria* the eruption resembles that of *rhus* very closely. The *sulphur* eruption is very similar, except that it is seldom humid.

Erysipelatous swelling of the head and face, with vesicles drying up, and forming burning, itching scabs. The foregoing symptoms are possessed, I believe, by no other remedy in the *Materia Medica*, and are consequently characteristic of *rhus* ; *acon.*, *bell.* and *arsen.* have erysipelatous swellings of head and face, but none of them vesicular, hence we have no difficulty in distinguishing the *rhus* from other forms of erysipelas.

Digestive Tract.—Want of appetite with unquenchable thirst. Food tastes bitter. Putrid taste, metallic taste. Sleepiness, fulness in stomach, giddiness after eating. Heaviness in stomach as of a stone, after eating. Nausea and inclination to vomit after eating or drinking. Inclination

nation to vomit while eating. Bloated abdomen after eating. Watery, mucous, bloody, frothy, or white stools. Tenesmus, with nausea; tearing and pinching in abdomen. Nightly diarrhœa with violent pain in the abdomen, which is relieved after an evacuation or when lying on the abdomen. Involuntary stools, especially at night, while asleep. The above symptoms show that it holds an important place in the treatment of gastritis and gastro-enteritis. I have seen several cases of diarrhœa in children, during the past summer, disappear like magic after administering a dose or two of the 200th of *rhus*, being guided in the selection of my remedy, principally, by the symptoms. "Nightly diarrhœa with violent pain in the abdomen, involuntary stools at night while asleep." I have also seen it produce marked effects in indigestion where the symptoms were brought on or made worse by eating or drinking. When a patient comes into my office and sits down, with the exclamation, "Doctor, I've got the dyspepsia;" that word, although it conveys no particular meaning, and I should have no idea of applying *sub-nitrate of bismuth* to the name, and "aborting the disease;" still, it at once suggests *rhus* to my mind, and I begin to inquire if he has putrid, bitter taste after eating, &c., as I find, in my practice, *rhus* more frequently indicated for stomach derangements than any other remedy. I think as I write this that I will contrast some of the more prominent gastric features of *rhus* with other drugs, but I am deterred by the recollection of having heard a paper read at one of our State societies, by Dr. Lord, on *Mat. Med.*, in which he states that the stomach symptoms, in any one of the 259 remedies in the *Symptomen Codex*, are repeated like an echo in the other 258. I think, in his eagerness to lash and expose to the ridicule it justly deserved, an evil that had a formidable appearance, and was rapidly growing at that time, the venerable doctor overstated the matter a little, although there is some truth in this remark. Of this fact, however, I think anyone who is not too lazy or too popular to go home and study his *Mat. Med.* when necessary, can assure himself that gastric derangements can be rapidly and effectively cured by *rhus*, if not given too low, when the symptoms indicate that drug.

Respiratory Organs.—Hoarseness. with roughness in the larynx, and roughness and soreness in the chest.

Cough, from tickling in the bronchia—short, dry, especially in evening and before midnight. Cough in the evening, with vomiting of the ingesta; cough, with expectoration of pale or clotted blood. Cough, with pains in the abdomen and with stitches in the chest, with pain in the stomach. Cough, with profuse general perspiration. Spasmodic, violent cough, caused by tickling in the larynx and chest. Stitches, tingling, pain in chest, difficult breathing.

The chest symptoms of *rhus*, of which I have given only the most prominent, show that it is an invaluable remedy in certain forms of pneumonia and capillary bronchitis, particularly where they possess the adynamic condition that is characteristic of *rhus*. The fever symptoms of *rhus* are numerous and of a marked character, and resemble, in some respects, *ars.*, *bell.*, *puls.*, *bry.*, *phos. acid.*, *carbo veg.* Unless the case is strongly marked, it should be compared with those drugs.

In our domestic manuals, and in our scientific treatises as well, *rhus* is prominently recommended as a remedy for typhoid fever; and by the profession and by the public, we hear typhoid and bilious, and different forms of fever, continually spoken of. I can express my own ideas clearly on this subject by quoting from Watson. "Now, admitting that fever shows itself under various forms, I am persuaded that the effect upon the mind of all this subdivision is bad and hurtful. It encourages a disposition, already too prevalent, to prescribe for a disease according to its NAME." Hear that from an allopathist!! "There is no line of genuine distinction between continued fevers that can be relied on." In that last sentence of Watson, I would strike out the word "continued" and include all fevers, whether of a continued, intermittent or remittent form. Frequently, in fevers bearing any of these names, the careful student will select and exhibit *rhus* with the happiest effects. I have, during the past summer, cured several cases of intermittent fever (so-called) with *rhus*. The symptoms which led me to its use, were: fever commencing with a short chill in the evening; every day the chill and heat being mixed up at the commencement, the fever continuing during the night with restlessness and tossing about in the bed, and a profuse sour perspiration towards morning. Prostration, great weakness, loss of appetite, vomiting and inability to

take food during the day. One little patient, who had been treated with *quinine*, presented all these symptoms, and was being rapidly prostrated, had all the morbid symptoms stopped at once after exhibiting a few doses of the 30th of *rhus*. A form of catarrhal fever—so called—which we meet with very frequently, calls for *rhus* more than any other remedy. This condition commences with weakness of the whole body with desire to lie down, soreness or bruised sensation of the limbs, aching of the limbs and bones, sometimes extending through the whole body. Great pain in the back, restlessness, tossing about in bed, worse when lying still; sickness at stomach, loss of appetite, repugnance for food, great thirst, dryness of mouth and tongue: the tongue is coated but a very little, and has a dry, red appearance.

With a somewhat similar condition, but no thirst; moist condition of mouth and heavy white coating of tongue, great nausea, irritable peevish condition, I give *ant. crud.*: the prominent distinction I make is in the condition of mouth and tongue. With this feverish condition in children, where there is delirium, drowsiness, nausea, hot face, rapid pulse and fever; peevishness, white-coated tongue, want of thirst, I find *ant. crud.*, a few doses, not lower than 30, curative in a very short space of time. I got those symptoms from Hering's Characteristic Mat. Med. cards, a number of years ago, and they have been worth their weight in gold times without number.

The feverish condition I have been describing might, if the circumstances were favourable, or if the case was maltreated, degenerate into the state called typhoid, and then *rhus* would be an important remedy to take into consideration in the treatment of that condition. Carroll Dunham, in an article on *rhus*, in the 6th volume of the *Am. Hom. Review*,* quotes from Hahnemann and Dr. Wurmb, contrasting *rhus* with *ars.*, *bry.*, *phos. acid.*, *carbo veg.*, bringing out into bold and beautiful relief, the indications for the use of each of those drugs in typhoid fever. I consider that article one of the greatest medical treasures I possess, and should certainly take time to go home and study it up before prescribing, if I should be called to treat a serious case of typhoid fever. Another condition in which *rhus* is frequently indicated, is called rheu-

† Vide *Monthly Hom. Rev.*, vol. xv. p. 138.

matism ; and the names, rheumatism and *rhus* are so intimately associated in the manuals and by the patrons of homœopathy, that the latter has come to be considered a specific for the former.

Almost any case of acute rheumatism would present the following symptoms : red, hot, painful swelling of one or more of the joints ; skin burning and dry, or moist ; the affected part intolerant of touch or motion, increased frequency, hardness and fulness of pulse ; scanty, high-coloured urine.

This would be a tolerably complete picture of rheumatism ; but for purposes of prescribing it would be valueless to any one but our superficial doctor, or some elderly lady with Hempel's Domestic. And either of the last-named parties would give *acon.* and *rhus*, or *bry.* and *rhus*. He might succeed, but it would be chance and not science.

The characteristic symptoms of *rhus* for rheumatism, which I have verified, are : pain of a drawing, tearing character ; shooting in the joints, pain like a bruise or sprain, sensation as if the flesh were loosened on the bones. Pains better on moving about, dull redness of the swollen parts, rheumatism brought on by chill from getting wet. If just these symptoms are present, and if all the other symptoms call for *rhus*, a rapid and certain cure may be calculated upon with mathematical accuracy.

INDEX TO CASES OF POISONING IN THE
ALLOPATHIC JOURNALS.

By E. W. BERRIDGE, M.B. Lond.

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No. 15. DUBLIN MEDICAL PRESS, from commencement in 1839 to 1865. No more volumes in the library. The *first* series consists of 42 vols. ; the *New Series* begins in 1860.—
n. s., *New Series*.

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N.B.—The following works should be referred to by the compiler of *Materia Medica*:—Paris, Roussell, Orfila, Morgan, Christison, and Taylor, on *Poisons*; Russell on *Snakes*; Hammond's *Physiological Memoirs* (Philadelphia, 1863); Anstie on *Stimulants and Narcotics*; Nunneley on *Calabar Bean*; Trousseau's *Clinical Medicine* (especially for *Kali Bromidum*).

REVIEWS.

Pharmacopœa Homœopathica Polyglottica. By Dr. WILLMAR SCHWABE, Leipzig. Rendered into English by SUSS-HAHNEMANN, M.D., London. The French translation by Dr. ALPHONSE NOACK, Lyons.

Had Dr. Schwabe been content to publish his work as a guide for the German homœopaths, we should merely have noticed it, if we noticed it at all, as a commonplace *resumé* of such pharmacopœias as have, from time to time, appeared on the Continent. He, however, adopts the title, "polyglot," and through Dr. Suss-Hahnemann, has given the English-speaking races an edition for themselves, assuring them that "a new edition has become imperative, and that the present book is intended to meet the requirement." In another place we are informed that the "pharmacopœa of one country should be the pharmacopœa of all—the one standard authority."

Of course, we grant that there should be, and, indeed, must be, pharmacological uniformity in the directions for preparing the remedies used by the followers of Hahnemann, in whatever part of the world they may be—but who amongst us has the right—personally or individually—to issue the "one standard authority," whether it be a *polyglot* for the whole world, or a *triglot* for France, Germany, and England? Has England, for example, been left hitherto without sufficient guidance in the preparation of homœopathic remedies? We answer, certainly not; for, since Dr. Quin, in 1834, published his Latin edition of the *Pharmacopœia Homœopathica*, those among the English homœopaths who could not read German, have not been left in the dark. In 1842 Kitching translated into English *Jahr's Pharmacopœia and Posology*, and in 1846 Leath and Ross published an *English Homœopathic Pharmacopœia and Posology*, compiled from the works of Bruckner, Gruner, and Jahr, with original contributions by Dr. Charles J. Hempel; and in 1855, an "authorised English edition" of Carl Ernst Gruner's *Homœopathic Pharmacopœia* was brought out at Leipzig, New York, and London.

Nor is this all. Although the work may not be known to Dr. Willmar Schwabe himself, yet we might have expected that the English editor of the *Pharmacopœa Polyglottica* had, by some chance or other, heard of the *British Homœopathic Pharmacopœia*, published in 1870 by the British Homœopathic Society. To what are we to ascribe Dr. Suss-Hahnemann's silence on the subject of this book? We are told by the editors of the *Polyglot* that the "homœopathic pharmacopœias published by Gruner, Bruckner, and Caspari have long ceased to answer

the requirements of homœopathy in its present state of development," hence the necessity for the *Pharmacopœa Polyglottica*. Is the *British Homœopathic Pharmacopœia* also effete and behind the requirements of homœopathy in its present state of development? We assure the editors of the *Pharmacopœa Polyglottica* that the *British Homœopathic Pharmacopœia* is scarcely a work which deserves to be thus ignored. Some of the most experienced and scientific members of the homœopathic body in England were members of the Committee of Revision, and the editorship was confided to our highly esteemed colleague, Dr. Henry Madden. The committee was also largely assisted by many of the leading homœopathic chemists of this country. If, however, it can be shown that the *Pharmacopœa Polyglottica*—which the editors announce as a necessity, and which is to replace all others—is really in advance of the ignored *British Homœopathic Pharmacopœia*, we shall be content to bow our heads to facts; but facts, we believe, are opposed to the pretensions of the *Polyglot*. The editor of the *British Pharmacopœia* very properly availed himself of the advantages which scientific progress has brought to bear upon the work of the pharmaceutical chemist, and has raised the scientific details of the various operations to the most advanced standard; but the editors of the *Polyglot* "will and will not," and therefore make a muddle of the matter. In one place we are told that "no preparation but what is made according to the prescriptions of the original provers, and not by, perhaps, seemingly better rules of newer pharmacopœas, is to be used." In another place we are told that "the progress of science has necessitated essential improvements, which must not remain unnoticed," while elsewhere a complaint is made that "the old, simple directions of our immortal master, Samuel Hahnemann, have been in part neglected and forgotten." The *Polyglot* admits the use of precipitated instead of divided metals, but counterbalances this admission by ordering the tinctures of dry substances to be prepared by the imperfect and exploded method of maceration, instead of the more scientific and more rapid and uniform plan of percolation. To be consistent, the editors of the *Pharmacopœa Polyglottica* should either adopt altogether the understood and recognised improvements offered by science, or stand firmly on the necessity and advantage of filing and grinding our pharmacopœial metals.

We have ourselves too high an opinion of the genius and perceptive powers of Hahnemann to suppose that had he enjoyed the advantages of the present day he would have overlooked or despised anything of science which he could have been enlisted on the side of homœopathy. Had he not been destined to follow so marked a career in medicine—a career into which he was thrown eventually as if by mere chance, in his quality of

translator of medical books—we believe that, judging from what he had already done, he would have warred as bravely with the then still existing shortcomings of chemistry as he did with those of medicine; and those who call themselves followers of Hahnemann do him scant honour when they affect to cling so stubbornly to methods of operation and to terms which modern science has shown to be either clumsy, unnecessary, or improper. The brave old philosopher lived in a comparatively dark period, as far as chemistry and pathology are concerned, but when he heard of platina in a state of precipitate, he left off his filing and grinding, and recommended that form of the metal to be used; and in this slight instance he shadowed forth his readiness to seize all the aids of science for the furtherance of the cause so near his heart.

Guide to Trefriw and Vale of Conway Spa. By J. W. Hayward, M.D., &c. New Edition. London: H. K. Lewis, Gower Street. 1872. pp. 64.

If Trefried were situated on some mountain side in Switzerland, more especially if reaching it was attended with some difficulty, we are tolerably sure that Dr. Hayward's little "guide," would have met with a very warm reception from fashionable physicians and fashionable invalids. But as it is only in Wales, and within twelve hours of London, it lacks the excitement and interest which, in these sensation-loving days, are requisite to make a reputation for a spa. Within these islands of ours are mineral waters of every variety, some well known, some but little known, and a great many not known at all. Were all the mineral water resources of Great Britain properly investigated, and as thoroughly appreciated as they ought to be, there would—so far as the waters themselves are concerned—be no necessity for physicians to despatch their patients to Germany and Switzerland to go through "a cure."

The mineral spring which Dr. Hayward introduces to our notice in the little *brochure* before us, differs in many important respects from any, the properties of which, we have hitherto studied.

The water contains sulphate of iron, sulphate of alumina, and some sulphates of lime, magnesia, and soda, and a large quantity of silica, with a little chloride of calcium. Dr. Hayward has made "a proving" of the water, and gives the results in general terms in pp. 27-29. From these observations, as well as from others *ex usu in morbis*, he concludes that the proper sphere for the use of these waters is in "chronic diseases that consist in torpidity of the digestive, assimilative, eliminative, or blood poisoning processes, especially where marked by

relaxation of the absorbent and venous capillaries of the glands, mucous membrane, or skin. This water," he adds, "operates principally, directly, specifically on the pneumogastric and great sympathetic nerves, which, when weakened and relaxed, it braces and invigorates, and thereby it assists and promotes the chemico-vital processes that go on in the stomach and bowels with the food, in the lungs and glands with the blood, and in the tissues generally with their appropriation of the blood and elimination of the secretions." In disorders resulting from the following causes, Dr. Hayward has found this water useful, and under each he enters minutely into the manner in which the water should be taken. These *causæ morborum* are "brain fag, irregular dietetic habits, depressing and exhausting mental excitement, acute disease, fever, inflammation, suppuration, impure air, improper diet, mineral poisons, and hereditary disposition."

The water is taken "at the spa without exposure to light or air," the necessity for these precautions arising from the rapidity with which the iron becomes oxidated on exposure. The dose is one or two tea-spoonfuls, taken several times in the course of the day.

Trefriw (pronounced Trêvroo) is situated in the Vale of Conway, on the turnpike road from Conway to Bettws-y-coed, and is therefore in the very centre of some of the most beautiful scenery of North Wales.

The season is from the latter part of April to the end of September.

We need only add that Dr. Hayward, who has for many years given much attention to the properties of the water of Trefriw—his first paper on the subject is given in the ninth volume of this *Review*, p. 446—enters in this "guide" into every particular which can interest the visitor, or intending visitor. He describes the locality, the accommodation to be had, and the means of access, with much minuteness, while his directions as to the means of using the water leave nothing to be desired.

Diseases of Children. Remarks on the Feeding of Infants and Young Children. By W. V. Drury, M.D., M.R.I.A., Physician in charge of Diseases of Children at the London Homoeopathic Hospital. London: Turner & Co. 1872. pp. 16.

Errors in diet, ignorance of how infants and young children should be fed, lie at the bottom of a very large proportion of infantile diseases among both poor and rich. Of this generally well admitted fact Dr. Drury, who has for many years devoted much attention to the diseases of children, must have had a painful amount of evidence. In this little tract he endeavours

to supply such information as may enable an intelligent mother to feed her offspring in harmony with the laws of nature. In referring to wet nurses, Dr. Drury points out very clearly and well the kind of examination each ought to undergo before being entrusted with the care of an infant. But we are disposed to think that he somewhat underrates the value of this source of supply. When a child cannot be supported by its parents, and shows indications of not thriving on the cow's milk and water provided for it, a wet nurse ought, we think, to be obtained without delay. We have seen several cases where various experiments were tried, and much valuable time lost in doing so, while a wet nurse had to be procured in the end. Where this has been done early enough, the happiest results have followed, but when the foster-mother's services have been postponed too long they have been without avail. We hold, therefore, that if a child shows itself incapable of digesting the cow's milk and water, a carefully-chosen wet nurse should, if possible, be obtained. In selecting one, Dr. Drury's directions will prove invaluable.

We can confidently recommend Dr. Drury's pamphlet to all young mothers as one from which they will derive much useful information.

Practical Notes on the New American Remedies. By R. TUTHILL MASSY, M.D. Second Edition. Enlarged. London: Gould & Son. 1872. pp. 196.

That a second edition of this little book should be called for within three years is good evidence that it has supplied a want in the literature of our materia medica. In its arrangement it bears more analogy to a work in the practice of medicine than to one in the materia medica. The medicines—among the "new American remedies"—are remarked on under each of the diseases in which they are commonly indicated. To these Dr. Massy adds notes relating to other medicine and other means of cure, derived from his personal experience and suggested by his reading.

Dr. Massy's work has the attraction of being eminently practical, and, being sufficiently small in bulk to be a pocket companion, it will often prove useful where a large volume would not be available.

We may here add that one of our American contemporaries, informs us that Dr. E. M. Hale, to whom we are chiefly indebted for our knowledge of the actions and uses of the medicines referred to by Dr. Massey, "has another attack of new remedy fever," and that a new edition of his original work may be expected shortly.

CLINICAL REPORTS.

CASES CURED WITH HIGH POTENCIES.

Reported by E. W. BERRIDGE, M.B. (Lond.)

(1.) *Lycopodium*. A boy, æt. about 12 or 14.

Jan. 8. Yesterday pain in right inner ankle, which then spread over foot; to-day extends up to knee, and is also felt in left leg just as in right; ankles and knees stiff; on moving them there is a twitching pain in them. No strength in knees. Yesterday pain in chest. Thirsty for a mouthful of cold water every half hour. Skin hot. Pulse 90. Knees and inner ankles swollen. Inner ankles very tender to touch. To-day elbows and shoulders stiff. Appetite bad. Shooting downwards in calves from knees to ankles, first right, then left.

Diagnosis from Bœninghausen's repertory.

Knees and ankles stiff. Caps. dros. ign. kali. lyc. petr. rhus. sep. sulph.

Knees and ankles swelled. Agnus. calc. ferr. hep. lyc. merc. rhod.

Lyc. alone is found under both these rubrics, and as it also has the peculiar thirst and the direction from right to left, I gave one dose of lyc. cm. (Finckè) at 7 p.m.

9th, 4.30 p.m. Right foot and ankle nearly well; left better. Ankles feel stronger, and he can move them. No stiffness in elbows or right shoulder. This morning pain in cardiac region, worse on deep inspiration and lying on left side. Appetite poor. Pulse 90. Skin hot. Feels better. Shooting less. Better spirits. Sour sweat. Knees unchanged.

12th. No pain in ankles; very little in knees. No shooting. Still pain in chest, which, however, did not return after to-day. Skin cool.

15th. Came down stairs. No symptoms except some weakness.

Afterwards took a few doses of sulph. cm. (Finckè). Cured.

(2.) *Bryonia*.

Jan. 3rd. L. S., female servant. For weeks she has felt languid. For two days cutting pain in stomach on coughing. Coldness running up from feet to head often during day; worse in evening. Hot on waking in morning. Very thirsty day and night, drinking much and often. At night drinking cold water causes weight in stomach and increases the heat.

Diagnosis according to Bœninghausen's repertory.

Cutting in stomach

Pain in stomach on coughing

} ars. bry. calc. phos. stann.

Stomach worse from drinking. bry. (and others which have not the above symptoms.)

Drinks much and often. Bry.

The patient took one dose of bry. cm. (Fincké) at 2 p.m.

5th. Coldness went the same day. No cutting to-day. Less languour, heat, or thirst. No feeling of weight from drinking.

8th. Still has cough, but is otherwise well. Cough was relieved by nux. cm.

(3.) *Silica.*

Sept. 6th. A boy had for three days a swelling in front of throat, in region of thyroid body, extending a little round sides towards parotids; worse to-day. It commenced in left side and extended to right. Cannot move the neck from it, but holds it stiffly; has to bend his head back and throw body forwards.

3.30 p.m. Took one dose of silica cm. (Fincké).

7th. Swelling almost gone. Can move neck better. Holds head and body more naturally.

8th. Well.

(4.) *Phosphorus.*

Sept. 8th. Mrs. ———. Feeling of incarcerated flatulence moving about in abdomen, catching the breath and causing cough; it is paroxysmal; it is worse from excitement or sitting, better by lying down, straightening up, or eructations. Pressure on abdomen increases the suffocative feeling. Has had this at times for two months; worse for last six days.

Diagnosis according to Bœnninghausen's repertory.

Flatulence worse by sitting. Mur-ac. phos.

Flatulence better by eructations. Alum. lyc. sars.

Breathing worse from abdominal symptoms. Phos. &c.

Patient took one dose of phos. cm. (Fincké) in afternoon. Next day scarcely any remaining symptoms, and all gone in two more days.

November. Still well.

N.B.—This case adds many clinical symptoms to our materia medica. If I had alternated the phos. with other medicines in order to thereby cover all, nothing would have been learnt, even if the patient had been cured.

(5.) *Natr-mur and calc.*

Sept. 16th. A servant, æt. 20. For two days shooting from mid-forehead to occiput, then in a minute the reverse; then feels giddy, as if she would fall to the left; room seems to revolve; feels sick and sleepy. *With* the pain her eyes close. Feels as if something were going to happen, which makes her low-spirited. Headache is better in open air.

Diagnosis according to my own MS. Repertory of the Head.
Shooting backwards from forehead. Asaf. bell. bry. calc-caust.
cuprs. natr-m. op. tabac. serpentaria.

Shooting forwards from occiput. Æth. natr-m. sars.

One dose of natr-m. 1m. (Jenichen) was given at 10 a.m.

10 p.m. All symptoms went in four hours, but for three and a-half hours has had shooting from left temple to right, worse in stooping, better by pressure.

Diagnosis according to my repertory.

Shooting from left temple to right. Calc. gym. tepl.

Worse by stooping. Calc. tepl.

Better by pressure. Calc.

One dose of calc. 107m. (Finckè) was given. In an hour the pain was gone, and there was no return.

(6.) *Cannabis-sativa.*

Miss ———. Paroxysms of feeling of heat and enlargement of head, and pain as if vertex *opened and shut* laterally, gradually coming and going; in each paroxysm the heat and feeling of enlargement came on first, then the pain in vertex, then the heat and enlargement went, then the pain, all the time low-spirited.

One dose of cannabis sativa cm. (Finckè) rapidly removed it. The italicised symptom seems to be a keynote for cannabis.

(7.) *Verbascum.*

Nov. 5th. Mr. ———. For two days dull hot pains in right face, and shooting from right face into right eye. Right face swollen, and watery swelling below right eye. Right eye waters. Disinclined to speak. Right eye partly closed from swelling under it. Tensive pain in vertex, better by sitting up. Throbbing in vertex and right face worse when lying down, better when sitting up. Head feels sore whenever pillow touches it. *Face pain worse from a draught of air.* This attack came on from exposure to a cold air after perspiring.

The italicised symptom, according to Bœnninghausen's repertory, points to acon. and verb.

The latter best corresponds to the rest.

One dose of verbascum 200 (Lehrmann) at 8 p.m.

6th. Very much better. Had a good night. Occasional shooting like a red hot needle going into right cheek. Slight lachrymation. Swelling very much less. No other symptom.

Cured.

(8.) *Causticum.*

Nov. 6th. A servant. Three weeks ago when blowing nose, feeling as if something broke in right eye, which watered much.

Since then at times when blowing nose, feeling as if a tight skin came half way down over right eye, preventing the sight of that eye; removed by rubbing; after it has gone, feeling as if something were pricking the eye; eye waters. On the last two occasions this sensation came on without blowing the nose.

Diagnosis according to my MS. Repertory of the Eye.

By blowing nose.—*Slight impaired.* Caust.

By blowing nose.—*Pellicle over eye.* Caust.

One dose of causticum 6m. (Jenichen) was given.

Dec. 11th. Symptoms went at once and did not return.

(9.) *Sepia.*

March 10th, 1872. Mrs. ———. Throbbing in small of back, better by sitting upright, worse by sitting leaning back; on turning in bed or stretching out arms, a pain catches her there as if something were going to break, stopping the breath. This has lasted about a week.

Diagnosis from Bœnninghausen's repertory.

Throbbing. (Amm-ca.) baryta. caust. ign. kali. natr-m. nux. sep.

Worse by stretching out arms. Sep. sulph.

One dose of sepia cm. (Finckè) was given at 9 p.m.

11th. Much better.

12th. Well.

April 7th. No return.

(10.) *Sulphur.*

Nov. 23rd, 1871. Mrs. ———, æt. 30. Subject to piles for four or five years; two years ago were very bad for three days. Was confined seven weeks ago, and piles have been worse since; very bad for last month. They are now internal, but at first were external. During and after stool, throbbing, burning, smarting in piles, and shooting upwards which catches the breath; also dull aching in coccyx and sacrum, extending round sides of pelvis; all this lasts six or seven hours after stool. Stool once in two to four days otherwise natural. The pain makes her feel faint, trembling, sick, inclined to move about, hot, and as if she would lose her senses; the pain at anus is better when standing than lying. Has been to a homœopathic practitioner and has taken acon. nux. 3 and sulph. 3 without effect.

Diagnosis Bœnninghausen's repertory.

Shooting in rectum stopping breath. Sulph.

As this agreed fairly with the other symptoms I gave one dose of cm. (Finckè).

29th. Piles gone; pain much less, lasting only two hours after stool. Still costive. Pain was bad yesterday, but better all the other days. Much less weakness, trembling, heat, and

feeling of losing senses. The shooting does not catch the breath so much. Got quite well within a week.

April 10th, 1872. Still well.

N.B.—In this case sulph. 3 had been used without success. If, as some assert, Finckè's potencies are only low dilutions after all, how was it that they succeeded after a *bond fide* low dilution had failed?

(11.) *Silica.*

Dec. 5th, 1868. Mrs. ——. Feeling as if throat were filled up as if she could not swallow, causing frequent cough, which brings up from the throat white, frothy, and very salt mucus; worse towards evening. Has had this for years; has been under allopaths, but it has increased. Has been gradually leaving off salt for a short time.

Silica 5m. (Jenichen) one dose.

19th. Very much better.

Feb. 6th, 1869. Saw the patient again and she said she had nothing to complain of.

(12.) *Nux vomica.*

Dec. 27th, 1871. Mr. ———. Sat with wet feet yesterday. Woke this morning with dull aching in forehead and vertex; squeezing like a vice in knees, toes, fingers, wrists, and ankles; worse on moving. Between scapulæ, pain as if he had been beaten, catching the breath. The pains make him cry out. Urine red like blood. 4 to 5 p.m. copious sweat, which relieved pains. Pulse 120 full incompressible. Tongue white, lips dry, hot, nausea. Thirsty for cold water; drinks much and often. Is in bed.

Diagnosis from Bœnninghausen's repertory.

Symptoms relieved by sweats. Ant-l. bov. calad. canth. cham. graph. magn-m. natr. nux. puls. stront.

Bruised pain in back. Graph. magn-m. natr. nux. stront. &c.

Constrictive pains in joints. Nux. stront. &c.

Worse from motion. Nux.

One dose of nux. vomica. cm. (Finckè) between 4 and 5 p.m. 28th, 9.30 p.m. Pulse 76. Tongue natural. Sleep bad. After dose sweat ceased, and pains returned in night nearly as bad as before, especially in hips. Now better. Pain in back nearly gone. No thirst, nausea, or headache.

30th. No pains. Sweat of sickening smell; thirsty; some nausea. Feels very weak, but is out of bed.

Jan. 1st. Slight pains in joints; still weak; other symptoms same as last report.

Sulph. cm. (Finckè) ter die, and soon got well.

(13.) *Bryonia.*

June 10th, 1871. Miss ———, æt. 17. Has felt ill for a

week. Pulse 110, irregular in volume and rhythm, and at times intermittent. For three days smarting in throat, first on left side, then on right; now worse on right, worse on swallowing food, drink, or saliva. For three days feeling of a lump in both sides of throat, first left, then right, now worse on right. For three days right ear deaf. To-day, shooting from forehead to occiput. For a week, aching in thighs, worse on motion; has been bad three days, but is better to-day. Tongue white, with red papillæ showing through. Very weak. Nausea in stomach on eating or drinking. No appetite. Sleep bad for three days. For three days chilly all over, especially feet; the chills alternate with heat, but feet are always cold. No thirst. This evening vomited her tea. Uvula and right tonsil red and swollen.

Diagnosis according to my MS. Head Repertory.

Shooting from forehead backwards. Asaf. bell. bry. calc-caust. cupr. natr-m. op. serp. tabac.

Nausea on eating or drinking. Bry. natr-m.

Bryonia corresponded best to the rest, and one dose of cm. (Finckè) was given at 9 p.m.

11th, 10.30 a.m. Her sister says she improved 30 minutes after the dose. Within 3 hours shooting was gone, and feeling of a lump better. No nausea; tongue cleaner; aching less; sleep better; feet warmer; swallows better; has eaten more.

12th. Slept better; left throat well, right better; shooting returned yesterday from 6 p.m. to 10 p.m.; no nausea; no chills or heats since last night; no aching in thighs; stronger; still deaf in right ear; swallows better; pulse 104, more regular; tongue less coated, worst on right side; uvula and tonsil less swelled; has got up.

13th. No shooting; throat better; sleep good; throat looks natural; pulse 80, slightly irregular in volume.

14th. Throat well; a little headache, but no shooting; no appetite; tongue nearly natural; pulse 64, regular; thirst for little and often; still weak.

Sulph. cm. (Finckè) one dose, and soon was well.

(14.) *Iris Fatidissima.*

This is, I believe, the first reported cure by this medicine. The case has been communicated by Dr. Morrison.

A lady, 80 years old, has had for 15 years giddiness, with tendency to fall to the left. When out walking she lurched against people in the streets, at times had to seize the railings for support, and this tendency was increasing. Took several medicines which improved the general health, but without affecting the giddiness. According to my proving of iris fat., Dr. Morrison gave one dose of cm (Finckè) June 7th, 1871.

Giddiness decreased during the first week, and then ceased.

Several weeks afterwards still well; a subsequent attack passed away without special treatment.

March 26th, 1872. Dr. Morrison informed me that she was still well.

(15.) *Castoreum*.

July 6th, 1871. Miss ———. For a week, and getting worse, pain in stomach going round to left hypochondrium and through to back, with shooting in left hypochondrium. This comes on every day after dinner (which is at 2 p.m.) Pain in stomach is better by bending double; pain in back worse by deep inspirations. *With* the pain, yawning, faintness, chilliness; borbovgmi, and tasteless eructations. This afternoon there was also *with* the pain dyspnœa and wheezing for a time, and after this had gone off nausea in stomach, with objective heat of forehead and cold hands.

10.35. p.m. Took one dose of castoreum 200 (Leipzig). Yawning decreased at once.

7th. Slight pain in stomach in morning for a time. Pain returned at 7 p.m., after tea, but much less; not felt in back. Very little yawning; no other symptoms.

8th. Pain in stomach returned at 11 a.m. for one and a half hour; none in evening.

9th. Pain in stomach and left hypochondrium (but no shooting) for half an hour, one hour after breakfast, and in afternoon; no other symptoms.

10th. Quite well, and remained so.

4, Highbury New Park.

EXTRACTS FROM MEDICAL LITERATURE.

MEDICINE, &c.

IN *Brit. M. J.*, June 22, Dr. GRIEVE, of the Hampstead Small-pox Hospital, replies to Mr. Furley's views regarding the *curative* effects of vaccination in small-pox, when a considerable quantity of lymph has been injected subcutaneously. Dr. G. tried it in seven cases, and says: "I take the opportunity of expressing the belief, formed upon the results in these cases, that not only is its curative action absolutely nothing, but that, in a certain number of instances, most serious consequences have resulted from its use. Two only of those cases are as yet completed, both by death: one was from *variola hæmorrhagica*, uninfluenced by the operation; the other had severe small-pox, with bronchitis in the early stages; afterwards, erysipelatous inflammation of the arm operated upon set in, resulting in suppuration and sloughing of the cellular tissue. Diarrhœa came on, and con-

vulsions set in shortly before his death. Another man has also had severe inflammation and suppuration of the arm, with serious constitutional symptoms; and in three others abscesses either have formed, or are forming in various parts of the body. These results are not such as to encourage me to continue the practice, but rather have determined me to discourage it by all means in my power."

The following piece of homœopathy occurs in the *Lancet*, June 22nd. Mr. Richard Wood, in an article entitled "Remarks on Hydrate of Chloral, with Cases," gives the following case. "On April 5th, 1872, Mrs. N., aged 70, called me in. She was suffering from acute bronchitis. Ordered a mixture of carb. of ammonia; also a small bottle of drops, containing for each dose $\frac{1}{12}$ of a grain of morphia, to be taken occasionally at night to ease the cough. On the following morning she complained that expectoration was more difficult than it had been, although she had had more sleep. She also felt great discomfort from an eruption having appeared on the body, more particularly on the outside of the thighs and back, resembling urticaria, which caused intolerable itching. Not feeling certain that this was the result of the anodyne, I ordered her to continue it. The next day, the irritation being no better, I determined to change the morphia for *chloral*, of which I gave her a 2 oz. mixture, containing 6 drachms of Ferris' syrup, two teaspoonfuls to be taken occasionally when the cough becomes troublesome. I was much pleased on my subsequent visit to hear her express herself as considerably relieved and refreshed by a good night, the rash and itching having almost disappeared, and which were entirely gone in two or three days. She had completely recovered in the course of a fortnight." [It will be in the recollection of our readers that, in a former number of this *Review*, several cases were recorded of urticaria produced by large or long-continued doses of *chloral*; and its employment as a remedy in that complaint was then suggested.]

The following letter occurs in the *Lancet*, June 22nd. It is delightfully original. "To the Editor of THE LANCET.—SIR—While search is being made for a cure for cancer, it will not be uninteresting to many of your readers to hear of a *palliative*. I have used as a lotion, with great palliative success, in a case of cancer of the breast, and in another case of cancer of the rectum, an American drug, 'hydrastis canadensis'; it was preferred by both patients to any other form of lotion, for its painlessness, and for its power of keeping the surface in a more healthy condition, and free from offensive odour. The strength in which it was used was one drachm of the tincture to 8 oz. of water. Finding it unknown to many practitioners, I have thought the mention of it in the pages of the *Lancet* may perhaps bring an

improved temporary relief within the reach of some sufferers from this dire calamity.—I remain, SIR, yours truly, EDWIN PAYNE, M.D., M.R.C.P.L., Selhurst Road, South Norwood." Dr. Payne evidently knows where to search for observations in therapeutics, the assumed originality of which, in consequence of the general ignorance of the readers of the *Lancet* of the work of homœopathic physicians, is not likely to be challenged.

SIR W. GULL, in a lecture on *Typhoid Fever*, reported in *Lancet*, June 29th, says of the treatment, "It must be said that all the treatment consists of simple measures and simple diet. Medicines are only required for special conditions; for instance, if diarrhœa occur some would give what is called 'chalk mixture'; but one must remember that this has to go through about 25 feet of intestines. The best thing is to fill the rectum with 5 or 6 oz. of starch; it is not even necessary to put any opium with the starch. The diarrhœa only takes place when the rectum, sigmoid flexure, or descending colon is affected or irritated by acrid matters; hence, if you fill these the contact of noxious matters is prevented, and the diarrhœa checked. If hæmorrhage occur, many would give gallic acid, or tannic acid, or lead, or some powerful astringent; but do not do so—'don't begin with all your great guns at once.' It is best to trust to the hæmorrhage to cure itself, which it will do; and keep the patient at rest in the horizontal position, giving a little opium (half a grain), by the rectum or mouth if necessary, to quiet the intestines. Ice may also be applied to the abdomen. This is sound advice, although it may appear terrible. The objection to giving lead or gallic acid, or other powerful astringents, is that they are apt to make the patient sick, and in that manner perhaps to make the patient worse." Speaking of the delirium, he says "the patient must be constantly watched. In the treatment of this complication remember that it is due to brain-irritation and not to inflammation, as some have imagined. There is one great remedy for this—and this is alcohol; alcohol is the remedy for nervous irritation in typhoid fever, and in fact, in any fever. How it acts is not certainly known; but it may be laid down that it is an important point in the treatment of all fevers. It allays nervous irritation, and soothes the nervous system. Whenever, therefore, there is delirium or reflex irritation, give alcohol in some form or other, as brandy or wine, but when the result has been obtained, stop it; only give it when necessary. In fevers the use of stimulants is for the delirium; and it in no way alters the local processes, but only the reflex condition. All cases do not require alcohol; and some only require it occasionally, and for a short time. Delirium even in the early stages may be checked by brandy; and never again come on during the whole course of the disease. . . . In summing

up he observed that the recovery from typhoid is dependent on attention to the smallest matters."

As to the use of *Guarana* in sick-headache, Mr. S. BRADLEY, of Manchester, writes (*B. M. J.*, June 29th), "It is in the congestive forms of headache that *guarana* most frequently succeeds; thus it will sometimes relieve the throbbing headache of the man who 'got exceedingly drunk on Saturday,' and 'whose brain is still sticking to the ceiling,' with startling rapidity. In such cases the action of the medicine may be seen, for the large injected conjunctival vessels become small by degrees and beautifully less as the drug is absorbed and the cephalalgia departs. This seems to support its action as being stimulant to the sympathetic system, if further trial prove this to be so, we must regard it as the opposite in action to the nitrite of amyl."

In a paper on *Migrains* in the *Brit. J. of Hom.*, vol. xxi., p. 20, Dr. CLOTAR MULLER refers to this drug under its botanical name, *pauillinia sorbilis*, as a palliative of some value; but as one which gradually loses its effects by frequent use. So also TRINKS, at p. 284 of the same volume, notices it as giving some relief when first used.

Mr. BARWELL, in a lecture (*Lancet*, July 6) on "*Infantile Paralysis*, and its resulting deformities," describes a new method of treatment which he has in several cases found of the greatest service even after a considerable lapse of time, when the limb has so far wasted, and does not respond to either form of galvanic shock. It is by injecting subcutaneously over the muscle or muscles affected a rather strong solution of *strychnia*. The effects of this, he says, are quite different from those obtained by its internal administration. Cases have improved to a great extent, and their perfect cure he regards as only a matter of time under this treatment, after the internal administration of *strychnia* had been persevered in for months, along with galvanism. For the exact method which Mr. B. pursues, we refer the reader to the original paper. In all forms of paralysis of peripheral origin, he finds the same good results from this method.

In the *Brit. Med. Journ.*, July 13th, is a case recorded as occurring in St. Thomas's Hospital, under the care of Dr. MURCHISON, "of a boy aged 15, who was admitted with acute pleuro-pneumonia of the right side and herpes labialis, and considerable increase of temperature. On the administration of 8-minim doses of tincture of *aconite*, with the *liquor ammoniæ acetatis* every four hours, the temperature at once came down, and the disease did not increase."

In the *Brit. and For. Med. Chir. Rev.*, July, 1872, is an important article, "On the Action on Certain Neurotics on the Cerebral Circulation," by Patrick Nicol, Physician to the Brad-

ford Infirmary, and Isaac Mossop, L.R.C.P. Edin., from which we extract the following:—"The object of this paper and those that follow it, is to record some observations on the condition of the *fundus oculi*, and especially of the optic disc, under the action of certain neurotic drugs. The circulation of the blood in these parts is of great interest, because it is very closely connected with that in the brain, and conclusions may be drawn from the one to the other, with considerable confidence. The cerebral central artery of the retina, which appears in the centre of the optic disc, is a branch of the ophthalmic artery, and that again of the internal carotid. The ophthalmic vein opens into the cavernous sinus, and its ramifications are subject to much the same conditions of blood-pressure as prevail within the skull. But it is the capillary supply of the optic disc that is the most interesting and important, this is as it were, just a small portion of the general blood supply of the brain. The whole subject has been fully set forth in Dr. Clifford Allbutt's recent work. (*The use of the Ophthalmoscope in Diseases of the Nervous System and the Kidneys.*) It appears from the researches of Galezowski (Confirmed by Dr. Allbutt,) that various vessels proceeding from the *pia mater* and choroid plexus, are distributed to the optic tracts and nerves. When the *fundus oculi* is examined with the ophthalmoscope, a more or less rosy tint is generally seen in the disc, especially on the apparent outer side (indirect method of examination), and this is caused by capillary vessels from the branches just referred to, not by branches of the *arteria centralis*. Hence in observing the increase or diminution of this tint, we are in a manner observing the changes in the vascularity of the brain itself. It is especially from this point of view that the following observations on the actions of neurotics are made. The experiments reported in this paper were made on healthy individuals. Those which relate to the human eye were carried out on the authors themselves; those which relate to animals, on rabbits.

The method of observation in the case of the eyes of the authors was the following:—Each observer made drawings of the fundi of the other, until a thoroughly correct representation was arrived at, and a familiarity obtained with the general circulatory phenomena, and with the varying tints of the disc and the retina. At the same time, during the observations themselves, every precaution was taken that the ordinary state of the fundus as regards vascularity should not be interfered with; for this purpose, the experiments were made at nearly the same period of the day, and that degree of precision was observed which is so necessary in dealing with a structure, where very slight causes may produce considerable change. Both the direct and the indirect methods of using the ophthalmoscope

were carried out. On no occasion were the results obtained by the two methods found to be contradictory. The direct method, however, is that which gives the greatest satisfaction, since by its adoption the smaller vessels of the disc and retina can be more clearly defined. Before any drug was taken, a careful examination of each fundus was made, and the appearances were compared with the correct drawing. After exhibition of the drug, repeated examinations of the fundi were made at variable intervals, and the changes were carefully noted."

The first set of experiments were on *chloral*. "The observations on *chloral* were made on eight occasions, when doses varying from 10 grs. to ʒj. were administered. Certain common results were obtained, which are as follows:—The disc after the dose was seen, in the case of the author, to have a transparent appearance resembling white wax; in the animal experimented on, an increased whiteness was observed; these phenomena we thought due to diminished capillary vascularity. The retina we always found paler after than before the administration of the drug. The central artery, and vein, and their branches, were darker in appearance, and seemed to stand out more prominently. The conjunctivæ were more congested after the effects of the drug were fully manifested, (this was not observed in the rabbit). The pupils were thought to be more sensitive to light. Besides these common facts, some exceptional phenomena were observed. A state of capillary congestion was found in the left disc (which was examined second) on two occasions; once it came on very soon after the light was thrown on the retina, on the other occasion it was observed from the first; the dose was in both cases a scruple. A general haziness of the fundus was noticed on one occasion in both eyes an hour after a half-drachm dose, and when sleep had been produced. After the drachm dose all the general appearances were increased in intensity. Sleepiness was caused by the 10 gr. doses, and sleep by those from a scruple upwards. The feeling of muscular languor was so decided after each dose of *chloral*, as to call for special remark. To sum up, therefore, in the case of *chloral*, a tendency towards anæmia of the brain seemed to follow its administration."

In the case of *bromide of potassium*, observations were made on eight occasions, the doses varying from 10 grs. to a drachm. The results of the smaller doses were not altogether uniform. A certain degree of congestion appeared, however, to be produced. With half drachm and drachm doses, and once with a scruple dose, the disc and retina were congested even in ten minutes after administration, and this state of congestion went on increasing, as long as examinations were made. Even after the lapse of several hours, the increased redness was still manifest. The vascularity was found to be greater as the dose was

increased. The exceptional phenomena were, in one case, a brighter redness of the vessels after ten grains. In another case, a hazy condition of the vessels was noted, after a scruple dose. The sedative effects of the *bromide* were marked in the case of one observer, but they were very slight even with the drachm dose, in the case of the other; the congested appearance being still, however, present in the fundi. It seems a justifiable inference that *bromide of potassium* produces congestion of the brain.

In the case of *alcohol*, three observations were made: the doses were 2 drachms and 4 drachms of rectified spirit, and 2 oz. of brandy. The results were uniform; and in accordance with the known action of *alcohol*, viz., paralysis of the vasomotor nerves; congestion of the disc, with appearance of small vessels not visible before, and congestion of the choroid and retina, were the main results. On one occasion the veins had a clouded aspect. The dose of brandy was taken three quarters of an hour after the exhibition of a drachm of *chloral*. The effect of the spirit in counteracting the anæmic condition brought about by the *chloral*, was exceedingly manifest. In half an hour, the disc and retina were congested, instead of being very pale, as they were when the *chloral* sleep was going on. The general effect was not so much to remove sleepiness, as to substitute for it a sort of semi-intoxication.

In the case of *quinine*, observations were made on four occasions, when doses of 5 and 10 grs. were administered. The effects of 10 grain doses were noted in the following terms:—"In an hour and a half, vessels on the disc appear smaller, and the disc itself of a papery whiteness." "In an hour and a half, the disc and retina both very anæmic. Disc looks dry, with the vessels smaller than usual running over it." In two hours and a half, "both sides now evidently paler than last time." The characteristic tingling in the ears was felt with the 10 grain doses. With 5 grain doses, the effects on one observer were similar to those already mentioned, though not so marked; with the other observer, on one occasion, when the *quinine* created considerable disturbance of the stomach, a diminution of the vascularity was observed only to a slight extent, and about an hour and a half after exhibition of the dose; otherwise the fundus remained, as it had been at first, slightly congested.

Ergot was under observation on three occasions, the doses being from half a drachm to a drachm of the liquid extract of the pharmacopœia. With drachm doses the effects on the vascularity seem in the direction of diminution, as with quinine. Thus, to quote from our notes taken at the time, "in one hour, r. disc decidedly paler, with retina also of a paler tint. Left also paler. Almost complete sleep produced." Again, "in

twenty minutes r. disc paler, on apparent inner side, decidedly; on outer side also a little. L. eye altogether a little paler." "An hour after administration, retinæ and discs of both eyes decidedly pale; and this is especially observable in the r. eye." "In an hour-and-a-half, retinæ not quite so pale. Discs the same as before. The subject of experiment being sleepy." The hours were sometimes rather late on these occasions; but we have no particular reason to think that this confused our results, neither of us being accustomed to retire early. With half-drachm doses of *ergot* the results were more equivocal, a transitory paleness appearing, however, to be produced in about an hour after administration.

Belladonna, on the whole, gave different results to what the authors expected. They supposed its tendency to have been towards contraction of the small vessels (see *e.g.*, Handfield Jones, *Functional Nervous Disorders*, p. 816). But in those of the disc at least the effect seemed to be their congestion. Observations were made on five occasions, grain and half-grain doses being taken; and large doses administered to an animal. On the occasions when we experimented on ourselves, the characteristic dryness of the throat was always felt; and to a painful extent with the grain doses. Dilatation of the Pupils was decidedly produced by the larger doses. In the fundus of the eyes the appearances of congestion were observed on every occasion. Once, with a half-grain dose, they appeared to pass off in an hour, and to be succeeded by paleness. Notes of the commoner results are such as the following:—"Three-quarters of an hour after half-grain of extr. *bell.*: r. disc certainly congested; centre of it corresponds in tint with surrounding retina. Left disc and retina also perceptibly altered, being still deeper in tint." In an hour-and-a-half, disc and retina still congested, especially at inner side, outer perhaps rather paler than before. Left continues congested; but is perhaps paler than at last observation." The records from the larger doses agree with this so much, that they need hardly be quoted at length. "A decided pinkness of the r. disc, especially towards the centre, but also at other parts. It shades gradually into the retina." "R. disc congested, its centre of the same tint as the retina," are samples of the notes made in an hour-and-a-half or two hours after the exhibition of grain doses. The tint of the retina was not found to be affected to any particular extent by the *belladonna*. The drug was given it should be stated, in the form of extract In carrying out these observations we have not confused our results by using *atropine* to dilate the pupil; we availed ourselves of this application only while gaining an acquaintance with the appearance of the fundi; and though its effects remained to a slight extent during one or two observations, they could hardly have been sufficient to affect the results, especially as one eye

was always free from *atropine*, even on these last-mentioned occasions.

An interesting case of *Epilepsy with Mania*, in which *ergot* was decidedly beneficial, is recorded by Dr. WM. YEATS, in the *Med. Times*, July 13. The patient had been subject to epileptic fits for twenty years, immediately followed by an attack of violent mania. Of late the epileptic fits had become much more frequent, the maniacal attacks very violent; while, during the intervals, he was quite unable to manage himself, or talk rationally. Under the influence of *ergot*, at first in 3j doses of the liquid extract, afterwards in smaller doses, the maniacal attacks not only became much milder and of less duration, but during the intervals his mental state has much improved; and "he has not been observed to have been so rational, collected, and obedient for several years." D. D. B.

NOTABILIA.

THE HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this Society will be held in York, at 9 o'clock on the morning of the 4th September, the day of the meeting of the Congress: and as very important matters will have to be discussed, it is hoped that all who take an interest in the Society will be present.

We have received from Dr. Hayward the following account of the position in which the Society stands to its publishers, Messrs. Turner & Co.

"Since the last annual meeting a difficulty has arisen with Mr. Turner, the publisher; he refuses to publish any more of the works of the Society under the terms of the agreement entered into by his father and accepted by himself. He wishes to bring the Society in as indebted to him; and for this purpose he insists on what appears to the Executive of the Society as a new rendering of the seventh clause of the agreement, a rendering differing widely from the one according to which all the proceedings of the Society have hitherto been carried on. The following is a copy of the original agreement:—

'Memorandum of an Agreement' entered into this second day of March, 1858, between Dr. Drysdale, Liverpool, and Dr. Atkin, Hull, on the one part, and Henry Turner, Homœopathic Chemist, Manchester, on the other part. This agreement witnesseth, That

'I. Henry Turner is to publish a new Repertory of the Homœopathic Materia Medica, to be called the Repertory of the Homœopathic Materia Medica, on the terms and subject to the conditions herein specified, viz.

- ' II. That the whole cost of printing and corrections to be borne jointly and equally by the above named Dr. Drysdale and Dr. Atkin and Henry Turner—that is to say, half the expence to be paid by Dr. Drysdale and Dr. Atkin, and half by Henry Turner.
- ' III. The cost of binding and advertising to be borne by Henry Turner, and to be wholly under his control.
- ' IV. The Repetroy to be published in parts or portions, each part to consist of seven sheets and a half of Royal 8vo. Each part to be put up in stiff paper covers, and to be sold to non-subscribers at 5s. each, and to subscribers at 4s. each. To be completed as nearly as can be computed in about 6 to 8 parts.
- ' V. Dr. Drysdale and Dr. Atkin engage that the manuscript shall be duly supplied to the printer in sufficient time to issue the two first parts together on the 15th day of April next, and to have the successive parts out as regularly as possible, one every two months, supplying the printer with copy in such a way as to allow him sufficient time for composing, correcting, and printing.
- ' VI. Dr. Drysdale and Dr. Atkin engage to correct the press with all the care and promptitude necessary to issue the work creditably in every respect.
- ' VII. The number of copies printed shall be 500 of each part, and shall be disposed of as follows: two hundred copies to be put up in covers at once of each part as soon as printed. These to be the sole property of Henry Turner for disposal on payment of one half of the expences of the whole edition as before specified. The remaining three hundred copies to be deposited in some safe place to be selected and mutually approved of by Dr. Drysdale, Dr. Atkin, and Henry Turner, and to remain until the first two hundred are sold. As soon as the first aforesaid two hundred are sold, Henry Turner shall remit half the cost of printing which was advanced by Dr. Drysdale and Dr. Atkin to Dr. Drysdale, and shall then receive one hundred more copies to be his exclusive property for disposal as he may deem proper, acting on his own judgment in the matter, and when he has sold these he shall remit the sum of Ten Pounds to Dr. Drysdale, and receive another hundred copies to be his own property as the preceding hundred, and when these are sold he shall receive the fifth and last hundred to be also his property, and to dispose of as he shall think fit. No copies to be disposed of or given away except through the said Henry Turner, and also all the rights, privileges, ownerships, and so on to be also the property of the heirs, or representatives of the said Henry Turner, in case of the decease of the said Henry

Turner; and in case of the decease of the said Henry Turner, he binds his heirs and representatives to fulfil this contract in the same way as if he the said Henry Turner were still alive.

- ‘VIII. Provided always that this agreement applies only to the first edition of this Repertory, and conveys to the said Henry Turner right and title only to the number of copies mentioned above.
- ‘IX. If any dispute shall arise respecting anything not provided for in this memorandum, and respecting which they shall not be able to agree, each party shall choose an arbitrator, and they if necessary an Umpire whose decision shall be final.
- ‘X. Any of the gentlemen who have laboured assiduously in the compilation of the Repertory, and who shall subscribe for or procure subscribers for five or more copies, shall receive one copy additional for their own use.

‘In witness whereof we have signed these presents.

‘JOHN DRYSDALE, M.D., Liverpool,

‘G. ATKIN, M.D., Hull,

‘HENRY TURNER.

‘JASPER CAPPER, Witness,

‘EVAN FRASER, Witness,

‘CHARLES JAMES PEAL, Witness.’

“Mr. Turner now reads the seventh clause as requiring him to return only half of the half of the cost of printing and corrections, that is, a quarter of the cost instead of half of the cost, or half of the money advanced, and not half of the cost of printing.

“The injustice of such a reading is apparent not only from the words themselves of the seventh clause, and the general tenor of the whole agreement, but from the fact that under such a reading Mr. Turner would not only receive the manuscript, and have the whole of the stock of books himself for nothing, but would absolutely receive cash into the bargain! According to his own showing, the cost of the printing and corrections of Part I was £46 : 10 : 6, and of this the Society was to advance one half, that is, £23 : 5 : 3, and Mr. Turner was to receive 200 of the 500 copies. On opening the third hundred, Mr. Turner, according to his reading, was to return £11 : 12 : 7; and on opening the fourth hundred he was to remit to the Society another £10; and after that he was to receive the fifth and last hundred without any further payment! Hence he would receive the whole of the edition of books and £1 : 12 : 7 in money in addition!

“Nevertheless, in spite of all argument, Mr. Turner refuses to proceed with the publishing; and he states further that, even

should arbitration decide against his reading of the agreement, he will not consent to continue the publication of the Society's works under the existing agreement.

"Under these circumstances the officers appointed at the Oxford meeting refused to act, and the work was thrown back on the old officers. The former secretary, Dr. Hayward, thereupon consulted a solicitor. The solicitor gave it as his decided opinion that Mr. Turner's reading could not for one moment be entertained; and further, that the remaining stock of books, now in Mr. Turner's hands, ought to be given up at once into neutral hands. This, he said, the Society could compel Mr. Turner to do, though they could not compel him to proceed with the further publication of the Society's works, because they have been supplied to him every two months as provided in the agreement.

"At the next annual meeting, therefore, the Society will have to consider its relation with Mr. Turner, and arrange for the security of the surplus stock, as well as for the publication of its works in future.

"JOHN W. HAYWARD, *Hon. Sec. pro. tem.*

"Grove-street, Liverpool, July 15th, 1872."

ARTIFICIAL HIP JOINT.

At the Annual Meeting of the Illinois Homœopathic Medical Association recently held at Chicago. Dr. A. G. Beebe, of that city presented a very interesting case of the formation of an artificial hip joint to remedy an ankylosis of that joint. He stated that the disease had lasted fourteen years before the operation, and was caused by inflammation of the bone, resulting from the use of *Mercury*. The knee was raised as high as it could well be, and projected directly sidewise. The operation was made by dividing the neck of the femur and bringing the leg down into the proper position. It is now one year since the operation was performed, and the patient has a new joint, which moves quite freely, and allows him to walk without the use of cane or crutch. This operation has been performed but three times before in America, and although this was the most complicated case on record, it promised the most flattering results.

MEDICAL ETHICS IN WASHINGTON.

On the occasion of the American Institute of Homœopathy meeting in Washington last May, the members were entertained at a banquet, by the Hon. Henry D. Cooke, the governor of the District of Columbia. Several toasts were proposed, and among them was "Medicine as a Liberal Science." This was spoken to by Dr. C. C. Cox of Washington, an allopathic physician of

some distinction in that city, and President of the Board of Health of the District. After some introductory remarks of a humorous character he said :—

“ It is not necessary to assure you, gentlemen, how sensibly I feel all the kind expressions I have heard here to-night, and on prior occasions since your Institute has been in session. Excluded, as I have been, to some extent, by that class with whom my sympathies and hopes and ideas have been identified for so many years, I find myself to-night a stranger amid those who by the regular profession have been placed beyond the pale of professional, and, I was about to say, almost of social civility and courtesy, and yet the recipient of courtesies and of hospitality denied to some extent by my professional household. I need not say to you that I do not feel degraded by the company in which I find myself, but on the contrary, I will assert that I feel myself honored. I do not feel that, in meeting with this intelligent body of co-operators and co-laborers in the cause of science, I am violating any just principle of ethics or etiquette, but rather obeying the dictates of common sense and common justice and common humanity, and upholding the balance between man and man. (Applause.)

“ The sentiment to which I find myself called upon to respond is, *Medicine as a Liberal Science*. Sometimes the very best method of illustrating a subject is, to exemplify by something not exactly in accordance with the principle involved; and thus I shall attempt to illustrate the liberalism not so much of medical science as of medical men. You will doubtless all recollect, if you have read the newspapers of the country, and most of you are doubtless familiar with the fact, that I stand proscribed by that branch of the profession to which I belong in this city, because I dared to take a seat at the Board of Health, a member of which Board was a homœopathic physician.

“ The story is a simple one, and soon told. On the 3rd of April, 1871, I was tendered the appointment of membership of the Board of Health of the District by the President of the United States, which appointment was subsequently confirmed by the Senate. The Board of Health at that time consisted of two physicians and three laymen; of the physicians one, Dr. T. S. Verdi, whose qualities as a gentleman of refined culture and ability are known to you all, was a homœopathist. I had had associations with Dr. Verdi in the capacity of church vestryman and as a member of the Board of Trustees of Public Schools, had generally lived in the same square with my accomplished friend, and should as soon have thought of being called to account for associating with him in either of these capacities, or for living near him, as for engaging with him in the performance of a public duty so important as the one to which we were accredited. Nor could I think that I was violating any principle of any code of ethics,

or injuring any medical man in the country, or in the slightest degree breaking the obligations due by me to that profession which I had always honored, and whose honor I had scrupulously guarded throughout my professional life. But the proscription did not end with me alone; for, like a leper of old, I was to be put aside, and every man was cautioned to avoid approaching me, lest he should become contaminated. An eminent physician of this District, Dr. D. W. Bliss, who is present with us to-night, invited me to consult with him during the illness of our beloved Vice-President Colfax, and for so doing he was expelled from the Association which refused me admission because I served upon the Board of Health with Dr. Verdi. (Cries of shame! shame!) He was expelled from this Society and made a professional criminal of, because he dared to consult with one who dared to assist a homœopathic fellow citizen in obeying the behests of the Government which he had pledged himself to support, and engaging in the great and noble work of caring for the public health and preserving public life. Is it any wonder that the press of this country, with the most marked unaniimity everywhere, denounced and rebuked this high-handed assumption on the part of the Medical Association of the District of Columbia? The most biting sarcasm of all those uttered by the press of the land on this act, came from an allopathic medical journal published in Philadelphia, and which pronounced it scandalous and simply ridiculous. Neither Dr. Bliss nor myself suffered any material damage, nor are we conscious of having lost any measure of public respect or public confidence, in consequence of this great bill of excommunication issued.

“This matter was brought to the notice of, and words were uttered against my admission into, the American Medical Association at Philadelphia. I regret it was not in my power to be present at that meeting, so as to have brought up the question and demanded a vote on the issue between the Medical Society and myself, and between Dr. Bliss and the Medical Society. And when the question does come up, I have too much confidence in the sense of propriety, intelligence, and fair dealing of the American Medical Association to believe that any other result can or will be arrived at than a triumphant vindication of both of us from the slanderous and infamous aspersions heaped upon us by this District Society.

DR. BLISS, interrupting: “You have greater confidence in them than I have then.”

Dr. Cox, resuming: “I do not intend to discuss here the general principles of medical ethics, but I defy any man to show that the Board of Health has violated in the slightest degree any form or principle of the code of ethics; nor can I perceive how, by any sort of twisting process, the question of therapeutics, which is the only point of difference between the schools, is in any

way involved in any of the questions which come before the Board of Health, or in any of the actions of that Board. In anatomy, physiology, hygiene, surgery, and chemistry, I take it, gentlemen, that you deriving your knowledge from the same source as ourselves, are quite as learned as we dare to be.

“And now, gentlemen, I say proudly, that I stand here to-night an allopathist, endeared to my profession, a member of that old American Medical Association, and one of its ex-Presidents, and its first representative to the medical societies of Europe; but should the time ever come when the verdict of that Association shall be given against me on the principle involved in my case, I tell you that, as much as I love it, as much as I regard the social connections I have formed in it, I shall go forth from it with the proud consciousness of having done nothing which in any way affected my obligations to my professional brethren, and that my sole cause of offence had been, that I had subserved the cause of humanity and liberal principles, and had chosen to exercise that right of private opinion and private judgment which, by the help of God, I have learned constantly and fearlessly to maintain, and hope to do so until the last hour of my life. (Applause.) The time will never come when I will withhold from any true gentleman, be he allopathic or homœopathic, the amenities and courtesies of life. (Cries of good! good!) The time will never come when I, as a member of any body engaged in service for the public good, shall stop to inquire whether the man who sits next to me is a disciple of Galen or of Hahnemann; but I shall, on the contrary, give to him the right hand of fellowship, and vie with him in promoting the public interests committed under God to us to subserve.

“You all no doubt agree with me, gentlemen, that it is high time that men engaged in the great mission of healing the sick should cease their wrangling and quarrelling (Applause.) The work to be done is too great, and the time to do it in is too short, to allow any part of it to be wasted in bickering and strife. We should remember that we live not in the ninth but the nineteenth century; we should bear in mind always that medicine is not an exact science, and that it is so far from perfection, that it is simply presumptuous for any one of our class, or for any class, to wrap himself or themselves in the cloak of exclusiveness, and dare to say that he or they are the only defenders of the true science. It is presumption for one class of men—and in this connection I regret to be obliged to allude to the American Medical Association—to say that because one is of a particular color, or believes in the doctrines of Hahnemann, or he or she entertains opinions of their own in regard to the practice of medicine, it is the height of presumption, I say, for any class of men to declare that against such applicants the doors of the temple of science are to be closed, and they are not to be permitted to enter. God gave

a measure of intellect to all, and he entitled all to the broadest culture, and the man, or the number of men, or the body, that lifts its hands to prevent this cultivation of the mind, and attempts to repress it in any way, is raising hands against the Maker and Ruler of the Universe.

"Now gentlemen, I fear I have tired your patience."

DR. LUDLAM: "Our patients are at home, Doctor."

Dr. Cox, resuming: "I wish to say here, that it is alike the duty of Allopaths and Homœopaths, as a body of devotees to science, to join together in an effort to break down the barriers of bigotry and prejudice that exist to-day. (Cries of good! good! and applause.) It is our duty to stand together in the effort to put down exclusiveness. This should be the purpose of every true lover of science, and each one should emulate his neighbour in paying his mite towards the great general store of human knowledge.

"Then let us pray that come it may,
As come it will for a' that,
That sense and worth, o'er a' the earth
May bear the gree, and a' that.
For a' that, and a' that,
It's coming yet, for a' that,
That man to man, the warld o'er,
Shall brothers be for a' that."

MAGNETINE OR SKEUASMA.

THE apparatus thus oddly named consists of a series of strips of highly-magnetized iron and india-rubber, so arranged as, with a covering of some light material, to form belts, chest-protectors, wristlets, &c. In short, there is hardly a part of the body to which, through the ingenuity of the patentee, these magnets cannot be applied. There seems to be no doubt about the strips being really magnetic—about their power to attract and repel the needle of a compass. They are said to be curative in all manner of diseases; and the virtues of Skeuasma are vouched for by the usual supply of testimonials from all sorts and conditions of people. If it be possible for absorption of magnetism to take place, and to supply any existing deficiency of natural electricity, then Mr. Darlow's appliances may prove serviceable. Anyhow, there seems to be as much reason to expect advantage from their use as from Mr. Pulvermacher's chains, which some persons believe themselves to have derived considerable advantage from wearing.

BRITISH HOMŒOPATHIC CONGRESS.

IN our notice of the papers to be read at York next month, we find that we were in error in giving the title of that to be read by Dr. RICHARD HUGHES, which is "*On the Place and Value of*

Baptisia in the Treatment of Typhoid Fever," and not, as we had understood, on the treatment of typhoid generally. The limitation of Dr. Hughes's subject will have the advantage of narrowing the discussion to a point of considerable importance in the treatment of this disease.

CORRESPONDENCE.

NEW FORMS OF ENEMA APPARATUS.

To the Editors of the Monthly Homeopathic Review.

Gentlemen,—Most of the enema apparatus hitherto invented present some disadvantages which militate against their usefulness. The ordinary brass enema apparatus is cumbersome, and extremely inconvenient to use alone, as it needs both hands to work it; so that it is difficult to keep the canula *in situ*. Again, if not often used, the packing on the piston is sure to get very dry, and in hot climates especially, the instrument is in this way often rendered useless, it being no easy matter to pack a piston properly.

The Irrigateur of Dr. Eguisier is easy to manipulate, but it is very bulky, very liable to get out of order, and could only be repaired by an instrument-maker.

Perhaps the best form of apparatus yet made is either the Higginson or Kennedy. They are both of them portable, and can be used with one hand; but they have also both of them one radical defect, namely, the vulcanised india-rubber ball. However good this may be when first manufactured, after a time it undergoes some molecular change and becomes worthless. Again, if the ball be made thin it fills but slowly, and if made thick it is very tiring to the hand; but worse than all, oil or turpentine (so often used in enemata) soon destroys the india-rubber.

I have endeavoured to remedy all these various defects, in the two forms of enema apparatus I have had made for me by Messrs. Arnold & Sons, of 35 and 36, West Smithfield.

I propose to call that depicted in fig. 1 the Simplex, and the other, fig. 2, the Facilis.



Fig. 1.—THE SIMPLEX.



Fig. 2.—THE FACILIS.

The simplex consists of two cylinders, *sliding easily* the one within the other. The upper, and smaller of the two, is closed at the top, as shown in the engraving, and is kept raised by means of a spiral spring which rests against the bottom of the lower cylinder. This latter is closed at its lower end by the solid base on which the instrument stands, and its upper end is made of rather larger diameter than the rest, so as to form a circular chamber, which has holes pierced at its under surface. An inlet valve is fitted into the base of the lower cylinder, and an outlet valve to an opening leading to a space between the inner and outer surface of the lower cylinder, which space is continuous with the discharge pipe. To use the apparatus it is placed in a bason or other vessel containing the liquid; the upper cylinder is pressed down by the hand and then allowed to rise again by the action of spring, it thus acts as a piston, and the fluid is drawn through the inlet valve into the lower cylinder. On again depressing, the greater part is forced through the outlet valve, and the little that escapes between the cylinders is forced into the circular chamber, from whence it runs through the holes on its under surface back into the vessel.

The *facilis* is made essentially on the same principle, but it is constructed to feed itself from any vessel, and is intended to be used in cases where it would be inconvenient to stand the apparatus in the fluid. For instance, when it is required to be used in bed, or with delirious or unruly patients.

It consists of a cylinder, having the upper part of larger diameter than the lower, and fitted with a water-tight cover, which is pierced with an opening fitted with a stuffing box.

Inside the cylinder is a *loosely fitting* metallic piston, without packing, kept pressed against the cover by means of a spiral spring. In the centre of the upper surface of the piston is a depression corresponding with the opening in the cover. The piston rod, which is loose, drops into this. An inlet valve is fitted to an opening in the lower part of the cylinder, to which the feed tube (the lower of the two shown in the engraving) is attached. The upper tube is fitted to an opening on the under

surface of the enlarged part of the cylinder, and acts as a waste-pipe. An outlet valve is fitted to the opposite side of the cylinder, and is connected with the discharge pipe. To use this apparatus the feed-pipe and waste-pipe are both allowed to dip into the vessel containing the fluid, then on alternately depressing the piston and allowing the spring to raise it, the liquid is drawn into the cylinder through the inlet valve, and forced through the outlet valve. What little makes its way beside the loosely fitting piston, gets into the large upper part, and runs through the waste-pipe back into the vessel.

The advantages which I think these apparatus possess are :

1st. They are very easy to use, needing only one hand to work them.

2nd. They are eminently portable, the Simplex being only 4 inches high, and 1½ inches in diameter at its widest part. The Facilis is 3 inches high and 2 inches in diameter.

3rd. There is no packing on the piston, and they are so simple in construction that it is next to impossible they should get out of order.

4th. They can be taken to pieces to clean and put together again in a few seconds, and without trouble.

5th. They are made entirely of metal, and the springs are of plated steel, so that they are not likely either to rust or become weakened.

I am, Gentlemen, yours truly,

W. L. SHEPARD, M.R.C.S. Eng.,
Late Tutor of St. Bartholomew's Hospital.

32, Burton Crescent, May 21st, 1872.

NOTICES TO CORRESPONDENTS.

Drs. M'CLATCHEY (Philadelphia) and Dr. DUNCAN (Chicago) will, we trust, accept our thanks for the proof-sheet reports of the American Institute of Homœopathy, and of the Illinois State Homœopathic Medical Association, they have been good enough to forward to us.

S. M.—Your letter is in type, and we intended to have published it in this number. This at the last moment we find ourselves unable to do. We would, in the meantime, suggest that you take your patient to the London Homœopathic Hospital and request a consultation with the medical officers.

Dr. C. D. F. PHILLIPS has sent to us a copy of a letter addressed to him by the wife of the patient, in a consultation upon whose case his conduct has been called in question. This letter there is no necessity to publish. It simply shows that both Dr. Drummond and Mr. Cox were, prior to Dr. Charles Phillips's arrival, quite agreed as to their diagnosis; though the obscurity of the disorder had at one time led them to express themselves guardedly as to its nature. The lady does not, it appears, remember Dr. Charles Phillips using the word "typhoid." But it is perfectly clear from Dr. Drysdale's

letter, in our last number, that whatever may have been his phraseology, he endeavoured to make the friends of the patient believe that the fever was of a typhoid character, and that he had made the discovery! He also—and this is the all-important point, so far as Dr. Charles Phillips's reputation is concerned—made the most of his opportunity, when left alone with the family, to destroy their confidence in the medical men attending the patient—one suffering from a disease obscure in its indications, difficult to treat, and dangerous in character, but which, luckily for Dr. C. D. F. P., had sufficiently declared its nature at least twenty four hours before his arrival, to enable him to join with Dr. Drummond in expressing a decided opinion upon it.

Communications have been received from Dr. SUSS-HAHNEMANN and Messrs. ARNOLD & SON, London; Dr. DRYSDALE and Dr. HAYWARD, Liverpool; Dr. SHARP, Rugby; Dr. DYCE BROWN, Aberdeen; Dr. NEWTON, Cambridge; Dr. DIXON, London; Dr. COOPER, Southampton, &c.

BOOKS AND PERIODICALS RECEIVED.

- The Graft Theory of Disease; being an Application of Mr. Darwin's Hypothesis of Pangenesis to the Explanation of the Phenomena of the Zymotic Diseases.* By JAMES ROSS, M.D. London: J. & A. Churchill. 1872.
- Health and Comfort in House Building; or, Ventilation with Warm Air, by Self-acting Suction Power.* By J. DRYSDALE, M.D., and J. W. HAYWARD, M.D. London: E. & F. N. Spon. 1872.
- The British Journ. of Homœopathy*, July 1872. Turner & Co., London.
- Annals of the British Homœopathic Society and of the London Homœopathic Hospital*, Nos. xxxiii. and xxxiv. London: H. Turner and Co. 1871.
- The Homœopathic World*, July 1872. London: Jarrold & Son.
- The Chemist and Druggist*, July 1872. London.
- The Hahnemannian Monthly*, July 1872. Philadelphia, Tafel.
- The Am. Journ. of Hom. Mat. Med.*, June 1872. Philadelphia: Stoddart & Co.
- The New Eng. Med. Gaz.*, Jan., Feb., and March, 1872. Boston: Whitney.
- The Medical Investigator*, June 1872. Chicago: Halsey.
- The American Observer*, July 1872. Detroit: Lodge.
- Bulletin de la Soc. Méd. Hom. de France*, July 1872. Paris: Baillière.
- Bibliothèque Homœopathique*, June 1872. Paris: Baillière.
- Allgemeine Hom. Zeitung*, July 1872. Leipzig: Baumgärtner.
- Internationale Hom. Presse*, Bd. ii., Heft 1. Leipzig: Schwabe.
- Rivista Omiopatica*, May and June, 1872. Rome: Capobianchi.
- El Criterio Médico*, June and July, 1872. Madrid.
- La Reforma Médica*, June 1872. Madrid.
- Il Dinamico*, June, 1872. 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.

CAN HOMŒOPATHS AND ALLOPATHS MEET
IN CONSULTATION? .

SOME years ago Mr. Robertson incurred the displeasure of a Society in Manchester called the "Medico-Ethical;" a Society which differs but little, if at all, from the notorious "Unions" formed by the brickmakers, weavers, and other classes of operatives in that city. His offence was that he had met a homœopathic practitioner in consultation at the bedside of a sick relative. He was gravely informed by one of the members of this Society that to meet a homœopath in consultation, "under any circumstances whatever," was, in a professional sense, to commit the "unpardonable sin!"

Such has, during many years, been the teaching of the *Lancet*, *Medical Times and Gazette*, and *British Medical Journal*. A medical man who believes in homœopathy, and who may be in charge of a difficult or dangerous case of disease or injury, is not on any account to be aided in his endeavours to save life by a non-homœopathic physician or surgeon.

Medical etiquette demands that no such help should be given. If the patient dies from lack of such help, that is his fault. The allopath, who might have rendered such assistance to his homœopathic neighbour as would have enabled him to have saved the life lost, is held blameless!

Such, we repeat, have been the teachings of the allopathic medical journals any time these five and twenty years past. That it has operated in developing a goodly amount of bad feeling, and of inhumanity our *Review* has occasionally been called upon to record. In one case, that we well remember, a man suffering from a severe injury was carried into a country hospital, the medical officer of which, a homœopathic practitioner, was at the time from home. The patient was apparently bleeding to death. The assistant, a young man, feeling his responsibility excessive, requested another surgeon to be summoned. The person sent for came—but refused to enter the hospital, and demanded that the man should be brought out into the street, and that he would attend to him there, but that he would never enter the hospital of which a homœopath was the surgeon. No entreaties could persuade him, no assurance that the patient's life was in imminent danger could move him. Happily the assistant underrated his abilities, and was able to do all that was necessary until his principal arrived. Had this man died from want of that help which this surgeon could have given, and had an inquest been held we doubt not that he would have escaped without the smallest censure—for the Coroner was an allopathic surgeon!

In another case, a homœopathic practitioner was attending a woman in her first confinement, when the head being firmly impacted in the pelvis it became necessary to apply the forceps; and further, the nature of the case was such as to render skilled assistance in doing so essential to apply them efficiently. An allopathic surgeon in the neighbourhood was sent for—he distinctly refused to go, unless the homœopath was turned out of the house. The woman, in short, might die undelivered rather than be rescued by such assistance as he could give in conjunction with a homœopath. A second surgeon refused on the same plea, and it was not until a third was applied to that the requisite aid was obtained, and the homœopath was enabled to

apply the forceps and deliver his patient from her sufferings.

Such illustrations of the barbarities of allopathic practitioners might be multiplied many fold. That they are the natural outcome of the kind of teaching forced upon the profession by the allopathic medical journals and societies is obvious enough; while that such teaching and such fruits are a disgrace to the medical press and the medical profession is equally clear.

It is doubtless true that even now a large proportion of medical men, more particularly in the smaller towns, still esteem their obligations to fulfil the dictates of the societies to which they belong as higher than those which bind them to do their utmost to save life. But we believe that the number of such persons is considerably less than it was some years ago. Certainly it is so in the metropolis, in the large towns of the country, and in places where homœopathy has been well and faithfully represented during many years. In short, we have to a great extent lived down this sort of opposition, this method of annoyance, this scheme for offering insult to us, just as we have lived down the scurrilous language in which in 1851, and for several years thereafter, the *Lancet* inveighed against us.

We presume that it is under these circumstances that Dr. Cordwent of Taunton has felt it desirable to request the *Lancet* to give an editorial answer to his query—“Can a regular practitioner, either in a medical or surgical case, properly meet, *for the purpose of diagnosis*, a legally qualified man practising homœopathy?”

Taking this question as a text, the *Lancet* in a leading article of the 3rd ult points out the circumstances under which a “regular practitioner”—by which we presume the Editor to mean a medical man who either does not, or does not profess to believe in homœopathy—may without doing violence to its notions of medical etiquette meet a homœopathic practitioner in consultation. A somewhat

pompous exordium commences this editorial homily. "The question," says the writer, "is one worthy of consideration." Hitherto, we would remark *en passant*, it has been settled by the same journal without any consideration at all. It has been assumed that homœopaths are either knaves or fools, and that as the readers of the *Lancet* are neither the one nor the other, they cannot possibly have anything to do with such people. Q. E. D. That has been the style of argument on this matter until quite recently. Now, however, it is to meet with "consideration." Let us see, then, what this consideration amounts to.

"Every right minded medical man," the writer continues, "must wish to reduce to a minimum the differences which hinder professional intercourse between the members of a liberal profession, or which raise up barriers that the public cannot understand or sympathise with. The latter point is one of great importance." Yes, the influence of the better educated and more liberal-minded of the general public is beginning to tell even upon the *Lancet*! The general public cannot understand why a surgeon, who does not believe in a particular method of selecting drugs to cure bronchitis, should refuse to assist a surgeon, who does so believe, in setting a compound fracture, or operating for strangulated hernia! Neither can the general public comprehend why an accoucheur who knows nothing of homœopathy should refuse his aid to one who believes in it, and is in charge of a difficult case of midwifery. The general public are equally incapable of solving the mystery of etiquette which prevents an allopathic physician of repute, in some special form of disease, from giving the benefit of his experience in diagnosing such a malady to a patient who is under the care of a homœopathic practitioner, simply because he is so. The general public do not understand or sympathise with this sort of thing, and that they do not is, we quite agree with our contemporary, a matter of great impor-

tance. The result of this lack of comprehension is fairly stated in the same article to be that "the profession comes to be charged with littleness, and jealousy, and illiberality." This is perfectly true; and moreover we believe the conclusion of the general public in this matter to be as just, as the fact that it has been arrived at is well ascertained. Then the *Lancet* proceeds to endeavour to clear "the profession" from these charges. "We have probably all been urgently summoned to assist some case where a mechanical difficulty was pressing, surgical or obstetric, in which the 'dynamic' action of drugs was felt to be a mockery, and in which it would have been mere inhumanity not to do what we could, irrespective of the medical creed of the globulist. To refuse to apply the forceps or to practise version for a patient *in extremis*, because she has the misfortune to be attended by a homœopathic practitioner, would be unworthy of any medical man who has the power to do such things." This is the first occasion on which we remember the *Lancet* to have accorded its sanction to any proceeding of the kind. "Under no circumstances whatever" has it hitherto been declared shall a non-homœopathic practitioner meet one who is an avowed homœopathist at the bedside of the sick. To do so "on the plea of humanity" was declared in 1861 by this very Journal to be "a libel on that sacred name." We may therefore congratulate our contemporary on having made some slight advance on the position taken up by it so lately as eleven years ago.

But when it comes to meeting to consult about diagnosis the style of the never to be forgotten Mr. Pecksniff is assumed, and "we regret to be compelled to answer in the negative." The expression of "regret" is amusing, to say the least of it. What is it that our contemporary regrets? Is it that the general public will not understand or sympathise with a surgeon who refuses to express an opinion as to the nature of a certain swelling on some

part of the body, because the sufferer is a patient of a homœopath? Or is it because it is "compelled" to advise its correspondent to sacrifice certain fees in order to do homage to the *Lancet* ideas of professional dignity? We cannot understand this "regret."

"Consultation," we are further told, "is consultation for therapeutical purposes, or it has no value to the patient." This statement is only partially true in the first place, and were it wholly true would be beside the mark in the second. It is only partially true, because in many cases an opinion is sought without any reference to treatment whatever. A patient exhibits symptoms suspiciously indicating the development of tubercles in one or other lung. The family attendant communicates his suspicions to the patient's friends. Their immediate anxiety is not for the cure of their relative, but to learn whether the fears of their doctor are well founded. To ascertain this, they suggest a consultation with a physician who has made a life-long study of diseases of the chest. They desire no physic from him. All they ask is whether in his opinion there is reason to fear the presence of that much dreaded "consumption." So too with cases of cancer, with stone in the bladder, with paralysis, with mental disease, and with a whole host of other disorders, a consultation is sought for the satisfaction of knowing the real nature of the disease in question from those whose opportunities of acquiring information, calculated to guide them accurately in ascertaining it, have been exceptionally large. Then again, were it wholly true, that a consultation which did not comprehend therapeutics would be without value to the patient, it does not follow that such a consultation could not take place between homœopathic and non-homœopathic practitioners. Were it otherwise the word therapeutics must be taken as equivalent to the word drugs. Will any allopathic physician allow that such is the case? Certainly not. Does any allopathic physician of the present day attach anything

like the importance to drug prescribing that his predecessors of thirty or even twenty years ago did? Has it not been declared *ex cathedra* that the position held by drugs in therapeutics is a very secondary one? Is it not true that in the therapeutics of a considerable proportion of the most largely experienced physicians drugs hold no place at all?

Hence we conclude that a consultation may be of great value and great comfort where its object is solely one of diagnosis; and that in many instances, even where the treatment which may appear most desirable is discussed, the question of drugs is one that scarcely requires to be dwelt upon: and it is in the selection of drugs that the sole point of difference between the homœopathic and non-homœopathic physician lies.

Having given this reason for being compelled to regret the impropriety of medical men of the two schools meeting for consultation, the readers of the *Lancet* are assured, that the diagnostic skill of homœopathic practitioners is lamentably at fault. They are told that we regard consumption, cancer, and hydrocephalus as "fleabites." And a story is succinctly told of how the writer, "not very long since," read of a homœopath who had said that before becoming such, he had lost nearly all his cases of hydrocephalus, but that since his conversion he had not lost one! The moral of this mythical illustration, is that such a man "does not know what hydrocephalus is." We suppose that as he lost all his cases of this disease before he became a homœopath, he knew what it was at that time! Acute hydrocephalus is, under allopathic treatment almost necessarily fatal. With a blister or some vesicating ointment at the nape of the neck, sundry leeches hanging on to the temples, gums sore from mercury, and bowels irritated with purgatives—how could a delicate child with dropsy of the brain recover? Yet that such was the "orthodox" treatment of hydrocephalus—or as it is now termed acute tubercular meningitis—is but too true. And

that which is taught as "orthodox" to day is the same in kind, though less violent in degree. "In a disease" writes the late Dr. Tanner "which is so avowedly fatal, and so apparently without a remedy, anything which offers even the remote chance of success merits at least a trial." To this we would say try those remedies which homœopathy would suggest. Our own experience has certainly not been so favourable as that of the homœopath of whom the editor of the *Lancet* says he read "not very long since." But that hydrocephalus is not uniformly and therefore not necessarily fatal, we can most positively aver.

Another charge against homœopathic practitioners is, that "with scarcely an exception" they "have done actually nothing for the elucidation of the nature of disease." The elucidation of the nature of disease is not, we reply, the chief end of medicine, still less is it the whole of medicine. The rôle which homœopaths have taken has been the cure of disease by drugs. Pathology, or the nature of disease, requires for its successful study the observation of disease in hospitals, the discussion of the facts noted in medical societies. From both have homœopathic practitioners been excluded. We are now taunted that having been refused straw, we have made no bricks! But if circumstances have deprived us of the power of contributing effectively to the development of pathology, we have done more than any other body of men throughout the whole history of medicine, to increase the common stock of knowledge regarding the actions and uses of drugs. In Dr. Ringer's *Manual of Therapeutics* the bulk of the *positive* information communicated to the reader has long been familiar to the homœopath, and we may therefore conclude has been derived from homœopathy. In fact, this was so very apparent, that the writer of a review of his work in the *Practitioner* entered into an elaborate apology for its author, and *inter alia* declared it to be most unjust to style the administration of "small doses of" a drug for the treatment of symptoms which closely re-

“semble those which the agent can itself excite, when given in poisonous doses, homœopathy!” If it be unjust to do so, it is equally unjust to describe the practice of medical men who declare that they believe in homœopathy, and, as frequently as they know how, select their medicines on the principle of similars, to be homœopathic! The *British and Foreign Medico-Chirurgical Review* also complained that Dr. Ringer’s teaching had been regarded as “rank homœopathy!” This, then, is the work that homœopathic physicians have done for medicine; and it is a great work, one the importance of which is being more generally felt and the results of which are made more conspicuously observable every year.

Another objection to meeting homœopathic practitioners is put in the following manner:—

“Consultation, whether for purposes of diagnosis or treatment,—were such distinctions possible,—is recognition. And the reluctant theory of the scientific student of medicine is, that homœopathy is a contemptible delusion, that has been half given up by its practitioners, and that must be entirely and frankly abandoned before they can be recognised as scientific men.”

We should like to see the evidence upon which this “reluctant theory” has been built. That homœopathy is no “contemptible delusion,” its history during upwards of seventy years abundantly testifies. Those who declare it to be a fact, those who assert that it leads, in a manner more satisfactory than any other theory hitherto promulgated, to the selection of drugs for the cure of disease, do so upon the evidence that has been afforded by carefully conducted clinical experiment. Those who like the Editor of the *Lancet* regard it as a “contemptible delusion” never wittingly made any clinical investigation of its value at all. Their *dictum* is based upon an *à priori* assumption. It must be “a delusion,” because its being true is inconsistent with their experience in the practice of medicine as taught in the Schools. It must be “con-

temptible," because they have decided that it is "a delusion."

To pronounce an opinion upon a matter of pure experiment without making the necessary experiment is contemptible in the extreme. Nay, it is worse, it is fraudulent. It is tantamount to a pretence of a capacity to judge without the existence of any capacity of the kind. It is just this that writers in the *Lancet* have done. They know nothing of homœopathy save what they have read. They persistently refuse to test it at the bedside, or to watch others do so. And notwithstanding their inevitable ignorance of its worth, they go on year after year denouncing it as a "delusion," as "contemptible," and so on; while those who, having put it to the test, have felt the additional power over disease they can derive from adopting it into their practice, and who have publicly acknowledged this advantage, are esteemed as unworthy of recognition as members of a profession, which our denunciators are never weary of defining as 'liberal'!

To strengthen the "reluctant theory," the writer of this article unblushingly declares that homœopathy "has been half given up by its practitioners." Where we should like to know are the facts which show that homœopathy is being, still less has been, half abandoned? The writer, likely enough, is utterly ignorant of that in which homœopathy consists. His imagination has framed for him some scheme of giving globules, which he thinks proper to call homœopathy, and as the writings of homœopathists do not correspond with his idea of their views, homœopathy has forsooth been "half given up" by them!

Homœopathy, we have repeatedly declared in these pages, consists simply in prescribing remedies which, when given to healthy persons in sufficiently large quantities to develop their physiological action, produce a condition similar to that we desire to cure. Such and such alone is homœopathy. To carry it into practice it is necessary to obtain records of the manner in which drugs act upon

persons in health ; and further it is necessary in prescribing drugs upon this principle to give them in doses smaller than those requisite to evoke their physiological action. Any physician therefore who, as far as his knowledge of the physiological action of drugs allows, treats his patients by the light of this principle, and administers his medicines in doses smaller than those he would order when desirous of producing an antipathic or allopathic effect, is a homœopathist whether he admits that he is so or not.

As we have already shown these are the principles which are daily growing in favour with the best teachers of medicine. If they are not admitted they are acted upon. If they are denounced as false, fraudulent, and so forth in introductory lectures, at the opening of a Medical Session, they are practically taught throughout the whole of it. *Ipecacuanha* in vomiting, *aconite* in inflammatory fever, *arsenic* in irritative dyspepsia, *phosphorus* in bronchitis, and so on have all had their special virtues first made known through the application of the homœopathic principle.

That the physiological action of drugs should be systematically studied is everywhere acknowledged. Though those who are most earnest in advocating this method of investigating the properties of the *Materia Medica* scarcely know what to do with their results when they have got them !

That medicines have a double action—one when given in small doses and another when prescribed in large quantities—is also an accepted dogma. This too is neither more nor less than admitting the curative power of small doses under certain circumstances.

So that while the very principles which we have for many years testified to the truth of, and which we have constantly urged upon the attention of physicians are more and more attracting the notice of scientific men, we are calmly informed that before we can be recognised as such we must abandon them !

There is as great a want of common honesty in dealing with homœopathy by those who decry it, as there is of ordinary generosity on the part of the medical press in endeavouring to write down those who have studied and publicly avowed its truth.

Finally, we have a few words to say on the subject of consultation with allopathic practitioners. We entered at length into this subject some three years ago in an article entitled, *Consultations between Homœopaths and Allopaths* (February, 1869). The principles then laid down are such as we believe ought to guide both sections of the profession, and we need therefore do little more than recapitulate them. As we then stated, "where the objects for which medical men meet are so various, no single rule will suffice to guide them in all cases." We showed that "for purposes of diagnosis, medical men of widely differing views regarding treatment, may meet amicably to themselves and satisfactorily to the patient." When the question turns upon the expediency of surgical interference, and the homœopathic practitioner is not an operating surgeon, there is no reason why this question should not be decided in consultation between the homœopathic practitioner in charge of the case, and the non-homœopathic surgeon whom he calls to his aid. Where, however, the after treatment involves the use of drugs, the question as to who is to conduct it must be left to the decision of the patient. If he elects to be directed by his homœopathic adviser, the surgeon must, after having performed the surgical operation, either retire or consent to be a mere looker on in the purely medicinal part of the treatment, and *vice versa*. The responsibility can no longer be divided. It must remain with either the one or the other.

In obstetric cases "the questions which arise rarely, if ever, have reference to drugs: they are almost exclusively such as are mechanical. In the practice of midwifery there is no excuse whatever for an allopath and a homœopath refusing to meet one another."

Where, however, the chief end of a consultation is to decide as to the medicines which shall be administered there is, save in very exceptional cases, or where the consultant is known to be one who, though he does not publicly admit the truth of homœopathy, generally practises homœopathically, no advantage to be gained either by patient or doctor in a consultation between a homœopath and an allopath. It is far better that either one or other should retire from the management of the case altogether, than that there should be any renunciation on either side of views which are diametrically opposed to one another.

It is therefore only in cases where medicinal interference is of first-rate importance to the safety of the patient, that allopaths and homœopaths cannot advantageously meet in consultation. Such a meeting cannot be desired on either side, and no good could we believe arise out of it. But setting aside such cases, in all others we hold that an allopath has no sufficient ground on which to base his refusal to meet a duly qualified man practising homœopathy. To do so is to evince "littleness, and jealousy, and illiberality." It is to take a course of action which the "public cannot understand nor sympathise with."

BRITISH HOMŒOPATHIC CONGRESS.

ON Wednesday next the Annual Congress of medical men practising homœopathy will assemble in the ancient city of YORK. We sincerely trust that this meeting will be as thoroughly satisfactory and as fruitful of pleasurable associations as were those which took place at Birmingham in 1870 and at Oxford in 1871. The remembrance of those gatherings will, we feel sure, render all who were present at them anxious to be at York on the 4th inst.

We have heard complaints that York is difficult of access. Nothing can be further from the truth. A glance at "Bradshaw" will at once reassure those friends who doubt us. From all parts of England do trains run

direct to the old city. Our metropolitan colleagues have no excuse on the score of distance to present for non-attendance. Leaving London at 8.30 p.m. they can be landed at York at 12.50 a.m.; and they can be home again at noon on the day after the meeting. From Birmingham, Manchester, Liverpool, and all intermediate towns the means of access are frequent and rapid; while our northern brethren who have felt themselves precluded from attending previous meetings, by reason of their distance from the towns where they were held, will have an opportunity of joining us on this occasion with perfect ease. We hope that all who can spare one day, who can contrive to give themselves one brief holiday in the course of the year, will be at York on this occasion. The opportunities for meetings of old friends, of professional brethren, for the discussion of subjects of mutual interest, of questions of difficulty in practice, are all too rare among homœopathic practitioners in this country to allow of a chance of this kind being let slip.

Further, the place of meeting is one rich in matters of interest. With a history dating beyond the time when the Romans occupied Britain; an important station during their occupation; the scene of many a bloody struggle between Saxon and Dane; the centre whence Norman hordes proceeded to destroy the population of what is now the county of York; memorable as the seat of the first parliament ever held, and subsequently as the headquarters of the Council of the North; its neighbourhood abounding with the fields of many a hard-fought battle between the houses of York and Lancaster at one period, and the forces of Charles and Cromwell at another; and still retaining many valuable relics of every period of its history, York affords to every cultivated taste materials for interesting and instructive study in a higher degree than almost any other city in England.

Among its many antiquities, the Minster occupies the proudest place; being not only the finest Cathedral Church

in the country, but one of the most magnificent specimens of Gothic architecture in the world. St. Mary's Abbey—or, rather, what remains of what was once St. Mary's Abbey—is a beautiful illustration of Early English Architecture, and will well repay a visit. Within its grounds is the old King's Manor House—once the residence of the Lord President of the North, and the temporary abiding-place of several English Monarchs, but now the home, the happy home, of many a poor blind boy. The Hospitium, also within the Abbey grounds (or Museum Gardens, as they are now termed), formed a part of the Abbey. It contains a very interesting collection of Roman antiquities, several being remains of the celebrated "Legio Sexta Victrix," as well as relics of the wars of the Tudor and Stuart eras. In these grounds is—in an excellent state of preservation—the multangular tower, one of the most perfect specimens of Roman work left to us. The ancient walls which encircle the city are well-preserved specimens of this mode of fortification, second only to those of Chester. The Bars or Gates of the city—of which those of Micklegate and Walmgate are the most perfect—are deeply interesting structures. On the former of these were, in olden time, exposed the heads of traitors; surmounting it have also appeared the heads of Richard Plantagenet and others of the house of York, followed within a year by those of the Earl of Devonshire, the Earl of Wiltshire, and other prominent members of the Lancaster party. The Walmgate, or Watling-gate Bar, is interesting as being the only one retaining its Barbican.

Containing so much to attract a visitor, we think that the Oxford meeting did well to select York as the *rendez-vous* of homœopathic medicine for 1872.

It is, however, to the meeting itself, rather than to the place where it is to be held, that it is our business to draw attention. In doing so, we may congratulate our brethren on their having as President one so well known, so highly esteemed, and so capable of filling the position to

which he has been chosen, as Dr. BLACK, of Clifton. He will inaugurate the proceedings by an address, the subject of which will, we understand, be the *Attitude of the Members of the Medical Profession towards Homœopathy*. It is gratifying to know that Dr. Black will be able to speak of this attitude as differing considerably from that generally exhibited at the time when he addressed the Congress held in Cheltenham in 1850.

At the conclusion of the President's address, our old friend, Dr. SHARP, of Rugby, will read a paper on *The Way in which the Actions of Drugs is to be Discovered*. The study of the actions of drugs is that to which Dr. Sharp has devoted himself for many years, and one on which he has frequently written with considerable effect. However much some may occasionally feel compelled to differ from him as to some of his conclusions, none can doubt the thorough sincerity which has pervaded all his many efforts to develop homœopathic therapeutics, or the eminent success with which they have been rewarded; while the immense importance of the topic he discusses, the care which he devotes to the preparation of his essays, and the clear and attractive style in which he writes, will assuredly render his contribution to our meeting one of the deepest interest.

After luncheon, Dr. RICHARD HUGHES, of Brighton, who has deservedly earned for himself a prominent position in the field of pharmaco-dynamics, will read a paper on *The Place and Value of Baptisia in the Treatment of Typhoid Fever*. The discussion of this question we hold to be most opportune. On the one side, we are told by so eminent an authority as Sir William Gull, that medicines are of little or no use in typhoid fever, and that the disease is one which must run its course, do what we will. On the other hand, we are assured by some of our American colleagues that *baptisia* will cut the disease short when given early; and their statements have received partial endorsement by some of our English practitioners.

The question is, we say, one of great importance; and we trust that Dr. Hughes will initiate a discussion which will assist in putting this drug into its proper place. The natural course of typhoid fever is now so well marked out, and its accurate diagnosis has been rendered so comparatively easy by modern methods of investigation, that the greatest precision is capable of being brought to bear upon the power or lack of power of any remedies to control or check it.

The last paper to be read is that by Dr. PYBURN, of Hull, on *The Value of Serpent Poisons in the Treatment of Disease*. This subject is one of considerable interest, and from the diversity of opinion entertained as to the virtues of *lachesis*, will doubtless provoke a good deal of useful discussion. It is one rendered still more interesting by the large supply of *crotalus horridus* poison which has recently been secured by Messrs. Thompson and Capper, of Liverpool—a drug which has proved of very essential service in the treatment of yellow fever in the Southern States of America.

The meeting will be held, we believe, at the Station Hotel, and will be brought to a close by a dinner, which, the high reputation this establishment has acquired throughout the north of England for providing for its guests assures us, will be of the best.

The proceedings of the Congress will be regulated by the rules which directed the meetings held at Birmingham and Oxford. These will be found at p. 307 of our 14th volume.

The chief points to be remembered are that the meeting will assemble at ten o'clock; that, with the exception of the President's Address, no paper is to occupy more than twenty minutes in the reading of it; and that no one speech in the course of discussion must take up more than ten minutes. As, in order that as many as desire to speak may have an opportunity of doing so, it will be necessary to enforce this rule, we trust that those who do favour

the meeting with the results of their observation and experience will endeavour to do so as succinctly as possible, remembering that, if art is long, time is short.

A meeting of the Hahnemann Publishing Society will be held at nine o'clock on the morning of the day of the Congress. As this meeting will probably be one of the most important that this Society has hitherto held—one at which the decisions arrived at may possibly affect its very existence—we trust that all who take an interest in the work of publishing our *Materia Medica* in a good and durable form will be present to take a part in it, and do what in them lies to promote not only its maintenance, but its increased prosperity and usefulness.

MEZEREUM AND BROMINE : A CONTRAST.

By ROBERT T. COOPER, M.D.

IN the thirteenth volume of this journal (p. 281) I published two cases of pityriasis capitis cured by *mezeureum*. The indications that then led to my prescribing it were : Excessive irritation accompanying the scaling, with heat and burning ; a hyperæsthetic irritation and a marked dryness of the affected parts. The first of these cases was one that, beyond question, established the power of *mezeureum*, and it has, I am happy to say, remained well since then, with the exception of requiring an occasional dose of *mezeureum* or *stannum*—sometimes one, sometimes the other.

My object in now writing is to adduce a marked contrast to this, but before giving it I append another somewhat similar cure by *mezeureum*.

R. A., æt. 59, a washerwoman.

Came to the Southampton Homœopathic Dispensary with an ulcer on the left leg—a ragged looking sore about two and a-half inches in length by one and a-half in breadth ; shoots and burns at night ; pains aggravated by heat, unaccompanied by discharge.

The ulcer itches intensely at times ; the itching begins on the scalp, and with such violence that she could tear it to pieces. It feels as if “ thrust into an emmet’s nest,” and when scratched it flies to the affected leg.

Digestive system all right.

Prescribed *mezer.* ϕ gtt. ij., aquæ 3 ij., *misce. capiat* gtt. v. in coch. med. aquæ ter in die.

Decided relief followed; every drop seemed to do her good. She had not had such quiet nights for the last year; the leg has been painless, and the sore shows a tendency to heal.

I then, but without effect, tried a lotion of *mezerium*; it did not appease the irritation one whit, and consequently its internal use had to be resumed.

After a month's treatment, and when the sore was all but healed, she complained that if she took the medicine more than once a day it made her feel distended with flatulence, the food got obstructed by the flatus in its passage through the œsophagus, and the blood seemed to leave the extremities and make her feel weak and giddy. Along with this there was inability to speak; these symptoms are worse in the morning on coming down from her room. This I look upon as an aggravation; it went away before she ceased attending.

I have said that *mezerium* has, with me, succeeded best where the eruption is *dry*, and its proving, as we have it, affords no grounds for supposing it to meet a weeping condition of eczematous lesions; still, the different varieties of eczemoid eruptions border so closely one upon another, that it is not impossible *mezerium* may be found indicated even in the presence of oozing; but it will, I think, not be called for unless a very intense and a very peculiar description of itching be present.

Could the patients accurately convey the sensations experienced, we should have at once a key-note, for unfortunately there are many kinds of itching, and many intollerable ones as well. Our above case may help to define the kind of feeling of irritation—as if her head were in an emmet's nest.

I now wish to direct attention to a true eczema of the scalp that forms a marked contrast to these *mezerium* cases.

Our manuals of *Materia Medica* give, as among the curative indications for *bromine*, "malignant scald head." Dr. Ryan, in this *Review*, October 1857, reports some cases of Favus cured by it. Add to which that the *bromide of potassium* has been known to cause Seborrœa of the scalp; and we may venture the assertion that *bromine* and its salts have some specific action upon the scalp.

We cannot put down the case that follows as one of Seborrœa; the epidermis was not intact, and therefore we term it eczema, or, if it is preferred, malignant scald head.

Isabella Bradley, æt. 48, a hawker by trade, admitted 15th January, 1871.

The scalp is covered like as with a cap, with an eruption, and the hair is cut closely, with the two-fold object of keeping her head clean and preventing the hair falling off, which it does in handfuls.

Seven years ago she had a similar eruption that lasted three or four months, but the condition is much worse now than it was then.

The eruption oozes profusely, the discharge pours away in some parts more than in others; in places where dry, the skin throws off flakes.

The glands of the neck are very much swollen, and the whole scalp is extremely tender.

Since it began discharging like this she has felt very much weaker. The discharge is very dirty, and nasty smelling.

She is very nervous, and suffers from an aggravated form of headache, a forcing pain in the temples and nape of the neck preventing her from stooping, and obliging her to press the neck to obtain relief. Never had these pains in the former attack.

She suffers much from flatulence, and her mouth is dry and parched; the urine is high-coloured.

Is in the habit of smoking tobacco and chamomile flowers "for the wind."

Prescribed *bromine* 30.

Feb. 22.—After the lapse of a week the *bromine* effected a marked change; but from the time she took the first dose she felt better; her sleep, which before had been very broken, returned; she now feels stronger, and not nearly so nervous. The headache is better, and is not felt except when stooping, and is then greatly mitigated. Tongue still coated, mouth dry, flatus less. Continue.

March 1.—Her head has been discharging so much that it makes her excessively weak; ears, too, are discharging profusely; the discharge comes away by the wineglassful, and the head burns after washing it. An eruption is breaking out on the right elbow; mouth less dry.

Prescribed *bromine* in 3rd dec.

8th March.—Great improvement; the discharge is almost confined to the ears, but is very great. Continue.

15th.—The discharge is more yellow, but the smell is not so offensive (it was unbearable); improvement in every respect.

In two weeks from the last date the tendency to the formation of eruptions on other parts had gone; there was no tenderness of the scalp, and the ears had ceased discharging.

In four weeks she was discharged cured, remarking that her sight had greatly improved since she came under treatment, and that whereas before she came to the dispensary she could not see to read without spectacles, she now does not require them; the hair, moreover, is growing plentifully.

Southampton, August 1872.

ON THE DEFINITION OF A SPECIFIC.

By Dr. SHARP.

It was not to be expected that Dr. Drysdale would immediately accept the observations, which I desired to make in a friendly spirit, upon his definition of a specific. I thank him for the courteous tone of his criticism. If he will consider the matter again, I think he will be able to admit that his reply allows my remarks to remain in all their force. He says:—

1. "I do not know the exact sense of the word metaphorical as used by Dr. Sharp . . . but in the definition I use the word 'absorb' merely in its figurative sense."

Now, these words, metaphorical and figurative, are as nearly synonymous as words can be: the former being derived from the Greek, the latter from the Latin language. Dr. Johnson says of metaphorical, "not literal—figurative."

So that Dr. Drysdale admits at once my observation:—

"The definition can have only a metaphorical (or figurative) and not a literal meaning."

And the objection remains, that "the use of a metaphor (or figure) in the definition of a physical act, teaches nothing."

The *tu quoque* argument is always a ready one, and Dr. Drysdale, availing himself of it, says that I have used

words figuratively in my illustrations, as he has done. It is quite possible that this may be true, but should it be so, the merits of the case in hand are in no way altered by this mistake of mine; nor are the objections removed by it. At the same time I venture to think that I have not erred to the extent suggested by Dr. Drysdale.

“He (Dr. Sharp) says ‘a sponge absorbs water,’ while he says ‘to absorb literally means to suck up.’ But a sponge does not ‘suck up’ in the literal sense of sucking, which is done by creating a vacuum.”

Dr. Drysdale will suffer me to remind him that to “suck” and to “suck up” are not the same word; that to suck (both a Saxon and a Latin word) applied to an infant, was in use ages before any thing about a vacuum was known; that to suck up, or absorb (Lord Bacon uses the word imbibe as a synonym), are the most literal words we possess to express the action of a sponge with water (or of blotting-paper with ink).

It would be easy to argue similarly of the absorption of light by a piece of black cloth, if it were worth while to do so; but it is not. As already remarked, whether the illustrations I have happened to give are good ones or not, the force of the objection to figurative or metaphorical definitions of a physical act remains, and it is still true to say that such definitions are misleading rather than instructive.

2. Dr. Drysdale says, when giving a definition of specifics:—

“I have been specially careful to choose terms which imply no attempt at explanation of their mode of action.”

This also distinctly admits the main thing recommended, namely,

“To state the fact with an acknowledgment of our ignorance of the manner of its production.”

It likewise shows the force of the objection to the definition; for although the author did not, in the definition, mean to attempt an explanation of the action, it is so worded that others are likely to take it up, and I think some have taken it up and repeated it, under the impression that it does offer some explanation.

It is well, therefore, to have been reminded that no explanation is attempted, nor any theory implied, in the words used in the definition.

3. But there is a more serious objection to the definition

than that against its language. The ideas intended to be conveyed by it are imperfect and incorrect.

The definition includes only part of the case to be stated. It is founded on the fact of *change* in the organ acted upon: the physiological or poisonous action being exercised on the organ when in health; the therapeutic or healing action being exercised on the same organ when diseased. This is only half the case. The quantity of the drug is also *changed*. This half of the case is omitted. The definition is therefore imperfect.

Moreover, the quantity given to produce the therapeutic action is generally too small to be able to produce any physiological action at all, if given in health. In such instances, it is obvious that there is nothing to be "absorbed." The definition is therefore incorrect.

So that it may again be very confidently concluded, as it was in the Essay referred to, that:—

"It is better to say that each drug has an action in health which produces disorder or disease of certain parts of the body; and when given in a different dose, it has a curative action in disorder or disease of the same parts."

"This is to make a plain statement of fact. It is intelligible and of great practical usefulness."

Rugby, August 17, 1872.

TWO CASES À PROPOS OF THE QUESTION OF POTENCY.

By Dr. DIXON.

JUNE 25, 1870. Mr. Oliver B., a grocer, age 21. *Eczematous psoriasis*. The morbid surface six inches long by six broad between instep and knee; scales large and loosish; mal-odorous discharge from fissures; papules about face and forehead; much itching; when ill been under homœopathic treatment from birth; for this affection was prescribed for by an amateur practitioner for the first year, and during the last by a homœopathic physician.

R. *Sulph. 2x. gr. ii. ter die*. Apply a damp cloth at night if sleepless from itching.

Sept. 10. He has continued the same prescription for twelve weeks. The scales gradually became drier, and are falling away, and now the morbid surface is not so extensive; the papules have cleared off from his face.

But during the last fortnight improvement has ceased. The eyes feel hot, and he sees bluish lines round objects. I leave off the *sulph.* and resolve to give *arsen.* in a lower form than he probably had taken it, for the physician from under whose care he had come to me, and whose practice at the hospital I had often observed, had not given him, I assumed, lower than 3x. I prescribed a solution of *arsenite of potass*, identical with that of the British Pharmacopœia, but substituting sp. rect. for the tinct. lavand. co.

R. *Liq. pot. arsen.* 3 iss.

To serve a week; to be taken in divided doses, a dose thrice a day.

Nov. 12. He has continued steadily the same prescription (for eight weeks) with progressive improvement. Now there are only fine transparent scales over dusky, mahogany-coloured skin, but which is gradually clearing. Continue.

May 19, 1871. Been in the country for a month, and without the medicine. His skin is now solidly well. I computed the quantity of *arsenicum album* contained in the solution which he had taken, and estimated it at ten grains. I concluded with a course of pilules of sulphur. His health was of the best while under the *arsen.*, and he continues well.

Since then the father of this patient has got rid of chronic eczema of the scrotum by the same preparation and dose of *arsenic.*

The deduction that Oliver B.'s affection was constitutional from parentage is made still more clear by the fact that his elder brother, an ironmonger, has also been to me for treatment for a frequently recurring irritation of the eyes, with scales on the margin of eyelids and eczema behind the ears, and which got well with six weeks of *arsenicum*. As he pressed, for convenience, that his medicine should be in pilules, I gave him those of the 2x (one four times a day) experimentally, and the result proved that in his milder case it was sufficient.

It has fallen to me to treat many cases of chronic eczema, and however I may see reason to give *sulphur* or other medicine at the commencement, on coming to prescribe the *arsenicum* I have so often found it ineffective except in the solution stated, that I now seldom think of giving it in any other.

Jan. 14, 1871. Miss Adela B., a governess, age 36. *Palpitation*. For three or four years has felt as if something was wrong about the heart; feels as if it wanted rest; has fainting fits at times; at others attacks of distressing languor, unfitting her for her occupation; mental preoccupation brings on these attacks; nothing to complain of otherwise, except a short, dry cough. At one of her fainting fits a doctor prescribed a dose of calomel. Her mother was very nervous. Takes coffee because tea disagrees; pulse 100, not regular; heart normal, but impulse too great. I told her that her disorder was quite nervous. Recommended her to take cocoa or milk rather than coffee. I selected *arsenicum* for her medicine. The potencies I had at hand were the low, and globules of the 200th (from Leath and Ross). From the nervous character of the patient I thought the last might be effective, and placed one on her tongue at once, and gave her some more in a tube, telling her to take one thrice a day. I told her not to expect a sudden change in a disorder of long standing, but that I should like to have a line in a fortnight, when I should know if the potency of the medicine was right. If the report had not been favourable I should have sent her pilules or powders containing the same medicine at the second decimal, my usual potency. I received a note from her at the end of the fortnight, in which she says:—

“I consider myself much better. I did not think myself so much out of order as to be susceptible of a ‘much better.’ But I had evidently got accustomed to an abnormal state of things, and was unaware how much below the mark I was. Moreover, I felt better half an hour after that globule you gave me—lighter and more tranquil. My attention is less frequently called to the vagaries of my heart, now of a less startling character, and altogether there seems to be more equilibrium in the system. . . . If anything should prevent me from coming, as proposed, at the end of the four weeks, I write these few lines in acknowledgment of the service you have rendered me, and to bear my wee testimony to the efficacy of your wee doses.”

Feb. 11. She came. Pulse 90; heart normal in its action. Says she feels better than for years. I recommended her to take the globules should she have a return of her sensations, and write, if required.

July 9, 1872. I saw Miss B. again. She has had no return of her palpitation. She is a little stouter. Three months ago she slipped and fell as she was going down stairs, on her back; felt no inconvenience until two days after, when pain came on badly. She applied *arnica*, and the pain diminished; still applies it, but there remains unchanged tenderness (for two months) in os coccygis, making her prefer standing to sitting, and pain in defecation. Considering her impressibility to the 200th of *arsenicum*, I thought I would give her the same potency of *arnica*, so gave her (with *sac. lact.*) forty globules of *arn.* 200 (Leath and Ross) instead of my usual five drops of the 1st, to serve her ten days.

July 15. Having occasion to write to me, Miss B. takes the opportunity of saying that her surprise is great at having already to say she is better.

July 20. She writes:—"The powders are done, and I feel not the remotest remnant of the former tenderness and weakness. For your sake I wish it had been an abscess in the liver or softening of the brain, which had so readily yielded to means so apparently inadequate."

The only comment I have to make on these two cases is this. My notion is that every drug is a force naturally involved in matter, and that this force can be imparted by methods to some other matter, as the force of a magnetic stone can be imparted by a method to a steel bar;—that the special force of a drug is in a 200th potency, but in a different degree from that in the drug, and that in certain cases the former may be as efficient as, more so than the latter, and *vice versa*.

Great Ormond Street, W.C.,
July 30, 1872.

CHRONIC CYSTITIS RESULTING FROM INJURY.

By C. W. KITCHING, M.B., Lond.

Mr. G., 23 years; florid, robust.

Feb. 3rd, 1868.—Complains that almost every day, usually towards evening, for four or five years past, the water that is passed is thick, and with it a whitish paste, which has to be squeezed out from the urethra. This occupies about twenty minutes, and gives intense pain; the last portion is usually tinged with blood.

At other times the water is usually clear, but on standing for half an hour becomes muddy from a whitish deposit sand. All this while he has in other respects been, and still is, in perfect health.

Has been under the care, during this period, of four of the best medical men of Cape Town, whose bountiful prescriptions contained the following, with some *et ceteras*:—Nitric acid, gentian, steel, quassia, gallic acid, nitro-muriatic acid, phosphoric acid, phosphate of lime, strychnia, citrate of iron and quinine, iodide of potassium, buchu, liq. potassæ, henbane, sulphuric acid, uva ursi, cinchona, ammonia, belladonna, pareira brava.

The doctors had evidently considered it a case of phosphatic deposit, but the treatment did not help.

Upon enquiry I found that about the commencement of the trouble he was pitched out of a cart and hurt his right groin. He was insensible for ten minutes. The accident confined him to bed for a week. With this clue I began with *arnica*.

Arnica. 30, three times daily.

In three days he *thought* there was an improvement: in a week he was sure of it.

Feb. 13th.—Much better; water less thick; almost no pain.

18th.—No pain. The pasty deposit appears only every other night; thinks the pain was due to small crystals; formerly there were points like glass on examining the paste next morning; now there are none.

Rep. *arnica*. 30.

25th.—About half an hour after each dose feels a bruised, laming pain in the small of the back. This has happened about a dozen times, after *each* dose; it lasts about five minutes.

Sacch. lactis.

March 2nd.—Improving. Rep.

5th.—More deposit, but no pain; the urine can now force out the paste without help from the fingers; since taking the medicine, has seen no blood in the urine.

Arnica. 30.

23rd.—Has been a long, rough land journey by post-cart; none the worse for it.

Arnica. 3.

April 10th.—Spermatorrhœa three nights running.

Calc. carb. 30, three times a day.

30th.—Much paste in urine, with pain as in the beginning (has been a teetotaller the last week); there has been all along no change from his usual diet, which was a plain one, with some liquor, either wine or brandy.

Arnica. 30.

May 10th.—Had pain each time he passed water *before* returning to the *arnica*; none since; the deposit is less.

Arnica 6.

Dec. 6th.—Almost no medicine since last date; every two or three days sees a little deposit, but has no pain; considers himself almost well.

July 1870.—Keeping well.

Mar. 1872.—Have heard nothing more from the patient, although he is living not far from here.

Cape Town, April 1872.

ACUTE OVARITIS DURING PREGNANCY.

By BOUGHTON KYNGDON, Esq.

THE following case is very interesting in a pathological point of view, and presents several uncommon features. It is very unusual to find pregnancy, ovarian dropsy and acute ovaritis co-existing, and still more unusual to meet with a complete recovery from the two latter diseases, whilst the former condition runs its course naturally, and comes to a happy conclusion.

On Feb. 28th, 1872, I was sent for to see Mrs. A., aged 32. Since her last confinement, in the previous year, she has never been well; her abdomen has always remained large, and there has always been an uncomfortable sense of weight in it, with frequent attacks of griping pain. A few days ago she hurriedly walked about a mile, carrying her heavy baby; soon after she felt a sharp pain in the region of the left ovary, accompanied by general rigors. I found her in a very low state; coated tongue; thirst; dry skin; pinched face; small, hard, quick pulse, and frequent vomiting. On examination I found the abdomen large and very projecting, but narrow; the tumour it contained was full of fluid, the fluctuation being very evident. The left ovary was exquisitely

tender, as large as the clenched fist, causing a very perceptible and inflamed elevation on that side, leading me to suspect an ovarian abscess. She had had no catamenia since July, but on account of the state of the abdominal contents it was impossible to say whether or not she was pregnant. During the next two or three days I had the inflamed ovary constantly poulticed, and gave her *acon.*, *bry.*, *bell.*; but the grave symptoms continuing, Mr. Nunn, the very experienced surgeon of Middlesex Hospital, was called in to give his opinion of the case. He carefully examined her, and pronounced it to be acute ovaritis, ovarian dropsy, and probably pregnancy—a diagnosis which proved to be quite correct—and advised a little *unguent. hydrarg.* to be rubbed in over the ovary daily. In a day or two the symptoms became graver; the peritoneum in the neighbourhood of the ovary became very tender; the tongue blackish-brown and dry; the vomiting stercoraceous, and she appeared sinking. I gave her iced brandy and water, *ars. 5* and *merc. cor. 5*, and continued the *ung. hyd.*

On March 6th the symptoms began to assume a more favourable character; the vomiting during the next few days gradually ceased; the tongue cleaned; the abdominal tenderness subsided; the inflamed ovary became smaller and softer, and could be felt without producing the previous acute pain, and the appetite slowly returned. March 14th she was quite convalescent. After this, for several weeks she took *kali bich. 3*, three times daily, with a view to the absorption of the contents of the ovarian cyst, which so filled the abdomen, that the uterus and the movements of the fœtus could not be felt through the abdominal walls.

Matters went on in this way till the middle of June, when in the course of two or three days her size rapidly diminished; she was taken in labour on July 11th, had a quiet and easy time, gave birth to a fine, well-nourished child, and made a capital recovery. Since then a month has now elapsed; she is in better health than she has enjoyed for years; she has gained flesh; and not only is no trace of the inflamed ovary to be felt, but the large ovarian cyst with its fluid contents has entirely disappeared. Mr. Nunn says, "I suppose the sac ruptured into the peritoneal cavity and was absorbed."

Park-hill-road, Croydon.
August 7th, 1872.

DATURA ARBOREA.*

Vulgar Name—" *Bougmancia Candida*."

By P. W. POULSON, M.D.

THE *datura arborea* is a native of Peru, growing along the Pacific coast in California, cultivated in gardens in California, where the plants attain a height of about seven feet, and is much admired on account of its large, beautiful white flowers. Leaves large, their sides unequal, and regular stalk and sinuses. Flowers—corolla funnel-shaped, long-tubed and bent downwards. Colour—snow-white with a yellow tint by the fundus; blossoms in October and November.

Toxicological effect is much slower than that of *datura stramonium*, but dynamically very intense and lasting. The sweet odour of the flowers in a room is sufficient to cause considerable psychological aberrations from the normal state, and especially when the tincture is prepared.

History.—Dr. Aug. Camaun, a native of Poland, and for some time practising in San Francisco, was the first who made any extensive proving of *datura arborea*. Without producing any prominent toxicological symptoms of acute pain, the herb caused such a deep impression upon the mental sphere and faculty of concentrating ideas, that the Doctor was very sensibly affected for a long time, and recovered only slowly after a trip to Mexico. One of Dr. Camaun's former patients, Mrs. Copland, made me acquainted with the *datura arborea*, and presented me with a beautiful wreath of the large white flowers. I left them on the table in my office for a couple of days, and experienced a very strange effect upon the cerebrum, as if my forehead was expanded, and my ideas were floating outside of the brain; a very strange feeling of pleasant and easy comfort, and as if I scarcely touched the earth with my feet—and had to gather my ideas from afar—as if they were floating in the clouds. I also experienced a slight vertigo, and found myself involved in a most beautiful atmosphere, bright and calm as the sunlight at noon. I removed the flowers from my office and made a tincture of them. During the process of handling and cutting them, I felt a sensible confusion of ideas across the cerebrum, with drawing

* From the *Medical Investigator* (Chicago), June 1872.

nervous irritation back to the cerebellum and a spinal irritation, or depletion of nervous circulation in the medulla oblongata. These symptoms alarmed me considerably, and I concluded to abstain from all further proving for the present. Shortly after, Dr. Aug. Camaun arrived in San Francisco, and I concluded to consult him in regard to the new *datura*. He spoke very enthusiastically about the great new specific for all insanity, and claimed now to be able to cure that derangement; but considered the whole matter as a secret of immense value to the world.

Specific Action.—To get a clear comprehension of the specific action of *datura arborea*, it must be impressed upon the mind of the reader, that it acts mostly as a pure dynamic and semi-spiritual agent, upon the sensorium, and without any perceptible pain. Its action runs in about four weeks very perceptibly through a great range of its specific sphere, deeply penetrating the nervous life for about fourteen days. And by a prolonged proving of the tincture no doubt for a longer period. I have not yet made the tincture subject to any extensive proving, and for that reason can only give a quite limited account of the toxicological properties belonging to the *datura arborea*. But from what is already known, it is evident that the *stramonium* has its secondary action on the cerebellum, but the *datura arborea* primarily acts upon the whole apparatus of our nervous centres. After bringing the specific action of this remedy in contact with the olfactory nerve sphere, by smelling, or by having the tincture brought in contact with the hypoglossal nerves, its action is quick upon the pneumo-gastric nerve, depressive upon the ganglionic nerves and deep and violent upon the liver. For a few moments a feeling of stagnation of the circulation through the vena porta and a spasmodic contraction of the liver substance, and across the plexus cœliacus and solaris. The next series of symptoms is a sharp constrictive pain across the spine in the dorsal region, extending upwards to the pars cervicalis into the ventriculus quartus or the lower region of cerebellum with irritation of nervous accessories. From thence is observed a contraction of the front cerebrum of a convulsive nature, sometimes as if a string was tied close around the head from sinus frontalis and to os occipitalis. The cramps of both hemispheres (cerebro frontalis) made me somewhat

careful in experimenting more at that time. I believe those contractions of the cerebrum to be caused from an over-stimulation of the corpora olivaria, and the corpus rhomboideum in a sympathetic correspondence with the intellectual sphere of the cerebrum.

But the most interesting are the second group of dynamical effects, caused from the tincture of the *datura arborea*—or where aberration of the mind commences to be sensibly observed. There is beautiful harmony of peace and longing for beauty and fine sceneries of nature, sometimes like a semi-clairvoyant. The brain seems floating in thousands of problems and grand ideas without being able to concentrate itself, or to get to any point and carry out any system of thought.

Clinical Value.—The *datura arborea* would especially be of service where the patient is happy and contented and supposes himself or herself to be a very extraordinary person, such as emperor, governor or prince, and cannot discover the contradictions to such assertions claimed by external life. *Datura arborea* will diminish that property of mind we pronounce the “concentration of thoughts,” and upon the same principle of *similia*, will harmonize the brain-life physically and dynamically, around the central base of the medulla oblongata, and give the cerebrum rest and faculty for concentrating ideas.

By these few hints I call the professional attention to a remedy not yet used, as one of our best friends in that unfortunate state of intelligence which we pronounce insanity.

INDEX TO CASES OF POISONING IN THE ALLOPATHIC JOURNALS.

By E. W. BERRIDGE, M.B. Lond.

(Continued from p. 489.)

No. 16. MEDICAL AND PHILOSOPHICAL COMMENTARIES. (Edinburgh, 1773. 20 volumes.)

Æthusa, xiv. 39.

Antimony, xv. 209.

Arsenic, xi. 113; xiii. 412; xv. 209.

Baryta muriatica, xix. 265.

Cuprum, iv. 73.

Datura stramonium, i. 74; iii. 18; v. 161.

Digitalis, x. 133.

Gratiola, vi. 141-50.
Guaiacum, vi. 52.
Hyoscyamus, xiii. 90.
Ipecacuanha, iv. 75.
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Nicotiana tabacum, viii. 371; x. 122; xi. 327.
Oenanthe crocata, ii. 31.
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Rhus, xx. 32.
Senna, vi. 50.
Taxus, vi. 33.
Upas, xv. 36.
Viper, xii. 74.

No. 17. MEDICAL EXAMINER, 1830 (end of work; the former vols. I cannot obtain).

Hydrocyanic acid, p. 172.
Opium, p. 76.
Strychnos nux vomica, p. 144.

No. 19. DUBLIN HOSPITAL REPORTS, vols 1, 2 (1854-5). This seems to be a new series of a former work which I cannot obtain. Were any subsequent vols. published?

Atropa belladonna, i. 151.
Arsenic, i. 157.
Cantharides, ii. 163, 281.
Carbonic acid, ii. 47.
Chloroform, i. 125, 308.
Cuprum, i. 229.
Hyoscyamus, i. 368.
Nicotiana tabacum, ii. 376.

No. 19. MEDICAL ADVISER AND GUIDE TO HEALTH, 1824, &c. 5 vols. (1st series consists of 3 vols.; new series of 2 vols.)

Agaricus, ii. 184.
Atropa belladonna, n. s., i. 239.
Arsenic, n. s., i. 601.
Cherry laurel, ii. 317.
Cuprum, ii. 377.
Nitrous oxide, n. s., i. 488.
Papaver somniferum, n. s., i. 511, 599.
Sulphur, iii. 60.
Zingiber, n. s., ii. 24.

No. 20. EDINBURGH JOURNAL OF MEDICAL SCIENCE, 1826. 3 vols. (Query. Any more vols. published?)

Arsenic, ii. 125, 252, 490 (see also *Edin. Med. Chir. Trans.*); iii. 233.

Hyoscyamus, ii. 265.
Kali iodidum, ii. 490.
Mercury, i. 259 ; iii. 325.
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Strychnos nux vomica, iii. 423.
Tarentula, ii. 441.
Titanium, iii. 324.
 4, Highbury New-park.

REVIEWS.

On the Principal Varieties of Pulmonary Consumption, with Practical Comments, on Diagnosis, Prognosis, and Treatment.
 By R. D. POWELL, M.D., London ; Member of the Royal College of Physicians, London ; Senior Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton ; Lecturer on Materia Medica at the Charing-cross School of Medicine, and Assistant Physician to the Hospital. Small 8vo. London : H. K. Lewis. 1872.

No one who has had much to do with Pulmonary Phthisis will be unwilling to acknowledge that Dr. Powell has chosen a most valuable subject for elucidation. The "Varieties" of Pulmonary Phthisis will repay the study of the physician, for they must be clearly recognised if diagnosis is to be complete, prognosis correct, and treatment efficacious.

The homœopathist is taught by the first principles of his school to individualize diseases, and cases of disease. But the means of diagnosis applicable to phthisis and the limited range of medicines in relation to its pathological conditions have had the result of inducing a too routine practice in its treatment. A work that will enable us to classify these diseases, and to indicate their remedies on an historical and pathological basis, rather than by an investigation of fleeting and, it may be, trivial, subjective symptoms, is therefore most welcome.

Dr. Powell's views on the pathology of phthisis coincide in a great degree with those evolved by the late Professor Niemeyer: the lung changes which we find, *post mortem*, are due to (1) inflammation, (2) tubercle, (3) the mechanical effects produced by the physical movements of respiration on the pulmonary structure. The inflammatory changes are generally the chief factor, and, as a rule, consist in alveolar catarrh, catarrhal pneumonia,

and inflammatory processes in the fibrous sheaths, inducing fibrosis of the lung. Tubercle is probably "a mere hyperplasia of the gland tissue normally minutely disseminated through the organs of the body;" it is capable at times of development into a peculiar "fibroid tissue," which at an early period is quite easily distinguished from the "fibrosis" before named; generally speaking, tubercle is to be considered as a "secondary disease," though it would be "extremely injudicious to deny hereditary predisposition to tubercle altogether." The physical movements of the chest are powerful factors in the production of pleurisy and bronchiectasis. Dr. Powell says:—

"The real explanation of the recurring pleuritic pains and adhesions in cases of phthisis is, that when a portion of lung becomes damaged in texture by disease it ceases to follow accurately the expansile movements of the chest wall; a certain gliding or rubbing motion takes place between the two normally corresponding pleural layers at this point; friction, local pleuritis, and adhesion result. We can readily understand how it is *that a friction sound is often the first evidence we get of local pulmonary disease*, and that a new friction sound means most generally more than mere dry pleurisy; *it, means, in fact, an accession of lung disease.*"

Dr. Powell's third chapter is devoted to catarrhal pneumonic phthisis, and he insists strongly on the necessity of an early diagnosis, if we do not wish our patient to pass beyond our control, so far as positive cure is concerned.

"Not to define too much, we may say that physical signs of bronchial catarrh limited to one apex and associated with a decided imperfection of the respiratory murmur at that apex afford, when taken in conjunction with the symptoms—more particularly emaciation—unmistakable evidence of incipient phthisical disease."

We would urge upon our colleagues the importance of attention to this condition. Not only is it the condition in which general hygiene, change of air, and good living are found highly beneficial, but it is the condition in which a carefully selected remedy will act with great rapidity, and will be a considerable factor in the cure.

Of the special variety of phthisis, named "fibroid," Dr. Powell writes:—

"Such cases are distinguished by increasing contraction and immobility of the side, dragging pains, traction of organs to that side, deadened percussion note, and weakened respiration of more or less bronchial quality, intensely so, or cavernous at

parts; breathlessness, paroxysmal cough, occasional hectic and general absence of fever, very chronic progress, long continued one-sidedness of the disease, and correspondingly slow failure of nutrition. The conditions presented to us *post mortem* are a contracted, toughened, indurated, and usually pigmented lung, surrounded by a greatly weakened adherent pleura, containing one or more rigid dense-walled cavities, dilated bronchi, and cheesy encapsulated nodules."

He considers this condition to be always secondary in its nature, supervening on some inflammatory affection of the lung, and that it is usually composed of two distinct portions (a) a *fibrous*, resulting from a proliferation of the normal fibrous sheaths and connective tissue of the lung, and (b) a *fibroid*, which is a nuclear growth, thickening and afterwards effacing the alveolar walls; it is "very possibly derived from the lymphatic elements normally pervading the lung." A typical case of this disease is quoted, in which the expansion of the healthy left lung, and the displacement of the heart towards the diseased and contracted organ was well marked. We remember seeing two years ago just such a case, so far as the stethoscopic signs were concerned, but in which the almost total absence of expectoration, the intense anæmia, the slow circulation, and the utter debility of the digestive organs, more particularly the liver and pancreas, completely outweighed even the serious physical signs. It was remarkable that a course of iodine in this case enabled the patient to digest milk, which he had absolutely been unable to do for years.

Dr. Powell uses the terms "hæmorrhagic phthisis," and "phthisis with recurrent hæmoptysis," to indicate two distinct classes of cases; the first class consist of those in which the hæmorrhage is the *apparent* starting point of the disease; the second class consist of those cases in which severe hæmorrhage is frequently a serious symptom, without the general progress of the disease being much affected thereby. He evidently leans to the belief that in the first division there is a precedent deposit generally in the apex of one lung, and that the hæmorrhage is pulmonary and not bronchial, as Niemeyer holds. When hæmorrhage damages a lung the mischief from the hæmorrhage will be found towards the base, while whatever apical disease is to be found must be considered, generally speaking, as pre-hæmorrhagic. The cause of "recurrent hæmorrhage" is, generally speaking, the rupture of a patent vessel in a slowly forming cavity.

The last chapter is devoted to chronic tubercular phthisis; here the character of the deposit is different from that of disseminated miliary tubercle, the apex of one or both lungs is

primarily attacked, and the disease spreads by a continuous growth, involving the destruction and subsequent excavation of the affected tissue." It is of "slower and more insidiously destructive progress than caseous pneumonia, so far as the lung is concerned, but more obstinately and continuously progressive, more prone to be succeeded by early implication of the other lung, more quickly followed by disease in other organs, particularly the larynx and intestines." The temperature in chronic tubercle is not at present pathognomonic, but the physical signs help us to distinguish it from the allied affections. "The obscure signs of alveolar catarrh do not give place to the well-marked dulness and coarse crepitation or crackling of catarrhal pneumonia, but to continued weakness of respiratory murmur, with impaired expansion or actual flattening, while moist sounds may be altogether absent, or one or two dry crackles may be elicited on cough. The percussion note becomes hardened, and we may be surprised by the development of some feeble blowing respiration of a hollow quality, still very dry, which increases in the same obscure way until an unmistakable cavity is present. This formation of a cavity by a process of dry crumbling is very characteristic of the typical form of pulmonary tuberculation."

Such is a brief outline of Dr. Powell's work; he deals with the subject in a truly practical way, and his illustrative cases, while thoroughly real, are also completely typical, and will be recognised as such by those who work much at chest-disease. Of the treatment of phthisis we do not learn much from a perusal of this work; in no case which Dr. Powell reports does his treatment seem to depend in any way on the special variety of phthisis then in hand. "Steel wine and cod-liver oil," or at first the "ammonio-citrate of iron, with a little aromatic ammonia;" "an acid preparation of iron with a little quinine and the oil;" "the acid ipecacuanha mixture with a little morphia;" these are the usual prescriptions. The special value of strychnia in checking the vomiting of the phthisical is indeed mentioned, but with the exception of the treatment for hæmoptysis this is the only piece of *special* therapeutics in his book. Our works all err on the other side; we get a plethoric list of medicines, the half of which have absolutely no business in the list; then come our indications, whether in keynotes or in battalions; finally there is the reduction of all this to practice, accompanied, as it necessarily must be in the presence of a class of diseases whose progress is complicated and deathward, by a very considerable percentage of failure.

We need first to make out clearly the character of the disease with which we are dealing; we need to meet the disease in as early and juvenile a state as possible; and then if we add our

special therapeutical knowledge to the dietetic and hygienic measures which have been so carefully evolved by our allopathic colleagues, we may look without fear of disappointment for brilliant results. The constitutional remedies for phthisis may be counted on one's fingers: *arsenic*, *calcareo carb.*, *iodine*, *phos.*, *lycopod.*, *sulph.*; while for the intercurrent attacks: *acon.*, *bry.*, *phos.*, *ant. tart.*, *ipéc.*, *nux vom.*, and other allied remedies enable us to stand on vantage ground when compared with the old school practitioners. But the remedy must be carefully selected according to the true "totality of symptoms," due preference being given to the primary while the secondary symptoms are not overlooked; the remedy must be steadily persevered in, it may be for weeks, and with as few "intercurrents" as possible. If improvement is tardy, it should be pushed until even an appreciable dose is being taken, before surrendering it as really useless; if it proves of real value, it should be continued at regularly increasing intervals long after the *apparent* need of it has ceased, as it is then only that a patient will reap the complete value of the treatment, and relapses be prevented.

Health and Comfort in House Building; or Ventilation with Warm Air by Self-acting Suction-power, with Review of the Mode of Calculating the Draught in Hot Air Flues; and with some Actual Experiments. By J. DRYSDALE, M.D., and J. W. HAYWARD, M.D. London: E. & F. Spon, Charing-cross. 1872.

Houses may be divided into two classes, those which are built to be sold or let on lease; and those erected for the purpose of living in. The imperfections of the former are innumerable, and those of the latter are often sufficiently many to give rise to discomfort and inconvenience. The speculative builder has but one end in view: that of turning over his capital as rapidly as possible, and making his percentage as large as he can. The house proprietor, on the other hand, devotes all his attention to his comfort; a few hundred pounds is not regarded where the object to be attained is a dwelling house for the remainder of life. With the former class, any improvement which increases the cost of erection will certainly be disregarded as long as the value of a house depends solely upon its situation and the number and size of its rooms. With the latter there may be some difficulty, inasmuch as architects, like other people, are more or less wedded to convention, and apt to deprecate expense when their art is not perceptible to the naked eye. There remain, however, some who build their own houses, and who, while consulting an architect, are determined to have their own way, and who are bent upon being surrounded by every-

thing conducive to "health and comfort," To this class the work of Drs. Drysdale and Hayward will be very acceptable.

The ventilation of houses presents difficulties to overcome which much time, ingenuity and labour have been devoted. That the best methods employed are still imperfect may be easily ascertained on any wintry day or during any night of the year. The authors of the work before us conclude that the great secret of the defect characterising all modes of ventilation is that the air admitted into our rooms, to take the place of that which has become impure, is always *cold*. Now when we consider that the air is unpleasantly cold during three-fourths of the year in this country, the admission of cold air into all rooms during both day and night cannot but be regarded as a possible source of ill health to many, and of much discomfort to those who have the good fortune to avoid actual illness. The central principle of the system of ventilation argued for by Drs. Drysdale and Hayward then, is that the air be warmed before it is admitted into the passages and rooms of the house. This is arranged by having an inlet for air directly opening into a chamber with coils of hot water pipes, over and around which it passes. The passages and corridors will also require hot water pipes to prevent the air being cooled on entering them prior to its admission into the rooms. The warm air enters the rooms through openings along the cornices. In houses erected with this system of ventilation it is, of course, necessary that the doors opening into the street and garden should be so arranged as to prevent any sudden rush of cold air. This is easily contrived by having an inner, self-shutting door to close the hall, and a portico with an outer entrance door.

The air having been warmed and pervaded every passage and room in the house, its removal is provided for by an opening in the central ornament over the gas, or in some other ornamental open work in the ceiling, at a distance from the inlet, which communicates by a zinc tube with a flue within the brickwork of the inner wall. This flue communicates with a chamber at the top of the house, which is for the reception of vitiated air. Each room should have a flue of this kind, and all the flues should open into the foul air chamber on the same level and in the direction of the downcast shaft. From this chamber one common shaft conducts the foul air down to below the kitchen fireplace, and thence up behind the fire to the upcast shaft in the kitchen chimney stack, where it is discharged high up in the open air; all possibility of back draught is prevented by the length and heat of the exhausting syphon.

Such is a brief account of the plan devised by the writers of this work for at one and the same time warming and ventilating our houses. For the details we must refer our readers to the

book itself. Drs. Drysdale and Hayward, we may add, do not present their scheme as an untried one; it is not a merely theoretical device that they have to offer, but one which they have themselves put into practice. They assure us that by the combined use of the means described by them "we attain the desiderata of a healthy and comfortable house, viz., an abundant supply of sufficiently warmed fresh air, and a continual self-acting process of removal of the vitiated air." It must be kept in mind that the system forms one connected whole, all the parts of which are mutually dependent, and that therefore we cannot have the benefit of one part without adopting the other; that we cannot expect success, but must look for failure, if we adopt one part and neglect the rest; just as the absence or failure of one link renders a whole chain useless or even an encumbrance.

A full description of the arrangements made in the two houses in which this system has been carried out are given; and an appendix supplies a number of observations on the different methods used for calculating the draught of hot air flues, and also many experiments instituted for the purpose of ascertaining the heat and velocity of the air currents in the several shafts at different periods of the day and under different atmospheric conditions. Into these we cannot enter—nothing short of a careful study of them as a whole will convey any information to the reader.

That the plan described by Drs. Drysdale and Hayward is efficient has been experimentally proved, and is therefore beyond criticism; while that the principle of keeping a constant current of fresh warm air passing throughout a house is conducive to health must be obvious to everyone. All draughts are avoided, the close unhealthy atmosphere of a room, the doors of which are constantly shut to keep out the cold, is done away with—and how numberless are the diseases that can be traced to currents of cold air and the breathing of a vitiated atmosphere!

The only drawback to the scheme is its apparent costliness. But as we are repeatedly reminded by the authors, "nothing for nothing" is a law of nature. And against the increased cost of construction we have to place not only many advantages, but some sources of economy. "The cost of warming of the incoming air must not be considered an extra expense, for it is, theoretically, saved in the smaller fires that are necessary in the rooms, and, practically, it is much more than compensated for, because in very many days in the year it makes all the difference between having fires in the room and not." (p. 29.) But as the authors also remark, "even if there were some absolutely extra cost, there is ample return for it in comfort and health, and these are worth paying for." (p. 62.)

With the single exception of drainage, there are no points in house erection more important than those of warming and ventilation; and we would therefore advise all who are thinking of dabbling in bricks and mortar to carefully study this work before it is too late, for to apply the plan of Drs. Drysdale and Hayward to a house already built is impossible.

EXTRACTS FROM MEDICAL LITERATURE.

MEDICINE, &c.

DR. J. C. O. WILL, of Aberdeen, writes to the *Lancet*, July 20, giving his experience of *chloral* in preventing *sea-sickness*. He had given it to a considerable number of persons who were emigrating together, who wrote back to their friends that the remedy had been most successful, and advising them by all means to procure some of the medicine for themselves before coming out to America. He gives a dose of 30 grains as soon as the first symptoms of sickness occur, to be repeated in twenty minutes, if relief from the first dose is not experienced.

The *Medical Times*, July 27, gives an abstract of an interesting paper in the *Berliner Klinische Wochenschrift*, No. 25, by Professor HILDEBRANDT, of Königsberg, on the utility of "Subcutaneous Injections of *Extract. Secal. cornut.* in Fibroid Affections of the Uterus." He records a case where the fibroid disappeared altogether after 15 weeks of treatment. Six out of eight cases all improved, both as regards the size of the tumour and the accompanying menorrhagia spasm. As to the method of employing the *ergot*, the following points have to be observed. 1. The solution, which is thrown in by means of a Praraz syringe, is composed of three parts of watery extract of *ergot* to seven parts of distilled water, and seven parts of glycerine, this causing much less pain than Zangerbeck's alcoholic solution, and not giving rise to any suppuration. It may cause little, somewhat tender indurations, which are long in disappearing, but so little pain is caused by this procedure that the patient is able to return home immediately after the injection is made. 2. The lower portion of the abdomen is very much more sensitive to the injection than the parts near the navel. 3. At the time of menstruation, as well as shortly before, and for a few days after it, slight hæmorrhage follows the punctures. 4. After from ten to fifteen daily injections have been practised, the solution flows out again from the orifices. It is, therefore, necessary at this time, as well as during menstruation, to apply a piece of wadding, wetted with collodion, immediately after the injection has been made.

Dr. HILTON FAGGE, of Guy's (*Lancet*, July 27), records a case of intestinal obstinonction, where, after every means had been tried, with a futile result, relief was obtained by giving a large injection, per rectum, closing the anus by the fingers, and then carefully but firmly kneading the abdomen. Broken down fæces came off in large quantity. The same thing was repeated a second time, with complete relief to the patient.

In *Brit. Med. Journal*, August 5, a case is recorded by Dr. HENRY THOMPSON, of Middlesex Hospital, of acute rheumatism, with head symptoms and high temperature, where the use of the cold bath was shown in reducing the temperature and relieving the urgent symptoms. He got altogether eight baths. Dr. Thompson remarks that "no one who saw the patient on the night of his first bath would hesitate to say that, without the bath, he must have died in the course of a few hours."

A rather rare case of diffused *gangrene of the lung*, following broncho-pneumonia of a low type, and ending fatally in a child at three and a half years, is recorded by Dr. McNALTZ (*Med. Times*, July 20.)

Two cases of *tobacco amaurosis* are recorded (*ibid*) by Mr. CHARLES HIGGINS, where a marked improvement resulted from the subcutaneous injection of strychnia in the templex.

Dr. ALLBUTT (*Practitioner*, August, 1872) urges that *thoracensis* should be performed early in pleuritic effusions, on the following grounds:—1. That the compression of the lung, if long continued, is likely so to injure the nutrition of the lung as to make it liable to degenerative change, or at any rate the lung is likely to become so bound down and crushed, as to be unable ever to recover its normal functions. 2. That the presence of a large quantity of fluid in the chest, especially when in the left side, as it so commonly is, is liable to embarrass the heart so seriously as to put the patient in jeopardy of his life; and that, in fact, death by syncope in hydro-thorax is far from uncommon. 3. That fluid pressure brings about gradual abolition of the absorptive power of the pleura. 4. That there is fear lest the sero-fibrous exsudate may become purulent. Contrary to the usual practice, Dr. Allbutt advises the use of the smallest trocar that can be obtained where the effusion is likely to be highly fibrinous. It is, he says, not the small trocars but the large ones that get blocked. The fear and pain are overcome partly by reason, partly by ether spray. The fear of re-accumulation is, he says, a "bugbear." The acute or inflammatory effusions do not re-accumulate. When re-accumulation is inevitable, as in heart or Bright's disease, tapping is often of the greatest value, both as a means of immediate relief and of indefinite palliation. The risk of the fluid becoming purulent from admission of air is limited to sub-inflammatory, cachectic,

and latent forms of effusion, and in them air should be most rigorously excluded.

From the *Medical Times and Gazette* we learn that in a paper recently read at the Academy of Sciences (*Gaz. Hebd.*, Aug. 2), on the *Pathology of Gangrenous, or Diphtheritic Angina and Croup*, MM. BOUCHUT and LABADIE-LAGRAVE came to the following conclusions:—

“In these diseases there are two kinds of anatomical lesions—the one primary, due to the ulceration of the mucous membrane or the presence of false membranes; and the other secondary, cardiac or embolic. The former are well known, but the secondary, cardiac, and pulmonary embolic lesions have not yet been described, and deserve to be known, explaining as they do the occurrence of death through an entirely special lesion of the lungs and other organs. In the heart there is almost always (fourteen times out of fifteen) an *endocardite végétante* with fibrinous deposits, which are the origin of frequent emboli. The lungs frequently (45 times out of 180) contain knots of pulmonary apoplexy or bloody infarcti, due to arterial emboli, such infarcti being sometimes colourless at the centre, and surrounded by a zone of hyperæmic pulmonary tissue. Sometimes there are knots of purulent infiltration, or even true metastatic abscesses. The lungs also frequently present at their surface, between the lobules, small venous thrombi. These bloody infarcti are sometimes found under the pericardium among the altered muscular fibres of the heart, and in the subcutaneous cellular tissue, where small metastatic abscesses may be formed. Venous thrombi exist also in the pia mater, the brain, the liver, and in different parts of the body. With these lesions there always co-exists a more or less pronounced leucocytosis, which in a bad case is very considerable.”

Dr. BUZZARD (*Practitioner*, August, 1872) records *two cases of impaired writing power successfully treated by electricity*. The first was a case of “writer’s cramp,” in which the act of writing appeared to call forth a state of tonic spasms of one or more of the muscles which supinate the hand: the hand rolled over as soon as the patient began to write. The treatment consisted in rest—the arm being placed in a splint for six hours a day—and in developing to the utmost the muscles antagonistic to the act of supination—the flexors and pronators. To this end the supinators and pronators were faradised three times a week, and the dumb bell employed in movements of pronation only. At the same time three to four minims of the liquor *arsenicalis* were taken twice daily. The size of the forearm gradually developed under the influence of the faradisation, and the cramp diminished. Circumstances compelled the omission of the faradisation for two or three weeks during the treatment, and retrogression took

place at once. For nearly three years the electrical treatment was continued, the intervals between the doses being gradually extended. At the expiration of three years the patient was perfectly well. Remarking on the pathology of such cases Dr. Buzzard says: "Obscure as is the pathology of such cases one would be disposed to consider the local ailment as being primarily due to a central cause—a peculiar condition of nerve cells constituting a centre of co-ordination. A neurotic history, either personal or in the patient's family, is always to be found, according to my experience, in cases of writer's cramp."

In the second case the lack of writing power was due to a lesion of the ulnar nerve of the right side, resulting in atrophy of the dorsal interossei and the muscles constituting the hypothenar eminence. There was also some falling away of the lump of the thumb, corresponding, doubtless, to atrophy of the adductor pollicis. There was no marked abduction of the hand nor wasting of the forearm. The thumb could not be brought with any firmness against the fore finger. The ring and little fingers tended to remain semi-flexed upon their metacarpal bones. The little finger stood out from the rest, and could not by the strongest effort of the will be brought towards its neighbour. Neither the ring nor the middle finger could be moved voluntarily in either lateral direction. The index could be moved slightly from side to side. There was no definite loss of cutaneous sensibility in the hand. The fingers could be well flexed upon the palm, but extension was imperfect, especially in the third and fourth. To the stringent power of a one-called Stöhrer's induced current battery (Faradism) the affected muscles gave no response. Dr. Buzzard next employed Foveaux's portable constant current battery, with a strength of thirty-eight cells. "The rheophores (of metal, leather covered, and moist with salt water) were applied, about half an inch apart, to the clefts between the metacarpal bones, where the dorsal interossei can be got at. By labile applications (interruptions every second or so) there was brisk action of all the interossei, the index and ring fingers being severally drawn away from the middle finger, and this last drawn to the radial or ulnar side, according as the second or third dorsal interosseus was stimulated. A sitting of an hour three times a week was persevered in for a month, when the patient complained of pain at the points of application of the electricity, which lasted for some hours. The muscles now responded to the induced current, and in three months the patient was quite cured. In some remarks on these cases Dr. Buzzard says that "In muscles and nerves which are completely paralysed we frequently find, as is well known, that the excitability for the intermittent battery current is retained, or even augmented, whilst the excitability for in-

duced currents is completely lost. In such cases the reparation action of the continuous currents is greatly superior to that of the induced. With the return of mobility the excitability for the different currents is usually reversed. . . . If the battery (or continuous) current be intermitted with extreme rapidity it ceases to possess the contractile power which marked it when the intermissions were slower and more prolonged. It would seem that a stronger momentary current produces less effect than the interruption and completion of a weaker one of longer duration."

Dr. THEODORE WILLIAMS (*Lancet*, August 17) gives some account of the climate of the *High Valley of the Grisons* and its effect upon the health of phthisical patients. He says:—"It seems to me that the good results of the climate lay more in improvement of the appetite and gain of weight than in any decrease of the lung disease. Dr. Spengler does not, unless requested, give cod-liver oil internally, but uses inunction, and insists on a generous diet and large quantities of butter and milk; and for those few patients with whom milk disagrees, koumiss is substituted. He also administers douches and shower baths, but always with caution and personal supervision." The accommodation and food at the hotels Dr. Williams found to be excellent.

Mr. FURLEY (*Lancet*, August 10, 1872) replies to Dr. Grieve, whose strictures on his *treatment of small-pox by the injection of vaccine lymph* we referred to in our last number, by a good deal of theoretical argumentation, and then states that his faith in the efficacy of the proceeding is in no way shaken by Dr. G.'s failures. He has now treated seventy cases of small-pox in this way, and has only met with one in which abscesses occurred. In this three formed in succession, a *contretemps* which he ascribes to restlessness during the operation. In short, his experience, and the statements of others, convinces him of the general correctness of his proposition.

A most important editorial article *On the Pathology of Œdema* occurs in the *B. M. J.*, June 16th, which we make no apology for extracting entire. To give a mere summary of it would be impossible or valueless:—

"As Dr. MURCHISON has mentioned in the admirable lectures now appearing in this journal, the influence of the nervous system over the production, as well as the removal and inhibition, of dropsies, was pointed out by Dr. Laycock, of Edinburgh, in an able and interesting paper, which appeared in the *Edin. Med. Journ.* six years ago. The conclusions which he then drew from the facts observed in his clinical experience have been confirmed and illustrated in a remarkable manner by experiments made upon animals by Ranvier and Goltz. Those of the former

were made upon dogs, and show how the nervous system may permit œdema to occur by allowing too much fluid to exude from the blood-vessels into the tissues ; while those of the latter were made upon frogs, and explain the occurrence of œdema from insufficient absorption. The doctrine that œdema is due to venous obstruction alone, rests upon a very narrow experimental basis indeed, for it is founded almost entirely upon two experiments performed by Lower about the year 1680, and described by him in his *Tractatus de Cordo*. In one of them he found that ligature of the inferior vena cava within the thoracic cavity of a dog produced ascites ; and in the other, that ligature of both jugulars was succeeded by œdema of the parts above the ligature, and increased secretion of tears and saliva. In 1825, this theory received great support from the observations of Bouillaud, who described many cases of local œdema resulting from thrombosis, and attributed its occurrence to the veins being prevented, by the clots in their interior, from performing that absorbent function which Majendie had shortly before shown them to possess. In such cases as these, however, it is difficult or impossible to say what the condition of the nervous system is ; and they cannot be brought forward as certain proofs of the theory that œdema depends only on congestion. This hypothesis rests, therefore, for support almost entirely on the experiments of Lower ; and not only were these too few, but in one of them it is hardly possible to say what injury had or had not been done to the nerves within the thorax. Ranvier, not being satisfied with such scanty evidence, repeated Lower's experiments, but obtained a very different result. On several occasions he ligatured the jugulars in dogs, but never found any œdema in the head and neck, or any increase in the secretion of tears or saliva after the operation ; nor did ligature of the femoral vein cause œdema in the leg, as Bouillaud's observations might have led us to expect. Instead of tying the inferior vena cava in the thorax like Lower, he tied it just below the diaphragm, where a ligature could be applied with less risk of injuring nerves. Both legs then became cold ; but no trace of œdema appeared. But if one of the sciatic nerves—which, as Bernard has shown, contain the vaso-motor nerves of the leg—were then cut, the vessels in the skin of that leg dilated, its colour became rosy, and it felt hot instead of being cold, like the other one. Within an hour after the division of the nerve, an œdematous swelling was noticeable near the tendo-achilles ; and in 20 hours the leg was swollen to such an extent as to have become perfectly cylindrical.

“ To show that this remarkable effect was due to division of the vaso-motor nerves of the leg, and not of the paralysis consequent on the division of the motor fibres in the sciatic nerve,

Ranvier divided the last three roots of the lumbar, and all the roots of the sacral nerves, on one side, within the vertebral canal. In this way he produced complete paralysis of one leg; but the sympathetic fibres, in which the vaso-motor nerves run, and which join the roots after they emerge from the vertebral canal, being left untouched, no rise of temperature occurred in the limb, nor did any trace of œdema appear. These experiments seem to show conclusively that venous congestion alone is not sufficient to produce œdema. It is difficult to see how the veins could exercise any absorbent action in either limb after the ligature was applied; and one is therefore inclined to attribute the œdema which followed section of the nerve to a greater amount of fluid being poured out from the dilated vessels—a view which is supported by some experiments of Goltz, to be afterwards mentioned. That some absorbent action, however, did take place in the limb, was shown by the fact that in one dog, which was kept alive for several days, the œdema in the leg lasted for three days, diminished on the fourth, and almost entirely disappeared on the fifth day; but whether this was due to the establishment of a collateral venous circulation, to increased absorption by the lymphatics, or to diminished exudation from the blood-vessels, it is impossible at present to say.

Goltz performed his experiments, as has already been mentioned, on frogs; two of which were experimented on at once, for the purpose of comparison. He first rendered them motionless by poisoning them with curare, and then destroyed the brain and spinal cord of one of them, while he left those of the other uninjured. He next cut the aorta close to the heart, and having hung the frog up so that the blood could drop into a vessel placed below, he injected into the lymph-sac, under the skin of each frog's back, a considerable quantity of a weak solution of common salt. Although the hearts of both frogs continued to beat, not a drop of fluid fell from the frog whose brain and spinal cord had been destroyed, and the quantity which had been injected into the lymph-sac did not diminish in the least; while from the frog whose brain and cord had not been injured there fell, drop by drop, at first pure blood, then diluted blood, and lastly a colourless fluid; and just in proportion as the drops trickling from the aorta filled the vessel below, did the distended lymph-sac become emptied by the absorption of the fluid it contained. Having thus shown that destruction of the nervous system arrests absorption, he tried whether stimulation would increase it, and found that, when the nervous centres were stimulated, either directly, by the application of an induced current to them, or reflexly by irritation of a sensory nerve, the rapidity of absorption was much increased. On the

other hand, he observed that striking the intestines of the frog produced paralysis of absorption, just as he had formerly shown it to cause vaso-motor paralysis. Although his experiments show that absorption becomes quick when the vaso-motor nerves are stimulated, and slow when they are inactive, Goltz does not think that it is due to the contraction of the vessels which the vaso-motor nerves induce, but to the epithelium which lines the vessels taking up the fluid outside them, and, as it were, secreting it into the vessels, just as the cells of the salivary gland would do into its duct. He supposes that this epithelium is supplied by a set of nerves which cause it to absorb, and that these are distinct from the vaso-motor nerves. And the whole vascular and lymphatic system, with its absorbent nerves, would thus resemble one enormous gland and its secreting nerves. These nerves, however, cannot yet be separated from the vaso-motor; and stimulants to the one are, so far as we yet know, stimulants also to the other. In some additional experiments, he noticed that destruction of the nervous system allows fluid to exude more easily out of the vessels, as well as hinders its absorption into them, an observation which is in conformity with the results obtained by Ranvier. The nervous system exercises an influence over the absorption of liquids from the stomach and intestines similar to its action on absorption from the lymph-sac; and when it is destroyed, liquid seems to pass easily through the intestinal walls into the peritoneal cavity, and produce ascites, though it does not do so when the nervous system is uninjured. If it be assumed that fluid is secreted by the epithelium out of the vessels, as well as into them, and that it does not simply transude the walls, it is easy to understand why the composition of dropsical fluids should differ from that of liquor sanguinis. The absence of cedema in one person, and its presence in another, without any difference in the amount of venous congestion in the cases, as well as its occasional occurrence in an individual, without any increase in the congestion being perceptible, are readily explicable in the light of the facts proved by Ranvier and Goltz, that congestion alone does not produce cedema, so long as the vaso-motor, or rather absorbent nerves are active, but does so as soon as their power is lessened or destroyed. When it is borne in mind also that stimulation of the vaso-motor centres quickens absorption, and that it is by no means improbable that the urinary products, when retained in the blood, irritate them, as they certainly do other nervous centres, we are inclined, *à priori*, to predict, what clinical experience shows to be the case, that in gouty kidney, whose urinary products are apt to accumulate in the blood, no cedema would occur. We should also expect that the application of an irritation to the vaso-motor centre, such as might be produced by

pressure, would cause the absorption of dropsical fluid already effused; and this centre being situated within the cranium, the concurrence of cerebral symptoms, with the disappearance of oedema, thus becomes readily intelligible."

SURGERY.

The *Medical Press and Circular* (July 31) states that at the meeting of the Lisbon Society of Medical Sciences on February 17, Dr. Camara Cabral communicated a case of *congenital spina bifida* which he had successfully treated. The patient was a child aged twenty-five days, which was brought into the St. Joseph Hospital on November 21st. It had in the lumbo-sacral region a swelling forty centimeters in circumference, seventeen in vertical, and ten in transverse diameter, and six in depth. It fluctuated, was transparent like a hydrocele, and appeared to contain not only fluid but some solid body. Pressure on it did not produce any convulsions, nor were there any paralysis or other symptoms denoting lesion of the spinal cord. It was therefore concluded that the tumour consisted exclusively of a hernia of the meninges, filled with fluid. On the 29th it was tapped with a Dieulafoy's trocar, and 400 grammes of a transparent yellow fluid, containing an abundance of albumen, were removed. Compression was applied by means of adhesive plaster. No symptoms followed the operation, beyond some vomiting and loss of appetite. Some days later, the tumour having again enlarged, 250 grammes of liquid were removed, and on December 14th, 425 grammes. The defect, which was found to be in the situation of the fourth and fifth lumbar vertebrae, was gradually diminishing. On a fourth and fifth occasion puncture was performed at intervals of some days; the quantities evacuated being respectively 175 and 125 grammes, and the fluid being more highly albuminous than before. After the last two operations there was some meningitis, which yielded to ordinary remedies. The child made a good recovery, and was exhibited at the meeting at which the case was described.

The same result has been obtained on two occasions much more rapidly by Dr. Morton, of Glasgow, who injected a solution of iodine in glycerine (vide *M. H. R.*, p. 294.)

Dr. RELIQUET, of Paris (*Practitioner*, August, 1872), relates four cases of spasm of the bladder and urethra in which the contraction was overcome by the continuous electric current. In two the spasmodic action was set up by the presence of a calculus, and was so severe as to prevent the necessary examination of the bladder until the electric current had exerted its sedative influence upon that organ. In the other two the spasm was independent of any mechanical cause, and both were cured. Dr. Reliquet regards as one indication of his experience in these

cases the possible advisability of applying continuous electric currents immediately before a *séance* of lithotripsy.

Mr. STILLWELL (*Brit. Med. Journal*, July 13, 1872) says that in the *treatment of ingrowing toe-nail* his invariable mode of procedure has been to find the edge of the nail with a probe, and then remove the whole of the granulations and hypertrophied cellular tissue on both sides if requisite. In no case during an active practice of forty years has he been disappointed, or ever had to attend the patient for a return of the complaint.

A case of *strangulated inguinal hernia*, where a successful reduction was accomplished by means of the aspirating puncture, is recorded (*Lancet*, July 20) by Dr. LÉON LABBÉ, of Paris. After the puncture, about $2\frac{1}{2}$ drachms of yellowish fluid escaped, along with a quantity of gas. Reduction was then easily accomplished, and the patient recovered perfectly.

D. D. B.

NOTABILIA.

BITER BIT!—LAW VERSUS MEDICINE.

The Rev. Dr. Haughton, in the address he delivered at the opening of the Sanitary Section of the British Medical Association at Birmingham, made the following observations on the two professions, *à propos* of his consideration of the important subject of taking medical evidence in courts of law in civil and criminal cases:—

“There is no greater contrast than that between the legal and the medical mind. The medical man is accustomed to see the best feature and the best side of society; he stands by the bedside where the best affections of the heart are displayed towards those who are suffering, and he forms a more charitable opinion of his neighbours than the rest of the world. Perhaps he thinks and acts more in accordance with the spirit of Christ than others. On the other hand, the legal man sees his neighbour under the vilest and foulest aspects; he comes into contact with swindling and every kind of knavery, until his mind becomes imbued with it. The lawyer becomes like the chameleon, tinged with the colours of those about him. There is an utter disproportion between such men and those whose lives are spent in doing good. I reckon myself a skilful professional beggar-man; but whether I collect for an orphanage, for building a church, or the Deaf and Dumb Institution, I can never extract money from a lawyer. And that is the experience of others. Where can they expect to go? When a barrister gets a medical man on the table, what does he do? He has the same natural antipathy to him that a terrier has for a rat. I am happy to

say, however, that the rat sometimes turns out to be a badger ; and sometimes a medical witness proves to be a badger and not a rat. I may mention here a trick which I played upon an eminent lawyer, who was leading counsel on one side in a great case of lunacy which was before the Dublin law courts. This gentleman did me the honour to ask me to dine with him a day or two before the trial. I knew it was for the purpose of getting a "grind." Well, I gave him his lesson ; and the learned gentleman, who was one of the greatest bullies at the bar, trotted it out in such a style that we had such a scene as was rarely or never witnessed. In these cases, the doctors on one side swear A B C, while those on the other depose X Y Z : and anything like an impartial statement is carefully excluded. I will not mention the name of the lawyer, as he is now on the bench, and it might be disrespectful in a place where there are coercion laws. I told him a few facts about lunacy, and then added that, when the examination was nearly over, he was to say, 'Now, sir, you are on your oath ; you are giving your evidence.' You know they always keep repeating, 'Now, sir, you are on your oath.' Well, I told him that all would go on smoothly up to a certain point : and then, just as the witness was about to leave the box, he was to say, 'Now, sir, you know you are about to leave that table, and you are upon your oath ; and upon your oath, do you not know that *crepitus redus* is the most fearful form of insanity that can afflict man ?' I was base enough to ask my lawyer friend to get me a front seat when the case came on ; and I went to enjoy the fun. I heard him put his questions in his best style, and when he came to this one, just as the witness was going to leave the table, he called him back, threw his wig back—he was a great bully was my friend—then he put up his shoulders, and called out, 'Now, sir, mind how you answer ; on your oath, sir, is not *crepitus redus* the most fearful form of the affliction of insanity ?' He said this in a perfect frenzy of passion ; and the witness, startled at the sudden question, the question itself, and the manner in which it was put, became quite frightened, and, turning to the judge, said, 'That man's mad, my lord ; have him taken up !'

HOMŒOPATHY TESTED BY STATISTICS.

At the recent meetings of the American Institute of Homœopathy, Dr. E. M. Kellogg, of New York, presented the following report of statistics of comparative mortality in New York city during the years of 1870 and 1871 :

Comparative Mortality.—The Metropolitan Board of Health of New York city keep an accurate register of all deaths occurring in their district, which register includes the name of the attending

physician in each case. In order to ascertain the comparative mortality under the differing methods of medical treatment, I have spent the last three months in analyzing these records, and now present to the profession and the public a brief statement of the result obtained by this long and careful research. I have thrown out of consideration all deaths in the hospitals, because such patients are subjected almost entirely to the old school treatment, and should not, in justice, be included; and I have also rejected all still-born cases and coroners' cases, as they do not properly come within the pale of medical treatment; and have thus narrowed down the examination to those deaths which occurred in private practice only, during the years 1870 and 1871.

I find, then, that the deaths in New York city during the past two years amount, in private practice, to 39,634. Classifying this mortality according to the kind of practice employed in each case, I find that 30,395 persons died under the care of the so-called "regulars" or allopathic physicians in acknowledged good standing; that 2,530 died under the care of homœopathic physicians, and that the balance, 6,709, died under the care of practitioners, who, with the sole exception of the "eclectics" (who are few in number), belong to no medical society, and cannot, therefore, be readily classified. These latter include the druggists and quacks of all kinds, who flourish wherever the professional barriers are so completely thrown down as they are in this State, where the law allows any one to practise medicine.

To compare, then, the allopathic and homœopathic mortality intelligently, I ascertained the numbers of the practitioners of the two rival systems, and this is the result: 984 allopathic physicians lost 30,395 cases; 156 homœopathic physicians lost 2,530 cases averaging 30.89 deaths to every allopath, and 16.22 deaths to every homœopath, practising in New York city during the past two years!

In other words, the mortality under homœopathic treatment is, proportionally, only fifty-three per cent. of the mortality under allopathic treatment, where the physicians of the two schools have been practising side by side.

To offset the force of so astonishing a revelation of practical results, it has been urged that the homœopaths treat comparatively few of the poorer classes, and that their death rate is less, because their patients are so largely composed of the wealthier and more intelligent part of the community. To satisfy myself on that point, I have collected the annual reports of our numerous city dispensaries, where the sick poor apply for medical treatment; and from them I learn that the seven homœopathic dispensaries treated in the year 1870 about one fourth as many poor patients as all the allopathic dispensaries. And as those

dispensary patients who died in their own homes are included in the above mortality statistics, the argument on this point is not against homœopathy, but in its favor.

Another question arises in this connection: How many cases of disease were treated by the two schools? And what proportion does the number of cases treated bear to the mortality under the two systems? This item can never be correctly ascertained as regards private practice, and I simply assume the fact that the average homœopath treats as many sick persons as the average allopath. That this is a fair assumption will be readily believed by any one who will compare the apparent business thrift and the actual income returns of the two classes of physicians.

These statistics and the logical inferences therefrom we leave to the consideration of the thoughtful public.

THE FALLACY OF PRESCRIBING FOR INDIVIDUAL SYMPTOMS.

DR. WILKS (*Brit. Med. Journal*, August 10, 1872), in the course of his masterly *Address on Medicine*, recently delivered before the members of the British Medical Association at Birmingham, in deprecating the practice of treating individual symptoms of disease, spoke as follows:—

“If what I have been saying be true, that changes in the body come about slowly and insidiously, our duty is rather to study how to check their progress, and not to devote ourselves to the treatment of the mere phenomena of the disorder. In so-called gouty persons, with malassimilation and tendency to articular inflammation and deposits of uric acid, much harm is often done by the continual use of alkalies, which often merely cover the presence of the gravel without in any way removing it; or, if the great toe be especially treated, the cause may still remain. When the body has relieved itself by these portals, it may show that the outward and visible signs, in the form of symptoms, are not to be meddled with. This, which has long been recognised in the case of gout, may be applicable to other diseases, and the relief expressed by a symptom be much greater than could be accomplished by medicine.

‘Tho’ when small humours gather to a gout,
The doctor fancies he has driven them out,’

I think few would hesitate in saying that the medical man is doing much more for his gouty patient by prescribing a suitable regimen and medicine of that kind which operates on the assimilative organs, than by attempting to relieve particular symptoms. In like manner in a case of early phthisis, he would render better service by advising a particular conduct of life than

by giving his attention to petty ailments. In acute affections the same may be said: he who treats a typhoid fever, having regard to its natural course and phenomena, would be more likely to meet with success than he who, as was done in past times, meddled with the various organs of the body, and should order vinegar rags for the head, expectorants for the chest, and astringents for the bowels. Some of our methods, without appearing so, may be equally absurd, as, for example, what was once proposed to me in a case of strangulated hernia, to defer the operation until the sickness had ceased. Our object should be to get behind the symptoms, and thus obtain a fair view of the case. Some of the most lamentable spectacles I witness occur in cases of nervous people, who, being treated according to their special wants, have procured for themselves a permanent place on the doctor's sick list. It is quite true that patients do not want to know anything about pathology; they have their aches, pains, and troubles, and for these they seek advice. It is, of course, the province of the medical man to heed these troubles, and to relieve them; but, nevertheless, I contend it is his duty to take, if he can, a just and comprehensive view of the whole case, and, whilst administering to the wants of the patient, yet not to forget his high calling as a scientific man, and act for the general welfare of his patient and of society. He who simply pleases his patient by attending to local troubles, and does nothing but satisfy the prejudices and ignorance of the public, either has not learned the greater truths which his art and science contain, or is simply converting a noble profession into a trade. If the history of particular minds be identical with the history of the race, we shall find the mass of the public is in accord with the least scientific in our profession. A layman recommends a remedy for a symptom, and offers his friends a medicine for the spasms, a pill for the liver complaint, and so on. All quacks knowingly and systematically pursue the same course, and the least educated in the profession unwittingly follow a similar method. This is the explanation of such men doing large practices: their ignorance is a means towards success. In the history of the world we see savage nations attempting to exorcise particular pains, having, of course, no knowledge of their cause. At a later period, symptoms are treated; but in proportion to the advances of medicine as a science is the attempt at a wider generalisation being constantly made. If scientific treatment had been at the present day in any way perfected, how were it possible that, within a few years, bromide of potassium, carbolic acid, and chloral, should become in turn universal medicines? If any fact were required to prove the absence of scientific system in the treatment of disease, it would be the universal administration of chloral; every patient has

some bodily uneasiness, or is sleepless, and thus presents symptoms suggesting its use. It is a powerful benumber: but benumbing the sensibilities and paralysing your patient is not curing his complaint. If a man be raving mad, and you knock him down and stun him, he will be quiet, and you may praise highly the dose which you have given him. The practice might thus be developed into a valuable therapeutic agent, and a trained boxer might give blows on the head of different degrees of force according to the strength of the dose ordered by the prescriber. The method would hold rank with the universal administration of chloral, and, in the hands of an expert, might perhaps be more safe.

THE INFLUENCE OF MATTER UPON MIND.

Dr. MAUDSLEY (*Brit. Med. Journ.*, Aug. 10) in his Address on Psychological Medicine, delivered at the opening of the Psychological Section at the British Medical Association, the other day, argued in favour of the doctrine that the perfection of the normal sense depends upon the perfection of physical organisation, and that its deterioration results from deranged functions of the supreme nervous centres of the body. The whole address will well repay the most careful study. Admitting that it is impossible to bridge over the gap between nerve elements and mind, he insists that the business of the scientific observer in investigating the connection between moral sense and brain is, as in other departments of nature, to trace out the uniformities of sequence, to point out that certain sequences are, within our experience, the inevitable consequences of certain antecedent conditions. In examining the facts of moral degeneracy, he dwells forcibly on hereditary influences. "Assuredly," he says, "of some criminals, as of some insane persons, it may be truly said that they are born, not made; they go criminal as the insane go mad, because they cannot help it; a stronger power than they can counteract has given the bias of their being. I do not dispute that much may sometimes be done by education and training to counteract in this respect the ills of a bad inheritance, but it is still true that the foundations upon which the acquisition of education must rest are inherited, and that in many instances they are too weak to have a good moral superstructure." The class of habitual criminals Dr. Maudsley regards as true moral imbeciles, persons without moral sense; they constitute a morbid or degenerate variety of mankind, marked by peculiar, low, defective physical and mental characteristics. "They are scrofulous, often deformed, with badly formed angular heads, are stupid, sluggish, deficient in vital energy, and sometimes afflicted with epilepsy. They are

of weak and defective intellect, though exceedingly cunning; and not a few of them are weak-minded and imbecile. The women are ugly in feature, without grace or expression or movement. The children who become juvenile criminals do not evince the educational aptitude of the higher industrial classes; they are deficient in the power of attention and application, have bad memories, and make slow progress in learning; many of them are weak in mind and body, and some of them actually imbecile." The same defect or absence of moral sense is occasionally met with in medical practice among children in the better classes. "Though born in good circumstances of life, and having every advantage of education, they cannot by any care or training be made to learn and behave like other children; they display no affection whatever for parents, brothers, or sisters, and no real appreciation of the difference between right and wrong, no love for the one or remorse for the other; they are inherently vicious, and steal and lie with a skill that is hard to believe could ever have been acquired; are, in fact, instinctive thieves and liars. Everything that their vicious nature prompts them to desire is for them right, and they exhibit a remarkable cunning in gratifying their evil propensities. They are the hopeless pupils of any master who has anything to do with them, and are sure to be expelled from every school to which they may be sent. In the end all those who have to do with them are constrained to ascribe to defect what at first seemed simple badness. Now, what we commonly find in these cases, when we are able to push satisfactory enquiries into their hereditary antecedents, is that they come of families in which insanity or some allied neurosis prevails. This is the interesting fact to which I wish to draw attention." From these and similar facts Dr. Maudsley concludes that "crime is not always a simple affair of yielding to an evil impulse or vicious passion which might be checked were ordinary control exercised. It is clearly sometimes the result of an actual neurosis which has close relation of nature and descent to other neuroses, especially the epileptic and insane neurosis, and this neurosis is the physical result of physiological laws of production and evolution. No wonder that the criminal psychosis, which is the mental side of this neurosis, is for the most part an intractable malady, punishment being of no avail to produce a permanent reformation. A true reformation would be a reforming of the individual nature, and how can that which has been forming through generations be reformed within the term of a single life." Dr. Maudsley then shows some striking examples of the hereditary nature of crime, epilepsy, and insanity. The facts he adduced, he believes, "prove the essential connection of the moral sense with organisation, and admit of interpretation only on that supposition.

It, or the potentiality of it, is inherited by most persons, though some appear to be born without it. It is developed by culture, decays from disease, and is prevented or destroyed by disease. The last acquired faculty in the progress of human evolution is the first to suffer when disease invades the mental organisation."

The whole essay is a very brilliant contribution to the study of mind, and though sure to provoke much adverse criticism, it must compel attention as the production of a physician of large experience in mental disorders, and of one of the most thoughtful workers in our profession.

HOMŒOPATHY IN PITTSBURG.

For some years past there has existed in Pittsburg a flourishing homœopathic hospital. The citizens of Pittsburg are contemplating the erection of a new general hospital, and the homœopathic practitioners among them are urging their claims as medical men to *pro rata* rights as attendants at this institution when it is established. The *Pittsburg Daily Gazette* advocates their cause in the following terms: "The proposed general hospital, to be such in *fact*, must be based on liberal principles. It must secure to every occupant of its wards beyond the possibility of evasion, the spiritual adviser of his *faith* and the medical treatment of his choice. This matter of choice is more than a mere privilege to be allowed—it is a matter of right that should be guaranteed.

"Allopathy and homœopathy should stand on an equal footing. Each school is represented by men of acknowledged ability, integrity, and attainment. With the comparative merits of the two methods of treatment we have nothing to do. The public is divided on this question, and neither school has the right to exclude the other. We hold, that whether by force of circumstances or adverse fortune, a man is compelled to avail himself of hospital accommodation, when he falls a victim to disease or accident, and having predilections in favour of either school, his preference should be consulted and gratified. He is the person most interested, and the one to be benefited or injured by it. Sectarian exclusiveness belongs to a bygone age, and is bad enough when confined to the narrow limits of private corporations and individual efforts; but when public institutions yield to it, it becomes an evil without any mitigating circumstances or redeeming features."

We shall be glad to hear that our brethren in Pittsburg have secured the right to a share in the medical management of the General Hospital of their city; and meanwhile we congratulate them on the earnestness with which their cause is advocated by the general press.

HOMŒOPATHY IN THE UNIVERSITY OF NEW YORK.

By an Act of the Legislature of the State of New York, passed on the 18th of May last, all candidates for the M.D.-degree of the State University will be required to undergo an examination into their knowledge of homœopathy. After clauses appointing examiners, and directing the mode of examination, the third clause runs as follows:—

“Such examinations shall be in anatomy, physiology, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery and in therapeutics, according to each of the systems of practice represented by the several medical societies of this State.”

This is a very important step in medical education. Though far from ensuring faith in homœopathy, it compels all graduates to have a sufficient acquaintance therewith to enable them to practise homœopathically. Those New York graduates in medicine, who in the future may declare their want of confidence in homœopathy, will at any rate be able to give some reason for their incredulity—which in consequence of their ignorance of homœopathy is a great deal more than the medical graduates of any other University can do at the present time. It will also render special or sectarian colleges unnecessary. They have fulfilled their mission.

ARSENIC IN PAPER AND LAMP SHADES.

Our contemporary *The Chemist and Druggist* (August 15) tells us that

“The *Boston Journal of Chemistry* suggests a very ready means of testing the ordinary green wall-papers for arsenic. The tests for arsenic, strictly so called, are suited only to laboratory use, but since it is the arsenite of copper that is employed for the poisonous green colours, a test for copper is sufficient for ordinary purposes. Put a drop of aqua ammonia on the suspected paper, and if it changes the colour to blue, you may be sure that copper is there, and almost as sure that arsenic is present also. There is not one chance in a hundred that a more critical examination would lead to a different conclusion. At any rate we advise our readers not to use any paper on the walls of their houses, or for any other purpose, if this simple test makes its character suspicious.”

From the same Journal we learn that

“A German doctor has described two cases in Jena, and one

in Frankfort, where persons using green glazed paper shades were attacked with symptoms of arsenic poisoning. In no case did the symptoms cease until the use of the shade was discontinued. The heat of the lamp volatilizing the arsenic renders the small quantity present very dangerous."

BRITISH HOMŒOPATHIC SOCIETY.

At the late Annual Assembly of this Society, the office of Secretary, which had been rendered vacant by the lamented illness of Dr. Madden, was filled by the appointment of Dr. DRURY, of Harley Street. We congratulate the fellows and members of the Society on having been able to secure as its most important officer one so highly esteemed by all his colleagues—one who has ever shown so deep an interest in the welfare of the Society—one so able and anxious to perform the duties of the office efficiently as Dr. Drury. We trust that, having at considerable personal inconvenience accepted this post, our Secretary will meet with that cordial support from all the members of the Society to which he is entitled. To obtain *pabulum* for discussion at the monthly meetings is one of the duties and one of the anxieties of a Secretary. We would therefore urge upon those of our colleagues who are able to prepare and willing to read papers at our Society during the ensuing session, to communicate the titles of their essays to Dr. Drury without delay. The first meeting of next Session will be held at the Hospital in Great Ormond Street on Thursday, the 2nd of October.

HYDROPATHIC ESTABLISHMENT IN ITALY.

In the *Indipendente*, 5th July, we have a notice of the Hydropathic Establishment of St. Vincent, which, it seems, is amply furnished with all the apparatus used in hydropathy, warm baths, simple and medicated baths, an ample swimming bath, and perennial baths for affections of the bladder. Treatment is directed by Dr. Carlotti. The salubrity of the air and beauty of the climate and neighbourhood constitute a powerful aid to treatment. The establishment will contain eighty persons. This establishment is not far from Turin, and we doubt not, will be frequented by some of our Anglo-Italians.

CORRESPONDENCE.

THE HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—As a new edition of the Pharmacopœia has been decided on by the British Homœopathic Society, may I

through your columns ask those gentlemen who have detected errors in the edition now in use, or who have improvements to suggest, to be so kind as to communicate with me on the subject. Information obtained early will be doubly valuable, as the Committee will be the better able to turn it to account.

Yours faithfully,

WILLIAM V. DRURY,

Hon. Sec. B.H.S.

7, Harley Street, Cavendish Square.
August 12th, 1872.

HAHNEMANN PUBLISHING SOCIETY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Under "Notabilia," in your August issue, appears a communication from Dr. Hayward, respecting the Hahnemann Publishing Society, which places me under the necessity of troubling you, however reluctantly, with a reply.

Had he confined himself simply to the statement that a meeting would be held in York, at which business of importance would be brought forward, I should have had nothing whatever to complain about; but when that announcement is supplemented by comments, the object of which is to show "the injustice" of my claim, my silence would be misconstrued.

With regard to the agreement, which you have printed at length.

The Society has never at any time carried out the provisions of Clause II. (which stipulates that the expenses of publication shall be shared equally by the Society and ourselves); our firm having supplied the whole of the funds required, unassisted. In doing this I followed in the steps of the late Mr. Turner, whose liberality in such matters, where the progress of homœopathy was promoted, is well known.

Had the MSS. been supplied as provided for in Clause V. (every two months), the publication of the Repertory would have been completed long ago, we should have had some chance of averting the losses consequent on delays, and the present unpleasantness would have been altogether avoided.

Over two years elapsed between the publication of Parts IV. and V., in consequence of the MSS. not being furnished; and this loss of time played sad havoc with our subscription list, through deaths and removals.

A still greater loss is inevitable on the issue of the next part, nearly eleven years having expired since the issue of Part V.

It is in consequence of these delays that our losses are greater than we can bear single-handed.

On being requested to put the part now ready to press, we discovered this state of things, and we naturally applied to the only living party to the agreement for assistance, urging the performance of his part of Clause II. This was absolutely refused; in fact, the liability was and is still disputed!

Under such circumstances, what man in his senses would continue the publication?

With regard to Dr. Hayward's remarks:

He complains that, according to our reading of the agreement, in the event of the whole of the books being disposed of (a consummation most devoutly to be wished) we should be £1 12s. 7d. in pocket. (We should by that time, it must be borne in mind, have paid for the whole of the stock, even supposing the Society had advanced what we claim.) He forgets that we are held by Clause III. to pay for binding and advertisements. What we have expended under these heads in issuing the 2500 volumes already published will scarcely be covered by the above liberal profit per part, not to mention interest of money laid out on behalf of the Society during the last fourteen years, which, calculated at the lowest rate, would amount to something very considerable.

In May last the whole matter in dispute was referred to arbitration by mutual consent, Mr. Clifton, of Northampton, kindly consenting to act as my representative, and Dr. Gibbs Blake, of Birmingham (at Dr. Hayward's request), representing the Society. Thus the matter rests with them; and there can be but one opinion of Dr. Hayward's remarks, tending as they do to prejudice the decision of the arbitrators and mislead the readers of the *Review*. For my own part, I decline to answer them, being quite content to abide by the decision, whatever it may be.

In conclusion, I regret exceedingly being called upon to make these remarks public, but after the course taken by Dr. Hayward I have no other alternative; and I venture to express a hope that the result arrived at by the referees may be published in your pages, that wrong impressions in certain quarters may be dispelled, and that I may be relieved from the damaging *onus* under which I am at present labouring.

I am, Sirs, your obedient servant,

HENRY TURNER.

77, Fleet Street, Aug. 8th, 1872.

A CASE OF EPILEPSY.

To the Editors of the Monthly Homoeopathic Review.

Gentlemen,—Professional advice is solicited in the following case. I have given it long and careful attention, and the

patient (the daughter of poor people) has also attended for a short time a west-end homœopathic dispensary.

Miss L. M., aged 18, has suffered for over two years from epileptic attacks, increasing in frequency. At first they occurred at night only; for several months they have recurred during the day also, but have then been less severe.

June 20th, 1872. Present state, as described by her mother:—Had fifteen day and three night attacks during past eight days; the latter have been very severe; is always tolerably conscious during day attacks, and returns to her occupation immediately after; is always rigid, with occasional biting of tongue; twitching of mouth, continuing for some time after; attacks frequently succeeded by sleep, if not she is very prostrate; has now usually a vacant stare; great tremblings with night attacks, jerking and pulling during day; complains less of pain in the head, or of aching of arms and legs than formerly; is not at all communicative or conversational; likes music, but says it makes her sad; evidence of *aura* indistinct, *seems* to creep upwards from abdomen, but there is no actual warning; previous to attacks appears to have a great dread of something happening; is timid, excitable, and irritable; difficult speech, especially after attacks, mouth always drawn to left side; general symptoms are left-sided; sleeps quietly and comfortably; appetite fair. *R. Tarant. cc. om. 6tis horis.*

28th June. Mother reports:—Since last medicine has had fewer fits, yesterday none; when attacks commence the arms and head are contracted, the mouth drawn to the left, and there is a great desire to run away from people; the expressions are, "No, no; its nothing, its nothing;" and "Don't mother, don't mother." Now she insists on running away from every one; formerly she used to cling to her mother; by the time she fairly gets away, the attack has passed over; night attacks, which usually are the severe ones, occur about 3 or 4 a.m.; during day fits has a frightened appearance; used to be very lively, is now always sad. *Rep. tarant. om. 6tis horis.*

5th July. Personally states that the only precursor of an attack is giddiness (seems to "lose herself"); also that the attacks always appear to "come from the head." Mother states that she cannot induce her then to sit down; constant headache "all over." Attacks: June 29th, 3 slight; 30th, two or three day and one severe night (at 11 p.m.); July 1st, two slight; 2nd, free; 3rd, severe; 4th, free; 5th, one severe, at 4 a.m.; four slight ones since; hands always cold after; pulse 120 moderate, regular; tongue pale, flabby; temp. 37·20c.; aspect emaciated and careworn. *Rep. tarant. om. 4tis horis.*

11th July. Attacks more frequent, both day and night; day more severe; night rather less so: two severe ones at night;

severe headache general; taste compared to that of bricks; for last three days complains of heat across forehead; perspires but feels chilly; falling of hair; pulse 128; urine clear. R. *Acid phos.* cc. ter die sumend.

25th July. During past week has taken *acid. phos.* 3. Numerous attacks; is weaker. Pulse 104; temp. 37.50 C. While in my consulting-room an attack suddenly came on, the patient jumping up from her chair, exclaiming, "It's nothing! it's nothing!" running to her mother, then to myself, and then into a corner. The features had a distressed, frightened expression. This attack lasted about one minute. No evidence of her having had a fright.

1st August. Numerous attacks. Slight appearance of menses at proper time. R. *Ign.* cc. t. d. s.

14th August. More free than for several weeks. I again witnessed an attack. Expression of features and utterances the same. Would have rushed down stairs had I not prevented her so doing. Then made her way through an open door, and hastily sat down on a chair. R. *Opium* 3, quater in die.

During general course of treatment has taken *bell., calc. carb., nux vom., opium, puls., sulph.,* and *zincum met.*, most of them in both low and high potencies. Each remedy has relieved at the time of selection, but no permanent benefit results. I cannot trace structural disease. S. M.

London, July, 1872.

THE EFFECTS OF GREEN WALL-PAPERS.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—In the *London Review* of May 11th, 1861, occur the following remarks on the effects of green wall-papers on health. They are entitled, "Death on the Walls—Green Paper:"—

"Put it up upon your walls, and you are lining your rooms with pure death.

"Your strength will fail, your head will ache, your nose will run, your throat will be sore.

"Paper-hangers are perfectly aware of its noxious qualities. 'I never hang one of these bright green papers,' said one of them to us, 'without feeling ill for the rest of the day. *It is known in the trade to be good for influenza to touch it.*'"

Homœopathy proved by the *London Review*!

I am, Gentlemen, yours, &c.,

E. CARMICHAEL, L.R.C.S. Ireland.

Mountrath, Aug. 1st, 1872.

ERRATA.

At page 465 of our last number, on the second line from the bottom, for "materially" read "mutually."

At page 466, on the second line of the quotation, for "that is" read "that it is."

NOTICES TO CORRESPONDENTS.

Dr. BERRIDGE having found varying translations in Dudgeon's *Pathogenetic Cyclopædia* and Hempel's *Jahr*, of one or more symptoms produced by the following medicines, would be obliged by anyone having the provings of them in the original German, directing him to the works where he may find them. The medicines are *ranunculus bulbosus*, *spongia*, *arsen. hydrog.*, *crotalus*, and *magnesia*.

Dr. M'CONNELL REED.—Messrs. Churchill announced during the autumn of last year that they should not in the future insert in their *Directory* any medical diplomas which had not been registered. This we presume is the reason why the M.D. and L.M. of Havana which you obtained, and subsequently returned to the authorities, are not placed to your credit therein. We do not think that "the interests of truth" will any way suffer by the non-publication of your autobiographical letter, for which indeed we have not room.

The Paper by Dr. CROUCHER (St. Leonard's) we are compelled to postpone.

Communications have been received from Dr. SHARP, Rugby; Dr. MORRISSON and Mr. WHITING, London; Dr. GIBBS BLAKE, Birmingham; Dr. CRAIG, Scarborough; Dr. CROUCHER, St. Leonard's; Mr. NANKIVELL, York; Dr. HAYWARD, Liverpool; Dr. D. D. BROWN, Aberdeen; Dr. PAINE, Albany, N.Y., &c.

BOOKS AND PERIODICALS RECEIVED.

The Homœopathic World, August. London: Jarrold & Son.

The Doctor, August. London: Baillière, Tindale & Co.

The Twenty-second Annual Report of the London Homœopathic Hospital.

The New Zealand Homœopathic Gazette, May. Auckland: Pond.

The Calcutta Journal of Medicine, Jan. and Feb. Calcutta.

The Hahnemannian Monthly, August. Philadelphia, Tafel.

The New England Medical Gazette, July. Boston: Whitney.

The Medical Investigator, July. Chicago: Halsey.

Allgemeine Hom. Zeitung, August. Leipsic: Baumgärtner.

Bibliothèque Homœopathique, June. Paris: Baillière,

Bulletin de la Soc. Méd. Hom. de France, August. Paris: Baillière.

El Criterio Médico, August. Madrid.

Rivista Omiopatica, July. Rome: Capobianchi.

Il Dinamico, June. 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.

THE recent annual gathering, at York, of medical men practising homœopathy was in every respect a complete success. The interest which pervaded the meeting, from its commencement to its close, the eloquent and comprehensive address of the PRESIDENT, and the excellent papers read by Dr. SHARP, Dr. R. HUGHES, and Dr. PYBURN, the number of homœopathic practitioners present, together with presence amongst us of medical brethren from the United States and from France, cannot fail to render the York Congress, one the memory of which will linger long and pleasantly in the minds of all who assisted thereat.

Dr. BLACK's address met, as it richly deserved to meet, with a right hearty reception. The views he expressed were clearly enough those entertained by all his hearers. He dwelt chiefly on the nature and influence of the opposition homœopathy and homœopathic practitioners had had to encounter from those members of the profession who refuse to examine the grounds upon which we defend the therapeutic principles which distinguish us from the great body of the medical profession. He showed how this opposition, whether active when denouncing us, or passive when declining to acknowledge

our existence, had retarded the progress of therapeutics, and had tended to give to homœopathic practitioners more or less of a sectarian position. Herein is matter well worthy of careful reflection by all members of the profession, whether they are practising homœopathy or are entirely ignorant of it. We would that this essay of Dr. Black's could be read by every medical man in this country. Had we any confidence in the honesty of the opposition we have to contend against, could we believe that medical men generally were seekers after truth, come whencesoever it might, we should be assured that the barriers which have hitherto restrained us from professional intercourse with our medical brethren, both at the bedside and in the Medical Societies, would speedily be broken down. But, alas! we have not this confidence, we see no reason for entertaining it. Much as we deplore the manner in which homœopathy—the doctrine of specifics—is received in medical circles, anxious as we are for its careful and thoughtful clinical examination by our medical brethren everywhere, so long as they are content to allow the weekly medical press to think for them on this matter, and to accept the dictates promulgated through it as the rule of their conduct in reference to ourselves and our therapeutic views, so long will the progress of homœopathy be slow, so long will the dishonest system of adopting in many essential points, the practice of homœopathy be combined with that of anathematising those who first made known these facts.

The weekly medical press has during many years committed itself to the opinion that homœopathy is untrue, and that its practitioners are men ignorant of medicine and oblivious to the claims of truth. Those who conduct these periodicals to-day know full well that they cannot substantiate either position. To credit the editorial staffs of these journals with believing what they write about homœopathy to-day, would be to do violence to our sense of their intelligence. They in reality know a great deal

more than they can afford to admit. They have diligently educated the medical profession in the notion that homœopathy is false, they have persuaded them to avoid its study, have directed them to eschew professional intercourse with its adherents, until those they have thus taught refuse to accept any other teaching from them. They have led the profession on this matter, but now the profession leads them, and they dare not teach them otherwise. They have not the courage requisite to admit their error, they tremble lest in discussing homœopathy fairly, in acting upon the principle—*audi alteram partem*—they should endanger the value of their property. Truth is great, but a well filled subscription list is regarded as greater! It is upon such a basis as this that the present opposition to homœopathy rests.

We, however, are disposed to think that our medical contemporaries do their brethren in active practice an injustice in thus fearing the withdrawal of their subscriptions if homœopathy were honestly discussed, if the liberty of medical men holding different views as to the action of drugs to meet in consultation and in medical societies were admitted by them. There would from some quarters doubtless arise a storm of reprobation if such a course were pursued; but it would be short lived, while the advantages of free discussion and of intercommunion would be too manifest to those who are really anxious to do the best that science and art can enable them to do to cure their patients, to allow of any retrograde movements.

Sure we are, at any rate, that an exposure of the hollowness and baseness which underlie the motives prompting our weekly medical newspapers on the one hand to decry homœopathy as a fallacy, and to outrage common decency by applying vile epithets to those who practise it, and on the other to keep all real knowledge of it from their readers, cannot be postponed much longer.

It may be possible to obscure a great medical truth for a time, to prevent the voice of this truth from being heard

by those who of all others ought to hear it, but it is not possible to stifle it. The time will come when, in spite of all the efforts of the weekly medical press, homœopathy will be known, will be studied, will be tested, and will be appreciated by all members of the medical profession. To the hastening of this time, Dr. Black's Address will if properly circulated do somewhat. And therefore it is that we are especially anxious that medical men ignorant of homœopathy should be induced to read it, or at any rate have an opportunity of doing so.

Dr. SHARP's paper on the *Way of ascertaining the Action of Drugs*, in pointing to the necessity of making experiments upon the healthy, enforced a great and important truth—one which cannot be too frequently affirmed. Upon this basis of experiment alone can we hope to secure any positive knowledge, any which shall be available at the bedside, regarding that very important class of medical weapons against disease—drugs.

Dr. HUGHES's paper on the *Place and Value of Baptisia in the treatment of Typhoid Fever* was perhaps the most thoroughly practical contribution to the work of the day, as the discussion upon it was the most interesting. From the large amount of evidence adduced in support of the proposition, that *baptisia* administered at the onset of typhoid fever will either cut it short, much as *camphor* does cholera in its first stage, and *aconite* inflammatory fever at its commencement, or at any rate mitigate the severity of the course run by the disease, we really trust that we may indulge the hope of being able to cure a disease, which, until now, we were constrained to fear we could only help a patient to pull through. At the same time, we would caution our readers on one point. In bringing forward evidence that *baptisia* is useful in typhoid fever, care must be taken that the cases reported are really instances of that disease and not of so-called gastric fever. The distinction between typhoid and typhus must also be borne in mind. Typhoid is now, thanks chiefly to the

labours of Sir Wm. Jenner and Dr. Murchison, a well marked form of disease, one capable of being diagnosed from other fevers with perfect accuracy, and in reporting cases this fact must not be forgotten.

Dr. PYBURN's paper on *The Physiological action of Serpent Venom* was full of interest, and abundantly calculated to strengthen our confidence in looking to snakes for an important remedy in disease. The discussion, too, showed the energy and ingenuity which had been displayed by Dr. Hayward and others in obtaining supplies of venom.

The *rèunion* at dinner was full of agreeable associations, and the eloquent speech of the President, when proposing the *Memory of HAHNEMANN*, will long be remembered by those who heard it.

We cannot conclude this short notice of the Congress without again expressing the gratification all felt in having an opportunity of welcoming colleagues from America and France. We trust that Drs. Ober, Pilling, Bacon, and Vincent Léon-Simon, may on their return home be able to persuade others of our colleagues from abroad to join us next year at Leamington.

ATTITUDE OF THE MEMBERS OF THE MEDICAL PROFESSION TOWARDS SPECIFIC MEDICINE.

By F. BLACK, M.D.

Being the Presidential Address delivered at the Congress of British
Members of the Medical Profession practising Homœopathy,
held at York, September 4th, 1872.

It is now 82 years since a methodical attempt was made to reduce the therapeutic art to a definite rule. Six years of farther careful experiment, and this rule was given to the profession as the clue to specific treatment. This announcement was made, in 1796, by Hahnemann in a remarkably able paper which appeared in *Hufeland's Journal*.

The rule he gave was that medicines tend to cure dis-

eases similar to those they produce. He shewed the uncertainty of therapeutics founded *ab usu in morbis* when no law existed to unite the experiences into definite order. He felt that some successful hypothesis must be made which shall express the relation between the curative and some other discoverable property of a given drug, and that relation he believed to be one of similarity. This essay was soon followed by others which, while they advocated the value of direct and specific treatment of disease were from their very nature opposed to the prevalent medical opinions, and practices of the day. All reforms involve some destruction; each reformer is an innovator, but it was the merit of Hahnemann that he revered the temple though he could not worship the idols it contained. Against these he made unflinching war at a time when his voice was the solitary protest against the dangers of depletion by lancet, and purging, against the rash and imprudent use of powerful drugs whose physiological action was unknown, and where the prescriber's skill was exercised not so much in selecting the remedy as in stringing together as many as possible in one prescription.

He condemned polypharmacy, and advocated the employment of single remedies whose action on the healthy body was known, and he pointed out that pathology alone is an insufficient guide in the treatment of disease, and that a law of cure must be independent of any theory of disease.

Soon a storm of opposition assailed him, and this was increased when in after works he advocated the employment of minute doses. For long he spoke of his system as the Doctrine of Specifics, and he employed the term homœopathic and allopathic as denoting certain therapeutic relations.

Time has fully justified Hahnemann's foresight as a reformer, for now in every country where medicine is followed as a science, the evils he shewed have been fully admitted and vigorously denounced, though his therapeutic teaching is still rejected by a very large majority of the profession. Hahnemann and his school have met with an amount of rancour, calumny, and opposition unheard of in medicine, even though it has to blush when it recalls the reception it gave to the discovery of Harvey, and the abuse it heaped on Jenner. "It was," wrote a distin-

guished enemy of cow-pox inoculation, "the damndest thing ever proposed; he wished the inventors were all hanged, and he would give his vote for its being done.*"

That Hahnemann's views must meet with some of the opposition they have encountered was to be anticipated. Sir James Simpson keenly feeling the opposition to his introduction of etherisation and chloroform writes:—

"From time to time in the march of medicine and other allied sciences, some earnest and expanded mind conceives and elaborates a great and novel thought, destined in its practical application to ameliorate and promote the happiness of mankind. But hitherto almost as often as the human intellect has been thus permitted to obtain a new light, or strike out a new discovery, human prejudices and passions have instantly sprung up to deny its truth or doubt its utility; and thus its first advances are never welcomed as the approach of a friend to humanity and science but contested and battled as if it were the attack of an enemy. Practical medicine, in its past career, is full of instances illustrative of this remark."

Let us take one instance of a great physician who was abused when alive, and is now worshipped as the modern idol of medicine. "The great Sydenham," says Dr. Lettsom, "for all his labours only gained the sad and unjust recompense of calumny and injury," and his brethren of the Royal College of Physicians endeavoured to banish him as guilty of medicinal heresy.

You are all familiar with the reception Hahnemann's views of Specific Treatment have met with: a sower of seed may be pelted with mud, distressed and disturbed in his work, still the seed sown must germinate, and in spite of all opposition the employment of specifics according to a defined general law is adopted by thousands of medical men all over the world.

Let us briefly turn to the reception Specific Medicine has met with in England. About 1830 Dr. Quin commenced in London to advocate these therapeutic views, and in 1832 had acquired a reputation sufficient to attract the attention of the Royal College of Physicians, who by summons admonished him to desist from practice till they had duly examined, &c.

It was prophesied by one of the College Censors, a physician of great eminence, *that as homœopathy could*

* Moor's *Reply to the Anti-Vaccinists*, 1806, p. 14.

not exist two years, it was unnecessary to take steps against Dr. Quin. Whether this belief was general or not, no steps were taken, no penalties were enforced. What, gentlemen, do you think of the prophecy? here we meet to bear testimony to the value of that specific law of healing which forty years ago the Censor destined to live two years. How often the wish has been father to the thought, and equally premature forecasts of our death made? Yet Saturn, that devourer of shams and lies, though he has swallowed up many a medical theory and practice since 1790, has spared us. If steady vigorous growth implies vitality, we have all reason to take heart, and to congratulate mankind on the existence of a law of healing which we sincerely believe is well calculated to place therapeutics on a sure basis.

History is ever repeating its recitals of new truths meeting with more or less opposition, with more or less suffering to the advocates, but such obstacles though retarding never extinguish the truth.

Mankind never seems to learn the lesson that persecution is an unavailing weapon, that the truth of a doctrine must be proved or disproved by other arguments. As no amount of minting will coin falsehood into current truth, so no mere pressure of brute force will crush life out of truth, and the repressive form of argument employed by the medical bodies is simply an application of one of the worst forms of physical force, and has no pretensions to logical argument. Seeing then that it is so general a law that new truths must meet with opposition, the inference is that this must have some beneficial influence on those who uphold the truth. Let us examine into this point, first characterising the nature of the opposition, and then its bearing on the advance of therapeutics, then its influence on us its advocates.

We exclude from this consideration the opposition which each of us occasionally meets in his local sphere of practice, characterised by gossiping tittle tattle varying from the petty to the diabolical, such attacks ought never to be publicly noticed, but manfully outlived.

The opposition we desire to consider is that which is passive and that which is active.

The passive starts on the assumption that the doctrine of specifics is a dangerous fallacy, but to attack it openly were merely to fan the heretical flame, and give it unme-

rited notice. A conspiracy of silence is therefore determined on, the name is never to be mentioned in so-called orthodox circles, and rigidly excluded from all medical publications—nay, the very advertising sheets of such periodicals are regarded as too pure to be tainted by the advertisement of any works treating on the subject, and still worse, works independent of therapeutics, but whose authors practise homœopathically are denied circulation among medical booksellers. Such a policy is pursued in the vain hope that the hated heresy must thereby die of inanition.

Now, like the false prophecy of the Censor of the Royal College of Physicians, history is shewing the unsuccess of this policy, and the bad effect it has on those who pursue it.

A duration of eighty years, a steady growth in spite of an opposition unparalled in the history of medicine may not be sufficient to establish the truth of the doctrine, but it is far too great to allow it to be taken for granted that Specific Medicine is a fallacy, and must therefore die if never adverted to.

The active opposition starts on the determination not only that homœopathy has not been proved a truth, but that it shall not be proved such.

It is this they say, so utterly opposed to science and common sense, as well as so completely at variance with the experience of the medical profession, that it ought to be in no way or degree practised or countenanced by any regularly educated medical practitioner.*

These reasons are brought forward by men who have never practically tested or even carefully studied the Doctrine of Specifics. They are mere excuses to give a shadow of right to a tyrannical use of one of the worst phases of trade unionism, to anathematise not only those who practise a system of therapeutics of which they are ignorant, but to extend the excommunication to any who dare to meet the heretics in consultation.

If anathemas proceeding from such associations were laid for decision before a jury of scientific, not medical men, what would be their verdict? Would they not answer, such a course is entirely out of place in science, and still more inapplicable to the practice of medicine?

* Resolutions of Provincial Medical and Surgical Association. Brighton, 1851.

They would adjudge that as an example it was destructive to all progress, and an insult to science, for it attempts to fetter thought, but will and truth cannot be denied the everlasting right of free growth.

Such decisions could only be consistent in men who possess a creed, and what creed do associated medical bodies hold? None—but without a creed there can be no orthodoxy and no heterodoxy.

If the general belief of the profession can be moulded into a creed, it must be negative, and might be worded as follows: First, whosoever will be a member of our body, before all things it is necessary that he hold the homœopathic faith in utter abhorrence.

Second, we hold this abhorrence all the more binding, though now so many eminent men of our own school have expressed their belief in the poverty of our own therapeutics, and that “the greatest gap in the science of medicine is to be found in the stage of therapeutics.”*

These resolutions were not only unanimously adopted by the three hundred medical men present, but these Brighton resolutions have become the law and practice of the profession; not a voice protested, though not a fortnight before the Brighton meeting Sir R. Christison in his Inaugural Address to the Edinburgh graduates said, “Of all the medical sciences therapeutics is in the most unsettled and unsatisfactory state, and the least advanced in its progress.”

Even now a Journal whose *raison d'être* is the poverty of therapeutics, and which in its preface states “the science of healing has remained very nearly where it was when Rousseau exclaimed, ‘*Laissez-moi mourir, mais ne me tuez pas,*’” dares not to admit an article written by anyone who believes that the homœopathic law professes to fill up the gap in therapeutics.

We believe that there are not a few eminent men who disapprove of this mode of opposition, but they are overawed by the cry of the professional crowd—down with it, down with it—and thus in this mob the higher minds are brought down to the lower level, and they are driven to consent to a course which their individual judgments condemn. The opinion of all independent men must stamp the mode of opposition adopted by the profession as not only unjust but illogical as applied to such a subject as

* Sir J. Watson's Address to the Clinical Society, 1868.

the Doctrine of Specifics. Let us now, separating the practical expression of the profession from the arguments which they think justify this conduct, examine into the validity of the alleged objections.

In explaining what our system is we refuse to accept the appellation of homœopathists, we are medical men following where the administration of drugs is required the law of specifics, but we are bound by no dogma, and we are free to depart from that law whenever the exigencies of a disease may require it, or to adopt any better rule if the future should discover such. We employ the term homœopathic and allopathic not to persons but to things, the former to drugs whose relation is that of similarity to the disease, the latter when the relations are of any other kind. We claim as great an interest as the ordinary school in all the sciences accessory to medicine, and in those which constitute medicine. It is where the actual administration of drugs is involved that our differences commence. Whenever the art of healing is due to means other than drugs is common property; such as all that is embraced under climate, diet, regimen, exercise, rest, and surgical appliances; also such means as cod liver oil and lemon juice which we regard as dietetic agents. We also claim the employment of all anti-parasitics, of emetics and purgatives, when they are administered to remove quickly some offending cause such as poisons, seybale, &c. We use anæsthetics in operations, and in parturition, and we may administer sedatives in exceptional cases when the spread of an incurable malignant disease, either mechanically or from disorganisation of the part, bars the action of a specific remedy. Putting aside any chemical or anti-parasitic power, all medicines must act on disease in virtue of their physiological action in the healthy body, therefore the correct knowledge of the pathogenesis of drugs must be the foundation of therapeutics.

Diseases may be treated directly and indirectly; the most direct mode of treating disease is by the employment of specifics. What is a specific? Sydenham regards specifics as the third great desideratum in medicine, and he characterises them as remedies effecting cure without causing any evacuation, and they "must directly destroy the species of the disease, and that not by introducing different qualities against a disease whose essence

consists in none of them ;” that is, the specific must be of a similar nature to the species of the disease. Sydenham regarded Peruvian bark in ague as the only medicine that supported his definition of specifics, and he excluded mercury in syphilis “until it could be shown by cogent process that it produced its beneficial effects without salivation.” *A specific is a remedy which cures with the absorption of its whole physiological into its therapeutic action.** There are numerous instances of cure by specifics where physiological action has been very manifest, but this is not necessary to cure, and retards recovery.

The discovery of specifics met with little attention until Hahnemann, in 1791, struck with the physiological effects of full doses of bark, suggested that the relation between the physiological and the therapeutic *might* be one of similarity, and six years later he announced this as the law of specifics.

This law expressed in the formula *similia similibus curantur* is the fundamental principle of the specific school. Specific medicine has nothing in common with the name as misapplied to infallible universal remedies, on the contrary, the law of relation between the remedy and the ailment implies that the means must be as various as are the phenomena of disease.

This possible relation of similarity between the remedy and the disease is ‘admitted by many medical writers, but there is this difference, that Hahnemann and his school make this relation the rule for selecting the medicine, whereas the ordinary school, though they admit the fact of an occasional homœopathic relation do not act on this knowledge, but attribute such cures to some other supposed influence of the drug.

To illustrate the views of the specific school, let us choose *arsenic*, as it is a remedy whose therapeutic uses and physiological action are well known. In Dr. Headland’s work, where the remedies are classed by their therapeutic results, and not their physiological action, *arsenic* is reckoned among the catalytics, on the assumption that its operation in the blood results in the destruction or counteraction of certain morbid agencies.† He observes that

* Dr. Drysdale, *Brit. Journ. of Hom.*

† *Action of Medicines*, 4th edit., p. 177.

"The action of catalytics which are the most potent remedies employed in disease, is involved in a greater degree of doubt and obscurity than that of any other class. How can we, for example, by any of the common terms which are made use of to designate the action of *mercury*, of *arsenic*, and of *iodine*, express the peculiarity of their influence over syphilis, lepra, and scrofula respectively. Does it not seem better to confess our ignorance, and to say that all we know for certain is that these remedies have the power of antagonising certain diseases."

But this is merely saying *arsenic* cures some skin affections—and to state that it does so by counteracting certain morbid agencies in the blood is an assumption, for there is no evidence that skin affections are due to a morbid agency working in the blood. Erasmus Wilson attributes the two affections in which *arsenic* is most useful, eczema, and alphas or lepra, to various forms of debility; and he describes *arsenic*, from its therapeutical and not its physiological aspect, as a neuro-tonic, which "seems to act specially on the peripheral and cutaneous nerves, improves their tone, and renders more active the nutrition, and restoration of the skin.* Here, then, a medicine cures a disease, and according to the peculiar views of the writer, so is the remedy designated. Dr. Headland grants "that in some cases the action of catalytics may appear similar [to the disease] in some respects. But this," he adds, "merely shows that they move as it were in the same sphere, for else one of them could not meet the other. However the operation of a medicine may sometimes seem to resemble that of a disease, it always is in effect contrary to it. *The similarity is of a kind that does not concern us.*"

We fully grant that the curative effect is contrary to the disease, and, did time permit, it could be shown that the similia is in reality the true contraria. But we maintain that the similarity is of the utmost consequence in selecting a specific drug, for it leads us from simple empiricism to assigning a definite general law which expresses a constant relation between the many catalytics and alteratives and the diseases in which they are useful. Dr. Headland says *arsenic* "deteriorates the blood, and causes eruptive disorders." (p. 185). This action, which he considers of no value, is the true clue to the specific action of *arsenic*,

* *Cutaneous Medicine*, p. 93.

and can be demonstrated to exist in all the diseases in which general experience attests the validity of *arsenic*, such as ague, convulsive diseases, cutaneous affections, rheumatism, neuralgia, &c.; and no other relation between the drug and these various affections can be pointed out. It is this relation which gives the therapeutic value of *arsenic*, in so great a variety of morbid actions, its scientific basis. It is this general law which gives the power of predicating the value of a remedy whose physiological action is known in a new disease, or one in which it has not hitherto been given. It was this which led Hahnemann to assume that *camphor*, *arsenic*, and *veratrum* would be useful in cholera, and experience has amply confirmed the truth of his forecast.

Such, then, in brief terms, is the fundamental principle of the Specific school, and we now ask how can such a principle be repugnant to common sense, and opposed to science?

Is the conception of a general therapeutic law unphilosophical? Is it contrary to science to be dissatisfied with the conjectural, and to seek after the fixed? To assert that therapeutics ceases to be founded on ever-changing hypothetical views, and now claims to take rank among the inductive sciences? Viewed simply as an abstract scientific statement, does it present anything unnatural, or is it in discord with what is known of physiology and pathology? To what established law is it contrary?

It may perhaps be answered, that it is not the statement of a supposed therapeutic law which excites opposition, but the absurdity of the minute doses adopted by the Specific school.

On the subject of the dose it must be admitted there have been faults on both sides. While the dose has been caricatured and often misrepresented by our opponents, it has been stated in exaggerated terms by Hahnemann, and unphilosophically received by some of his enthusiastic followers. The subject of the dose is a very difficult one, but stated simply and independently of any theory, it may in some instances appear to be *not contrary* to but *only beyond* the experience of the ordinary school.

Hahnemann for many years employed the ordinary doses of drugs which he gave as specifics in accordance with his therapeutic rule. Then, to avoid physiological action, he gradually reduced the dose. As he grew older

his posological views became more hypothetical, and at last occupied in his mind a far greater prominence than the therapeutic law on which his fame must rest. Such views were far from being generally received, and discussions on this point have always occupied a large portion of homœopathic literature. There is no necessary connection between the dose and the homœopathic law, the one exists quite independently of the other. As specifics are remedies which can cure without exciting physiological action, the dose lies within the limits of that action. A dose is sufficient when it stimulates the diseased parts to healthy action without the occurrence of chemical or physiological action. What the dose, necessary to this end, is, can only be ascertained by experiment, as it is dependant on the particular remedy, on the susceptibility of the diseased organ, and the idiosyncrasy of the patient. To understand the minute doses generally employed by the Specific school, they must not be disconnected from the circumstances in which they are given. It is an error to suppose that the amount of force required to originate a change is the same as that necessary to modify that change when already present. The direction in which a power is applied is much more significant than the power itself. A much smaller force is necessary to deflect than to propel a projectile. Unorganized nature is a constant commentary on the error of reducing every manifestation of force to the standard of weight and measure, and organized living structure is still more sensitive to reactions of every kind. It is a fallacy to suppose that the therapeutic value of a specific remedy increases in the ratio of its quantity. This is readily shown in the action of *mercury*; much which is given is surplus, and in reality the actual quantity of *mercury* which is useful as an alterative may be very close to the lower doses of the Specific school. Though large doses of specifics are given in ordinary practice, much of this quantity is chemically decomposed, and a greater quantity rapidly eliminated, and that often in proportion to the amount of the dose—so that the really potential dose is but a fraction of the actually-administered quantity. If carefully studied, and without prejudice, it will be found that the generally minute doses of the Specific school are not contrary to the experience of the ordinary school, but merely without the circle of their experience, because the experiment has not

been tried by them. Let the experiment be made by them of gradually reducing their doses of specific medicines, and we are confident that the generally minute dose of the Specific school will not appear extravagant.

Let us again take the instance of *arsenic*. Why in ordinary practice is it so generally administered on a full stomach? Were it not better to avoid irritation by giving a smaller dose? "It must be remembered," says Erasmus Wilson, "when prescribing *arsenic* that time and small doses are more curative than larger doses continued for a short period."* His dose of arsenite of soda is from the $\frac{1}{20}$ th to $\frac{1}{12}$ th of a grain. Sir James Simpson gave it often in doses of the $\frac{1}{30}$ th to the $\frac{1}{100}$ th of a grain. Boudin, an experienced medical officer in the French army, "often obtained, by a single dose of the $\frac{1}{100}$ th of a grain of this medicine, the radical cure of a fever contracted in Algeria or in Senegal, and which had resisted means of various kinds, including sulphate of quinine, and change of climate."†

Mr. Hunt, as long ago as 1847, in his treatise on Skin Affections recommended extremely minute doses of Fowler's solution, and the *Brit. and For. Med. Rev.*, in their notice of the work, accept Mr. Hunt's experience as genuine, and remarks that each dose contained only the $\frac{1}{480}$ th part of a grain of white arsenic. All the doses now mentioned are used by the Specific school; and if their experience leads them to give still smaller quantities, what just ground does this afford for excommunication? It is unphilosophical to make a question of dose a plea for anathema. No *à priori* reasoning can prove, on the ground that because $\frac{1}{20}$ th of a grain of *arsenic* is sufficient, that therefore the $\frac{1}{16}$ th, or $\frac{1}{100}$ th, or $\frac{1}{480}$ th of a grain must fail, and if the 400th succeed, why may not the 1000th or 10,000th? It is simply a question of experience—and the testimony in favour of the small doses has been given for half-a-century by thousands of skilled witnesses. By witnesses who give their testimony, fully recognizing the uncertainty of medical experience, and the worthlessness of masses of supposed therapeutic facts, allopathic and homœopathic, furnished by the *post hoc* being mistaken for the *propter hoc*. Their belief in minute doses did not suddenly flash on their minds from the stimulus of a

* *Cutaneous Medicine*, p. .

† *Traite des Fievres Intermitentes*, p. 277.

credulous imagination, but on the contrary they had the sway of long-established teaching and habits to overcome, and this was only conquered by the irresistible testimony of carefully observed cases.

Some justify the excommunication of our school on the grounds of breach of medical ethics, an excuse utterly without foundation. We hold that a regular medical education is the only presumptive evidence of professional acquirements; and it is the only acknowledged right of an individual to the exercise and honours of his profession. These rights and honours he is entitled to enjoy as long as he maintains the dignity of his profession, and strives to extend the bounds of its usefulness.

Medical ethics have no other foundation than these, and we challenge those who excommunicate to show when and how we offend in these particulars. Let them take now the oldest medical quarterly journal in England, the *British Journal of Homœopathy*, which has expounded for thirty years the principles of our system. We defy the keenest of our opponents to find in those thirty volumes one statement which can sustain his argument. It is not obligatory on us to defend individual practitioners: there may be men practising homœopathically who may be quackish, just as there may be men practising in the ordinary way who are thorough quacks; but it would be as unjust to condemn allopathy on these grounds as it is unfair to homœopathy to charge it with the ethical faults of individual practitioners.

From time to time some men of candour and eminence in the profession have protested against the injustice of ranking homœopathy among the list of quackeries; and lately Dr. Rumsey, a physician well known for his general liberal culture, and professional experience, has shown his moral courage and his candour in his opening remarks to the British Medical Association. Dr. Rumsey says:—

“We are often tempted, perhaps unfairly, to apply the term ‘quackery’ to the practice of medical novelties or heresies. Now, I would suggest that the utmost freedom of judgment and action in the selection of means for the prevention or relief of sickness may be allowed by the authorities, and may be employed by members of the profession, without incurring an unmerited or degrading nickname. There are quacks as regards their conduct, who may be most orthodox as regards their theories of medicine. On the other hand, there are learned

medical sectarians, to my knowledge, who, in the exercise of their calling are honourable and upright. That real quackery, which is to be found even among the ranks of the 'regulars,' and which consists in loud pretension, unwarrantable assumption, pomp of equipage, and extortion—may be checked, if not repressed, by two methods. The one is in our own power, but it requires the cordial assent of the authorities and members of the profession to some definite code of ethics. The other depends on the view taken by the Government and legislature of our relations with the state."

We believe there is as large an amount of candour among those who oppose us as there is in any profession, that virtue latent as regards Specific medicine we desire to stimulate into action by showing how different our system is from that which is pictured by professional prejudices.

The opposition as yet conducted has simply retarded, not arrested, the study of Specific medicine, and it will fail—for it is merely an attempt to overcome those who might otherwise venture to examine; and it reminds us, in its nature and its failure, of the old saying: "Out of Gallilee cometh no prophet," the aim of which was to exclude the consideration of unanswerable claims. It is only an honest, thorough examination which can put the profession in a position to speak authoritatively as to the failure or excellence of the system of Specific medicine.

The Chinese plan of shutting out the Barbarian will not answer. Why, by all that is reasonable, do you, our opponents, excommunicate those who examine, when according to your views such examination ought to prove the errors of our system? If you have confidence that truth may be trusted in virtue of its own power to survive any amount of investigation, then why deny to the Specific school the right of open discussion? If you will not personally investigate, why deter those who have examined from expressing their opinions in the pages of your journals, or prevent our periodicals from circulating in your libraries, or our advertisements appearing in your medical circulars?

As men sincere in convictions, matured by years of practice, we appeal to our opponents on behalf of therapeutics. We simply ask for free and open discussion. We desire nothing but a fair field and no favour.

Your journals do occasionally introduce the subject of homeopathy, but only to traduce it; you admit of no

reply—you will not listen to any statements from men capable of speaking practically on the system. You attempt to keep us out, but you hedge yourselves in with intolerance.

The appeal to examine you cannot treat by the cry that life is too sacred to hazard on such a trial; such an excuse might have soothed a prejudiced mind in the days of heroic medicine, but in these days of triumphant expectancy it is valueless. If our system of treatment is, as you say, the consummation of the plan of doing nothing, aided by an admirable code of diet and regimen, then it is the distinct expression of the present practical tendency of the most enlightened medical men of your school; and this negative good ought to recommend the system for further examination, lest it contains the positive good which we maintain it possesses.

It is unnecessary to allude to the changes in heroic medicine which the results of the Specific school have brought about; but in addition to this negative good, shown in the rise of the expectant school, there are direct effects noticeable in the increasing employment of specific medicines by the ordinary school. Good results are also flowing from a more correct knowledge of physiology, due principally to the teachings of Fletcher, of Claude Bernard, of Brown-Sequard, of Beale, and others, views which point irresistibly to the therapeutic principles of Hahnemann, and which are leading to the gradual abandonment of the chemical and eliminative theories, which have so long retarded the progress of therapeutics.

To these physiological views we are indebted for two able converts, Drs. Reith and Dyce Brown, the former wrote three very able papers in the *Edinburgh Medical Journal*,* and was not a little startled when he was told that the conclusions he had come to were the essence of homœopathy. He could not believe it at first, but after reading some of the works of homœopathic medical authors, he was obliged to confess that the ground he was proposing to occupy was already filled, and that the field he proposed to enter had been well cultivated by Hahnemann and his followers. "They had entered it by one way, while," Dr. Reith says, "I had come from another—that was the whole difference. I thus occupied the singular

* Feb., Ap., Sept., 1867.

position of being brought face to face with homœopathy simply by following out the teaching of some of our most eminent writers, and not by studying the system itself."

But there are adoptions of specific medicines where owing to the traditional dislike or ignorance of homœopathy no acknowledgement is made of the source from which they were chosen, or it is alluded to in contemptuous terms, and the evil of such adoptions is that the remedies are administered empirically, and not in agreement with any general law; *e.g.*, the curative effects of *mercury* have been for ages assumed to depend upon its supposed action of increasing the flow of bile. A committee was lately appointed to examine and report on the point, and their conclusion is, "we do not deny the possibility of *mercury* being useful in some diseases of the liver. We simply say that the notion of its doing good by increasing the biliary secretions is untenable." Had the committee consulted the works of the Specific School, and not obstinately excluded them from their investigations, they would have found that fifty years ago Hahnemann made the same announcement.

Had Dr. Harley been acquainted with the same writings he might have enriched his very interesting and valuable examination of the old vegetable narcotics; he must then have seen that he has thrown no new therapeutic lights on the uses of those remedies, and he might have been spared making what he considers an original announcement, "the action of *belladonna* in febrile diseases is frequently attended with results which are not only unexpected, but exactly the opposite of what is observed in health." Why this is the A B C of homœopathy, of which we conclude he knows nothing. The curious part is that the illustration of the *mutual extinction of waves of similar periods* used by Dr. Harley has long been familiar in homœopathic works, and was first used by Dr. Drysdale in 1846, and in remarkably similar words to those given by Dr. Harley.*

Mr. E. Heath recommends as a novelty small and repeated doses of *belladonna* in erysipelas, and he thinks it might be usefully had recourse to in cases of congestion of the brain from any cause.† He is ignorant that for more than half a century the Specific school have given it

* *Introduction to the Study of Homœopathy*, 1845, p. 180.

† *Practitioner*, Dec., 1868.

in congestion of the brain, and he forgets that many years ago Mr. Liston the eminent surgeon testified to the good he had seen this medicine produce in erysipelas when given in minute doses by homœopathic practitioners.

But it is needless to enumerate the rediscoveries which are now being made of specific medicines long known and used by the homœopathic school. So numerous are these rediscoveries now becoming that for the credit of ordinary medicine, and for the saving of much time and disappointing of would-be original observers, it were prudent to remove the works of the Specific school from the Index Expurgatorius in which the profession has long included them.

If these supposed discoveries go on in their present ratio, the time is not far distant when it may fare with Hahnemann's discovery much as it did with Columbus' egg. The doctors of Salamanca could make the egg stand after Columbus had knocked the end in, and so it is not unlikely that in time Hahnemann's discovery will turn out no discovery at all, and the present hue and cry will change into the assertion—"Oh, we knew all this before."

One quotation must be given as illustrating the lack of generosity and the absence of moral courage which can be manifested by men of science and high professional position, when they succumb to the incubus which the prejudice of the profession has created.

Dr. Wilks, in a short article on *aconite* and its uses in inflammatory fever, makes this remark:—

"As regards *aconite*, I am acquainted with two medical men who in the course of a long practice have been in the habit of daily using it, but have not cared to speak of it too openly for fear of having their names associated with members of an eminently quack system, and it may be mentioned that the late Mr. Liston brought no little odium upon himself on account of his advocacy of the use of this drug in erysipelas" (p. 33, 34).

As an example to Dr. Wilks who panders to vulgar prejudice by insulting a class of men who claim a culture and an experience equal to his, and to the two friends, let them read the testimony given not by a homœopathic practitioner, but by a professor of *Materia Medica* in the University of Gratz. "It was Hahnemann who first recommended the use of *aconite* in pure inflammatory fevers,

with or without eruption, as well as in inflammatory diseases generally, in obedience to his principle, *similia similibus*, by which the effusion of blood, except in certain exceptional cases, is wholly obviated. Even were we under no other obligation to Hahnemann, by this simple discovery he would, like Jenner, deserve to be ranked among the greatest benefactors of suffering humanity."

Alas, that there should be so many who, like Dr. Wilks, and his timid friends, shrink from the avowal of truth because the way looks thorny and likely to be troublesome. Alas, that members of a liberal profession do not feel that such direlection of duty inflicts a serious injury on their own art, the more so when not satisfied with filching the discoveries of Hahnemann, and arraying themselves in his hard earned honours, they attempt to cover their plagiarisms by abusing the discoverer and his school.

How different was the manly conduct of one whose late death we have deeply to mourn. One who felt that truth can only be gained by magnanimity and self-denial. How nobly Professor Henderson battled for the truth. With a masterly knowledge of his profession, he came to the examination of the question suggested to him by seeing the good effects of homœopathic treatment in some of his former patients. He felt that it was a crime not to examine fully, and when convinced of the utility of the homœopathic law he walked on,

"Attended
By a strong-siding champion, Conscience,"

resisting all entreaties to pause, he sacrificed position, friends, and peace, in the determination to witness boldly to what he believed to be a great truth. Associated with him in his early practice of homœopathy, I know how sanguine he was that the profession would ere long seriously examine, and follow his example. In this hope he was to be disappointed; his generous call to examine was met by the most rancorous attacks which worked their end, not in refuting but in preventing the profession examining into homœopathy. Attacks so scandalous that one of the principal authors on his deathbed sent asking for Henderson's forgiveness.

Let us ever encourage the hope, strongly held by Henderson, that when the candid and intelligent of both

sides come to know one another, and to understand each other's views, they will discover that they are not so far apart as they at present suppose. Ajax in his fight prayed for light, let our unceasing earnest prayer be too for light, to dispel the clouds and dust of controversy, so that the combatants on both sides shall more correctly recognise each other, and honour one another's sincere thought. This gained, the result will be that the judgment and conscience of each man shall without censure be his therapeutic guides.

Let us now consider the good which Specific medicine may gain from this constant opposition. Were this opposition the result of calm investigation and of a practical trial of the system, then what is true would be elicited, and what is error exposed. Unfortunately the opposition has no such character, and therefore fails to eliminate either the good or the bad. It must therefore be considered simply in its effects as forcing us to diligently cultivate the points which are characteristic of our system.

In the gradual change taking place in ordinary medicine shewn in the increasing employment of specifics, it is of great consequence that a school exists which puts prominently forward as its fundamental belief a general law which rescues these specifics from simple empiricism, and gives them a scientific basis. The tendency to routine is the fault of practical medicine, it engenders the evil of pressing species into genera, of treating nosologically instead of considering the special pathological conditions presented in the individual patient. How often two cases of the same disease which agree in a few prominent features differ materially in their special character. These differences are so great and so numerous, as to make Dr. Abercrombie remark that "those who have had the most extensive opportunities of observation, will be the first to acknowledge that medical experience must in general sink into analogy, and even analogy too often into conjecture."

Hahnemann has very clearly pointed out that "with the exception of a few peculiar diseases, the innumerable remainder are so different that each of these is seldom observed more than once; and each case which we meet with ought to be considered and treated as an individual disease which has never yet appeared previously as we see it in the present case, under like circumstances, and is never perhaps to reappear exactly in the same form."

We cannot too strongly insist on the value of individualising. Due importance ought to be placed on the subjective symptoms both as occurring in the patient and in the pathogenesis of the drug. This class of symptoms is not unfrequently the clue to specific differences, and often assigns the true pathological value to the objective phenomena.

As we believe a knowledge of the physiological action of drugs is the true basis of therapeutics, we have a duty to perform in advancing this knowledge, and in keeping it steadily before the profession. There is no better field than the careful proving of drugs for the cultivation of that exact and minute detail which is the true source of success in specific medicine. Feeling what results have flowed from our as yet imperfect knowledge of the action of drugs, we must seek for numerous medical converts in order that this rich mine be diligently and successfully worked.

It is fortunate that the important subject of the action of drugs is to be discussed to-day by so able and experienced an observer as Dr. Sharp. The opposition assails us on the question of the dose, and the attacks will last until the profession recognise with us that doses short of producing physiological action are the safest, and the best in specific treatment.

But while the charm of old habits drives our opponents to view this question with prejudice, let us take care that the charm of novelty, an equally seductive mistress, does not tempt us to extravagance or narrowness in considering the dose. It is this question more than any other which may lead some of our enthusiastic colleagues to drift into Sectarianism, a position we must never be driven into; we must promulgate our belief not as sectaries but as catholic members of the universal school of scientific investigation. We must rise superior to every suspicion of being a sect, by cultivating a true eclectic spirit, by readily appreciating good wherever found.

Our belief forms but a portion, though an important part of the Healing Art, and our sanguine hopes are not to revolutionise medicine, but to leaven it with the law of specifics. That law once generally admitted, the question of dose will be all the sooner determined. The more general the belief becomes in the therapeutic law, so in proportion will exclusiveness as to dose diminish.

We disclaim being healing monopolists; there are numbers of possible lines between two points, although the shortest be but one. We think we follow the shortest, but let it be proved that there is a still shorter and better, and we must be ready to adopt it. Beliefs proved contrary to fact must be at once and heartily abandoned.

We disclaim being infallible curers; where cure is possible we think our system gives us important facilities, but a right study of it also teaches how short we must often come of our best aspirations when we remember the difficulties which arise in drawing a true pathological simile.

In defending our cause we must only turn aggressors when self defence renders it necessary, and our argument must ever be conducted with courtesy, and without appealing to the prejudices or passions of the ignorant.

It is our duty boldly and perseveringly to claim the liberty of free opinion and the right of choice, which are the heritage of all members of a scientific profession. We claim admission to all the rights and honours of our profession, and as the condition of such rights we invite the strictest scrutiny, we demand a fair field and no favour.

We are perfectly content to let our system stand or fall by the test of experience; we have that confidence in its value, that tried by such a standard we know "it must soon be utter night with a lie, or glorious sunshine with a truth."

IN WHAT WAY IS THE ACTION OF DRUGS TO BE DISCOVERED?*

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

"The qualities of bodies are known to us only by experiments."

SIR ISAAC NEWTON.

NOTHING more clearly betrays the extent of the weakness and infirmity into which the human mind has fallen than

* This is one part only of the three into which the Essay on the Action of Drugs has been divided. Part II., "What is the Action of Drugs?" and Part III., "How is the Action of each Drug to be distinguished from that of all others?" have already been published. Of the twelve chapters of which this Part consists, time would permit the reading at the Congress of the last chapter only, which is given here. The complete Paper will be published in the *Monthly Homœopathic Review* in a few months.

the perverted ingenuity it has shown, and the mistaken ways it has followed, in respect to the ends at which it has aimed.

On most, if not on all subjects which man's mind has attempted to investigate, many erroneous methods, probably all possible ones, have been pursued, before the true method has been found.

We shall see an eminent illustration of this fact if we now consider the action of drugs, and take up the first question proposed, namely, in what way is the action of drugs to be discovered?

If we look back through the avenue of five-and-twenty centuries, we shall find that the knowledge of the action of drugs has been sought for in very various ways. We shall see that some of these ways are manifestly wrong, and that the rest are more or less imperfect. The orthodox school of medicine acknowledges that all have failed.

* * * * *

These various ways are as follows:—

1. Drugs have been regarded superstitiously.
2. They have been viewed astrologically.
3. They have been studied with reference to their sensible properties—such as form and colour, taste and odour.
4. Drugs have been studied chemically.
5. They have been studied mechanically.
6. They have been studied botanically.
7. They have been studied pathologically.
8. They have been studied empirically.
9. They have been studied mainly for their indirect action.
10. Experiments on animals.
11. Experiments on the sick.

The time allotted for the reading of Papers at this Congress will not allow me to ask your attention to more than one chapter; I therefore remark that the conclusion arrived at, in the examination of each of these ways, is that it has failed; and proceed to read of another way, which has led to much more success in the treatment of the sick.

12. *Experiments on the healthy.*

The truest vindication of these experiments, and there-

fore the most becoming introduction to the subject, is contained in the first sentence of "The Great Instauration" of Lord Bacon:—

"Francis of Verulam thought thus—

"Of the state of learning—That it is neither prosperous nor greatly advanced, and that *an entirely different way* from any known to our predecessors must be opened to the human understanding, and *different helps* be obtained, in order that the mind may exercise its jurisdiction over the nature of things."

If we substitute the word "medicine" for "learning," the sentence will still be true of this branch of knowledge. It is the unanimous confession of those best acquainted with medicine, that, as a science, it is "neither prosperous nor greatly advanced," though it has not hitherto been their conviction that "an entirely different way" must be opened, if it is to make any great advance. Without experience to the contrary, it would have seemed natural that such a conviction would necessarily follow the confession, but this has not happened.

It is the truth of this sentence of Lord Bacon which justified Hahnemann, and which justifies us, in his, and in our endeavours after the discovery of an entirely different way from any known to our predecessors.

And the way proposed and entered upon by Hahnemann, and pursued by ourselves, is the way of learning the properties of medicines by experimenting with them, not only on the sick, but also on the healthy.

As two Essays (on the "Proving of Drugs," and on the "Physiological Action of Medicines,") have already been occupied with this subject, I will content myself, on this occasion, with offering only a few remarks.

1. Let us not aim at impossibilities. In undertaking these experiments on the healthy, it is of great importance that we limit our endeavours within the bounds of what is possible to us. If we neglect this precaution much time and effort will be thrown away, and we shall reap disappointment. For example, if we propose to ourselves to find out the *manner in which drugs act*, we shall soon get out of our depth, and our labour will be lost. I know that some of you do not agree with me in this persuasion. The discussion of it cannot be entered upon now, but I commend to you the following sentence of Sydenham:—

“However much, by seriously inclining our minds, we may discover what nature does, and by what organs she does it, the way in which she does it, will always be unknown to man.”*

2. Let us not stop short of what is possible to us. It is not surprising to find that the first efforts to make progress in a new path are defective. And many of you are now disposed to agree with me that the limitation of these experiments on health by Hahnemann and his followers to the enumeration of symptoms is not doing all that it is needful to do. For, if on the one hand it is a mistake to attempt what is beyond our power, it is, on the other hand, also a mistake to neglect to aim at doing all that is within our power. It has often been contended in these Essays, that when experiments with drugs in health are undertaken, besides the phenomena or appearances produced, called symptoms, being noted, the seat of these symptoms, or *the organs to which they belong*, should be noted also. It is freely granted that the connection between a symptom and its origin may sometimes be very difficult to trace, but you will not argue that it is impossible to trace it—that it is beyond our natural powers; and if it be granted that it is within our power, it must immediately be granted that it forms part of our duty.

3. We are also pursuing “an entirely different way from any known to our predecessors,” in another sense. It is earnestly contended that, with very few exceptions, the only action of drugs which is required of them, as remedies in disease, is that which they perform “silently and peacefully.” This is the action which was formerly called “alterative,” and now “specific.” These terms imply two things:—that it is unaccompanied by signs perceptible by our senses; and that we know nothing of the manner in which it is performed.

The general adoption of this method of prescribing drugs would bring about a greater revolution in the practice of physic than has ever yet been dreamt of. And yet it is obviously in the right direction. “Nature is pleased with simplicity,” said Sir Isaac Newton, and “more is in vain where less will serve.” All real improvements in Art are in the direction of greater simplicity.

* *Sydenham's Works*, by Sydenham Society. Vol. II., p. 84.

When it is considered that this method leads to the ignoring of all established indications; to the renouncing of all former intentions; to the laying aside all that is usually called "active" treatment—it is not surprising that it is very repugnant to the majority of the profession, or that from them it meets with very determined opposition.

To see in our future works on *Materia Medica* no more catalogues of drugs arranged under the heads of "emetics" and "purgatives," "diaphoretics" and "diuretics," "sialogogues" and "deobstruants," is an anticipation too astounding to be contemplated with equanimity—too impossible to be realised. But this is the future which we humbly hope is before the profession.

And when the prejudices of education and the power of present habits have been overcome by the force of truth and the evidence of facts, what a beneficial change will have been brought about! Medicines, instead of being nauseous draughts, will have become pleasant charms; and physicians, instead of being shunned and dreaded, especially by children, will be welcomed and loved.

This silent and peaceable action of medicines, secret and hidden from our knowledge as to its manner, but very visible in its beneficial effects, is in the second sense, *as a principle*, the "entirely different way from any known to our predecessors," which it is our happy privilege to advocate and defend. Instead of all the perturbative methods of the past, this is the curative method of the future.

4. The experiments with drugs in health are the "different helps," which Lord Bacon says must be obtained, in order that this entirely different way may be opened.

We want to learn of a drug, not whether it is a purgative or a diuretic, but what is its specific action—that action which is a disturbing action in health, and a silent and peaceful action as a remedy in disease. Experiments in health are *helps* in the acquirement of this knowledge. The specific action of a very few drugs has been discovered accidentally. The experiments in health which have already been instituted have helped to increase this number greatly; a continuance of them may reasonably be expected to add many more to the list, and to make our knowledge of them much more perfect.

5. The help which Hahnemann got from these experiments was obtained by observing the similarity of the *symptoms* produced by them to those of diseases; and he prescribed according to this similarity.

The help which I am now seeking to obtain is by observing the *seat* of the action of drugs, and its identity with that of diseases; so that a drug may be prescribed which has its action where the disease is principally situated.

There cannot be a question that this is more definite knowledge than that obtained by the mere observation of symptoms. And if more definite, then in the same proportion must it be more valuable.

6. When this identification of the seat of the action of the causes of disease, with the seat of the action of each drug, has to some extent been accomplished, a further *help* may be sought from experiments in health, by the discovery of the similarity and contrariety in the *kinds* of action of diseases and drugs.

After observing the symptoms, or signs of an action; and after discovering its seat, or the organs in which it is taking place, we may try to learn what sort of action it is. This is a further step in advance, and consequently the difficulties will increase.

In the study of nature our first task is the observation of facts. This belongs to our bodily senses, and the value of the performance of the task is determined by its accuracy. The difficulties which beset the duty, are the imperfections of our senses, and our hastiness in using them. Our next task is the interpretation of these facts, the learning their true meaning. This belongs to the mind. The difficulties which hinder its being rightly performed, are the weakness of our mental faculties, and the strong tendency which exists in us to invent hypotheses, that is, to guess at interpretations, rather than wait till the mind can observe them.

When, therefore, we endeavour to discover the kind of action which a disease or a drug is producing in an organ, we cannot exercise too much caution. The observations must be wary and prolonged to learn the facts; and it is absolutely necessary to confine ourselves to the use of words which simply express the facts observed, and which do not suggest any hypothetical explanation. For in-

stance, if we see vessels become smaller or larger than they were before, instead of calling this a stimulant, an astringent, or a relaxant effect, let us be content to say of the vessels, as we say of the pupil, that they are contracted or dilated. The same caution is, if possible, still more imperatively required, when the mind attempts to interpret the meaning of the facts.

7. It may be noted in this place, that the fact which lies at the foundation of the difference between the disturbing action in health, and the peaceful action in disease, is the difference in the dose. Organs in a state of health are, generally, not disturbed by a dose which is found by experience to be sufficient to act upon them curatively in disease.

Different doses of the same drug sometimes act upon different organs of the body in health; but doses, smaller than those given in health, can always be found, which act upon the corresponding organs in disease.

The subject of doses is a wide and interesting field for dispassionate and very careful enquiry and observation; but it is one of extreme difficulty and obscurity. The motto for it Lord Bacon has given us in these words:—

“In all our investigations of nature we must observe what quantity or dose of the body is requisite for a given effect; and must guard ourselves from estimating it at too much or too little.”

8. Let us also note, once more, the direct object and the use of these experiments in health. They are these:—

First. To learn the action of each drug by itself; unmixed with other drugs.

Second. To learn the action of drugs uncomplicated with the symptoms of disease.

Third. To discover the specific action of each drug; that is, to learn the organs upon which it acts, and the kind of action.

Fourth. To apply these discoveries to the treatment of disease; experience having taught us that the same organs which are disturbed in health by certain doses, are silently and peacefully cured in disease, by certain smaller doses.

9. Let us observe the indirect uses of these experi-

ments. One branch of knowledge can generally throw some light upon another, and this indirect use is not wanting in experiments upon the healthy. If we take the drugs which are known by experience to have a useful specific action in a particular disease, and make comparative experiments with them in health, we are sure to gain some information as to the seat or nature of the disease in question.

I may suggest, in illustration of the last remark, that if we were to take up gout, and examine the drugs given for it as remedies, it is obvious that, at starting, we must lay aside the remedies given on the evacuating plan; we must also lay aside such disputes as whether cold purgatives, like Epsom salts, or warm ones, like jalap, are to be employed; or, whether alkalies or acids are to be preferred; and, for the present at least, we must lay aside the tentative experiments of the chemists, such as the benzoic acid of Mr. Ure, the alkaline lithia of Dr. Garrod, and the phosphate of ammonia suggested by Liebig. Only the specifics remain; these may be taken, and a comparative examination be made, in order to discover what there is in common, in their action in health. The reflex benefit would be a better knowledge of the nature of gout.

The drugs are such as *bryonia*, *colchicum*, *rhus*, and *cinchona*: *pulsatilla*, *nux vomica*, *rhubarb*, and *sulphur*. Let me propose as a subject of study, the question—How far do these drugs agree in their symptoms, and in the seat and nature of their specific action?

In the same manner the principal known remedies for other ailments may be studied, *e.g.* *ipecacuanha*, *sambucus*, and *arsenic*, for asthma.

The curative action of even a single remedy in a disease, the pathology of which is obscure, may throw considerable light upon that obscure pathology, simply in consequence of the experiments made with the remedy in health. To my mind *chamomilla* has done this for some cases of diabetes.

10. Another indirect use of experiments with drugs upon the healthy. It awakens attention to the possible difference of cases whose symptoms are similar. It is a fact, that cases of disease present themselves, the symptoms of which are so similar that they may readily be considered cases of the same disease; but the causes of which

are so different that, to confound them in this way, would be to make a serious mistake. For example: *belladonna* may be so taken in health as to produce all the symptoms of scarlet fever. This has often happened. But this similar of scarlet fever has never been communicated to others in the manner that real scarlet fever is. It is wanting, therefore, in the infectious or contagious element, which is the true cause of genuine scarlet fever.

11. It may be worth while to repeat that the information sought from these experiments is derived mainly from two sources. The more severe effects of drugs are learned from cases of poisoning, in whatever way brought about; the less severe from voluntary provings. On this account Christison on poisons, and other similar publications, are very valuable, in a direction not contemplated by those writers on 'Legal Medicine.'

12. Some of the effects of drugs can be obtained by the topical application of them; and these become striking proofs of local action. For example:—the pupil of one eye may be dilated to the uttermost by *belladonna*; and at the same time, in the same person, the pupil of the other eye may be contracted to the size of a small pin's head, by the *Calabar bean*. But generally the experiments are made by the drug being taken internally. In many instances the effects are the same whether the drug is swallowed, or introduced through a wound in any part of the body. On the other hand, of animal poisons, it is remarkable that even those which are most deadly when inserted by a wound, may commonly be swallowed without any injurious effect.

13. Many drugs act powerfully upon more organs than one; and the more there are of points of contact between the drug and the disease, the greater is the confidence with which it may be prescribed. For example:—for a feverish headache *belladonna* may be given as a remedy. If, in addition to the headache, there is an inflamed conjunctiva, the *belladonna* may be given with increased expectation of good. If further, the throat is inflamed, the probability of success is still greater. If, to all these symptoms there is added a bright scarlet rash, the probability becomes almost a certainty; provided that the in-

flammatory condition of these several parts is not complicated with grave symptoms of some other kind, which may, in fact, be such as to change essentially the character of the case.

In like manner, a patient suffering from colic, or spasmodic pain in the bowels, may be relieved by *nux vomica*. If there are also cramps, or twitchings in the extremities, it will almost certainly succeed. So, in cases pointing to *ipecacuanha*, if, in addition to the other symptoms, there is nausea or sickness, it may be given with great confidence. Again, some affections of the heart are cured by *spigelia*; the cure will be more likely to be effected, if there is also in the case neuralgic pain about the eyes.

14. These remarks cannot be concluded without the expression of regret that many provings of drugs have been published, in which a great want of seriousness and distinctness of object is apparent. Others are disfigured by a multitude of insignificant sensations and observations calculated rather to bring disgrace upon the physician, than benefit to the patient. The undertaking is one which should be promoted by every member of our body, but it should be warily done, with a clear purpose in the mind, with thoughtful gravity, with active suspicion of error, and with freedom from bias towards any foregone conclusion

We are now able to answer the question with which this Essay commenced. How is the action of drugs to be discovered? Not in any of the ways hitherto commonly pursued: but in a new way. First, by experiments made upon ourselves and our friends while in a state of health. By these experiments we learn the power which drugs possess to *disturb* the health of the different organs of the body; and also how each drug may be characterised, and distinguished from all the rest. And secondly, by giving them to the sick under the guidance of the results thus obtained in health. In this way we learn their *healing* powers.

The only difference, in respect to the drug, between the experiments in health, and the prescriptions in sickness, is the quantity or dose to be taken. In the experiments the dose must be large enough to produce symptoms of disturbance in some organs of the body. In the

prescriptions the dose must be small enough to avoid causing such symptoms, but large enough to act curatively, though peacefully, upon the diseased parts.

Gentlemen,—Our medical authorities, and the great bulk of our colleagues, headed by the late Sir Benjamin Brodie, are not ashamed to speak of us, and to treat us, as impostors or fools. A few, who have tardily ceased to do this, have not yet moral courage to own us. It is a great and unjust indignity; and it will one day recoil with heavy severity upon themselves. Let us not desire the evil day. Let us rest assured that it is sufficient for ourselves to know that the self-denial, discomfort, and pain undergone, and the amount of time and thought expended on such experiments in health, as were begun by Hahnemann, and have been carried on since by many others, are a sufficient testimony of our honesty; and that the successful results with which these labours have been crowned, are a good proof of at least an average amount of intelligence and sense.

While they thus speak disparagingly of the labourers, they are not afraid to appropriate the labours. But the attempts which have been made, during the last few years, to introduce homœopathic remedies as new discoveries, or accidental observations, are surprisingly puerile. The authors must have forgotten the declaration which we have on the highest authority, "There is nothing hidden which shall not be known."

Horton House, Rugby,
August 31st, 1872.

NOTES ON THE PATHOLOGY OF PHTHISIS.

By T. C. DUNCAN, M.D.

In studying Grauvogl's observations on *Various Bodily Constitutions*,* it seemed to me that the activity or non-activity of the absorbent lymphatics had much to do with determining the constitutional peculiarities noted by him. In other words the key to the various bodily constitutions was found in the lymphatic system.

* *The Text-Book of Homœopathy*, by Dr. von Grauvogl. Translated by Dr. Shipman. Chicago: Halsey & Co.

In tracing the changes undergone by the body from infancy to old age, and the many changes that the lymphatic system must pass through, I was led to enquire into the results that would arise from its derangement both from diminished activity and from activity in excess. Several cases of scrofulous disease under my care suggested to me that scrofula was a disorder chiefly of hypertrophy of this system. Some instances of so-called scrofulous enlargement of the glands of the neck, which subsequently developed into phthisis pulmonalis, led me to regard these glandular swellings as surface indication of approaching or possibly existing derangement of the deep lymphatic system—consumption proper.

The lymphatics are liable to atrophy with calcareous or caseous degeneration, or to hypertrophy and softening. In the first form of disease we should have miliary tubercle, in the latter grey or moist tubercle. In the first the blood is rich in red corpuscles, and hæmorrhages are frequent. While in the latter white or lymph corpuscles abound in the blood, and profuse stringy expectoration is most commonly met with. The first form is developed by sudden congestions while the latter is induced by arrest of the absorbent function.

In cases of miliary tubercle the patient is usually thin and bears feeding well. In short to feed such cases seems the prime indication in conducting the treatment. In the other form the patient is stout rather than thin, and the absorbents require to be held in check. The three "bodily constitutions" described by von Grauvogl—the hydrogenoid, the carbo-nitrogenoid, and the oxygenoid are well represented by the typical Englishman, German, and American or Frenchman. Here we meet with but few cases of tuberculosis. The form of degeneration we have to encounter is chiefly the calcareous or caseous. What I would ask in conclusion is the pathological nature of the pulmonary phthisis most commonly seen in England?

Chicago, August 18th, 1872.

REVIEW.

Considérations sur les Plaies par Armes à feu. Par Le Dr. M. V. P. LÉON-SIMON. Externe des Hopitaux, Ancien Aide-Major aux 9^e Bataillon des Gardes Mobiles de la Seine, &c. Paris: J. B. Baillière et Fils. 1871.

That a practitioner of homœopathy should have contributed a pamphlet on Military Surgery to medical literature is noteworthy; it is also gratifying. During the late disastrous war Dr. Léon-Simon had ample opportunities of seeing the effects of gun-shot wounds. In the pamphlet now lying before us, we have the results of these observations. We learn that when a bullet strikes a limb, comminuted fracture is the almost inevitable result, and that from the conical form of the ball, we have an alteration in its form when it strikes a body, becoming mushroom shaped, and the leaden mushroom easily parts with its head, which head on breaking up scatters its destruction in an ugly circle. We learn, also, that the old theory of wounds of entrance being always smaller than those of the exit is subject to considerable alteration, from the nature of the part struck, from the distance at which the ball had been fired, from the angle at which the ball happens to impinge against the body, and from the actual form of the ball itself.

We learn that in wounds from cannon balls or shells that the shock to the whole system is very great, and with an apparently slight wound a fatal issue may often be expected; that pain in the epigastrium is commonly complained of, though the head may be injured, that excessive deafness, and dulness of intellect follow these wounds, and that mortification of the lacerated tissues is distressingly common, especially when a fragment of shell has remained in the body, and that this result is due amongst other causes to the generation of sulphuretted hydrogen gas by the contact of the metal with the tissues.

The old theory of "wind contusions" is considered as unscientific and untrustworthy, but we learn that from the mere explosion of powder severe injuries can be produced. The rupture of large veins is much more frequently met with than that of large arteries, and this too occurring without any rupture of the skin—and the great extravasations of blood thus caused are readily absorbed. Dr. Léon-Simon rejects the opinion of Nélaton and Samuel Cooper as to the slightness of hæmorrhage resulting from gun-shot wounds, admitting, as he does, that arteries are often pushed out of harm's way by surrounding tissues when the ball enters a limb, but he looks upon wounds in the neighbourhood of joints as liable to be followed by profuse hæmorrhage, on account of the unyielding character of the parts, and the vascularity of the

neighbouring tissues. He also points to the variety of hæmostatics extolled at the commencement of the war, as an argument in favour of the danger of hæmorrhage from gun-shot wounds. Coming to the therapeutical part of his treatise, we feel interested as homœopaths to learn that *arnica* has won fresh laurels, and that its application is by no means sectarian, our allopathic colleagues having learned to value its powers. There is a most interesting case recorded by Dr. Simon, where *arnica* gave speedy and complete relief after plain cold water had given only partial relief. The patient was a soldier of the line who had been wounded by a ball that pierced both cheeks, broke seven teeth, damaged the jaw-bone, and cut the tongue right across. "Immediately after receiving his wound, this unfortunate fellow applied cold water to his wound, and continued to do so at the ambulance during the first part of the evening. Thus the part became enormously swollen, so that the patient was on the point of being suffocated. Immediately we substituted for the plain water a gargle composed of two grammes of the mother tincture of *arnica*, added to 200 grammes of water. Auvinet held some of this continually in his mouth, and tried to swallow a few drops.

"This arnicated water had not been used for more than half an hour before the swelling diminished, and the patient could breathe more comfortably. The use of this topical agent was continued for several days, and under its influence the tongue and cheeks healed rapidly; Auvinet is now cured." O fortunatus nimum Auvinet! and oh thrice blessed *arnica*! *Aconite* and *china* both did yeoman's service in this campaign, the former to quiet febrile symptoms, the latter to restore nature's powers after the loss of blood and shock to the system. In conclusion we must mention the fact that Dr. Simon was seriously wounded himself when attending to the men under fire, and that therefore France owes him a great debt; homœopathy has also to thank him for working so ably in her cause.

MEETINGS OF SOCIETIES.

HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this society was held at the Royal Station Hotel, York, September 4th, 1872. Dr. DRYSDALE in the chair.

There were present Drs. BAYES, BLACK, J. G. BLAKE, BRADSHAW, CARFRAE, CRAIG, of Scarborough, HAYWARD, R. HUGHES, MOORE, of Liverpool, and JOHN M. MOORE, and Messrs. HARRIS, NANKIVELL, and POPE. Dr. HAYWARD, acting as secretary, read the convening circular: this stated that the points to be considered were: first, the society's relation with

Messrs. Turner & Co. the publishers; second, the possession and security of the surplus stock; and third, the publication of the future works of the society. He also read the original agreement between the society and the late Mr. Turner, together with the minutes of the previous annual meeting; and then, in explanation of the resignation of the officers appointed at the Oxford meeting and the non-publication of Chap. XV. of the Repertory, he gave an account of the difficulty that had occurred with Messrs. Turner & Co., and what had been done to bring about an understanding.

After some discussion the following resolutions were agreed to, viz.:

First, proposed by Dr. BAYES and seconded by Dr. HUGHES: "That the society request Dr. DRYSDALE to appoint an arbitrator on its behalf, in order to decide the matters in dispute between the society and its publishers, in accordance with the provisions of the original agreement entered into by Dr. DRYSDALE and the late Mr. TURNER, and dated March 2nd, 1858; and that the society agrees to bind itself to accept the decision of the arbitrators."

Second, proposed by Mr. POPE and seconded by Dr. BAYES: "That after the arbitrators have been appointed they shall proceed to arbitration at once, and then report the result to a committee; and that this committee be and hereby is empowered to proceed with the publication of the works of the society in such a manner as may seem best to them, it being understood that in publishing they do not exceed the funds of the society."

Third: "That this committee do consist of Drs. BAYES and DUDGEON, and Mr. POPE."

These resolutions were subsequently read over to Mr. Turner who acquiesced in them.

Dr. DRYSDALE selected Dr. J. GIBBS BLAKE as the arbitrator for the society, and Mr. TURNER selected Mr. CLIFTON, of Northampton, to act on behalf of his firm.

It was agreed that these gentlemen should be furnished with all necessary documents and be requested to proceed to arbitration at once.

Dr. DUDGEON was elected president; Dr. BAYES vice-president; and, after some discussion on the desirability of having the two offices of treasurer and secretary held by one person, Dr. HAYWARD was appointed to act as both treasurer and secretary.

It was agreed to hold the next annual meeting at Leamington, September 1873.

BRITISH HOMŒOPATHIC CONGRESS.

On Wednesday, the 4th of September, the annual meeting of medical men practising homœopathy was held at the Royal Station Hotel, York, and was attended with great success, both as regards attendance and the lively interest manifested throughout the proceedings.

The chair was occupied by Dr. BLACK, of Clifton, and the following gentlemen were present:—

Drs. DRURY, BAYES, POWELL, BENZION, E. MADDEN, LEADAM, and Messrs. POPE and HARRIS (London); Drs. DRYSDALE, MOORE, and HAYWARD (Liverpool); Dr. HUGHES (Brighton); Mr. FRASER (Hull); Dr. EMERSON (Leicester); Dr. GIBBS BLAKE (Birmingham); Dr. CARFRAE (Surbiton); Dr. DRUMMOND and Mr. BLACKLEY (Manchester); Dr. BRADSHAW (Nottingham); Dr. BRYCE (Edinbro'); Dr. SHARP (Rugby); Dr. MATHESON (Newcastle-on-Tyne); Dr. DUNN (Doncaster); Dr. GALGEY (Wigan); Dr. CRAIG (Stoke-on-Trent); Mr. POTTS (Sunderland); Mr. AINLEY (Halifax); Mr. CRAIG (Cramlington); Dr. CRAIG (Scarbro'); Dr. COCHRAN (Weston-super-Mare); Dr. CHALMERS (Sheffield); Dr. OBER (La Crosse, Wis., U.S.); Dr. PILLING (Plainville, Wis., U.S.); Dr. BACON (New York); and Dr. VINCENT LÉON-SIMON (Paris). Mr. F. SMITH (Weston-super-Mare); Mr. H. TURNER (London); Mr. G. BAKER (York); Mr. F. NANKIVELL (York), were also present.

The CHAIRMAN said he had to thank them for the honour they had conferred upon him in electing him their President; and he trusted that, by their assistance, that Congress would prove not only profitable, but agreeable. He then stated that he had received letters from several gentlemen not able to attend, including one from Dr. QUIN, regretting their inability to be present; and he congratulated the meeting on having amongst them Monsieur Vincent Léon-Simon, of Paris, who had brought a letter from his father, expressing his regret that he was not able to attend the Congress, but wishing them all success in their labours; he further stated that his son, if he had an opportunity, would inform them of the progress of homœopathy in Paris. The President also offered his congratulations on the presence of gentlemen from America; and he then remarked that ordinarily no discussion followed the President's address, but the Committee had thought it well that for half an hour after the address, subjects of importance to the general body should be discussed.

The President then delivered his address, which will be found at page 589 of the present number.

The reading of the address elicited much applause.

Dr. DRYSDALE proposed a cordial vote of thanks to Dr. Black for his excellent address. (Applause.)

Dr. SHARP seconded the motion, which was carried by acclamation.

Dr. MOORE thought the address ought to be published, and be thus prominently placed before the public. (Hear, hear.) One reason why they had not made greater inroads with their principles was the fact that they had shrunk from sufficient publicity. In the United States homœopathy had taken a deeper and wider hold on the public than it had in this country. This he attributed to the fact that *greater publicity* was given to the proceedings of homœopathic practitioners there than in this country. He thought that we by our comparative reticence had made a mistake, because the profession as well as the public at large would be moved more by pressure from without, than by their internal movements. He had been very much touched by the moral bearings of the question before them. What, he would ask, had become of the love of truth in their profession? Did not the love of truth form the basis of their greatness? But had not the medical profession lowered itself of late years very much, by its treatment of homœopathy? The medical profession had lost in prestige with the public, and the legal profession stood higher than did the medical. Who looked up to the medical profession as they ought to do? He thought the treatment of homœopathy during the last thirty years had caused them to lose their legitimate influence, and he thought it must have been painful to such men as their President, Dr. Drysdale, and Dr. Dudgeon, and those who, for thirty years, had laboured with their pens to leaven this country with the great truths of homœopathy, to have found that it had made such comparatively little progress. They ought to stand in a far higher position than that which they occupied. Dr. Wilks seemed ashamed to have named *aconite* as a remedy in inflammatory fever, because its power in this disorder was discovered by Hahnemann. Instead of being ashamed, he ought to have come forward and boldly exalted and supported the man who upheld the truth.

Dr. DRURY remarked that publicity had occasionally been given to homœopathy in a way which was very much to be regretted. He referred to some popular works on domestic medicine, two of which he had recently had occasion to examine. In both he found passages quite unfit to be read by any lady. He felt that they ought to be most careful as to the character of the books they put into the hands of their patients.

Dr. CARFRAE suggested that it would be very useful to publish the President's address, and to circulate it as far as their funds would permit.

Dr. BLAKE observed that it had been decided by the Council that as many copies of the entire proceedings of the Congress as possible should be circulated among their members; but he thought their funds would not carry them further than that.

After some further conversation, the President called on Dr. Sharp to read the paper of which he had given notice.

Dr. SHARP, after some preliminary observations, read the paper, which will be found at page 609 of our present number, entitled, "*In what way is the Action of Drugs to be discovered?*"

Dr. BAYES said he thought they must all thank Dr. Sharp very much for the lucid manner in which he had put before them those principles which were at the very foundation of homœopathy; and he hoped that some day Dr. Sharp, or some one following in his track, would be able to go still further than he had done—that the nature of the action of medicines might no longer be secret and hidden. He trusted that they would proceed with their inquiries until they discovered the hidden mystery, why medicines should apparently act in the way Dr. Sharp had pointed out that they did. Dr. Sharp had laboured very hard and very successfully to show them that drugs had a local action; and that which at first seemed striking to the inquirer was, that the same drugs were used in a large number of diseases. He rather hoped that, sooner or later, they might be able to come to the conclusion that the large dose of a drug might be compared to a large dose of alcohol, which numbed and paralyzed the nerve when applied to the part affected, and the small dose of a drug be equally appropriately compared to a small dose of alcohol, which gives strength and power to return to healthy functional action. He hoped that in one respect Dr. Sharp was mistaken, viz., that his labours were near a close. It was his delightful and cheering essays that first drew his (Dr. Bayes's) attention to homœopathy (hear, hear)—that first attracted him to its study, and showed him the reasonableness of it. He could bear his testimony to the great value and usefulness of Dr. Sharp's essays, and he was sure they would all appreciate the value of the paper they had heard read that morning. (Applause.)

Dr. DRYSDALE also complimented Dr. Sharp for his valuable paper. Dr. Sharp might, he thought, without irreverence, be called the Apostle of Homœopathy to the Gentiles, on account of his Tracts, which had made many converts; and if he had done nothing else, he had excited the gratitude of all present. He was of opinion with Dr. Bayes, that they must go on developing homœopathy, and said that for his part he saw no signs of Dr. Sharp's labours coming to an end. He trusted that he would be able to continue those labours till he had got to the core of medicinal action. He thought nobody could deny the necessity of reducing the symptoms to signs, the signs pointing to the seat of the disease. That was the first thing which as physicians they endeavoured to do. But Dr. Sharp would remember that the mere observation of symptoms would

not, without reflection upon them, discover the seat of disease. There were many contagious diseases all acting on the same part, viz., the protoplasm, and there were medicines causing a febrile state by acting on the very same part, which had no effect in those contagious diseases. They must all consider the quality of action as well as its direction, and even in common diseases they would find that their seat was not information enough; the quality of the disorder was far more important than its seat. He hoped they would not lose sight of these two points, and that Dr. Sharp would add the study of the quality of drug action to that of its locality. (Applause.)

Dr. CARFRAE wished to express his regret that men like Dr. Wilks would not take the hint to go a step beyond that at which they had already arrived. In his inaugural address at Birmingham the other day, Dr. Wilks went so far as to pull to pieces all current theories regarding the treatment of disease, showing in fact that his treatment was empirical. The essay he had referred to represented the views of the most advanced school of medicine at the present day, and he regretted that they did not go a step further and adopt the only known guiding principle in the selection of medicines. He could not help thinking that Dr. Wilks did see the value of this principle. With respect to his intolerance towards homœopathy and homœopathic practitioners, he (Dr. Carfrae) would remark that when men admit they know no principle of this kind at all, they ought to be a little more tolerant towards those who have reason to believe that they were in possession of one. (Applause.)

Dr. HAYWARD said he thought it would be found to be proved in an essay written by Dr. Mitchell, of America, that animal poison might be absorbed in dangerous quantities, and that it was well to remember that with reference to the use of this important medicine. It appeared that the symptoms producible with a less amount were curable with a proportionately less dose.

Dr. OBER said that homœopathic physicians were doing what they could in America towards developing homœopathy, and many of their best writers were trying to spur on their comrades in the labour of proving medicines. They considered that in so doing they were contributing more to the cause of homœopathy and to the triumph of controlling disease than by any other possible means. Their allopathic brethren were contributing largely, and had the means and time to contribute more to the scientific branches of physiology and pathology; but he considered that they (the homœopathists) had the key that should unlock, not only the physiological action of drugs and the means of applying those drugs, but the key which enabled them to prescribe those drugs to the greatest advantage. In

the efforts they were making in America they were aided by numerous societies which were devoting themselves especially to this work. They had had a great deal written on the subject of *materia medica*. Dr. Hale, of Chicago, had produced an important volume and many essays on this subject, the value of which they were glad to recognise; yet much of it was considered as crude matter, and they were not prepared to recommend that clinical observations should take the place of provings. They were making all the efforts possible, and enlisting all the energy and zeal of their practitioners, though he wished there was much more energy exhibited for the settling of many still existing doubts. The proving of medicine was their great *forte*, and it was this work that must be appreciated; and if fully and carefully carried out, it was in this particular branch of the science of medicine that they would come off the conquerors.

The PRESIDENT: Our hope is that between America and England there will always be a great rivalry in the direction of studying the physiological action of medicines.

Dr. SIMON was understood to say that the position of homœopathy was improving in public opinion in Paris, though its practice met with the same kind of opposition as it did in England. Their practitioners were divided in opinion as to the most suitable dose. There were those who were high dilutionists, and those who were low dilutionists; the high dilutionists being the most numerous. They used high dilutions in chronic diseases, and low ones in such as were acute. (Applause.) He hoped they would all improve in future in the practical result of their discussions on the question of dose. Not only he, but his father, and a large number of his brethren carefully studied what was published in America, and were aware of the improvements which were being made in that country and also in England. (Applause.)

Dr. OBER observed that he did not wish to be misunderstood in anything he might have said regarding Dr. Hale. They appreciated Dr. Hale's work, and were very thankful to him for it. They considered it a step in the right direction, but they felt at the same time that it was crude. He did not misrepresent him when he said that he (Dr. Hale) had admitted this himself, and had asked for additional provings of these remedies. These remedies were derived more particularly from indigenous plants, with which America was abundantly supplied, and many of which had proved of signal value.

Dr. SIMON, saying that he had omitted to refer to the French hospitals, expressed the hope that they would make improvements in France in the way of establishing homœopathic hospitals. Two had been established in Paris in two years, and they were founded by subscriptions. He saw one in London

some days ago, and he was glad to perceive how well it was managed. He wished that all hospitals afforded the same accommodation.

Dr. HUGHES said he was glad to find that Dr. Sharp had made a step beyond the "organopathy" he had hitherto been understood to advocate, and now admitted *character* of drug-action as of no less importance than *seat*. He fully agreed with him that our cardinal need at present was the *interpretation* of pathogenesis. Now to interpret aright we must understand the language on which we are engaged. Had we a full record of the course of our provings, or, still better, had we the provers before us, so that interrogation could be added to their recitals, we should need only a knowledge of physiology and pathology to enable us to understand the language their disorders spoke; we should have the same advantages as we have in the diagnosis of idiopathic disease. But suppose a patient, consulting us by letter, were to cut up his symptoms into a Hahnemannian schema. Or suppose our advice were desired as to the treatment of an epidemic, and the symptoms of several persons affected by it were thrown together in such a schema. Or, still worse, suppose that in the report we received the symptoms of previous or coincident illnesses present in the sufferers from the epidemic were included. In such cases, what power of interpretation would remain with us? It is the regret of all of us, that such hindrances are present in the recorded pathogenesies of nine-tenths of our medicines. Before, then, we can proceed to interpret, we must renew and revise our materia medica. And he would say to our American friends, while thanking them for what they have done in the way of proving—do not any longer waste your time and energies upon such *nugas* as *ptelea trifoliata*, with the result of finding that it causes something like a bilious attack; but re-prove medicines of certain therapeutic value, whose physiological action is as yet imperfectly understood,—medicines like the mineral acids, like *guaiacum*, like *ammonium muriaticum*, like nineteen-twentieths of the constituents of the "Chronic Diseases." Then you will render us true service indeed, and receive lasting praise. (Applause.)

Dr. SHARP said he begged to thank the members of Congress very much for the kind manner in which they had received his paper, and to make one remark on the subject of provings. He wished the younger members of their body would set to work to prove our own indigenous plants, as the Americans had done theirs. There were plants in England worthy of more attention than they had received, and he suggested that from such plants as those of the daisy, buttercup, and common dandelion very valuable medicines might be obtained, if they had them well proved. (Applause.)

The PRESIDENT thanked Dr. Simon for the works they had received from his father, but they were placed in a peculiar position. They were not a corporation which had a legal existence, but they had a conscience. What were they to do with these works? He thought they had better present them to the British Homœopathic Society. (Hear, hear.)

After an adjournment for an hour, some conversation ensued as to the place for the next meeting of the Congress. Leamington, Nottingham, Leicester, Bristol, and Liverpool were named, and it was decided by a large majority of votes that the Congress of 1873 should take place at Leamington on the second Thursday in September.

Dr. SHARP, who was then elected President for the ensuing year, said if it were their wish that he should fill the office, he should be very happy to do his best whilst occupying that position. He proposed Dr. GIBBS BLAKE as the Vice-President—a resolution which, having been seconded, was carried unanimously.

The PRESIDENT said that Dr. Blake was quite willing to act as General Secretary as well as Vice-President. (Applause.)

Dr. HUGHES read a paper "*On the place and value of Baptisia in the Treatment of Typhoid Fever.*" This paper we hope to publish in our November number. Meanwhile, in order to render the following report of the discussion more intelligible, we may state that Dr. Hughes carefully analysed the cases of typhoid fever treated by *baptisia* which had been reported by Dr. E. M. Hale, Dr. Madden, Dr. Bayes, Mr. Harmer Smith, and others, and the conclusions which they had derived from their experience of its use. Dr. Hughes held that there was evidence to show that in the first stage of this fever the employment of this remedy would check its further progress; that it was of less value in the later periods of the disease, but even then was calculated to diminish its intensity. It was, he thought, a remedy in which more considerable experience would increase our confidence.

The PRESIDENT said they would have heard with pleasure and profit this *résumé* of the use of *baptisia* in typhoid fever, and it was for them to confirm or negative the conclusions at which Dr. Hughes had arrived. They knew so comparatively little of the natural history of typhoid fever, that it was extremely difficult to decide whether medicine modified the course of it or not.

Dr. DUNN observed that he could speak from recent experience of the use of this remedy in cases of fever of the typhoid type, which had been brought under his notice. They had then in Doncaster what was called there low fever, and he and his assistant, if they commenced with *baptisia*, succeeded in cutting it short almost with the rapidity of lightning. He was much

struck the other day in attending a person who had received the disease from another patient in the same house, and who had been in it eleven days. In twenty-four hours after *baptisia* had been administered, the pulse, the tongue, and the mind had all recovered their normal state, and the patient convalesced without any other remedy. He attended with another doctor, and they were perfectly struck with the result. He could therefore speak very highly indeed of the value of *baptisia*.

A MEMBER: What is the dose?

Dr. DUNN: A drop dose every hour, or every two hours.

Dr. BRADSHAW said he had had four or five cases treated with *baptisia*. One of these cases occurred in a girl, and when she came under his care her position appeared hopeless. He relied upon *baptisia*, and recovery was at once rapid and satisfactory.

Mr. NANKIVELL said he begged to add his testimony to the value of *baptisia*. He had never used it but with the most cheering results, and thus far he held it in very high estimation.

Mr. AINLEY said that during the last three years he had had under his care between forty and fifty cases of typhoid fever, and until the last week but one he had not lost a single case. Taken at the outset he had always found *baptisia* cut the fever short in five or six days, but if he were called in after that period, he generally alternated *arsenic* with *baptisia*. Indeed it seemed to him that patients after the first week of the disease had always done better with *arsenic* given alternately with *baptisia*, than with the latter remedy alone. He always continued it to the end of the disease. He had sometimes left it off, if the lungs became congested or the diarrhœa worse, but latterly he had thought it better to continue it to the end. The case he lost last week died in consequence of bad nursing. He was quite confident that any case of typhoid fever could be cured by *baptisia* alone in the early stage of the disease, and by *baptisia* and *arsenic* in the latter stages. He would almost as soon be without *aconite* and *arsenic* as be without *baptisia*.

Dr. SHARP said his experience in the treatment of low fever had been to make him have great confidence in *rhus*.

The PRESIDENT: Have you tried *baptisia*, Dr. Sharp?

Dr. SHARP: I have not yet. He then pointed out that *rhus* was a remedy that ought to be kept freshly prepared, for if the tincture used was old, it was probable that it had undergone some alteration. There had been some scientific facts elicited on this subject, by bringing the spectroscope to bear upon it. He had spent some time in examining tinctures with the spectroscope. Fresh tincture of *rhus* gave a distinct spectrum of its own. Old tinctures gave different spectra, proving that a change of some kind had taken place in them.

Dr. GIBBS BLAKE said they were indebted to Dr. Hughes for

his *résumé* of all that had been written on the use of *baptisia* in typhoid, and he thought that the negative evidence which he had brought forward, tending to show that *baptisia* was not of use, might be accounted for in this way: that as there were certain cases of ague that did not correspond to *quinine*, so there were certain cases of typhoid fever that did not correspond to *baptisia*. He had had experience in a large number of cases of typhoid fever. About 2000 cases of that disease occurred every year in Birmingham. It was a disease frequently met with there; there were a good many severe cases; and he could bear strong testimony to the value of *baptisia* in the treatment of typhoid fever. He had recorded several such cases, and he was certain that they were true instances of typhoid fever in the Jennerian sense. *Rhus* took the same place in typhus that *baptisia* did in typhoid fever. The fever of Liverpool was not the fever they had in Birmingham, and he thought that *rhus* bore a more exact analogy to typhus than it did to typhoid fever. In London the two fevers were more nearly equal in number. In the London Fever Hospital he had had the advantage of attending to cases of both types of fever. When Sir Wm. Jenner was working out the subject, he (Dr. Blake) had the good fortune to be his clinical assistant. Sir Wm. Jenner used to impress upon his pupils and assistants that there was one symptom very characteristic of typhoid fever, and that was the tendency of the patient to leave the bed. Where that occurred, it went a long way in deciding him that the case was one of typhoid and not of typhus fever. Sir Wm. Jenner's opinion was of very great value in such a case, because he witnessed it unaccompanied by drug treatment.

Dr. CARFRAE observed that some years ago, at the meeting of the British Homœopathic Society, he expressed the opinion that we ought to try to cure this fever; but all the members present seemed to think that it was impossible to cure it in the sense of cutting it short. He did not see at all why they should not try to cure it by specific means, and he was glad that now they had a much better hope of doing so. It would be very important if they could substantiate and work out the ideas Dr. Hughes had suggested, as by doing so they would accomplish a great work for practical medicine and the law of specific treatment. They should not confound typhus and typhoid fevers. (Hear, hear.) They should be very carefully diagnosed, as they were as distinct from each other as scarlet fever was from ague.

Dr. BAYES expressed himself very much gratified at hearing the experience of the previous speakers on this question. There was one point that Dr. Hughes had not alluded to, and that was the very decided effect that *baptisia* had upon the stomach in giving it power to take and to digest food. He had seen patients

who, having loathed food, had, almost immediately after taking *baptisia*, relished it, and that was a very great point to gain in the treatment of typhoid fever. He related the case of a boy suffering from incipient typhoid, who had passed many sleepless nights, but, after taking *baptisia*, went to sleep, and in two days was well. He had been in the habit of meeting with gastric fever running into typhoid, before he used *baptisia*, but since using it his cases of gastric fever had never run into typhoid.

Dr. MURRAY MOORE said he desired to record his opinion of the immense value of *baptisia* in typhoid fever. He thought it was very important that they should distinguish the different stages of the disease, because they were called in at all stages. They might be called in when the fever had lasted fourteen days, and instead of showing any tendency towards a crisis, was tending from bad to worse. It had generally been his practice to use *rhus* in cases of typhus fever, and *arsenic* in enteric fevers. He used *baptisia* in every case where he could diagnose the disease to be enteric typhus. He appealed to his colleagues in future to place records of their cases, with carefully drawn histories of each, in print, so that they could judge of the antecedent symptoms, and ascertain on what days the treatment had commenced. Those facts would afford positive evidence of the effect *baptisia* had in shortening the disease. In cases of fever which had come under his notice, when the patient had a white furred tongue with red edges, gurgling, and slight tenderness in the right iliac fossa, with frequent, yellow, pappy stools, those symptoms he had not seen *baptisia* fail to cure. He had generally, however, found it necessary to use *arsenicum* once or twice in the day with such a group of symptoms. He should like to ask what were the doses Dr. Hughes had generally used, and how he would use the tincture in order to abort typhoid fever. If they were to give it as *camphor* was given in cholera, they must prescribe large and frequently repeated doses; but if they were to give it as they did *aconite* in inflammatory fevers, they should give it in smaller doses.

Dr. BACON observed that in New York *baptisia* was a favourite remedy in typhoid fever.

Dr. OBER said he had read Dr. Hughes's works with a great deal of pleasure. In the paper they had just heard he had condensed the symptoms indicating and the effect of prescribing *baptisia* admirably, in his estimation, but he repudiated the idea of using any medicine as a remedy adapted to a disease by name. It seemed to him liable not only to mislead their brethren, but others, in stating that a remedy cured a given disease without having regard to its individuality. He was afraid that many of their practitioners, instead of adapting a given remedy to a particular case, would take what had been said to mean that *baptisia*

was a specific for all cases of typhoid. To the use of *baptisia* he had not been a stranger during the last fifteen years, and in many cases he had been very highly pleased with the results he had obtained from it. The fevers in the west of America were more or less complicated with malarious influence. In those cases, especially in the later stage, he found other remedies quite as applicable as *baptisia*. In the commencement of the first stage he endeavoured to control or hold the fever by the remedy, and never to let it develop; and in such cases *baptisia* had proved of admirable service. But when the disease had passed the first stage, he had not observed that amount of benefit derived from *baptisia* which had been stated to have been seen by other speakers. He always used the remedy most adapted to the case in hand, and he agreed with Dr. Sharp that in the later stage of the disease, *rhus* was a very useful remedy. In any case, when the fever had passed to the second stage, his uniform practice had been to go to the higher attenuations, and he should prefer the 200th or the 2000th to the tinctures. (Applause.)

Dr. DUNN remarked that Dr. Sharp had touched on a very important point, and that was the integrity of our tincture of *rhus*. If Dr. Sharp would write an essay or paper on that point it would be very valuable.

Dr. HUGHES observed that the object he proposed to himself in reading the paper had been abundantly attained. They had had the experience of good men and true, and those who had tried the remedy had been almost unanimous in their appreciation of it, and they had decided, he considered, that *baptisia* was the *aconite* of typhoid fever. *Aconite* did not always succeed. *Baptisia* might fail; but they might say, as a rule, that *baptisia* administered in the early stage of the disease would break up the fever, that *baptisia* administered later would modify the disease, and that in all stages of typhoid fever it would have some beneficial influence, and ought always to be thought of in the treatment of typhoid fever. If *baptisia* was what it was reputed to be, it had the effect of aborting the disease. Though he admitted that the subject required further consideration, and to be brought under more detailed therapeutic observations, the weight of evidence was overwhelming that they possessed a medicine on which they could rely almost with the same confidence that they could rely on *aconite* in other kinds of fever. (Applause.)

The PRESIDENT now called for Dr. Pyburn's paper on "*The Physiological Action of Serpent Venom.*" A letter was read from Dr. PYBURN, expressing his regret that circumstances had occurred which prevented his being present at the Congress, and the paper he had prepared was accordingly read for him by Mr. POPE. This paper will appear *in extenso* in our next

number. The following is a brief *résumé* of its contents. After a reference to the use of snake venom as a popular remedy for certain disorders in countries where reptiles abound, Dr. Pyburn proceeded to show that the venom of serpents, when introduced into the system by the stomach, did influence the animal economy, provided that a sufficient quantity was swallowed. He also showed that the virulence of the poison, when introduced through the skin, was in proportion to the quantity injected. Cases were adduced indicating the nervous centre, and especially the ganglionic centre, as the part on which the first effect of the poison seemed to fall, and illustrating also the symptomatology of serpent venom. Dr. Pyburn concluded by urging that greater efforts than any hitherto made should be directed towards obtaining an adequate and reliable supply of serpent venom for medicinal use.

Dr. HAYWARD said he had devoted considerable time to the collection and preservation of pure serpent venom, and he was very glad therefore that this subject had been brought before the meeting, as it was one well worthy of consideration. He referred to the publication in America by Dr. Mitchell of his experiments with the rattlesnake. They had also the records published by Dr. Fayer, of India. In certain diseases they might use serpent venom with the same confidence that they were in the habit of using other remedies. It was certainly a very potent and rapidly acting medicine. As had already been mentioned, it affected the whole body. Its influence on the nervous system was shown by its causing convulsions and paralysis. It was also useful in diseases of very grave import, such as putrid small-pox and putrid fevers generally. In all the cases of serpent poisoning of which he had read reports, there was utter weakness manifested; the action of the heart became impaired; the pulse was rapid and feeble; the vessels became distended, and, as had been well brought out, hæmorrhage took place everywhere. There was paralysis, there were convulsions, and there were symptoms of general disorganization; on the other hand, serpent venom was well adapted to the cases manifesting such symptoms. He attributed the recovery of his only daughter, who had suffered from putrid fever, to the use of crotalus venom. He had imported eleven large rattlesnakes from New Orleans, and had obtained from one snake, whilst under chloroform, thirty-nine minims of venom, to which he added pure glycerine. Each snake was treated separately, and the poison was tried on animals—cats, mice, and birds—before the dilutions were made. He had since sent three snake-boxes to India—one to Bombay, another to Calcutta, and one to Bengal—and he hoped shortly to be placed in possession of a large supply of this truly valuable remedy. He also trusted

that in future they should be able to report in their proceedings many recoveries owing to the use of it, from diseases which they had hitherto looked upon as almost beyond the pale of medicine.

Dr. HUGHES was glad to hear that they were going to have an additional supply of the cobra poison. He himself had used it for years in certain forms of asthenic sore-throat, in chronic headaches, and other cases. It was a medicine he had great confidence in, and one he often prescribed. He agreed with Dr. Hayward as to the effect produced by snake poison on certain diseases, but he felt that they must draw a distinction. He doubted whether these snake poisons were of value in typhus or typhoid fever, or other *primary* toxæmiæ; he thought that secondary blood-poisoning like pyæmia and traumatic gangrene were their true sphere of action, as suggested by their pathogenetic phenomena. Hence their value in scarlatina, where, as so often happened, the system was re-inoculated from the diseased mouth.

A MEMBER asked if Dr. Hayward had used the *crotalus* in diphtheria.

Dr. HAYWARD replied that he had.

Dr. DRYSDALE differed from Dr. Hughes in one point. In a case to which reference had just been made, the snake bite was not at all inflamed, but yet the patient died fast enough. It showed that the venom was fatal without any secondary pyemic infection. He then gave an account of the manner in which Dr. Hayward had obtained poison from a rattlesnake. It was rather nervous work. (A laugh.) Mr. Thompson now chloroforms the snake, and the venom is squeezed out. It came out in drops like thin honey. In some cases of scarlet fever he had used *crotalus* with effect.

A MEMBER: What dose did you give?

Dr. DRYSDALE observed that he generally gave the second centesimal. Dr. Mitchell had given a quantity of venom to a pigeon, but it did not produce a fatal effect until a puncture was made.

Dr. SHARP remarked that he wished to call attention to the fact that though snake poisons might sometimes act when simply swallowed, they did not generally do so. It was of great importance that the public should not lose faith in sucking wounds that had been poisoned. The lives of many persons had been saved by having a wound sucked, and the person who did the sucking must not be frightened by the thought that he himself would be poisoned. He did not know a case in which the sucker had suffered.

Dr. DUNN: I think there is one case on record, but the person had a cracked tongue.

Dr. SHARP said the caution he wished to give was that they must not deter people from sucking poisoned wounds, because a life might be saved by the act of sucking.

Dr. BLAKE said that the result of sucking a wound depended on the species of snake, and they had to learn by what particular snake the wounds were made before they could be sucked with impunity. He believed there was some distinction, and that there were wounds which it would be unsafe to suck.

After a few words from Dr. Drury, Dr. HAYWARD stated that the rattlesnake which he had dissected had twelve or fourteen fangs, two of which were in use, and two ready to be applied. There were others which were less and less, so that they were gradually developed, though in what time he did not know, but Dr. Mitchell suggested once a year.

Mr. POPE said he had no doubt his friend Dr. Pyburn would, had he been able to be present, have been very much gratified by the discussion which had taken place. The paper was, he thought, a very interesting one, and he was glad the members present agreed with him in thinking so. He begged now to propose that the thanks of this meeting be presented to Dr. Black for his kindness in presiding over them so efficiently. Dr. Black was one of the oldest homoeopathic practitioners, and one who had devoted himself earnestly and successfully to the development of homoeopathy, and was well entitled to their thanks, not only for the service he had rendered them that day, but for the work he had accomplished in the past. (Applause.)

Dr. SHARP said he begged to second the motion most heartily. The motion was carried unanimously.

Dr. BLACK said he was much obliged to them for their kind expressions, and for the resolution they had just passed. In bringing this Congress to an end he would express the hope that they would all meet again, and that on future occasions many more would be added to their number.

The business portion of the meeting was then concluded.

THE DINNER.

In the evening the members, together with several visitors, partook of a sumptuous dinner at the Royal Station Hotel, about fifty gentlemen being present. Dr. BLACK occupied the chair, and Dr. DUNN the vice-chair. After dinner an excellent dessert was placed upon the table, and the glasses having been charged,

The CHAIRMAN rose and proposed the health of the QUEEN, observing that whatever might have been said of them, they had never been accused of disloyalty. Her Majesty had been the most constitutional and gracious monarch who had ever swayed the sceptre in this country, and during her reign they had enjoyed the greatest liberty and freedom. Long might she live over them, happy and glorious. (Applause.)

The VICE-CHAIRMAN remarked that the Chairman had said very truly that they had never been accused of disloyalty, and he would now ask them to drink the health of the Prince and Princess of Wales, and the rest of the Royal Family. (Applause.)

Dr. BAYES, in proposing "The Army, Navy, and Volunteers," said he had great pleasure in giving this toast, although it might be asked what connection had those services with homœopathy. They had this connection: that he hoped some day they should be able to treat the disorders to which the soldiers in their army and the sailors in the navy, as well as the volunteers, were liable, like all other men, on homœopathic principles. One step had been attained,—homœopathy having made good its footing in our cavalry regiments. He trusted that as the horses in the service had been treated homœopathically, they would proceed from one step to another, until homœopathy had its proper *locus standi* in each branch of the service. (Applause.)

Lieut. RUSSELL, R.A., responded to the toast. He said that when he entered the service he heartily undertook to do his duty. On this occasion he would not detain them by doing more than his duty, and he begged to thank them very much for the kind way in which they had drunk to the health of Her Majesty's services. (Applause.)

Mr. PORTE, of Sunderland, in further acknowledging the toast, said I have had the honour, for nearly twenty years, of treating the Durham militia homœopathically. (Applause.)

The CHAIRMAN then rose and said: Mr. Vice-Chairman and Gentlemen,—I propose a toast which ought ever to be honoured at such meetings as this. I want you to bear in grateful remembrance the memory of Hahnemann, a man to whose genius we owe our therapeutic law, and to whose marvellous industry we are indebted for most of our *Materia Medica*. No man is perfect; and Hahnemann had, with his intellectual strength, his intellectual weakness; and this his position as a reformer rendered more apparent: the genius which created, marring and retarding by its weakness the truth it had elicited. With this admission let us pass from the shadow to the light; a light we may admire and gratefully follow. Hahnemann was eminently a religious physician, I use the word religious in its widest sense, for with him the claims of conscience were ever paramount to profit. He regarded his profession "not as a shop for sale or profit, but a rich storehouse for the glory of God and the relief of man's estate." Thus guided, he gave up practice in the prime of life and with the cares of a young family, when he became convinced of the uncertainties and dangers of the medical treatment of the day. He lived a life of penury, subsisting by literary labours until the discovery of the therapeutic law pointed out a clear way. He then resumed

practice, and worked with an earnestness and success which were remarkable, even in a country distinguished by the laborious research of its literary and scientific men. We have only to attempt the arrangement of one medicine, with all our present advantages, to slightly realise what Hahnemann's labours must have been. He felt like the grand monk of old, that earnest work was earnest prayer. Coleridge says :—

“ He prayeth best who loveth best
All things both great and small.”

Hahnemann might have said :—

“ He prayeth best who worketh best
In all things great and small.”

I knew Hahnemann a year before his death ; but though age had told on his frame and his intellect, it left untouched his enthusiasm and his desire to work. When he bid me good-bye, embracing me, he said, “ Work, work, and the good God will bless thee.” You know the story of Hahnemann and his garden at Coethen ; a garden in which he had experienced so many happy thoughts, and written about to his friends. One of these friends came from a distance to visit him, and eagerly asked to see the garden. “ This,” said Hahnemann, “ is my garden.” “ But how small it is,” answered the friend. “ Yes, it is small,” exclaims Hahnemann ; “ *aber ist unendlich hoch*—it is boundless in height.” These noble aspirations of Hahnemann ought to be the key-note to our exertions. He has given us a garden, small it may be, but wonderful in its order and fertility, compared with the thicket from which he reclaimed it ; but we are placed in this not simply to admire, to pull the flowers, and to eat the fruit, but to live in it, to work in it, to extend it until all the country round shares the same culture. The most lasting monument we can raise to the memory of Hahnemann is the enrichment of the *Materia Medica*, the general acknowledgment of his therapeutic law. To these grand ends we must exert all our efforts ; striving with all chivalry and earnestness to overcome existing opposition. This point gained, what blessings must flow from increased labourers. Now we labour like the Jews of old rebuilding their temple—the sword in one hand, the trowel in the other. All such work is slow and unsatisfactory. Let us strive to advance the time when all opposition shall cease. Then Hahnemann, like many benefactors of our race, will enter the true order of merit ; then like Jenner, like Sydenham, reviled in life, he will be honoured after death : then, all controversy over, men will be surprised that the truth was so long opposed ; then,

“ The winds quiescent and the tempest laid,
The sea shall wonder at the wrecks it made.”

May that good time soon come. Let us in silence, but with grateful hearts, drink to the memory of Samuel Hahnemann.

Dr. BLAKE rose to propose the next toast. He said, after the very capital dinner with the good wine they had had, no one could withhold a vote of thanks to the cook who had prepared the dinner. He had, however, risen to propose a vote of thanks to the gentlemen to whom they were indebted for the intellectual provender supplied to them during the day. He would allude, in the first instance, to the Chairman, who had given them so excellent an address, and so exhaustive a paper as that to which they had listened in the morning. The other papers, too, had afforded special gratification, and he had to propose the health of those gentlemen who had so kindly catered for them by the reading of papers. (Applause.)

Dr. SHARP, in responding, begged again to express his thanks on behalf of himself and the other readers of papers, for the kind way in which they had received them. (Applause.)

Dr. CRAIG (Scarboro') said that one of the great burdens they had to bear as provincial men was their isolation. There was a feeling of loneliness in pursuing their professional duties single-handed, and their gratitude to those men who fought in the high places of the field was certainly very great. Those who were in their isolated position felt how little they could do except in maintaining their ground, and they consequently felt much interested in the success of their hospitals, their societies, and their journals. It was with very great pleasure that he asked them to drink to the prosperity of the medical institutions connected with homœopathy, viz., the hospitals, the societies, and the journals. (Applause.)

Dr. DRURY said that an intimation had been given to him that he would have to return thanks, and he could only assure them that he was very much indebted to them for coupling his name with the Homœopathic Society, of which he had been made the secretary in the place of their excellent friend Dr. Madden. He was unfortunate in following one who was so excellent a secretary, but he would endeavour to discharge the duties, and he hoped that all would endeavour to keep him well supplied with papers for discussion at their meetings. (Applause.)

Dr. HUGHES said he had to thank them for drinking to the prosperity of the journals, as one of the editors of the *British Journal* he humbly represented. They had kindly called upon the youngest editor to return thanks. It was a very proud day for him to take a place on the *British Journal*, side by side with such men as Dr. Drysdale and Dr. Dudgeon. He would, however, say to all who were present, that if they valued the journals they would show appreciation of them by contributing to them. They did not know to what straits editors were some-

times pushed to supply materials for the journals. Out of their stores of experience, out of their wealth of thought, let them give some contributions to the journals, to which they would form valuable acquisitions. (Applause.)

Dr. BAYES said he had to propose a toast which he felt they should drink with as great pleasure as any that had preceded it. It was his privilege to propose the health of the visitors, three of whom had come across the Atlantic, and one from the neighbouring country of France. Dr. Ober was from the State of Wisconsin, on the banks of the Mississippi; and Dr. Simon, from Paris, was the grandson of Dr. Simon, to whom they were indebted for the translation of Hahnemann's works, and for the valuable notes he had appended to them. Dr. Ober came from a country which was great in every sense. In America they had homœopathic hospitals and colleges, and other large institutions, and Dr. Ober had come many miles out of his way to visit their small Congress. He hoped he would give them an account of the Institute in America, which numbered probably as many hundreds of homœopathic practitioners as there were tens in England. At the same time, in this country they were not in any way behind their brethren in America in their love for homœopathy, but they admired the much greater development homœopathy had attained on the other side of the Atlantic. Dr. Simon had been for some years a homœopathist, and he had acted as an ambulance surgeon, both during the siege of Paris, and subsequently, as surgeon to the Versailles troops. They had also among them Dr. Pilling and Dr. Bacon, from America, and he felt sure all present would drink the health of the visitors with the greatest enthusiasm. (Cheers.)

Dr. OBER said there was due from him an amount of gratitude which he was not able to express, that he was permitted to meet them that day, around that social board. It was a privilege which, at the last meeting of the American Institute, he did not expect to enjoy, but about two days after the adjournment of that meeting, of the session which was held at Washington, he decided to come across the water. His friend, Dr. Dunham, who was one of their greatest lights, said, "don't fail to visit the British Homœopathic Congress." He (Dr. Ober) had been on the Continent, and had come to visit this Congress, intending to return in a short time. It had been to him a source of great pleasure to have visited that Congress. He had been gratified, edified, and instructed, and he hoped he might see their faces in America. He wished he could take them there with him next spring, when he should return about the time of their next annual meeting. He expected they should meet at Cleveland, in the great State of Ohio, on the 8th of June next. They might have ascertained from the American statistics the

position of their Institute. He could not say he could give the exact numbers in membership, but at the last meeting they had from 250 to 300 members present. Their Session lasted four days. They had a large number of valuable papers read on subjects in which they were all interested—subjects connected with the practice of medicine, and particularly with homœopathy. They had discoveries and improvements brought out by their young surgeons, by whom operations were performed equal to, if not surpassing, those performed by their old school brethren. They had in their ranks men who had performed operations even in advance of the age. They had men labouring in different parts, and many of them had written upon various subjects with great credit to themselves. He might say, in connection with their labours, that they were doing much good work, though, he hoped, they would be careful and safe, and not swallow anything which, in their opinion, they could not digest. At their meeting three years ago at Boston, they had a donation from the city authorities of 2,500 dollars to meet their expenditure. The amount appropriated during the sitting was obtained in rather a curious manner through the ingenuity of their Boston Yankees. One who was especially instrumental in obtaining it was Dr. Talbot, who had done them great honour. The Mayor, who was applied to on the subject, and was a supporter of the old school, at first refused his sanction to the amount being voted, but he ultimately did so on a suitable hint being given to him. He alluded to the progress homœopathy was making in America, and gave it as his opinion that they had no fear of persecution. He felt they had a right to stand to their principles, and in no sense would he recommend his professional brethren to show any disposition to retract, or give any appearance of conceding any point to the old school. He again begged to thank them all for their kindness. (Applause.)

Dr. SIMON said he was most grateful for the kind remarks which had been made by Dr. Bayes and Dr. Sharp. Dr. Sharp had called to his remembrance the way in which he had been received in France fifty years ago, but he dared say, he was not more welcome there than he (Dr. Simon) was there that day. He then bore his testimony to the value of homœopathic treatment in cases of small-pox, and also in those of wounded soldiers, remarking that he, as well as his fellow countrymen, might be proud of the results which they had attained. His grandfather visited England, and he remembered he said, on his return to France, how happy he was at the welcome he had received in England. He would drink the health of British homœopaths. (Applause.)

Dr. BACON, of New York, observed that with English hospitality and the warmth of English hearts, and of English

hearths he had not to make acquaintance for the first time that day. He begged to thank them all for the reception he and his colleagues from America had met with, but he felt that his friend from what they called the West—destined in his opinion to be the heart of their great country—had made all the speech they could claim from America that evening. Therefore he (Dr. Bacon) had little to say except that he hoped the bond which united them as homœopathists would be strengthened, and to thank them for the kind reception extended to New York by Old York, to New England by Old England. (Applause) The labours of the working men in our profession keep up a constant mutual indebtedness between the societies in the two countries. There were unsettled American claims, and he hoped that no feeling of jealousy would ever cause their desire to settle them. (Applause.)

Mr. POPE observed that happily the toast he was about to propose did not need any eloquence to ensure for it a cordial reception. At the same time the interest he had long felt, and always should feel, in the prosperity of the city of York, the ever fresh remembrance he had of the kindness he received during the time he resided in the city, and the consciousness that he possessed many attached friends, both within and around its walls, made him regret his inability to present that toast in terms befitting alike its importance and that occasion. York was one of the most ancient cities in the kingdom—a city of which all Englishmen were proud—a city whose inhabitants, during many generations, had proved loyal to the throne of these realms, and who always endeavoured to promote the best interests of the people of their country. In wishing prosperity to the trade of that city, he might state that while it was, from its position, chiefly agricultural, it nevertheless had a special interest for the members of their profession, as it was from York that nearly all the drugs, bottles, and corks used in the practice of medicine in the North of England were sent. They, in their Pharmacopœia, directed simpler methods to be used, but at the same time they must be glad that in the preparations made, the instructions of the British Pharmacopœia were admirably carried out by the eminent drug firms in that city. From the York Glass Works the very best percolator for making tinctures ever invented was obtained; it was that ordered to be used in our Homœopathic Pharmacopœia in accordance with the advice of Dr. Madden. Further, without casting any reflection on the well known confectionery manufacturers of the city, he would remark, that if they could trace to their true source many cases of juvenile dyspepsia, he thought that they would find that source to be in York. (Laughter and applause.) There was amongst them that night an old and highly esteemed citizen of York, Mr.

George Hope, who had long had the interests of homœopathy at heart, and to whose active and disinterested labours to bring homœopathy to bear on the mitigation of the cattle plague, he could unreservedly testify. He would, therefore, now ask them to drink to the "Prosperity of the city and trade of York," and would couple with the toast the name of his friend, Mr. Hope. (Applause.)

Mr. HOPE said he was obliged to Mr. Pope for the kind manner in which he had proposed his health. He had lived in York for sixty years, and he had seen many trades prosper in it. However, they could not so frequently find now, as used to be the case, a large bottle in a druggist's shop full of leeches, and there were other matters which had been exploded, though at one time they were thought necessary. The employment of homœopathy in the cattle plague had been alluded to by Mr. Pope, and he was satisfied as to its value if it only had fair play. During the visitation of the cattle plague, if he met with an intelligent farmer who was ready to co-operate with him, his successes were great. Almost the last occasion of his attending any cattle, out of eight or ten head only one was lost. The morning he went on the farm £36 were offered by a butcher for the lot, but in less than two months that stock was sold for over £200. He repeated that the applications properly made would in almost all cases effect a cure. (Applause.)

Dr. DRYSDALE said he thought they must testify to the great advantage they possessed in having as President one who had through a long life and practice acquired a high character in homœopathy—(applause)—from whom they had heard an excellent address in the morning, and an equally eloquent speech after dinner. (Applause.) He wished to couple Dr. Black's name with that of another distinguished man in that company (Dr. Dunn), who began life as a sailor, in order, as he (Dr. Drysdale) presumed, to indulge his appetite for climbing. (A laugh.) He got to be a captain, but that was not high enough, and he took to the medical profession. He, however, went higher still, and went beyond the ordinary school of medicine, and took to homœopathy. "Dr. Black and Dr. Dunn."—(Musical cheers.)

The CHAIRMAN and VICE-CHAIRMAN very briefly returned thanks.

Dr. HUGHES said he had been honoured by the President to propose the health of three gentlemen, the value of whose services they must acknowledge, viz., the Secretaries and Treasurer of that Congress. He need say but few words in proposing that toast. It had reference to Dr. Gibbs Blake, the first of their Secretaries since they met in the town he adorned—a name which had been a standing dish at their banquets.

His geniality and urbanity had endeared him to them all, and they felt that he had most efficiently discharged the duties of his office. Mr. Nankivell, the other Secretary, was worthy of all honour. He had worthily represented homœopathy in the far West, and now did so equally worthily in the far North. He was doing good work by his practice and his pen. He had given them his son, Dr. Nankivell, one of the most rising of their colleagues in the ranks of homœopathy. (Applause.) And last, though not least, was the Treasurer, Mr. Fraser, whose health he asked them to drink, and who, in the discharge of his duties, was liberal, courteous, and obliging. "The Secretaries and Treasurer." (Cheers.)

Mr. NANKIVELL said it afforded him the greatest possible pleasure to return thanks for the courtesy they had exhibited towards him. That it had afforded him the highest gratification, they could well imagine, because he had to remain there, he might say, in a state of orphanage for at least the next seven years, and therefore he thanked them most heartily. Their meeting had been to him a great encouragement, and had afforded him much pleasure. Dr. Hughes had kindly referred to one son of his (Mr. Nankivell's) who had been warmly working in the homœopathic body. He should like to have a round dozen to send out to follow him in the same profession. (Applause.) Of one thing he might be quite sure, or he had lived a long time to no purpose, that the doctrines of homœopathy were great, and grand, and important truths. (Applause.) They were not to be mocked at and sneered at, and put down by foolish and unthinking people, nor treated with anything like frivolity or joking. (Applause.) Life and death were not things to be joked about. He had often thought seriously on this point, and he trusted that when they were speaking on that question—the most important, at all events, to the bodies of their patients—they would not allow that kind of conversation to be adopted. The treatment of disease was not a subject for mere jest. As men and physicians they gave that medicine which they thought would benefit them the most, and the dose they thought most advantageous to their condition. He claimed that right, and he cordially granted equal right to every other man. He could not conceive how any man, being a physician or surgeon, should take offence at him for doing that. (Applause.)

Mr. FRASER, the Treasurer, said he thanked them very much for the way in which they had responded to the toast. His duties were easily performed, and he could only say he had great pleasure in discharging them. He hoped that for many years they would not only meet as happily as they had done on this occasion, but in greater numbers. (Applause.)

The company then separated.

NOTABILIA.

HOMŒOPATHY IN AMERICA IN 1876.

THE year 1876 is still sufficiently distant to make it somewhat difficult to speculate as to what may be the position of homœopathy, and anything else, either in America or in any other country at that period. But the year 1876 is a notable one in the history of the United States. By the time it arrives, the United States will have constituted a separate country for a period of one hundred years; and accordingly the "Celebration of the Centennial Anniversary of American Independence" is to take place in Philadelphia during the course of it. This celebration will doubtless be conducted on a scale commensurate with the manner of conducting business of all sorts, whether for pleasure or for profit, usually seen in America. THE AMERICAN INSTITUTE OF HOMŒOPATHY has determined on availing itself of the many attractions to visitors, which may be expected to be found in the States during the "celebration," to induce homœopathic practitioners from all parts of the world to pay them a visit, and to take part in "THE WORLD'S HOMŒOPATHIC CONVENTION." Committees have been appointed to make the requisite arrangements, and circulars have been issued to physicians residing both in America and Europe, informing them of the nature of the proposal. At the last meeting of the INSTITUTE the following resolutions were agreed to:—

Resolved, That under the auspices and by the authority of the American Institute of Homœopathy, a convention of the homœopathic physicians of all countries, to be called 'The World's Homœopathic Convention,' be held in Philadelphia in 1876, on the occasion of the celebration of the centennial anniversary of American independence, and that the Institute hereby invites the co-operation of all homœopathic societies, institutions, and physicians of the United States.

Resolved, That at the present session of the Institute there be appointed by the President a Committee of Arrangements, to consist of one member from each state represented in the membership of the Institute, and that the committee thus appointed may appoint one additional member from the physicians of each state represented, and that the President appoint seven additional members from the city of Philadelphia, who shall constitute an Executive Committee, to attend to local details, under the direction and subject to the approval of the Committee of Arrangements. The Committee of Arrangements shall have full power to adopt and execute all measures which they may deem necessary for organizing the convention, determining the nature and order of the proceedings, and securing from it the

best results for the cause of homœopathy. It shall present a full report of its proceedings at each annual session of the Institute."

In accordance with these resolutions a large committee was appointed, consisting of representative physicians from every State in the Union. Of this committee Dr. CARROLL DUNHAM, of New York, is the President; Dr. PEMBERTON DUDLEY, of Philadelphia, Secretary, and Dr. WALTER WILLIAMSON, of Philadelphia, Treasurer.

With reference to the business to be done at this convention the committee have resolved that it should be restricted to the subjects of *Materia Medica*, Clinical Medicine, and Surgical and Obstetrical Therapeutics, and excluding Physiology, Hygiene, Chemistry, Operative Surgery, Mechanical Obstetrics, and other subjects not directly related to the science of homœopathy.

A few days before the Meeting of the Congress at York, Mr. POPE received a letter, from the Chairman of this committee, requesting him to bring the subject under the notice of the Congress, and move for the appointment of a committee to co-operate with that in America. An accident, which he much regrets, prevented him from doing either the one or the other. It is hoped, however, that this misfortune will not prevent our colleagues from manifesting their sympathy with their American brethren in this effort to bring, as it were into a focus, physicians from all countries, who take an active interest in the progress of homœopathy, and by their aid to do real work in the development of our power to cure disease.

As the opportunity for appointing a committee by the Congress has passed by, it is proposed that this matter shall be brought under the notice of each of our Medical Societies, and that each should be requested to appoint one of its members to join in forming a committee to co-operate with our friends in America.

Dr. DUNHAM, in concluding his letter to Mr. POPE, writes:—

"I hope there can be nothing offensive to any English physician in the *occasion* of the celebration of the centennial of American Independence!

"It seems to me that the history of the last 90 years has abundantly shown that the rulings of Providence are wiser than the purposes of man; and that both Britain and America are vastly better for the separation! And I hope that we have all forgotten the heat produced by the friction of parting!"

With these sentiments we, and, we are sure, all British homœopathic physicians, cordially sympathise; and we trust that they will evince this sympathy by aiding the endeavour to

render this celebration eminently successful both in affording gratification to our American colleagues, and in furthering the development of those therapeutic views we all either have, or ought to have, so much at heart.

HOSPITAL APPOINTMENTS.

WE understand that a vacancy will shortly occur in the House-Surgeoncy of the Birmingham Homœopathic Hospital. For this appointment there are two candidates, Mr. Edward Madden (M.B. Edin., M.R.C.S., Eng.)—a son of our old friend Dr. Madden—and Mr. Edgar Hall (M.B. Edin., M.R.C.S. Eng.). We may here remark that we wish that the friends of homœopathy in the large towns would so exert themselves as to admit of resident medical officers (who should visit the sick poor at their homes) being appointed to their dispensaries. There are several young men who are anxious for opportunities of studying homœopathy such as a dispensary appointment confers; and at present homœopathy is not taught clinically in any hospital or dispensary in the country—it is only by holding such a post that a practical knowledge of homœopathy can be obtained.

We are glad to hear that, much as the nursing has improved at the London Homœopathic Hospital during the last few years, a very important addition has been made to the staff in the appointment of a Lady-Superintendent of nurses. The lady appointed has had large experience in nursing sick persons for many years—and for upwards of a year was actively engaged in both the medical and surgical wards of St. George's Hospital. She has presented testimonials of a very high order from the resident Medical Officers at St. George's under whom she served, as well as from the Rev. Thomas Binney and other distinguished persons who have known her during many years. We feel that, in making this appointment, the Board of Management have shown how fully alive they are to the requirements of the institution under their direction, and how able they are to cope with them.

PRESERVED FOODS.

AT the last meeting of the British Association Dr. EDWARD SMITH, in a paper on "*The Economic and Nutritive value of the three preserved foods—preserved Milk, preserved Meat, and Liebig's Extract of Meat,*" made some rather sweeping observations, especially on the Milk and the Extract. As his criticisms on the Milk have been rebutted *seriatim* by the Managers of the two most important companies manufacturing condensed Milk, we forbear quoting them at present. We are also disposed to question the accuracy of Dr. Smith's observations, and the con-

clusion he derives from them—that “in preserved Milk we have a product of uncertain composition and nutritive value”—because in practice we have found infants to thrive remarkably well when taking no other food than the condensed Milk; and on applying to it the test of making a milk pudding, though we do not think that it answers so well as really pure fresh milk, still it makes a much better pudding than what is ordinarily known as “London Milk.” With his remarks on Liebig’s Extract we can readily agree. It is, in short, as an addition to, rather than a substitute for, beef tea prepared in the kitchen that Liebig’s Extract is valuable. The following are Dr. Smith’s observations on the “*Extract*”;—

“Respecting Liebig’s Extract of Meat, he pointed out that it was claimed for this that a one pound jar represented 32 lbs. of flesh meat. Its composition was water, and, in large quantity, the salt of meat and the phosphates. It contained only the soluble parts of meat, and only such as could be preserved from putrefaction. The fibrine or solid substance of the meat was excluded, for that was insoluble in water. The fat was excluded most carefully, as it would become rancid. Gelatine and albumen were excluded because they would decompose. When, therefore, fibrine, gelatine, and albumen were excluded, it was certainly not ‘meat’ which was left as the word was understood, for nearly every part of the meat which could be transformed in the body and act as food was excluded; therefore, Liebig’s Extract of Meat was not meat, and to give the meat power the 32 lb. of meat from which it was said to be taken must be added to it, for as it was it was the play of *Hamlet* without the character of Hamlet. The product was of less value to the consumer than to the producer, and the preparation was of a delusive rather than a real advantage; but, although he said this, he held that it had a real value as a stimulant in the same way as theine or coffeine; but its economic value was very small as representing 32 lb. of meat in a 1 lb. jar. There had been much misconception respecting the product, for Liebig never affirmed that it was meat, or the equivalent of meat.”

DILUTED VACCINE LYMPH.

VACCINE lymph, preserved and diluted with glycerine, has been used on a large scale during the last small-pox epidemic in Europe. Dr. E. Miller takes one part of the virus, two of water, and two of glycerine; water and glycerine must be chemically pure, the mixture must be stirred up before use, then the virus seems to be more effective than without glycerine, because the latter prevents coagulation of the blood.—*Berlin Klin. Wochen.*

ANTIDOTES TO CARBOLIC ACID.

DR. T. HUSEMANN ("Memorabilien," 1872) says that oils can be used as antidotes in poisoning by carbolic acid and creasote. Curara is no antidote. Carbolate of potash and the metals are as poisonous as carbolic acid itself. Chalk is not altogether useless as an antidote, but is not so useful as the saccharine carbonate of calcium. The greatest hope as an antidote is to bring about the oxydisation of the carbolic acid. A stomach pump, if at hand, is the best remedy in poisoning by carbolic acid; emetics do more harm than good.—*Medical Press and Circular.*

AUSTRALIAN MEAT.

THE probable prospective importance of Australian and other preserved meats will be evident by comparing the statistics of our imports for 1870 and 1871. The *Chemist and Druggist* gives the calculated supply of meat in the United Kingdom as follows:—

	1870.	1871.
	Tons.	Tons.
From home-bred animals	1,240,603	1,266,478
From imported animals	66,556	81,578
From imported provisions	57,743	99,125
Total meat supply	1,364,902	1,447,181

It would therefore appear that in one year the consumption of "tinned" meat has nearly doubled.

DEATH FROM OVERWORK.

It is not the lazy or rank-blooded man who is so often struck down as the working man, ignorant of ordinary precautions, or the student or excited business man, whose brain is already on fire and whose nervous system is prostrated by overwork. Our ordinary murderous high pressure system shows its nature nowhere as in the recent records of mortality. Directions for care in exposure, dress and diet, are well enough in their place; but why should we invite death at every moment of our adult lives to give him this cold shoulder at the last? The proportion of children among those stricken down by the recent heat was appalling. Yet the heat was not worse than our forefathers bore and lived to tell us of; and it is quite true that the children carried about with them neither exhausting cares in mind nor too hardly worked bodies; but they had nothing to oppose to the fiery test but the flaccid limbs and rasped nerves bequeathed to them by either liquor-drinking ancestors or those who make the stimulant of energy and overwork take the place of liquor.—*New York Tribune.*

BRITISH HOMŒOPATHIC SOCIETY.

THE next session of this Society opens on Thursday evening. On that occasion a paper will be read by Mr. NANKIVELL, of York, having for its title the question propounded to the Editor of the *Lancet* by Dr. Cordwint, of Taunton, viz., "Can a regular Practitioner, either in a medical or surgical case, properly meet, for the purpose of diagnosis, a legally qualified man practising homœopathy?"

We trust that the coming session may be an interesting and useful one. The Pharmacopœia Committee, in the revision of the first edition of our *Pharmacopœia*, have a most important work before it—one which we trust it will take to with earnestness and carry out with success.

CORRESPONDENCE.

SYMPTOMATOLOGY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I have lately in my reading met with two peculiar symptoms which should not be lost, one clinical and the other pathogenetic.

(1) Urine greenish and smells *fishy* (with constipation, dilated pupils, and occasional rolling of eyes during sleep).

This group of symptoms is cured by *oleum animale* 80. It is reported by Dr. Jacob Dixon in the *Journal of Health* for 1864, page 180.

The symptom "*fishy* odour of the urine" is very peculiar. Nitrate of uranium has it also.

Greenish urine is found under arsen., aur., berb., bov., colch., chin., copaib., carbolic-acid., camphor, iod., kali., magn., magn-s., mang., oleum-an., phell., rheum., rhod., ruta., sulph., senega, uva ursi., val., verat.

(2) The other symptom is *iritis* produced by *turpentine*, which the allopaths use specifically in that disease. This symptom is mentioned in Henderson's work on Homœopathy; see pages 239, 240, 248. At pp. 239, 240, we also find references to *nux.*, *sep.*, and *merc.*

I have considered these symptoms of sufficient importance to bring them prominently before your readers.

I am, Gentlemen, your obedient servant,

E. W. BERRIDGE.

4, Highbury New Park,
Sept. 11th, 1872.

EPILEPSY.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Allow me, though a layman, to refer your correspondent "S. M." to Dr. Dixon's little shilling pamphlet on *Clairvoyance, Hygienic and Medical, or Hygienic Clairvoyance*, as it is called in the list of publications in the *Homœopathic Directory*. He will find at pp. 41 and 42 "nickel" recommended as a cure for epilepsy. Apropos of the subject, as there treated, I know, as a fact in a member of my own family, that even the 6th dilution (say of *sulphur*) may be detected by the taste, and that, in the same person, the mere handling of brass will produce the taste of the metal in the mouth, the sensitiveness being greater at some times than others.

H. M.

NOTICES TO CORRESPONDENTS.

We regret that the length to which our report of the Congress has extended has precluded us from publishing any "Extracts from Medical Literature" this month, as well as several papers which we have received.

Communications have been received from Dr. MORRISSON and Mr. TRUEMAN, London; Dr. SHARP, Rugby; Dr. R. HUGHES, Brighton; Dr. DRYSDALE, Dr. HAYWARD, and Dr. J. M. MOORE, Liverpool; Dr. CARFRAE, Surbiton; Dr. DYCE BROWN, Aberdeen; Dr. GIBBS BLAKE, Birmingham; Dr. OBER, La Crosse, Wisconsin; Dr. BACON, New York, &c.

BOOKS AND PERIODICALS RECEIVED.

- Transactions of the Homœopathic Pharmaceutical Society*, July 1872.
The Homœopathic World, July. London: Jarrold & Son.
The Chemist and Druggist, July. London.
The New Zealand Homœopathic Gazette, July. Auckland.
The Calcutta Medical Journal, March and April. Calcutta.
The United States Med. and Surg. Journal, July. Chicago: Halsey.
The American Observer, August. Detroit: Lodge.
The Medical Investigator, August. Chicago: Halsey.
The Am. Journ. of Hom. Mat. Med., July and August. Philadelphia: Stoddart.
Bulletin de la Soc. Méd. Hom. de France, Sept. Paris: Baillière.
Bibliothèque Homœopathique, July. Paris: Baillière,
Allgemeine Hom. Zeitung. Leipsic: Baumgärtner.
La Reforma Médica, July and August. Madrid.
El Criterio Médico, Aug. and Sept. Madrid.
Rivista Omiopatica, Aug. and Sept. Roma.
Il Dinamico, August. 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 MEDICAL BAROMETER.

THE task of delivering an introductory Address at a Medical School is, and must be, an irksome one. As the same formal lecture comes round regularly every year, it becomes a difficult matter to deliver to students, many of whom know nothing as yet of medicine, an address which shall contain anything original, or be in fact other than a string of platitudes and of wholesome counsels. Occasionally, in the hands of a man of genius, a lecture is delivered on such an occasion which one feels refreshed by reading; it is, however, a rule but rarely broken that the "introductory" are tame and uninteresting. Those delivered at the Metropolitan Schools are, nevertheless, regularly reported in some of the daily, and in all the weekly medical journals, just as during the parliamentary recess after-dinner speeches, and speeches on other public occasions by members of Parliament, are reported in the newspapers. These speeches may be very vague and contain very little that is original or worth noting, but they serve the speakers as opportunities for ventilating their views *de omnibus rebus*, for giving an airing to any special hobby they may possess. So, likewise, the medical introductory usually seem to indicate the private ideas of the lecturers upon the state of medicine, surgery, or midwifery, according as their predilections are for one de-

partment or another. Hence they constitute a kind of barometer, the movements of which it is interesting to observe, indicating as they do the state of the atmosphere of thought in the realm of practical medicine.

When we mark the rising of this barometer, as seen in the encouraging tone in which the progress of therapeutics is discoursed, we notice that the more thoughtful men, while earnestly striving to make the best of old-school therapeutics, are driven to acknowledge how far they are behind that certainty, that simplicity, that safety they would fain attain unto! Do they speak with confidence of the action of some particular remedy? Examine its physiological action; compare this with the indications afforded by the diseases it is reported to cure, and what do we see?—We see this, that it is a thoroughly homœopathically acting medicine! But does not the lecturer refer to this action? Does he not remark how singular it is that a drug which, like *arsenic*, excites irritation in the stomach of a healthy person, should cure a similar irritation when arising as an independent form of disease? He does neither. He *dare* not do either! On the contrary, if he alludes to homœopathy at all, he does so only in a taunting, *quasi* ignorant, but in very truth a singularly malicious manner. He hates the thing he knows is true, but which he lacks the courage to acknowledge.

The only "introductory" the present season has brought forth on which we mean to make a few observations, is that of Dr. J. WATT BLACK, at the Charing Cross Hospital, and of that address we shall restrict ourselves to noticing the only interesting portion, namely, its latter part, where we can, to use our simile again, read the state of his barometer. Dr. Black foresees the scepticisms and misgivings which must arise in the mind of thoughtful students when they come to watch the old-school treatment of disease. He sees them perplexed "by present diversities of practice, and by past changes in the treatment of disease. Fifty years ago, he. (the student) says,

doctors were perpetually bleeding, purging, and salivating, and vaunted the success of their bold measures. The doctors of to-day, he continues, discredit that system of procedure, and are yet equally satisfied with the results which they obtain by very different means. Is it not probable that, within the next fifty years, or sooner, the therapeutics of to-day will in time be overthrown, and proved to be hurtful rather than beneficial?"

Dr. Black, it seems to us, is in this passage putting in the student's mouth his own misgivings. And what man of thought in the old school is there who, watching, as from a bird's eye point of view, the present state of medicine, can help having such prophetic misgivings? In fact it requires very little prophetic gift to foresee such a future as Dr. Black regards as possible. "Differences of opinion and of practice," he goes on to say, "are inevitable whenever men come to think and act for themselves," inasmuch as, while theologians and lawyers have authoritative written standards by which to think and act, medical men have none. How little, nevertheless, do old-school doctors act in accordance with this consciousness of the absence of authoritative guides to treatment, or systems of treatment. While every man may think for himself and judge for himself as to the benefits of this or that method of treatment, and, moreover, act accordingly if he thinks fit, one great exception is made. The only system of drug-treatment worthy of the name, based upon a definite principle, in unison with the latest physiological discoveries, explaining facts which, on any other theory or system, are utterly irreconcilable, and producing wonderful curative results, is tabooed as a thing not to be named in scientific societies; while its followers, who are educated in the same way, and at the same colleges and hospitals as old-school men, but who adopt this system after much careful and anxious investigation, and are not afraid to speak and act up to the truth, are professionally, and often even socially, "sent to Coventry" by their self-styled wiser col-

leagues. The thing seems so preposterous to non-professional persons, that they with difficulty believe it, and imagine that a system so decried must be false, and doctors so treated, must be utterly deluded and "sair left to themselves," as they say in Scotland.

Dr. Black admits the great changes which have occurred in therapeutics, and after accounting for them, goes on to say: "we can have no assurance of the intrinsic merits of a system which has been handed down by tradition, and adopted without question. In the older days of bleeding there was, in medicine, comparatively little of that wholesome questioning spirit which prevails in our time. The fire of criticism has been ruthlessly assailing the hoary dogmas of the medical art, and bids fair to consume all in them that is false. We hail it as our best friend next to the faculty of construction, and we want to see it blaze yet more fiercely and widely among the remaining rubbish of therapeutics." So do we. We cordially agree here with Dr. Black. We have no doubt that the prevailing scepticism of the day is the precursor of the dawn of a well grounded belief in drug-treatment, and the adoption of the despised doctrine of Hahnemann. Dr. Black is evidently of the same opinion, at least so far. He sees that out of the "rubbish" of old-school therapeutics there is soon to be the dawn of a better light than has ever yet beamed on the old-school intelligence, though, of course he does not state from what unlooked for direction this light is to proceed. Let us listen to him again. "The mere fact of change is no proof that the foundation of medical treatment is insecure. Though every change cannot be characterised as a ringing out of the false, and ringing in of the true, yet absence of change means absence of progress. One is indeed free to confess that therapeutics has not yet made progress commensurate with its own importance, or with some other departments of medicine. But the zeal and exactitude with which the physiological action of remedies is being studied, and

therapeutic facts are being observed and recorded, at the present time are eminently cheering. Though therapeutics is a lazy boy, who during a long childhood has always lagged behind his fellows, there are plentiful indications that, as the years of discretion have stolen upon him, he has been leaving off his early foibles, and that, feeling his gigantic powers stir within him, he has awakened to a consciousness of his high destiny. Already he has burst many of the shackles which contributed to retard his progress, and is eager for triumphs which will gloriously redeem his reputation. Innumerable therapeutic facts of priceless value have been ascertained, and though we cannot as yet group these facts into a scientific system, we are now able to discern it in outline."

Such statements are most cheering, especially as coming from a young rising physician. It is a great thing to hear a lecturer at a metropolitan school admit the unsatisfactory state of therapeutics; to hear him speak of the "rubbish" of the prevailing system, and admit the absence of any authoritative code of therapeutical laws by which we *must* be guided; to hear him dilate on the importance and purifying power of the present searching criticism of old beliefs and practices; to hear him point to investigations as to the physiological action of medicines as the path most likely to lead to the discovery of a scientific and true system of therapeutics; and finally to hear him say that on such a basis, he can discern such a true system in outline. We think Dr. Black knows more than he chooses to say, or dares to speak publicly. We recollect some years ago being in the room with Dr. Black, when in Edinburgh, he was prescribing for charity patients. A good many cases of bronchitis came up for treatment, and in several of them *bichromate of potash* was prescribed. In reply to our question, he said he had found great good result from this medicine in bronchitis. We then ventured to ask, "was not this heterodox treatment, as the *bichromate* produced bronchitis?" to which Dr. Black

replied, to our surprise, that that was the very reason he prescribed it. Read in the light of this incident, Dr. Black's Address speaks volumes, and shows to our mind in what direction his inmost views tend. Though the acknowledgment of the truth of our position is tardy, such a lecture cheers us; and are we Utopians when we fearlessly express our conviction that in no very long time, medical practitioners will be at one, homœopathy be regarded as the true system of therapeutics, its present and past supporters be honoured for their courageous maintenance of the truth through much persecution, and regrets be felt and expressed for all the hard words and harsh treatment hitherto heaped upon us.

ON THE PLACE AND VALUE OF BAPTISIA IN TYPHOID FEVER.*

By Dr. RICHARD HUGHES.

I AM to speak to you this afternoon upon the place and value of *baptisia* in the treatment of typhoid fever. Its place—that is, its relation to the stages of the disease and the sphere of other medicines: its value—that is, its efficacy, positive and comparative, in the place it is found to occupy.

The facts which have made an enquiry into these points desirable are, briefly, as follows.

In the *North American Journal of Homœopathy* for November, 1857, appeared some cases of the low fever of that country successfully treated with the *baptisia tinctoria* by a Dr. Hoyt, with provings of the drug by the same gentleman, assisted by Drs. Douglas, Beckwith, Rowley, Sapp, and S. A. Smith.

In the winter of 1861, Dr. Madden and myself, being engaged in studying the *Materia Medica* together, came upon *baptisia*. The evidence in its favour from both the homœopathic and the (so-called) eclectic practitioners in America seemed to us so accordant with its pathogenesis, that we determined to test it in substitution for the *bryonia* or *rhus* with which we had hitherto encountered at the outset the continued fever met with in Brighton.

* Read before the British Homœopathic Congress, York, Sept. 4, 1872.

Early in 1862 we had an opportunity of trying it in a well marked case, and he the veteran not less than I the novice was impressed with the power it displayed. Unlike the remedies previously named, it seemed not to control or mitigate only, but actually to break up the disease. All our subsequent experience was in the same direction; and at a meeting of the British Homœopathic Society held in March, 1863, and again in the *British Journal of Homœopathy* for July in the same year, I communicated the results we had obtained, and recorded our conviction of the abortive power of the drug over the disease.

In 1864 was published the first edition of Dr. E. M. Hale's *New Remedies in Homœopathic Practice*. The article on *baptisia* contained the American experiences already mentioned, with some additional testimonies of the same tenor, and adduced evidence of the general antiputrescent action of the remedy.

In 1865 the *British Journal of Homœopathy* contained two fully reported cases of typhoid treated with the drug by Mr. Harmar Smith, the results being very satisfactory; and also a farther and more detailed statement by myself of its place and efficacy.

In 1866 Dr. Madden sent to the same journal his favourable experience with *baptisia* in the gastric fever of Melbourne; and Mr. Freeman published in the *Monthly Homœopathic Review* the good results he had obtained from it in an epidemic of typhoid occurring in Kendal.

In 1867 Dr. Bayes narrated in the latter periodical a case of enteric fever in which, even at an advanced stage, *baptisia* was of striking efficacy. The same physician has recently, in a monograph on the subject which is doubtless in all your hands, summed up and discussed much of the experience above referred to, and concludes with a strong and hopeful recommendation to further use of the drug.

Lastly, Dr. E. M. Hale, in the second edition of his *New Remedies*, confirms and adds to his previous collection of testimony in favour of this remedy, giving also a new proving by Dr. Burt; and in an article in the *American Homœopathic Observer* for August, 1866,* contributes his own favourable observation of its action in an epidemic of what he calls a "bilious remittent fever, with tendency to typhoid."

* Extracted in the *Brit. Journ. of Hom.* for Oct. 1866.

Against these numerous positive testimonies, the only contrary evidence we have on record is a statement by Dr. Yeldham, that he administered *baptisia* in one case of typhoid in the London hospital without any check being observed to the progress of the disease; and a paper read by Dr. Edward Blake at the last Annual Meeting of the British Homœopathic Society,* narrating two cases of the disease treated throughout with this medicine, in which he thinks its remedial powers at any rate "not proven."

I think, then, that there are sufficient grounds for farther enquiry. Typhoid fever is a disease of such frequent occurrence and such ghastly mortality: we have so recently escaped, as by a hair's-breadth, the loss from it of the Heir-Apparent of this Empire: it has, even when not fatal, so lengthened a process, so tedious a convalescence, such frequent *sequelæ* of even direr import than its own,—that any professing addition to our power of controlling it imperatively demands examination. Especially is it so when the promise held out is of more than mitigation of severity only, more than sustainment of the patient,—when it is of actual abortion and breaking up of the disease. If *baptisia* prove to be the aconite of this fever, we shall without controversy have gained a priceless remedy.

That it is so, I have repeatedly testified to be my own experience and conviction. But my present object is not to bring forward my own views on the subject, but, by laying before you the facts and arguments which bear upon it, to elicit yours. The verdict of this Congress, so far as it is prepared to give one, ought to go a long way towards determining the point at issue.

I proceed, therefore, to estimate the bearing and weight of the evidence I have referred to. But, ere this can be done, a very important question arises for settlement. The fever in which *baptisia* has been reputed is described in the records under several names—"typhus," "typhoid," "continued," "gastric," "bilious." Is it nevertheless in all the one essential fever we know as "typhoid" or "enteric"? or do some of the cases come within other categories (so far as we are concerned) the point to be settled?

The four distinct forms of idiopathic fever which the labours of Stewart, of Jenner, and of our own Henderson

* Now published in the *Brit. Journ. of Hom.* for Oct., 1872.

have defined are so universally recognized that I need not dwell upon them. The only one which concerns us here is the so-called "febricula." This is described as a primary fever—not catarrhal or sympathetic—pretty closely resembling in symptoms the onset of the other forms, but differenced in this, that it rapidly reaches its maximum, and as rapidly subsides, within, at the most, five days. It has no local complication or specific eruption. Now it is quite possible that some of the *sporadic* cases where the disease has broken up under *baptisia* have been instances of this disorder, and four out of the fifty-three cases I have collated are perhaps invalidated on this account. But no such explanation is admissible as regards the remainder of the single cases in which it displayed curative powers, as all these were of more prolonged duration. While in the epidemics reported by Drs. Madden and Hale, it is noted that under allopathic treatment the fever lasted two, three, or four weeks, and in two cases under other homœopathic remedies (*aconite* and *bryonia*), for twelve days. That under *baptisia* it terminated not later than the fifth day is therefore no proof that it was febricula.

But is there yet another form of continued fever, resembling typhoid rather than febricula in its duration and progress, yet specifically distinct? and is it this disease in which the good work of *baptisia* has been done? This is a more difficult question. Jenner, Watson, and Trousseau seem to answer it in the negative—they think that all the varieties of fever described by the old nosologists, gastric, bilious, mucous, nervous, putrid, and so forth, fall under one or other of the four types now recognized. But the new nomenclature of the College of Physicians gives us a "common continued fever," as distinct from either typhus, typhoid, relapsing fever, or febricula, and Dr. Aitken cites several testimonies, direct or indirect, in favour of the existence of such a species. The opinion of several of our own school who have expressed themselves on the subject is of the same tenor. Thus—our lamented Russell, in his *Clinical Lectures*, writes: "I mean by 'gastric fever' a non-infectious, continued fever, which has no regular course; in which there is no eruption, and which is not attended with diarrhœa or intestinal affection." I must observe upon this, however, that typhoid is rarely obviously infectious; that its course varies considerably within certain limits; and that its eruption (according to

Trousseau), is often wanting—Chomel, in seventy cases, missing it in sixteen, and several epidemics in Touraine being entirely without it. As regards diarrhœa, the same authority notes that it is sometimes (and especially in the mild form of typhoid he calls *mucous*) superseded by obstinate constipation throughout the illness. This leaves us only the absence of intestinal affection whereby to distinguish "gastric" fever from typhoid. But how is such absence to be ascertained? The symptoms during life are too indecisive to prove a negative, and a *post mortem* examination is all but out of the question.

It seems to me that the *onus probandi* yet lies with the maintainers of a "common continued fever" as distinct from typhoid. My own observations and enquiries dispose me to think that, excluding febricula, there is but one non-epidemic species of low fever, and that is the enteric. The typhus and relapsing forms are seen only in large towns, or under peculiar circumstances. Typhoid is constant everywhere in more or less degree, having every now and then from local causes a special outbreak. It is the *endemic* fever of all countries, having many names and many varieties of manifestation, but characterized everywhere by the specific process it sets up in the peyerian and solitary glands of the intestines.

I pass now to the details of the evidence before us. I refrain from citing any general testimonies to the value of the remedy—many as there are which coincide with my own—and confine myself to actual records of cases.

I. The second edition of Dr. E. M. Hale's *New Remedies* contains seven cases of "fever" treated by *baptisia*, of which the following is a summary.

1. Called "typhus." No description given. Patient had been ill thirty-one days, and was "so reduced that her life was despaired of," when *baptisia* was given. Repeated doses caused determination of blood to the surface, and profuse sweating, after which improvement set in and continued to recovery, without further febrile symptoms. It is noted that, "immediately upon the administration of the remedy, she became quiet and fell asleep: while she had been restless and delirious for three weeks previous."

2 and 3. Called "continued fever." No symptoms given or time mentioned. But after *aconite* and *rhus* had been prescribed without much effect, *baptisia* was administered as in Case 1, and with the same beneficial results.

4. Called "typhus." Again no history, save that "a fierce delirium" was present, which rapidly gave way when, after the usual homœopathic remedies had been given for several days, and the prognosis had become unfavourable, *baptisia* was administered.

5. Called "typhoid." Commenced in a mild form, but on the 5th day exhausting diarrhœa set in. On the 6th the symptoms were—"delirious stupor, face dark red, with a besotted expression, eyes injected, diarrhœa, tongue coated brown, and dry, especially in the centre, very offensive breath, sordes on the teeth, fœtor of the urine and stools." *Baptisia* was now given every hour, and in twenty-four hours there was a return of consciousness, the tongue was moist, and all the symptoms improved. From this time the patient went on well, and made a good recovery.

6. Another case of "typhoid" with nearly the same symptoms. They were all relieved in twenty-four hours by *baptisia*. On changing to phosphoric acid the bad symptoms returned, but were dissipated by the *baptisia* again.

7. "Typhoid fever." On a day not specified, the reporter found "excessive drowsiness, pulse 120 and thready, lips parched and cracked, pasty tongue heavily furred, great thirst, could not give a direct answer to a simple question without his mind wandering, or falling into a deep sleep in the middle of a sentence, great delirium at night, could scarcely be kept in bed, low muttering." After less than twenty-four hours of *baptisia* the patient "broke out into a gentle perspiration, the pulse came down, and he fell asleep." In the morning he was found quite bright and rational. His subsequent history is not related.

II. We have next Mr. Harmar Smith's two cases.

8. The first began with synochal symptoms, for which *aconite* and *belladonna* were given. But on or about the 5th day of the fever there set in delirium and involuntary diarrhœa, and the tongue was baked down the centre. Rose coloured spots were noted on the 9th day, and abdominal tenderness on the 10th. *Baptisia* was commenced on the 6th day, with occasional doses of *arsenicum* for the diarrhœa. The symptoms were ameliorated from the first; on the 12th day the defervescence was complete; and on the 13th the enteric symptoms had disappeared.

9. In the second case the symptoms came on insidiously, so that it is impossible to specify the precise "days" of the fever, but from the 9th to the 11th day of the illness there was involuntary diarrhœa, delirium and incoherent talking, restlessness and sleeplessness. The pulse was 100 and feeble—the tongue covered with a thick brown crust. Retching and vomiting had been troublesome symptoms from the first. *Arsenicum* had been given during these days, and with some benefit, but a much more rapid improvement ensued on the substitution of *baptisia*. "There had been," writes Mr. H. Smith, "a succession of restless nights, which had reached their climax on that previous to the day on which the *baptisia* was commenced; but it appeared at once to set aside that morbid irritability of the nervous system which prevented sleep—thus acting like a narcotic without its unpleasant concomitants. There was no renewal of the retching and vomiting, and the appetite for food, which had been absent from the first, was at once excited. The pulse, which had been variable, but generally rapid and always weak since the development of fever, rapidly diminished in frequency and increased in strength."

III. We come now to Dr. Madden's account of the fever observed by him at Melbourne. "It is," he says, "an adynamic gastric or enteric fever, with many resemblances to the Edinburgh or relapsing fever: like it, relapses are very frequent, and the disease is often prolonged in consequence." "At the end of the summer of 1864," he writes, "this fever was very prevalent, and I treated several cases with *baptisia*."

10. A girl, æt. 7, convalescent in six days. "As a proof of the low condition produced by this zymotic poison, I may mention that two days after the fever left her she had copious and repeated epistaxis of dark blood, which, however, was speedily checked by *hamamelis*."

11. A boy, æt. 9. "Fever set in with headache, foul tongue, fœtid breath, tenderness of the abdomen, and all the indications of a severe attack." In eight days he was thoroughly convalescent. "In this case also there was epistaxis and oozing of dark blood from the nose for two or three days."

12, 13. Two cases of the usual fever, cured in three days.

14. "J. B., æt. 14, had a very severe and protracted

attack of enteric fever, and was treated allopathically for nearly a month, when he became my patient. On my first taking charge of his case his condition was typhoid, with great tympanitic distension of the abdomen, black, fœtid diarrhœa, and low muttering delirium. In this state *baptisia* did but little, whereas *tereb.* 1 and *nitr. ac.* 1 acted well, and after a severe struggle for life he convalesced completely, and was going about as usual, when he became chilled by standing in the cold wind, and the fever returned severely with very rapid prostration. I at once gave *baptisia*, and in five days he was well."

This case is especially valuable, as showing the genuinely typhoid condition into which this so-called "gastric" fever tends to run.

IV. In the same volume (XXIV) of the *British Journal of Homœopathy* which contains Dr. Madden's paper, we find, extracted from an American journal, the following account of seven contemporaneous cases of fever treated with *baptisia* by Dr. E. M. Hale.

15, 16, 17, 18, 19, 20, 21. "There was no epidemic in this city in the spring of 1866, until about the 1st of June, when it appeared in the form of a bilious remittent, with a tendency to a typhoid condition. The seven cases which came under my care in the first two weeks of June were all of nearly the same character. They were ushered in with a chill, followed by fever, with severe aching in the muscular portions of the body. Pulse ranged from 100 in a minute to 125, and was hard in the evening. The pain in the head was not acute, but a dull bruised ache. The whole body felt as if bruised and lame. Tongue dry, brown, or with a red, dry middle. Faintness on rising; giddiness and severe nausea; a good deal of thirst; bitter, nauseous taste in the mouth; sinking sensation in the stomach; diarrhœa with some pain and soreness in the bowels; the evacuations light yellow or brown, thin and watery. The odour of the breath was not very disagreeable, nor were the fœces very fœtid. The urine was usually very high-coloured and scanty.

"The first case that came under treatment was given *baptisia* and *bryonia* in alternation, and terminated with a profuse sweat on the fifth day.

"In the other cases the *baptisia* was given alone; a few drops of the first decimal dilution in half a glass of water, a dessert spoonful to be given every two hours. All these

cases terminated on the fourth day of the fever, except one, and that on the third. In less than twenty-four hours after commencing the *baptisia* the dryness of the mouth and tongue, the sensation of soreness in the muscles, and the heat of the skin, were notably relieved.

“On making enquiries relative to the intensity and duration of the fever under allopathic treatment, I have ascertained that some cases were quite severe, and lasted fourteen and even twenty-one days. In two cases under homœopathic treatment, with *aconite* and *bryonia*, the fever continued twelve days.”

V. (Cases 22—50.) And now of Mr. Freeman's observations in the epidemic at Kendal in 1865. He treated 53 cases, and describes their usual course as follows:—

“A general malaise for several days, sometimes with a certain amount of shivering, was succeeded by a sense of weakness, by some aching in the head, back, and limbs, loss of appetite, with a furred tongue. There was weight over the eyes—the headache was generally frontal and weighty. There was a certain amount of delirious disturbance at night, varying from a mere uneasiness and inability to sleep, to delirium proper. These symptoms increased as the disease went on: the tongue became browner, flatulence and abdominal tenderness appeared, the strength rapidly diminished, the pulse became smaller and quicker, till the time for the usual change came round, when there was a cessation of all the symptoms except the exhaustion, which it required many days of careful nursing to remove.”

In 29 of these cases *baptisia* was given at the outset, in the 1st centes. dilution. Mr. Freeman considers that in two of them the fever was aborted by it. He also writes: “The earlier cases in the series were treated with *rhus*, the results were quite satisfactory; but the provings of *baptisia* having attracted the writer's notice, it was given in a few cases, and removed so much of the distress of the fever, the delirium, the headache, the lassitude, the pain in back and limbs, that it seemed desirable to substitute it for *rhus*.”

VI. (Case 51.) We have next Dr. Bayes's case, which seems to have much impressed him with the value of the remedy.

The symptoms were unmistakably those of true enteric fever. On the 14th day the typhoid condition was very

pronounced, and the patient lay semi-comatose till the 17th, when she appeared to be dying. At this juncture *baptisia* was given, with immediate good result, and "the patient never looked behind her, but made a very rapid and capital recovery." One point especially noted is, that the urine, which was alkaline and very offensive, became acid and its odour natural within eighteen hours after taking the *baptisia*.

VII. (Cases 52 and 53.) Last of all, there are Dr. Edward Blake's fully and accurately reported cases. They were typically typhoid, and it cannot be said that in either *baptisia* proved abortive of the disease. But in the first at least it seems to have mitigated severity and shortened the normal duration, so conducing to a happy issue.

There have now passed before us 53 cases of fever, of which the majority were certainly examples of true typhoid, and the rest (excluding four examples of possible febricula, Cases 2, 3, 12, 13), presumably so, as I have argued. In all the effect of the medicine has been either to induce a speedy crisis, or materially to abate and curtail the disease. I am not acquainted with any other drug which can accomplish the former feat, so that there *baptisia* stands unique and alone. In the latter action it has several compeers, and its comparative value has yet to be ascertained. To this enquiry, and to the whole question, we must now bring a farther set of evidences, viz., the experiments made to ascertain the pathogenetic action of the drug.

These show the following symptoms:

After taking during the day (Feb. 5th) four drops of the mother tincture, Dr. Douglass awoke in the night with a feeling as if the room were insufferably hot and close, hindering respiration. His pulse was about 90, full and soft. There was most uncomfortable burning heat of the whole surface, especially the face. The tongue was dry, and smarted and felt sore as if burnt. The heat compelled him to move to a cool part of the bed, and finally to rise and open a window, and bathe his face and hands. With these symptoms there was, he writes, "a peculiar feeling of the head, which is never felt except during the presence of fever, a sort of excitement of the brain, which is the preliminary to, or rather the beginning of delirium, which with me never fails to occur if fever continues and

increases to any considerable intensity." He at length got to sleep again, but awoke the next morning with the same dry and burnt tongue.

The same symptoms recurred on the night of the 7th, after four more drops of the tincture. The oppression of breathing was still more marked, and felt quite congestive. Flushed face and dulness continued during the next day. Each night while awake he had painful intolerance of pressure as he lay, especially in the sacral region, obliging him at last to lie on his face.

On the 10th, after a dose of three drops taken in the afternoon, the same symptoms rapidly supervened. It is added that the head felt large, and the eyes were shining; the hands also felt large, and were tremulous.

He took no more medicine. The bowels had been constipated throughout the proving till the 12th, when they resumed their usual condition. He felt weak and tremulous, as if recovering from an illness, and was not himself again till the 15th.

The other provers had the same febrile symptoms, with hot and high-coloured urine. Dr. Rowley records vomiting and diarrhœa. Dr. Sapp, pain in the stomach, abdomen, and right hypochondrium, passing down to the right iliac region, also soreness in the region of the liver. Dr. Smith had diarrhœa, followed by constipation and hæmorrhoids; and constipation was present also in Dr. Hoyt.

Lastly, in a more ignoble prover, a cat poisoned by Dr. Burt, the small and large intestines were found congested and filled with bloody mucus.

From these symptoms two facts seem to stand forth with unmistakable clearness.

1st. *Baptisia* is capable of exciting true primary pyrexia in the human subject. This is no slight thing, for there are very few other drugs to which we can ascribe such power. When we have named *aconite*, *belladonna*, *cinchona* and *arsenic*, I imagine that we have come to the end of the list—the febrile symptoms of other members of the *Materia Medica* being secondary. And this pyrexia, in the case of *baptisia*, is exceedingly like that of the early period of typhoid. The soft and full, yet quickened pulse, the headache and tendency to delirium, the soreness all over, and intolerance of pressure when lying, are marked symptoms of this stage of the disease.

2nd. We have no evidence that *baptisia* affects Peyer's patches as they are affected in typhoid, nor even that it acts upon them at all as *arsenic* and *iodine*, and perhaps *mercury* and *turpentine* do. But it is certain that it produces congestion and catarrh of the intestinal mucous membrane, with abdominal tenderness and diarrhœa. Now this again, according to Aitken's description, is the condition present during the first week of typhoid. The Peyerian and solitary glands are, till the seventh day, involved merely in the general hyperæmia, but the latter then subsides, and they stand out alone.

We have, therefore, in *baptisia* a medicine precisely homœopathic to the first stage of typhoid fever, *i.e.*, to the period antecedent to the full development of the intestinal affection. There is nothing, I think, to render it inconceivable that, administered early and persistently in this period, it should abort the growth of the disease. There are two opportunities then afforded it for so doing. The *dothien-enterite*—as Bretonneau proposed to call the infarction of the intestinal glands—does not begin till about the fifth or sixth day of the fever, to which it is (as it were) secondary. Why should not its development be altogether prevented? Again, on the tenth day there is a natural tendency to resolution in the local affection. "The turgescence," writes Trousseau, "of the aggregate and solitary glands of Peyer, and of the mesenteric glands, begins to decrease, and goes on gradually subsiding up to the 14th day, at which date the affected glands are still a little swollen, but by the end of the third week resolution is complete, excepting that the mesenteric glands do not quite regain their normal condition till a short time later." Why should not *baptisia*, by abating the whole force of the malady, favour this tendency to resolution?*

Of such an action as the latter, we have an analogous instance in the case of *tartar emetic* in small-pox. It does not prevent the formation of the eruption: but it does strenuously promote its resolution in the papular or vesicular stage, so that the processes which end in pitting, and the concomitant secondary fever, are averted. But to completely abort the disease as suggested in the former alternative may be thought without precedent or probability. Yet we have a precisely corresponding action in

* As it seems to have done in Case 8.

that of *aconite*, when administered for the effects of a general chill. Fever may have been already set up, and a lung or other organ may be giving out signs of distress: but if actual exudation has not taken place, the whole process may be checked, and both general and local symptoms may speedily disappear, under the influence of this noble medicine. But it may be said,—there is here no specific process, no “essential” disease. The seed of a true morbid poison once sown in suitable soil, it is very doubtful whether its natural development can be checked. Well: let us look at cholera. This is surely as specific and essential a disease as typhoid. And yet “there is,” as Dr. Russell writes, “the most perfect unanimity among all homœopathic practitioners as to the efficacy of *camphor* in curing the first stage of cholera”—i.e., before the vomiting and purging have fully set in. Now the claim that some of us have raised for *baptisia* in typhoid is that *it is the aconite of its fever and the camphor of its enteric flux*. In the view of its entire homœopathicity to the stage defined, and of the general testimony in its favour of those who have tried it, I think we are not warranted in rejecting the claim. I fully admit that further and more precise experiments, both pathogenetic and therapeutic, are necessary to substantiate it. I maintain only that a case is made out for such experiments as our most hopeful outlook in the treatment of this dire disease.

But the analogy of *aconite* and *camphor* suggests a step farther. *Aconite* has some power, though short of an abortive one, over inflammatory fever in every stage. *Camphor* is, if Dr. Rubini is to be heard, in some degree an antidote to the cholera poison throughout. May it not be so with *baptisia*? Cases 1, 7, and 51, seem to shew that at no stage of continued fever is it without beneficial influence, and to lead to the inference that, unless other remedies are better indicated, the patient should always have the advantage of what it can do for him. It might be alternated in the more advanced period of the disease with the *arsenic*, the *mercury*, or the *turpentine* we should deem it right to give for the intestinal affection, just as we alternate *aconite* with the local specific in fully developed inflammations.

The evidence before us seems then to warrant the following conclusions:—

1. There is good reason for believing that in the

common endemic continued fever of this country, of America, and of Australia, *baptisia* exerts true curative properties.

2. That there is as yet no ground for distinguishing such malady from the typhoid, intestinal, or dothinenteritic fevers of our present nosology.

3. That the pathogenetic action of *baptisia* shews it to be truly homœopathic to the pathological condition present during the first week of typhoid: and that it is accordingly possible that in this period of the disease it may be completely aborted by the drug, as *camphor* aborts cholera.

4. That it is farther probable that *baptisia* promotes the tendency to resolution of the dothin-enteria which obtains about the tenth day of the fever, acting here like *tartar emetic* in checking the maturation of the pustules of variola.

5. That in every stage of the fever *baptisia* is worthy of due consideration as a remedy.

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ON THE PHYSIOLOGICAL ACTION OF SERPENT-VENOM.*

By J. PYBURN, M.D.

I HAVE chosen this subject for consideration, because it is of practical interest; and if it even prove that I bring forth nothing new, which is exceedingly likely, yet I trust that the discussion on the question will settle the minds of any who may be in uncertainty. If it should appear that we have not reasons to warrant the use of these animal poisons, the sooner they are banished from our *Materia Medica* the better; but if, on the contrary, it can be shown that they produce symptoms common to many grave forms of disease, let us apply the law which is our boast and confidence, nothing doubting.

Snake-poisons have long enjoyed a reputation as curative agents; for centuries the natives of India have applied them in the treatment of various maladies. In Brazil a popular notion obtained, that the poison of the rattlesnake was a sure cure for the elephantiasis of the

* Read before the British Homœopathic Congress, York, Sept. 4th, 1872.

Greeks. And I believe that in the history of medicine of the most legitimate type in this country, the poison of the viper will be found as a notable remedy.

But it is not on such usage or on such popular notions that we would be justified in including it among our remedies. We possess a "touchstone" by which we can verify or correct first impressions, and reduce to an almost certainty the precise worth of the substance subjected to the test. Thus, given a history of cause and consequence, in a case of poisoning by any substance, noting its disease-producing power, we also note its power to cure disease.

It was therefore to be expected that the disciples of Hahnemann should be attracted by the stupendous effects of snake-poisons, and endeavour to utilise them in grappling with disease.

To Dr. Hering, of Philadelphia, I believe belongs the honour of first applying the test. Assisted by a band of men and women, willing to suffer some inconvenience for the sake of humanity, he furnished us with provings which to this day have been our guide.

Dr. Hempel has objected to these provings,* "that toxicologists have hitherto believed that the poison of serpents is digested by the gastric fluids, and cannot manifest any poisoning properties when introduced into the living organism through this channel;" and after quoting authorities supporting this opinion, the same writer goes on to say: "In spite of every effort to the contrary, the conviction has gradually forced itself on my mind, that the *pretended* pathogenesis of *lachesis*, which has emanated from Dr. Hering's otherwise meritorious and highly praiseworthy efforts, is a great delusion, and that with the exception of the poisonous effects,† with which this publication is abundantly mingled, the balance of the symptoms is unreliable."

Have not similar remarks been made by the enemies of homœopathy to all our provings? We have no reason to doubt the *honesty* of Hering and his coadjutors, and granted that the snake-poison is completely altered in its properties by the chemical action of the gastric juice, granted that it is no longer capable of manifesting poisonous deadly effects in the system, is it reasonable to say that it produces no effect, and that the almost interminable

* Hempel's *Materia Medica*, Vol. II., page 336.

† The effects of the bite, I presume.

array of symptoms—I use Dr. Hempel's words—alleged to have been produced by *lachesis* poison, is the work of fancy rather than of actual observation?

I do not, however, admit the objection as proven: I am of opinion that the effect of the poison taken into the stomach would be much the same as when taken through the skin; but there would be a certain loss of power similar to that which has been observed in the two modes of giving morphia—a quarter of a grain of morphia will produce effects when given by injection subcutaneously, as great as a grain taken by the stomach. I am of opinion, then, that if we had the means of experiment—which we have not, in this favoured country—it would prove that a dose four times as large, taken by the stomach, would be as speedily fatal as a bite, and show similar symptoms.

The following case bears sufficiently on the point to justify its introduction. It is taken from the work recently published by Dr. Fayrer, styled *The Thanatophidia of India*; being a description of the venomous snakes of the Indian peninsula.

On July 16th, 1871, a woman (name and residence given) was aroused from a sound sleep at about 1 a.m., by a smarting sensation in the forefinger of her right hand, and thought something had bitten her. She had at the time her infant seven months old by her side, and her husband, with her other children, were sleeping in the same room, a little distance from her. She called out to her husband, and told him what had happened; but feeling very drowsy, and receiving no answer from her husband, who is excessively deaf, she fell into a slumber, and, while in that state, allowed her infant to take the breast. Soon after this she began to experience a painful sensation along her right arm, and a general restlessness of the whole body, and at the same time she observed that her child had likewise become very restless, and was foaming at the mouth. Alarmed at this, she got up and called her neighbours, who came immediately to her assistance. Nothing was done, however, in the way of treatment; there were certain chanting charms repeated over them—the usual mode in India among the natives. The consequence was both mother and child became rapidly worse and died, the mother four hours after she was bitten, and the child two hours after she had taken the mother's breast.

The narrator of this case* states that on the following day the bodies were sent to him for examination. The face in both cases was livid and swollen, and there was an issue of bloody froth from the mouth and nostrils. In the forefinger of the right hand of the mother was a distinct mark of a snake-bite. The body of the child was carefully inspected, but not the trace of a bite or any injury could be detected in any part of it. The conclusion came to was, that the mother had died of the snake-bite, and that the child was poisoned through her milk.

This case exemplifies the rapidity with which the fluids become affected by the immediate introduction of poison by the circulation. I think also that it proves that there is no very speedy alteration of the poison in the blood; and further, that the gastric juice of the infant, at least, does not so alter the poison as to render it innocuous.

It is no part of my object to differentiate the effects of the various snake-poisons; but accepting the very generally believed opinion, that they are very much alike in their general appearance, composition, and effect, proceed to note their action, as related in a few cases selected from a great number, all going to prove the same.

The virulency of the poison seems to depend as much on the *quantity* injected as on any other condition; for after the snake has bitten several times in rapid succession, the supply of venom becomes exhausted, and although the reptile may be fierce, and bite, poisoning does not follow. The snake-poison produces its effects either by completely paralysing the nerve-centres, and thus causing rapid death, in some cases in fifteen minutes—or by partially paralysing them, and so inducing pathological conditions analogous to blood-poisoning. When it is remembered that thousands of persons, as Dr. Fayrer says, not less than twenty thousand, die annually from snake-bite, it is astonishing how few minutely described cases we meet with. I refer to that nicety of description which gives, not a mere outline sketch, but a well-developed picture of the process by which, step by step, the disease extinguishes vitality. This may be accounted for by the excitement, both of the sufferer and those called to his assistance, as well as the swift death that follows the injury. However, I have, I think,

* Mr. Shircore supplied the case to Dr. Fayrer.

selected a series which will illustrate the main points to be observed.

The first effect of the poison seems to fall on the nerve-centres, and, I venture to suggest, mainly on the ganglionic system. The following case is recorded by Dr. Woodford, police surgeon at Calcutta :—*

N. C., a Bengalee Hindoo boy, aged 9 years, was bitten 2 a.m., July 29th, 1870. He was sleeping on the floor by the side of his father, whom he awoke, calling out, "I am bitten." The father states that the child screamed, was convulsed, and foamed at the mouth. He died in fifteen minutes. The body was examined at 9 a.m. of the 29th, or about seven hours after death. Rigor mortis was complete within an hour after death. The lungs were engorged with blood. Heart firm, both sides filled with liquid blood; great vessels natural. The abdominal viscera generally were congested. The blood remained fluid; it did not coagulate. The brain substance was firm and natural.

Dr. Fayerer adds the following note:—The blood of this boy did not coagulate when set aside after death; under the microscope the red globules were crenated, and did not adhere to each other. There were no new cell forms. Forty drops of the blood were injected hypodermically into a fowl's thigh; the bird was perhaps somewhat sluggish after it, but no evil result followed.

G. M., a Brahmin, aged 45 years, was bitten by a cobra at 9.45 p.m. He had gone out of his house to pass water, and returned immediately, saying he had been bitten by a large snake. He became insensible in about ten minutes. He said he felt heated, but refused water before he became unconscious. He was dead in fifteen minutes.

The body was examined sixteen hours after death. The lungs were engorged with blood. The right side of the heart was distended with fluid blood. Left side full of fluid blood. Great vessels natural. The abdominal viscera were congested, and the stomach contained a quantity of milk. The blood was quite fluid, not coagulable. Brain vessels full of blood. Serum effused between convolutions. Rigor mortis occurred in an hour after death.

Were the deaths in these cases due to the alterations in

* Dr. Fayerer's, fol. 48.

the blood, or to the destruction of the nerve-power which controls the circulation of the blood? I think the latter. Remark the different ages of the victims. The dose of poison was no doubt large in the last case, as the snake was described as "large." The seizure calls to mind an attack of epilepsy. Is epilepsy not due to a temporary paralysis of the ganglionic nerve-centres? I incline to the opinion that it is. This by the way.

Several cases are related by a staff-surgeon* at Barrack-poor, in all of which speedy insensibility and foaming at the mouth occurred. He also mentions other cases that he had seen on the extreme north-western frontier; but there the cases were very different, being those in which a hæmorrhagic or purpuric oozing of blood from the skin and mucous membrane is the most marked symptom.

The next case that I will read (from the same source) is that of Captain S., who died of a snake-bite received whilst bathing, in May 1869.

At 8 p.m., when in the water, he felt as if a crab had got hold of his leg; he shook off the assailant, and feeling no inconvenience from it, took no further notice of the circumstance. After the bath, Captain S. called at the house of a friend, where he stayed about an hour, amusing the children of the house by singing and playing the concertina. He seemed in high spirits, and expressed himself as feeling a sort of glow all over him, which was rather agreeable than otherwise; and his friend remarked that he had never seen Captain S. look so well. On reaching his vessel, about 10 o'clock, he complained of a sensation of thickening of the tongue, which rendered articulation difficult and indistinct; and gradually a feeling of stiffness all over the body came on. At about 11, when attempting to lie down, he felt as if suffocating. Rigidity of the muscles of the neck, arms and legs increasing, he took some brandy, which was retained only for a short time, and a doctor was sent for, who prescribed for him (not knowing he had been bitten). At about 4 a.m. of the next day, the symptoms mentioned, with sickness of the stomach, continuing, another prescription was given. At about 8 the same morning it was remarked by a Burman who had just then seen Captain S., that the symptoms were those of a bite from a "gyat"

* Dr. Verchere, op. cit.

(poisonous water-snake). Captain S. then called to mind the fact of his having felt a bite when bathing in the river the previous night, and on examination the marks of the bite were discovered, two on either side of the tendo Achillis, near the ankle. The bites did not at all seem inflamed, nor did they give rise to any feeling of discomfort; in appearance they looked just like mosquito bites, but a little bigger. Slight rigidity and occasional spasms continued all day, with irritability of the stomach. Brandy was freely administered, with *cannabis ind.* mixture. Had a tolerable night (May 25th); a remission of all the symptoms under *morphia* 1 gr.; on the whole he seemed better; slight spasms on moving or attempting to sit up in bed. At about 6 p.m. was seized with violent spasms, which continued with slight remissions for an hour, when the patient expired, seventy-one hours after he received the bite. Cadaveric rigidity set in about three hours after death. No post mortem was made.

The slow procession of the symptoms in this case gave time for observation. It is evident that the earlier symptoms were not inconsistent with those observable in disease of the brain at its base, where the most notable thing is the disturbed function of the glosso-pharyngeal, spinal accessory, and then later the pneumogastric nerves. Query—Were the “high spirits” of the patient, which seem to have attracted special attention, and the “glow all over, agreeable rather than otherwise,” the effect of the bath or the poison? We know that some neurotics manifest their action by inducing excitement, they stimulate; by-and-bye they act as depressants—instance opium. Time will not permit the introduction of more cases *in extenso*; but I must give you a sketch of two or three more, where symptoms of hæmaturia, hæmoptysis, and other discharges of blood occurred.

A sailor,* one of the crew in H.M.S. *Algerine*, was handling a water-snake (seven feet six inches long, and six and a half inches in girth at its thickest), when it inflicted a wound resembling that caused by the point of a pin, on the index finger of the right hand. He declined having it fomented, as he had no fear of consequences, having, as he said, and no doubt believed, been bitten before by similar snakes. Half an hour after receiving the bite (at 8 a.m.) he made a good breakfast, dressed, and

* Op. cit.

two hours later (10 a.m.) went on deck. After taking a few turns he was suddenly seized with vomiting, the matter ejected being of a dark brown colour, resembling coffee grounds, and of a very offensive odour. In a short time the pulse became small, variable, and intermitting—the pupils were dilated, but contracted under the stimulus of light. The *left side* of the face was slightly paralyzed. There was subsultus tendinum. The skin was covered with a cold, clammy perspiration. The countenance was anxious, and indicative of great distress. In consequence of spasmodic action of the muscles of the glottis, he breathed with great difficulty. He could not swallow medicine prepared for him. The integuments, from the bite to the wrist, were slightly swollen, and on the right side of the face they presented a mottled appearance of dark purple and livid colour. At 10.20 he had a bath, and whilst in it he swallowed a mixture which caused him to vomit a dark rosy fluid. Twenty minutes after coming out of the bath the spasmodic action of the muscles of the throat and neck became more severe, and the whole body assumed a purple colour. The breathing became very difficult, from the obstruction caused by the dark brown substance which came from the air-passages. By 11 o'clock he was in a state of coma; pupils contracted. At 11.20 he died; not quite four hours from the time he was bitten.

Does this case not suggest hydrophobia? Of course, more rapid in development and result.

From an account given by a sufferer from snake-bite, who recovered—having had, however, a very narrow escape—I transcribe a few of his observations.* He says:—

The effect was instantaneous; a sharp, hot pain shot up the whole length of the arm, along the course of the nerve affected, making me drop the creature faster than I had picked it up. I went directly to Dr. P.; he gave me brandy, and caused me to suck the wound. (The sufferer is understood not to increase the risk by this procedure; but no one else can be persuaded to perform the act.) This brought out a good deal of dark blue blood, from a puncture only large enough to be seen. Shortly after a violent throbbing headache came on; then sickness; the contents of my stomach were all turned out. All

* Op. cit.

this occurred within three-quarters of an hour of the bite. Dr. P. brought a friend, another doctor, fearing the worst. Gradually the headache subsided, and drowsiness came on, but I was walked about, and dosed with strong hot punch. I must have consumed two bottles, or more, for a third was broached. The doctors remained with me all night. I did not, I think, wholly lose consciousness of my state at any time, but believe I talked a good deal more or less incoherently. Next morning arm much swollen, which did not go down for seven or eight days.

I will not occupy any more time in the recital of cases. Sufficient has been adduced to show that the virus produces a class of symptoms not infrequent from other causes. The cases prove also that dose, or quantity, has something to do with the violence of the symptoms manifested. Is it assuming too much to suppose that the quantity, or dose, may be so regulated as to be a manageable agent in the treatment of disease?

Dr. Fayrer, in speaking of the virus, says: "The poison may be diluted with water, or even ammonia or alcohol, without destroying its deadly properties. It may be kept for months or years, dried between slips of glass, and still retain its virulence. It is capable of absorption through delicate membranes, and therefore it cannot be safely applied to any mucous surfaces, though no doubt its virulence is much diminished in the endosmosis. It kills when introduced into the stomach, when put into the eye, or when applied to the peritoneum."

The elementary analysis of the poison has yet to be made.

The following statements appear not to harmonize:—*

"The flesh of an animal dead from snake-poison does not seem to be affected; animals and men eat it with impunity. The sweepers who attended my experiments always took away the poisoned fowls and ate them."

"The blood of an animal killed by snake-bite is itself poisonous; for if injected into another animal, it rapidly manifests its poisonous effects. I have transmitted the venom through a series of three animals, with fatal result."

With such an agent, capable of such easy dilution, and so easily kept, how is it that until lately we could not

* Op. cit.

have it in quantity to enable us to administer it in lower attenuations than 6ths? I feel confident that the disappointment many have experienced in the use of these remedies is owing to the insufficiency of dose. This fault, thanks to Messrs. Thompson & Capper, is now likely to be obviated; besides, so terrible a plague are the poisonous snakes in India, that the Government offers pecuniary reward for their destruction. To obtain the reward the snakes must be produced alive, and magistrates of towns and villages are appointed to see them decapitated; and thus thousands are sacrificed, so that in larger towns this duty even becomes burdensome.

It would be an easy matter under these circumstances to obtain any quantity of the venom, by engaging some one with the requisite knowledge to collect the poison-bag and the secreting-gland; a plan preferable, I think, to importing the living snake.

I will bring this paper to a close by reading part of a "Note on the use of Snake-poison in Medicine, by the Kabirajes of Bengal," furnished by one of the most learned of that class for Dr. Fayer's work.

After naming the snake, and describing the mode of obtaining, purifying, and preserving the poison, it proceeds to set forth its physiological action thus:—"It is a warm irritant stimulant, a promoter of the virtues of other medicines, antispasmodic, digestive, a promoter of the action of the secreting organs;" and its therapeutical action thus:—"Used in the latter stage of low forms of fever, when other remedies fail, it accelerates the heart's action, and diffuses warmth over the general surface; clears the mind if coma supervene. In the collapsed state of cholera it is successfully used. It is employed in dysentery and some complicated diseases. Used in epilepsy arising from cold, relieving the patient from insensibility and forgetfulness symptomatic of that disease."

Other properties are ascribed to it, as antidoting the bite of a snake, &c. Moreover, says the writer, "snake-poison is the only medicine that can produce instantaneous effects on the whole system."

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A CASE OF INTESTINAL OBSTRUCTION:
WITH REMARKS.

By A. R. CROUCHER, M.D.

MRS. S., a delicate lady, who had suffered for some months previously from dyspepsia in various forms, sent for me on May 22nd, at 3 p.m. I found her suffering from severe spasmodic pain in the right hypochondrium, with distressing nausea and flatulence; in fact, there seemed to be all the symptoms of a severe attack of colic.

The attack had commenced at 3 a.m. the same day; the bowels had been very slightly relieved on the previous evening; and a dose of *tinct. rhei. co.* had been taken at 7 a.m. before my arrival, but no action of the bowels had taken place since its exhibition. I found excessive tenderness over the right hypochondrium, but the pain was not relieved by pressure. I ordered *nux vom.* Φ , in one-drop doses, every two hours. I saw the patient in the evening at 8.30, and found her in extreme paroxysmal pain, and vomiting everything taken. I then gave *coloc.* 3x, and ordered enemata of thin gruel.

23rd. No sleep last night; the pain and vomiting continue very violent. As no action of the bowels had taken place, and no nourishment of any kind could be retained, I ordered enemata of warm milk, in the hope of imparting nourishment and of obtaining relief of the bowels, which the continual great efforts of the patient were unable to procure. Ordered *nux vom.* 3x and *merc. viv.* 1x, alternately, every two hours.

24th. Still no relief in any of the symptoms; the retching and pain most distressing. Ordered ice for the vomiting, which it eased somewhat. Gave *coloc.* 6.

25th. No abatement in any symptom; the bowels have not acted. *Alum.* 6.

26th. The matter vomited on this day was very offensive, and of the colour and appearance of mint-sauce, and towards evening it became decidedly stercoraceous; in the patient's own words, "I bring up what ought to pass the other way." Occasionally wind was passed per anum. I gave *bell.* 3x through the day, which appeared to relieve the pain. Dr. Hilbers saw the patient with me this evening, and we decided on giving *opium* 2 in alternation with *bell.* 3x.

27th. Dr. Hilbers again saw the patient early this morning, and we agreed to give *plumb. acet.* 2 and *opium* 2, alternately, every two hours.

28th. No better. No sleep last night; the intestines roll over each other like the coils of a serpent. Hot fomentations have been used for some days past. I ordered enemata of egg beaten up in beef-tea to be thrown up from time to time, as no nourishment could be retained on the stomach. A medical rubber manipulated on the abdomen for about an hour, but with no effect. Rep. med.

29th. No relief in any way. Repeat rubbing and same medicine.

30th. Still vomiting fecal matter in great quantity, and is in great pain. *Opium 2* and *plumb. carb. 2*, alternately, every two hours.

31st. No better. Rep. med.

June 1st. Evidently sinking; in great agony, and constantly vomiting. *Cocculus 3*.

Evening. There are cramps in legs and abdominal muscles, for which I prescribed *cupr. acet. 2*.

2nd. The last medicine relieved the pain in legs; and this morning I was much cheered to find that a stool had passed, of a light colour, very offensive, and semi-liquid. The vomiting and pain also were less urgent. In the course of the day, however, the vomiting and pain returned. Rep. *cupr. acet.*

3rd. Much weaker; has hardly strength enough to vomit. I went back to *plumb. acet.* and *opium*.

4th. She died at 3 p.m.

Post-mortem appearances.—The body was tolerably well nourished, considering the distressing nature of the illness. On opening the abdomen, I found the stomach pushed up much above its proper position, the small intestines being considerably inflated. The cause of the obstruction I found to be a band of fibrinous lymph, the result of inflammation which had occurred some years previously, and which had formed diagonally on the floor of the abdomen, and under which a knuckle of the ascending colon, just above the appendix vermiformis, doubled upon itself, had slipped.

Remarks.—I consider it important in respect to homœopathy, as well as to pathology generally, that a *post-mortem* examination was allowed in this case, as it proved beyond doubt that no particular line of treatment could have availed in relieving the obstruction; it also furnished a practical answer to the many suggestions that are always showered upon us in these distressing cases, which are

more painful to witness and to treat than any other with which I am acquainted.

The patient's life was prolonged by the introduction of the nutrient enemata; and that they were absorbed, was proved by the curious physiological fact that she complained of tasting the beef-tea in the vomited matter, although it was fœcal, as already described. In the case of the digestion of the beef-tea, the act of digestion was clearly inverted.

One part of the treatment I have omitted to mention, viz., the application of galvanism to the surface of the abdomen, on the third or fourth day. The galvanic current caused much discomfort at the spot where the obstruction was afterwards found to exist. That there was a mechanical obstruction, was, I consider, pretty well proved during life by the patient's own sensations, which she described as giving her the impression that the intestine rumbled, rolled, and propelled its contents to a certain spot, and no further.

The stool which was passed on June 2nd was probably due to a temporary relaxation of the band of lymph.

Amussat's operation in this case would not have been available on either side, as in both cases the opening into the bowel would have been made below the stricture.

It is curious to notice the different modes of treatment which have been adopted in mechanical occlusion of the intestinal tube; such as swallowing pounds of crude mercury, in the hope of forcing a passage by its weight. In one case, in which half a pound of quicksilver had been administered, two ounces and a half of the metal were voided, unchanged, five weeks afterwards.

Dashing cold water over the abdomen is another rough expedient, which is sometimes successful in procuring evacuations.

The repeated application of galvanism to the abdomen has, in more than one instance, been followed by a copious evacuation.

In a case mentioned by Sir Thomas Watson in his *Lectures on the Principles and Practice of Physic*, the bellows used by the Royal Humane Society for producing artificial respiration was made use of, and successfully, for, in about two hours after the inflation, the patient passed a natural fœcal stool. This was clearly a case of intussusception.

The following case, mentioned in *The Lancet* of June

29th of this year, is interesting as being of a novel character. "We read in the *Western Lancet*, a monthly medical journal published at San Francisco, a somewhat curious history. A man, confined in the State prison at San Rafael, was attacked by obstruction of the bowels, followed in due course by stercoraceous vomiting, and was left by Dr. Taliaferro, the surgeon, in a state considered hopeless. After the doctor's departure, however, William Lebür, the steward of the prison hospital, took the case in hand, and devised a plan of treatment not only original and ingenious, but which had the additional merit of being successful. He first injected into the rectum a solution of carbonate of soda, then a solution of tartaric acid, and made firm pressure over the anus with a sponge, so as to retain the gas liberated during the effervescence. His injection was repeated three times, and he used four ounces of carbonate of soda and two drachms of tartaric acid, and three pints of water, for the three injections. The distress occasioned by the rapid distension of the large intestine seems to have been considerable, but the obstruction yielded, and copious evacuations were obtained, and the patient seemed in a fair way to recover, when inflammation of one of the parotid glands set in, followed by extensive suppuration, and he died exhausted a fortnight after the injection. Dr. Taliaferro, who reports the case, seems to think that Lebür's injection, 'in less explosive doses,' might often do good service in such cases. He had found in Wood's *Practice of Medicine* mention of a case successfully treated in the same manner."

A case was mentioned in *The Lancet* of July 27th, where the obstruction had lasted from September 22nd till September 28th, with the usual symptoms of obstruction, *viz.*, great pain and severe vomiting, but not stercoraceous, and on the third day an enema returned with a small quantity of blood and much mucus. On the 28th the following treatment was adopted—a long rectum tube was passed up as high as possible, and a pint of gruel, with an ounce of castor oil, and half an ounce of turpentine, was injected. After the tube was withdrawn, an assistant kept the anus closed by pressure with his finger, and the operator proceeded to knead the abdomen, using great care, but still using as much force as his patient could well bear, and the manipulation was continued for a quarter of an hour.

The injection was retained until 2 a.m. on the 29th, when between two and three pints of broken down fœces and mucus, mixed with the gruel, were passed. Next morning he was free from pain and sickness, and felt quite comfortable. At 9 p.m. the injection with the long tube was repeated, and the abdomen was again kneaded. Half an hour after he passed about two pints of fœculent matter, and at 8 a.m. had a natural motion. From this date he progressed favourably. Dr. Hilton Fagge, who sent the notes of the case to *The Lancet*, makes the following remarks upon it:—

“In this, as in many other cases of intestinal obstruction, it was not possible to determine accurately the cause of the disease. The history of the attack pointed to a sudden closure of the calibre of the bowel, and probably to the small intestine as its seat; while the fact that mucus and blood were passed on the third day was in favour of the existence of an intussusception, and of its having become strangulated as soon as found.

“The remarkable feature in the case, however, is the successful treatment which the practitioner adopted. It can hardly be doubted that the life of the patient was saved by the kneading of the belly by the medical attendant; and so satisfactory an issue in this case may well encourage other surgeons to adopt a similar procedure. Yet it cannot be doubted that such forcible manipulation of the abdomen would, in many instances, involve great risks of tearing through parts softened by inflammation, or even sloughing, and might thus counteract the curative processes of nature. It can scarcely be said that there was anything in the symptoms of this case that indicated the special applicability of kneading, nor does the success of the treatment enable a more accurate diagnosis as to the nature of the intestinal lesion to be given than had been given before it was tried. The case still remains a very obscure one in this respect.”

Grand Parade, St. Leonard's.

ON SOME USES OF BELLADONNA.

By HERBERT NANKIVELL, M.D.

THE *Practitioner* for October contains two independent articles, in which the value of *belladonna* is alleged in two

definite diseases, or rather, shall we say, in two definite "elementary groups of symptoms."

The first of these articles is by Henry Power, M.B., Ophthalmic Surgeon to St. Bartholomew's Hospital, and he calls the attention of the profession to the fact that, in certain cases of stubborn phlyctenular ophthalmia—after the failure, for instance, of tonics, purges, hydrargyrum c. cretâ with quinine, atropine collyrium, belladonna lotion, compound jalap powder and turpentine injection, cod liver oil and steel wine, calomel powder locally applied, and of, as a last resource, tapping the aqueous humour—the extract of *belladonna* internally in doses of $\frac{1}{6}$ grain will cure. This remarkable statement is contained in the *Practitioner* for last month: it is well to remember also that this is the year of grace 1872.

True it is that Mr. Power qualifies his statement, and remarks that, "though not new, it has so completely fallen into disuse, that no mention is made of it in the most recent text books of ophthalmic disease." Need it be said that, following Hahnemann's own provings (published 1830), which establish the closest possible relationship between the action of *belladonna* and phlyctenular ophthalmia, Noack and Trinks speak decidedly of its value in this disease (*American Trans.*, 1846); Teste (1854), Hempel (1859) Hughes (1867 and 1869), and Bayes (1871) bear witness to the same fact; and that *bell.* is prescribed daily in strumous ophthalmia, wherever medical men practice in accordance with the law of similars, might have been discovered by Mr. Power without the exercise of any notable amount of research. And yet the *Practitioner* is not behind its time, and we sincerely trust that this article of Mr. Power will popularize in some degree the value of *belladonna* in this disease. It will bring comfort and relief to many suffering children, and restore in some instances the faith of the medical sceptic. But for a time at least the knowledge of the doctor and the knowledge of his little patient, as to the authorship or the approximate "reason why" of this treatment, will remain on a par—such is the crass ignorance of the body medical on the history of therapeutics.

The second article is by Dr. Sydney Ringer, and consists of *Observations on the Value of Atropia on Sweating*. Exceedingly interesting they are, though the action of the *belladonna* is evidently antipathic; the effects are rapidly produced, they continue, as a rule, just so long as the

action of the medicine is kept up, and then a return of the sweating ensues. In almost all the cases dryness of the mouth and throat ensued, and deep flushing of the face also took place, except where the *belladonna* was permitted to exercise only a topical action. Thus the primary action of the drug was made use of, and with effect for a time—just as the primary action of *digitalis* will temporarily brace up a weak and dilated heart, or the primary action of *secale* will cause contraction of a flaccid uterus.

The antipathic law is without doubt as much a law of therapeutics as the homœopathic law, but it is narrower in its sphere of action, for there are many conditions and symptoms which can have no true contraria; and its effects are always of a temporary character, as they merely counteract the abnormal condition, and do not help nature to restore the equilibrium of its forces. Its true position in therapeutic science and art is to be the handmaid and complement of the more general homœopathic law: thus, until we can get a drug which is in primary homœopathic relation to the flaccid inert uterus, we are compelled to use *secale* antipathically (here with success, for we require only a temporary drug action); and until we can get a drug in primary homœopathic relation to the dilated and enfeebled heart, *digitalis* in more or less massive doses must be used (here with only temporary success, for what we require in such cases is a permanent and curative drug action).

What strikes us most in reading these cases of Dr. Ringer is the intensely rapid action of the *atropine* when introduced subcutaneously. It is a point worthy of consideration whether in very urgent cases of scarlet fever, or erysipelas, or typhus, in which the homœopathic action of *belladonna* was indicated and promptly required, it would not be well to establish its action by the injection of a couple of drops of the third or sixth decimal solution of *atropia*. If we consider the state of the secretions of the mouth, throat and stomach in many such cases, the thick, tough mucus lining these cavities, and the impaired power of absorption in the membrane generally, it is quite possible that failure to do good may be in many cases owing to non-absorption into the circulation of the remedy exhibited.

Penmellyn, Bournemouth.
Oct. 10th, 1872.

ON THE PERCENTAGE OF MOISTURE IN PLANTS AND THEIR RELATIVE TINCTURES.

By FRANKLIN EPPS.*

MR. PRESIDENT AND GENTLEMEN,—The subject I bring before you is probably not a new one, but seems to me to have considerable interest in a pharmaceutical point of view.

The Pharmacopœia directs you to make proof spirit tinctures of many plants, which, upon analysis, contain over 80 per cent. of moisture, and even 88 per cent. in some cases.

I have examined twenty-nine different medicinal plants, some of which, as you will notice, have been estimated several times, each being collected separately. There are on the list thirty-nine analyses of the different specimens. Twenty-two of these specimens are over 75 per cent. of moisture, and of these twenty-two, fifteen are about 85 per cent. of moisture.

These plants are all recommended to be made into proof spirit tinctures, and as will be perceived, fifteen of them cannot be made into dilute spirit tinctures, if they are made into 1 in 10 tinctures.

No. 1 List.

Date.	Name.	Moisture.	Tincture.
1871	Aconite n.	72·0	Proof.
"	Chamomile	76·0	"
"	"	70·0	"
"	Colchici corm.	75·0	"
"	Ledum pal.	70·0	"
"	Linum cath.	25·0	"
1872	Pœoniæ rad.	50·0	"
1871	Ruta grav.	70·0	"
1870	Sabin cacum	53·0	40 Õ.P.
1872	"	60·0	"
"	Thuja occid.	60·0	20 Õ.P.
1871	Urtica dioica	75·0	Proof.
"	" ureus	74·0	"
"	Viola tricol.	70·0	"
1872	Ranun. acris	70·0	"
"	" bulb.	70·0	"

* Reprinted from the Transactions of the Homœopathic Pharmaceutical Society of Great Britain.

No. 2 LIST.

Date.	Name.	Moisture.	Tincture.
1872	Aconite nap.	78·0	Dilute.
1871	Arum mac.	85·0	"
"	Asparagus	80·0	"
"	Belladonna	88·0	"
1872	"	88·0	"
1871	Bryonia dioica	80·0	"
"	Calendula	89·0	"
"	"	84·0	"
1872	Chelidon. m.	88·0	"
"	Conium mal.	85·0	"
"	Calendula, 1	89·0	"
"	" 2	89·0	"
"	" 3	89·0	"
1871	Digitalis purp.	88·0	"
"	"	78·0	"
"	"	85·0	"
1872	Dulcamara	85·0	"
"	Geum urban	80·0	"
"	Hyoscy. n.	84·0	"
"	Tussilago petas	85·0	"
"	Ranuncul. reps.	85·0	"
"	" sceler	86·0	"

Out of the second list, as is obvious, according to the Pharmacopœia, seventeen cannot be made even into dilute spirit tinctures, being over 80 per cent. of moisture.

Upon first perusing the Pharmacopœia, I read:—

“Suppose a specimen of fresh Belladonna has been reduced to a pulp, and the 100 grains have lost 56 grains in drying, then by reference to the Pharmacopœia it will be seen that proof spirit is directed for this tincture. Now on referring to Table No. 4, it will be found, 55 per cent. (the nearest to 56) of water, require 3 fluid ounces, 5 fluid drachms, and 20 minims of rectified spirit to form proof spirit with the water contained in the four ounces of moist magma; hence that amount of rectified spirit must be first poured into a large glass, and as by reference to Table 1 it will be seen that 15 fluid ounces and 6 fluid drachms are required to make a tincture representing 10 per cent. of the dry material when the fresh plant contains 55 per cent. of water, this amount must be made up by adding proof spirit until the whole measures 15 fluid ounces and 6 fluid drachms. This mixed spirit will then be used as

directed for making the tincture, and the result will be a tincture of the alcoholic strength of proof spirit; and hence proof spirit should be used for making the first two decimal attenuations, and will represent 1 grain of dry *belladonna* in every 10 minims of the tincture."

What do we really find? That *Belladonna* contains 88 per cent. of moisture, and it is impossible to make a proof spirit or a dilute spirit tincture, although a proof spirit tincture is recommended to be made: so that at last we are compelled to add as much spirit as is sufficient to make a 1 in 15 tincture, or in other words, a tincture identical to our old form of *Belladonna* tincture.

There are several other instances of plants containing over 75 per cent. of moisture. *Aconite* contains 72 and 78; *Arum*, 85; *Asparag.*, 80; *Belladonna*, 88 and 88; *Bryonia*, 80; *Calendula*, 89, 84, 89¹, 89², 89³; *Chelidonium*, 88; *Conium*, 85; *Digitalis*, 88, 78, and 85; *Dulcamara*, 85; *Geum urb.*, 80; *Hyoscyamus*, 84; *Tussilago petasit*, 85; *Ranun. repens*, 85; *Ranun. sceler*, 86.

These are all ordered to be made into proof spirit tinctures, which it is impossible to do, so the best way is to make them into dilute spirit tinctures when practicable; or into 1 in 15 tinctures when the amount of moisture is as high as 88 or 89 per cent., which will give a tincture equalling in strength the old form of tincture.

The late Mr. Henry S. Ashton notices in his pamphlet, entitled, *Preservation of Tinctures*, December 20th, 1870, that *Belladonna* contains 90 per cent. of moisture: he says, "I should like to elicit the experience and opinion of the meeting upon the tinctures of our new Pharmacopœia, whether you have found many instances of the evaporation of moisture from a fresh plant to be far in advance of your expectations. Take for instance *Belladonna*, the plant mentioned in the introduction to the Pharmacopœia as likely to lose about 55 per cent., but which was found last season to lose 90 per cent., and the plant was not too young or green, but in as fair a condition to work upon as most samples I have seen."

This paper which I have written is intended to elicit from you, gentlemen, what your experience has taught you in these matters. It seems to me it would be much better if, in the new edition, diluted spirit tinctures should be recommended where proof spirit tinctures cannot be

made, and that 1 in 15 tinctures should be recommended when the percentage of moisture is as high as 88 per cent. In this case we should have a tincture of exactly the strength of our old second class tincture. Take for example, Calendula, a plant containing 89 per cent. of moisture in four out of five analyses. We will take 100 ounces of magma.

New fashion.

Moisture	....	89·0		
Dry plant	....	11·0	=	165 oz. 1/15 Tincture.
		100·0		

Moisture	....	....	....	89·0	
S.V.R. to form	Dilute Spirit	....	....	76·0	= 1/15.
				165·0	

Old fashion.

Juice by pressure	....	....	....	76·95	
S.V.R. equal quantity	....	....	....	76·95	
Loss of juice	....	....	....	11·10	
				165·00	= 1/15

The next object I wish to draw your attention to is, that I think it would be desirable that instead of Tables with three columns of the quantities of the spirit to be used for Tinctures, representing ounces, drachms, and minims, we were to adopt a decimal one, such as I suggest to the meeting, which would have, in my estimation, the advantages of simplicity and less calculation; especially when one has to make a quantity of a tincture, it being very essential directly a plant is received, to make a tincture at once, so that no large amount of moisture should be lost.

The following list will illustrate what I mean, and is reckoned in ounces so as to require neither multiplication or division.

PROOF SPIRIT.

Ten ounce magma.—1/10.

Per Cent. of Moisture.	Dry Plant.	Moisture.	Rect. Spirit.	Proof Spirit.	Tincture.
25	7.5	2.5	4.16	68.34	75
30	7.0	3.0	5.0	62.0	70
35	6.5	3.5	5.83	56.0	65
40	6.0	4.0	6.6	50.0	60
45	5.5	4.5	7.5	43.0	55
50	5.0	5.0	8.3	36.7	50
55	4.0	5.5	9.16	30.34	45
60	4.0	6.0	10.0	24.0	40
65	3.5	6.6	10.83	17.67	35
70	3.0	7.0	11.6	11.4	30
75	2.5	7.5	12.5	5.0	25
79	2.1	7.9	13.16	0.0	21

DILUTE SPIRIT.

Per Cent. of Moisture.	Dry Plant.	Moisture.	Rect. Spirit.	Dilute Spirit.	Tincture.
80	2.0	8.0	8.0	4.0	20
83	1.7	8.3	8.3	0.4	17

I will give an example of how this table of mine works. We will take Aconite for example; it contains 78 per cent. of moisture (1872), and can according to my list be made into a proof spirit tincture. It is possible by this list to make plants containing 79 per cent. of moisture into proof spirit tinctures, instead of 75 per cent. according to the Pharmacopœia. We will take 10 ounces of Aconite moist magma, being a decimal quantity; the nearest percentage we have is 79 per cent. of moisture, so that we have the following quantities.

Moisture	....	....	....	7.9 ounces.
Rectified Spirit	....	....	....	13.16 ,,
				21.06

The amount of dry plant in 10 ounces of moist magma is also according to the list 2.1 ounces, which by moving the decimal point one to the right shows that 21 ounces of tincture can be made from it, so as to make a 1 in 10 tincture.

I will now take 10 ounces of moist magma of *Ranunculus acris*, which contains 70 per cent. of moisture. The following are the quantities requisite.

Moisture	....	....	....		7.0 ounces.
Rectified Spirit	....	....	....		11.6 „
Proof	....	....	....		11.4 „
					30.0 „

According to the list 10 ounces of moist magma contains 3 ounces of dry plant.

To further illustrate my object, I will take an example of a dilute spirit tincture, *Dulcamara*; it contains 85 per cent. of moisture; a 10-ounce moist magma requires—

Moisture	8.3	} Reckoned at 85 per cent. of moisture.
Rectified Spirit	....	....	8.3
Dilute Spirit	....	....	0.4
			17.0	

Ten ounces of moist magma contains 1.7 ounces of dry plant, equalling 17 ounces of tincture.

In the case of the 20 and 40 per cent. over proof spirit tinctures, such as *Sabina* and *Thuya*, it would be much better to make them with as much rectified spirit as is required to make them 1 in 10 tinctures; the old fashion would be to take double their weight of rectified spirit. In these cases they would come out—

New method, 10 ounces moist magma.

Juice	....	....	....		6.0 ounces.
Rectified Spirit	....	....	....		34.0 „
					40.0 „

Dry plant equalling 4 ounces represents 40 ounces of tincture.

Old Method, 10 ounces moist magma.

Juice	....	....	6.0	} = 20 ozs. of Rectified Spirit by weight.
Rectified Spirit	....	....	24.0	
			30.0	

REVIEW.

The Graft Theory of Disease. By JAMES ROSS, M.D., Waterfoot, near Manchester. London: Churchill. 1872.

That a large proportion of diseases have their origin in *germs*, which, disseminated through the atmosphere, impinge upon and modify the health of human beings, is a theory which has been very popular of late years. If its influence has not been very perceptible—save in a few instances—in the means devised for the relief, it has been conspicuous in suggesting those which have been adopted for the prevention of disease. The fact that “a germ” is, strictly speaking, a living organism, capable of giving birth to similar organisms, ought to have prevented the application of this theory to account for many forms of disease, in explanation of the origin of which it has been freely used. That parasitic diseases such as ringworm originate in living organisms, taking up their abode in the scalp, and there reproducing their kind may be true enough; but it does not follow that the contagious matter of scarlet fever, for example, is a living organism in the zoological sense. That it is such has been inferred, not proved. What it really is, what is the true nature of the contagium particles of zymotic diseases, and how these operate in giving rise to disease, is the subject-matter discussed in the work before us.

The first chapter is devoted to the consideration of the germ theory of disease, and to the formation of an estimate of the position it fills as an exponent of pathological processes. Having pointed out the essential difference between the parasitic germ and the contagious particle, having shown that while the former is a true independent organism the latter has not been proved to be so, the author goes on to suggest that the contagium particle is a *detached portion of a living organism*.

The second chapter is occupied with the discussion of this hypothesis, which is set forth in the following terms:—

“That contagium particles are living in the sense of being portions detached from a living being, that they are not germs capable of giving origin either to higher forms of life or to organisms like themselves in an organic infusion, but anatomical units, modified and individualized by a diseased process, and capable of impressing upon the healthy organism with which they come into collision a succession of changes similar to that which preceded their own modification in the body from which they were detached.” p. 29.

Tracing the contagious matter of zymotic diseases to detached epithelial scales and to particles cast off by the body, Dr. Ross

proceeds to argue that these particles are only alive in so far as they are parts of a living body. To demonstrate this hypothesis by actual experiment being in the present state of science impossible, he relies upon indirect or analogical evidence to support his views. As illustrating them most fully, he selects the process of reproduction as presenting more or less analogy to that of the development of contagious disease. In working out the analogies subsisting between the modes in which these two events are accomplished, he shows that both the reproductive and the contagium particles are *unspecialized*; that whether detached or still an integral part of a living being, they are in both instances *sparingly supplied with nutriment*: that in both cases the operative particles are *epithelial or modified epithelial cells*. Both have also arrived at a *condition approaching molecular equilibrium*, and have the power of retaining their vitality for comparatively long periods.

"In one particular, however," says Dr. Ross, "the analogy fails. In the genesis of new individuals there is—if we except the unicellular organisms, where there is a fusion between two individuals—a union between a distinct individual and a detached portion of another individual. But another series of facts is known to biologists, where the analogy, even in this respect, is complete. I allude to the phenomena of grafting, where a portion detached from one individual is grafted upon another." p. 40.

He then goes on to show that some of the phenomena which result from this process closely resemble those of contagion. The most striking indication of similarity between the phenomena of grafting and those of contagion is seen in the influence exerted by the scion on the stock. Both Dr. Masters and Mr. Darwin have noted this point of similarity between grafting and the effect of inoculation; the former describing grafting as "an operation somewhat akin to vaccination," while the latter looks upon it as "a case of inoculated disease." The illustrations adduced by Dr. Ross prove that "a scion from a plant which has acquired a certain variation, when grafted on a stock which has not undergone such variation, can communicate its own special characteristics to the latter, and that this change in the stock not only takes place at the point of juncture, but is manifested throughout the entire organism." (p. 44.) He then points out the similarity between these phenomena and those of zymotic diseases by adding that, "when the contagious particle comes in contact with a healthy individual, it not only communicates its own motion to the body at the point of contact, but it profoundly modifies the entire organism."

Having thus carefully worked out the close analogy between the phenomena of contagion and those of reproduction, and the

still closer analogy between them and those of grafting, Dr. Ross, in the remainder of his work, describes as disease *grafts* what have hitherto been termed disease *germs*. The term is, as he shows, by no means a new one, having been used by Lady Wortley Montague when alluding to circulation.

As the next step in his argument, Dr. Ross frames or adopts a theory which will enable him to account for the phenomena of zymotic diseases, and the assumption that they are propagated by grafts, derived from diseased bodies, implanted upon such as are healthy. As embracing the subject in its widest bearings, he fixes upon Mr. Darwin's theory of *pangenesis* as that best adapted to meet all the requirements of his position.

This theory, the germ of which is, as Dr. Ross points out, embedded in one of the writings of Hippocrates, the deeply interesting works of Mr. Darwin must have made many of our readers familiar with—the more so as it is a theory that has formed the subject of much controversy. The following is a summary of the assumptions upon which Mr. Darwin bases the doctrine “that the whole organization, in the sense of every atom or unit, reproduces itself:”—

“1. That during all the stages of development the cells of the body throw off gemmules, which correlate freely throughout the system.

“2. That the gemmules multiply by self-division, and subsequently become developed into cells, by union with other gemmules, or partially developed cells, which precede them in the regular course of growth.

“3. That the gemmules are transmitted from the parents to the offspring—are developed in the succeeding generation, but often are dormant during many generations.

“4. That the gemmules, in their dormant state, have a mutual affinity for each other, leading to their aggregation either into buds, or into sexual elements.” p. 50.

To some of these assumptions, Dr. Ross shows, as we think, sound reasoning for objecting, but he accepts as of great value the hypothesis, “that the cells of the body cast off gemmules, which subsequently become developed into cells by union with other gemmules, or partially developed cells, which precede them in the course of growth.”

Dr. Ross concludes this chapter by illustrating the points of similarity between the cell life of the higher organizations and that of the lowest organisms. And then proceeds to apply this doctrine of “pangenesis” to the explanation of the phenomena of disease.

The healthy body our author, after some discussion, describes as “an equilibrated system of parts, having a definite cycle of

existence;" and disease as "a perturbation of this cycle." Diseases "caused by general changes in the incident forces of the environment," being such as all are liable to, he terms "general diseases." Special perturbations caused by special agents in the environment, "specific diseases," while such as require an inherited tendency in the organization for their development, he calls "constitutional diseases." In all these forms of disease Dr. Ross holds that the theory of pangenesis is more or less applicable in explanation of their origin.

In applying this theory to the development of inflammations and other general diseases, Dr. Ross's argument does not strike us as being so forcible as it does when he comes to treat of zymotic diseases. In his study of vaccination or cow pox, he thoroughly works out his argument, and interprets the evolution of the vaccine vesicle through its several stages by the light of pangenesis with much clearness. Subsequently the same theory is brought to bear upon small pox, scarlet and typhoid fevers, measles and syphilis. The remaining chapters discuss constitutional diseases—cancer being taken as the specimen of such as are local, and tubercle of those that are developed as concomitants of certain modifications of the organism which are not in themselves diseases. The last chapter endeavours to show that the adoption of this theory will assist in systematizing our knowledge of disease. It is not only full of deeply interesting matter, but suggests many points of pathological interest well worthy of fuller examination.

The impression which a careful study of this contribution to the science of pathology has left upon us is, that so far as contagious diseases are concerned, the mode of propagation and evolution which Dr. Ross has described, his argument fully sustains; but we do not think that he has been equally successful in applying his theory to the general or the constitutional diseases. Many disorders, which have of late been so freely and so generally attributed to the dissemination of living organisms, he has distinctly shown to be the consequences of particles of living matter from diseased organisms being engrafted upon healthy bodies.

Though this view may be unattended by any immediate practical result either in the prevention or cure of contagious disorders, all knowledge which tends to give us a more accurate conception of the genesis of disease must eventually render our information regarding its entire natural history more perfect and complete. While the more thorough is our familiarity with this natural history, the better are we prepared both to devise measures for its relief or cure, and to gauge the value of those we are in the habit of employing.

We cannot conclude this brief notice of one of the most

original and important contributions to pathology which has been made of late years without commending it to the careful study of all who feel an interest in the investigation of the nature of disease, and who can appreciate a close and well sustained argument. Neither must we omit to congratulate the general practitioners of the country that it is by one of their number—far removed from libraries, museums and hospitals—actively engaged in the practice of medicine in a manufacturing village in Lancashire—that this very striking and original piece of scientific work has been produced.

EXTRACTS FROM MEDICAL LITERATURE.

At the recent meeting of the British Medical Association held in Birmingham, the celebrated M. Ricord of Paris, after a speech on syphilis, was asked the important question, whether he was a believer in salivation, Dr. Ricord (*Lancet*, Aug. 17th) said, "No, surely not. Salivation was an accident following the treatment, and it must be avoided as much as possible. There was but one case in which he approved of salivation, and that this was in disease of the eye, in iritis. When this occurred, and salivation was brought on, the inflammation of the iris subsided." The chairman (Sir W. Fergusson) conveyed the thanks of the meeting to Dr. Ricord, and observed that they must all feel obliged to the gentleman who put the question about salivation. It was very pleasing to himself to hear that the old-fashioned system of looking to salivation for everything did not hold a place in Dr. Ricord's mind.' Dr. Ricord in the speech above referred to, spoke very decidedly of the value and necessity of mercury in the treatment of syphilis.

[Is not this a sign of the times? Homœopaths knowing the similarity between the physiological effects of mercury and syphilis, not only believe in its value and necessity, but as a corollary, believe that it ought to be administered in a dose short of producing its physiological action (namely salivation). At the present time, the majority of old-school practitioners use mercury, but consider it absolutely essential to "touch the gums;" while a minority are so sceptical about drugs as to say that mercury is of no use. With our views, it is gratifying to find such an authority as Ricord taking exactly the position we hold in reference to this point, and to find Sir W. Fergusson not only agreeing with him, but conveying the thanks of the meeting to the gentleman who was bold enough to ask the question.]

The following interesting proving of the *Privet* (*Ligustrum Vulgare*) is recorded (*Brit. Med. Journ.*, Aug. 24th) by Dr.

MOORE of Lancaster. "The father of a child, aged about 9 years, requested me to see his little boy, whom he described as being feverish and drowsy. The child seemed to lose himself; did not answer questions put to him without much persuasion, and then evidently with great difficulty.

"On going to bed, the child tried to say his prayers, but after the first sentence or two, stopped short, as if he were drowsy or had forgotten them, and on being roused, commenced again, but with the same result. The father then noticed some twitching of the hands and arms, and deemed it necessary to have immediate medical advice. When I saw the patient first, he was in bed; he had been much purged, the evacuations being of a greenish colour; he was semi-comatose, seemed to be quite unable to speak, and was with difficulty made to understand that he was required to put out his tongue. The temperature of the head and body was above the normal, and in a short time there was a cold perspiration. There were convulsive movements, at first noticed particularly on the right side; the hands were clenched, and the feet drawn up; the pulse quick and small, and the respiration somewhat hurried. There was some tenderness of the abdomen on pressure. These symptoms increased in severity during several hours, and the purging continued, accompanied with severe vomiting; the vomited matter evidently containing small particles of green leaves, the fragments being too small to obtain any idea of the plant from which they had been taken. The convulsions became more general and severe; the head was frequently thrown back during the convulsions, in a condition resembling slight opisthotonos.

"A second child, about 6 years of age, was seized with purging in the course of a few hours, and presented similar symptoms in every respect. Both of them recovered slowly from the effects of the toxic agent. There was for some time much loss of power, especially of the lower extremities; one of the children, on attempting to walk, making use of the expression 'that his legs would not do as he wanted them.' On their complete recovery, the elder child went with me into the garden, and pointed out the plant from which he said they had plucked and eaten the leaves and young shoots, thus clearly identifying the poison as being that of the common privet."

Speaking of *In-growing Toe-nail*, Dr. FINCH, of Colchester, writes (*Brit. Med. Journ.*, Aug. 24th)—"Neither of the cutting operations is at all necessary for the complete and rapid cure of in-growing toe-nail. If a small, thin, flat piece of silver plate be bent at one edge into a slight deep groove, and, after the toe has been poulticed 24 hours, slipped beneath the edge of the nail, so as to protect the flesh from its pressure, and the rest of the thin plate bent round the side and front of the toe, being

kept in position with a small portion of resin plaster passed round the toe, a speedy and almost painless cure will take place; and the patient, after the first day, has the additional advantage of being able to walk. I have followed this method in numerous cases with uniform success."

An interesting article in the *Brit. Med. Journ.*, Aug. 31st, is written by Dr. CORRON on the non-contagiousness of phthisis. That Phthisis is a contagious disease is believed by some writers, as, for example, by Dr. Budd. Dr. Cotton combats this belief, and gives most elaborate statistics of the state of health of all the functionaries, resident and non-resident, in connection with the Hospital for Consumption, Brompton, ever since its formation in 1846. He concludes by saying, "with the above facts before us, must it not appear to all believers in the doctrine of phthisis originating in a special and contagious poison, that a residence in the Consumption Hospital, and long-continued working in its wards, is a very good way indeed *not to catch the disease.*"

A case of *dislocation of the jaw*, arising from a curious cause, namely, habitual tongue-sucking, even during sleep, in a young lady, aged 15, is recorded by Dr. MORRIS, of Spalding (*Brit. Med. Journ.*, Aug. 31st).

An editorial notice in the *Brit. Med. Journ.*, Aug. 31st, on the *Pathology of the Chignon*, is worth noting. It is as follows:—

"M. Lindeman continues his investigation of the parasitic bodies (Gregarinidæ) found on the false tresses and chignons commonly worn by ladies. They are to be found at the extremities of the hairs, and form those little nodosities, visible on careful examination to the naked eye. Each of these nodosities represents a colony of about fifty psorosperms. Each psorosperm is spherical; but by the reciprocal pressure of its neighbours, it is flattened, and becomes discoid. Under the influence of heat and moisture, it swells; its granular contents are transformed into little spheres, and then into pseudo-navicellæ—little fusiform corpuscles, with a persistent external membrane, and enclosing one or two nuclei. These pseudo-navicellæ become free, float in the air, penetrate into the interior of the human organism, reach the circulating apparatus, and produce, according to this author, various maladies,—'cardiac affections, especially valvular affections, Bright's disease, pulmonary affections.' M. Lindeman calculates that in a ball-room, containing fifty ladies, forty-five millions of navicellæ are set free; and he concludes that it is necessary to abolish false hair, which often proceeds from unclean persons."

In a paper on *Epilepsy* (*Lancet*, Aug. 31st) Dr. THOMPSON DICKSON, of Guy's, says that very few drugs are of any use, except *belladonna*.

An editorial article in the *Med. Times*, Sept. 7th, on "*Physiology and medicine*," has the following passage, worth noting by homœopaths, "Physiological theory, observing the effects of mercury on animals in health, has led to the partial abandonment of mercury in the cure of syphilis, *because the drug in a healthy animal will produce disease of the bones*. Whereas the experience of Lee, Langston Parker, to say nothing of Ricord and older writers, would recount numberless cases where syphilitic nodes have disappeared as if by charm under the use of the calomel vapour-bath, or of mercury introduced in some other way." [The italics are ours.]

In *Med. Times*, Sept. 7th, two very rare and interesting cases of *muscular anæsthesia* occurring in two sisters are recorded by Dr. CARPENTER, of Croydon. They are too long to quote, but those interested in the point are referred to the original.

It is generally found that in phthisis, during the state of continued pyrexia, there is a marked decrease in weight. Dr. C. T. WILLIAMS, of the Hospital for Consumption, however, records two cases where there was an actual increase in weight. (*Brit. Med. Journ.*, Sept. 7th.)

In *Brit. Med. Journ.*, Sept. 7th, Dr. MARTIN, of Portlaw, brings into notice a method of treating *Entropion*, practised by Dr. de Wecker, of Paris, which he has found very successful, and leaving a better looking eye than usual. "The point where the inversion is worst, and doing most mischief, is noticed; and as near to the edge of the tarsus as possible, the point of a small curved needle, armed with a flaxen waxed thread, is inserted, and carried beneath the loose textures of the eyelid as near to the supra-orbital ridge as tact and judgment show to be desirable. The needle being brought out, the ends of the suture are tied firmly with a double knot over the intervening skin; the ends are cut off; and the ligature is left to ulcerate out, which it will do in six or eight days. A wet compress may be applied. When all irritation in the lid has subsided, an examination should be made to find out if there be another point requiring the repetition of the stitch. Many cases require three or four stitches, but two generally answer."

A case of *pruritus* of the whole cutaneous surface, and of the mucous surfaces of the upper outlets of the body, occurring during pregnancy, is recorded (*Brit. Med. Journ.*, Sept. 21st) by Dr. PAGE, of Kirby Lonsdale. The itching was so bad at night, that the patient was unable to sleep for several nights in succession. All the old-school sedatives were tried with almost no effect, till he prescribed chloral in 20 grain doses at bed-time, with the view of giving sleep. "This quantity procured some sleep, from which my patient awoke refreshed, *free from the pruritus*, able to enjoy her breakfast, and passed a comfortable

forenoon. Indeed, after the second night, she assured me she had slept more soundly than she had done for three months past, as never had so long a time elapsed without her being awake either by the pruritus, or by the effects of her involuntary scratching even to laceration of the skin. . . . On Sept. 10th (seven days after) delivery with natural labour took place with great facility, and the chloral draughts, which had been given up to this time, were suspended on the following day." [The main interest of this case is the homœopathic action of the chloral. Dr. Page gave it only with the view of producing sleep, probably unaware that it was homœopathic to the pruritus. It will be remembered that chloral causes irritation of the skin, generally with intense redness, but always with intolerable itching. (Vide *Monthly Homœopathic Review*, June, 1871.) The dose, also, is noteworthy—a full dose as 20 grains at bed-time being not too large to produce relief from the itching, therefore being quite homœopathic.]

Another piece of homœopathy is to be found in a communication by Mr. ALFRED FREER, of Stourbridge (*ibid*), on the use of *Ergot in Abortion* in the early months of pregnancy. He has given *ergot* in about 200 cases of profuse hæmorrhage with threatened abortion, and with the happiest result. "Indeed, I can call to mind several instances where *ergot* being given to check uterine hæmorrhage, it has acted well by causing not the expulsion of the ovum, but its gradual retrocession into the uterus. From what I have seen of the use of the remedy, I am prepared to maintain that it is a most valuable help; but that not unfrequently it does good, not by forcing the contracting uterus to expel its contents, but often, contrary to our expectations, by helping the organ to retain its precious charge to its ultimate preservation." [Our readers will call to mind the paper in the *Practitioner* about a year ago, by no less an authority than Dr. Meadows, in which he found the same thing, and in which he expressed his belief also that *ergot* excelled all other drugs in the *prevention* of recurrent abortion.]

In the same journal it is stated that "in the *Wiener Medizin. Wochenschrift* (1871, Nos. 31, 32, 33), Dr. SCHUTZ recommended the inhalation, in croup and diphtheria, of a solution of 3 decigrammes each of *bromine* and *bromide of potassium* in 150 grammes of distilled water. Dr. GOTTWALD, in the *Deutsche Klinik* (No. 18, 1872), states that he has tried this plan of treatment in 18 cases of diphtheria, and 2 of croup, in the Charité Hospital of Berlin. In the cases of croup, the result was remarkably favourable. The cases of diphtheria were all attended with extensive ulcerations; and all were either secondary or accompanied with high fever and much constitutional disturbance. Of the 18 cases, 4 ended in death. In cases of

angina and diphtheritic stomatitis, the solution was applied by a brush as well as inhaled. This plan, in small and weakly children, has the advantage of removing the masses of mucus and pus. Chloride of zinc was also applied as a caustic. The results of the treatment were very encouraging. The bromised solution of the *bromide of potassium* (1 part of each in 400), was also applied to 60 lying-in women, who suffered from diphtheritic ulceration of the vagina, and diphtheritic endometritis. The solution was thrown into the uterus three or four times daily by Braun's syringe, or a double-current catheter, and into the vagina by means of an ordinary syringe, generally every three hours. In cases of ulceration of the vaginal orifice, linen compresses, wet with the solution, were applied, and frequently renewed. If pyæmia had not already set in, the results of this treatment were most favourable." [This is most interesting to us, as the use of *bromine* in diphtheria is no novelty to homœopaths.]

Dr. BARCLAY, of Banff, communicates a very interesting paper (*Lancet*, Sept. 21), on the remarkable effects of the combination of *chloral* and *iodide of potassium*, in producing marked iodism in very small doses. He gives 15 cases. Case 1. (Lumbar and thoracic pains), was fully iodised by 5 grs. each of *chloral* and *iodide of potassium*. Case 2. (Erythema nodosum), same dose, same result. "After this a quarter of the original dose was sufficient to bring back the iodism." Case 4. (Pain in jaw), same dose, same result. Cases 5 and 6. No iodism. Case 7. (Rheumatic pains), iodism after second dose. Case 8. (Sciatica), iodism after one dose. Case 9. (Cellulitis), no iodism. Case 10. (Pain in ankle), iodism. Case 11. (Rheumatism), one dose produced distinct—and two doses severe—iodism. Case 12. (Ovarian pain), iodism. Case 13. (Pain in joints), iodism. Case 14. (Gout), no iodism. Case 15. (Sciatic pain), iodism after first dose. All the cases developing iodism were of middle age—those escaping it being three young children, and two old men of 65 and 67 years respectively.

In same journal a remarkable case of *Caries of the Skull*, existing to an enormous extent, with abscess inside the cranium, is recorded by Dr. W. YEATS, of Coton Hill Asylum, Stafford. The case is too long and elaborately recorded to justify more than a simple mention of it.

A well marked and interesting case of *Pulmonary Embolism*, occurring during pregnancy, is recorded by Dr. ATKINSON, of Bampton. The patient recovered.

Some experiments (*Lancet*, Sept. 21), by VON WITTICH, on human bile, escaping from a fistula, prove conclusively that bile possesses a ferment capable of converting boiled starch into sugar.

The following editorial notice appears in the *Medical Times* (Sept. 28th): "M. DAVAINE read at the meeting of the Academy of Medicine, Sept. 17th, a paper on Septicæmia, some of the statements in which startled the attention of the few auditors who at this time of the year still continue to attend. He described the various experiments he had been making by the subcutaneous injection of septicæmic blood—*i.e.*, blood derived from an animal poisoned by putrified blood. He has practised twenty-five series of the experiments on guinea-pigs and rabbits, thus finding that the virus acquires increased intensity of power and activity by passing through the animal organism. This becomes so tremendous that, to quote the effect of its last passage, 'the blood of the rabbit killed by the ten-millionth part of a drop was injected into five rabbits, in doses of the one hundred-millionth, the billionth, the ten-billionth, the one hundred-billionth, and *the trillionth of a drop*. All died within twenty-five hours.' The homœopaths will surely prick up their ears at this announcement from so staid an experimental physiologist."

Dr. DABBS, of Newport, writes to the *Lancet* (Sept. 28th), regarding the action of *Chloral*, to say that he has found that in three cases of asthma, in which he had prescribed chloral, the patients *volunteered* the statement that if taken immediately before the onset of the catamenial discharge, it entirely checked it. These patients did not know each other, and so could not compare notes.

Dr. ALTHAUS (*Brit. Med. Journ.*, Sept. 28th) communicates an interesting paper on the value of the *continuous galvanic current in rheumatic gout*. He finds that cases which have been under all other forms of treatment for months or years, are wonderfully improved under the use of the continuous current. He finds that it tones the system generally, especially the nervous system, improves the appetite and digestion, gives refreshing sleep, which before had to be sought by morphia and chloral, relieves pain in a marked degree, and even improves already existing deformities.

The same journal says of the most recent statistics of *ovariotomy*, that "Mr. SPENCER WELLS completed his 500th case just before the end of the month. The results of his last 100 were 20 deaths and 80 recoveries. The mortality had steadily diminished from 34 in the first 100, to 28 in the second, 23 in the third, 22 in the fourth, and 20 in the fifth. The general result of the 500 cases was 373 recoveries and 127 deaths. Up to the same date Dr. Keith, of Edinburgh, had operated on 144 cases, with a result of 117 recoveries and 27 deaths. Thus we have from two operators only a total of 644 cases, with 490 recoveries and 154 deaths."

In the *Lancet*, Oct. 5th, an editorial note draws attention to the use of *Berberis Vulgaris*, as a substitute for quinine in the treatment of *intermittent fever*. "Piorry came to prefer this preparation in the treatment of miasmatic fever to quinine; indeed, whenever he found the spleen enlarged in a patient suffering from ague, intermittent or hectic, he gave (as one of his pupils and clinical clerks, Dr. L. M. Klein, tells us) *berberis* instead of quinine, and the fever abated in a few hours. From comparative experiments of both febrifuges, Piorry convinced himself that in well-recognised cases of ague and miasmatic fever, *berberis vulgaris* was the superior remedy. He sent Dr. Klein to Algeria to institute further experiments, and the result was strongly confirmatory of Piorry's practice, which the physicians of the colony have subsequently adopted. In the present dearth, not to say dearth, of quinine in India, why not (asks Dr. Klein) give *berberis* a trial? The plant is a most accessible one, very common in almost every rocky upland in Europe, Asia, and America. Till scientifically demonstrated by Piorry, its febrifugal virtues were known, even empirically, only to comparatively few physicians, and those mainly in France, Northern Italy, and Switzerland. In this country they are not unknown, but the knowledge is neither very precise nor of much practical force."

[Whenever we see a remedy have, on good authority, a specific action, we believe it will turn out to be homœopathic to the case. Yet on looking up various works, no mention is made of *berberis* among the remedies for ague; why this should be the case, we cannot think, for in the pathogenesis we find the following. "Shiverings before dinner, and sometimes after, with feet icy cold, mouth dry and clammy, and pains in the left side of the epigastrium. Shiverings in the morning in the back, in the arms, and in the thighs, followed by burning heat, with giddiness, and violent shooting pains in the head, and sore throat; on the third day, sweat, smelling like urine. Heat in the hands and head in the afternoon, continuing for several days. Disposition to sweat on the least exertion, especially in the afternoon, with anxiety. Thirst, with the mouth dry, especially in the afternoon." (Jahr.) "Shooting aching pains in the hepatic region, increased by pressure; drawing, acute, and shooting pains in the region of the left hypochondrium." (*Ibid.*) "Pulse slow and weak, or full, hard, and rapid. Chilliness, with hot face, followed by heat, with perspiration, or burning heat in the afternoon, increasing during the night. Pressure in the region of the liver. Burning under the skin, in the left side of the abdomen." (*Lippe's Text Book of Mat. Med.*) These provings, though not hitherto employed by homœopaths, show that *berberis* is clearly homœopathic to intermittent fever.]

D. D. B.

NOTABILIA.

HAHNEMANN MEDICAL COLLEGE, CHICAGO.

AT the opening of the present session of this College, Dr. E. M. HALE delivered the Introductory Address to the students. He commenced by referring to the progress the College had made, and expressing his gratification at the number of students enrolled this session—65—being larger than on any previous occasion. He then alluded to the disastrous fire of last winter, by which 18,000 buildings were utterly destroyed, and added, that,

“When the smoke and the consternation had cleared away, and it was found that Hahnemann College buildings were saved, a thrill of joy was felt by all the faculty and alumni. We had expected the largest class ever assembled in attendance, but many were deterred by the catastrophe from coming here, while others already here lost all they possessed and were inclined to leave. But I cannot recall one who did, for the faculty could not allow their misfortunes to keep them from attendance on the lectures. However, we had a larger class than we supposed would come together, and those of you who were members of that class will remember the long winter in which the noble people of Chicago were not idle. They did not sit down in ‘sackcloth and ashes’ and bewail their lost city. On the contrary, all winter the hammer and trowel could be heard amid the howl of the storm and the frozen glitter of the snow. And now an astonishing sight meets your gaze! In one short summer you find a destroyed city almost rebuilt! A fairer and more beautiful city has risen from the ruins of the old.”

After noticing the enlargement of the Scammon Hospital, Dr. Hale paid a brief but eloquent tribute to the memory of Professor F. A. Lord, whose death had occurred during the vacation. He then reviewed the past history of homœopathy in America and Chicago, and compared therewith its present position. In doing so, he said:—

“I cannot at this time forbear calling your attention to a fact with which you may not be familiar; I allude to the *status* of our school when the faculty of this College embraced homœopathy, as compared with its present position. You will enter the homœopathic medical profession under very different auspices. It was not until six years after the worthy President of this institution became a homœopathist that the first homœopathic college came into existence, and your speaker attended the first session of the second. At that time there were no homœopa-

thic hospitals or dispensaries, and but few physicians. To embrace homœopathy, then, was in many instances an act of heroism, for such was the prejudice against it that its adherents were ostracised, and were often obliged to submit to persecution, and the breaking of many social and family ties. Mark the contrast! The homœopathic school is now recognised by the laws of nearly every State in the Union. It has become a power. If it is assailed in the halls of Congress, or in State Legislatures, men of eminence are not wanting who will rise and defend it. If United States officials attempt to trample upon our rights, the *people* and the *press* defend us, and the official is deposed.

"We have eight or ten chartered colleges in the United States. We have twenty or more hospitals, some of them fully equipped and endowed. We have scores of dispensaries for the benefit of the poor.

"Fifty years ago, and not five homœopathic physicians could be found on the continent! Now they number over five thousand! Fifteen years ago and not five physicians of our school could be found in Chicago! Now we number seventy-five! Our patrons half a century ago only numbered a few hundred! Now they can be counted by millions! What has wrought this change? There are many causes for this revolution. *First*, is the intrinsic value of the truth of our *law* of cure; *second*, the unexampled success of our method of treating the sick; and, *third*, the intelligence and high standing of the physicians of our school, which has had the legitimate effect of attracting the best intelligence of the men and women of the country, and of numbering them among our patrons. *Therefore*, I repeat, you enter the profession of medicine under far different auspices than did your predecessors. You will find a public ready to receive and patronize you. The bigotry, malice, and opposition of the old school is rapidly losing its influence. All honorable paths leading to position and wealth are open to you. See to it, then, that you strive to elevate our system and emulate its representative adherents. Keep pace with the progress in the sciences collateral to medicine, and you will live to see a still more glorious homœopathy."

POISONING BY MORPHIA.

DR. W. H. CAMPBELL HAW relates, in the *Boston Medical and Surgical Journal*, a case that occurred at the Massachusetts General Hospital of a young woman a fortnight after her confinement having, during an attack of severe abdominal pain, got a dose of 15 gr. chloral, $\frac{1}{4}$ gr. of sulphate of morphia, and her child dying of apparent narcotism thirteen hours after; having

nursed it soon after taking the dose. He queries if such a dose of morphia could have had such an effect, and whether it may not be consequent on the combination with chloral. In our opinion the dose of morphia was quite sufficient in itself; we remember seeing a similar calamity happen after the administration of 25 drops of ordinary tincture of opium, and have ever since been more careful in warning patients not to nurse after taking an anodyne until twenty-four hours elapsed, and having the breasts drawn in the interim.—*Medical Press and Circular.*

IS ALCOHOL FOOD ?

ON this subject the *American Journal of Homoeopathic Materia Medica* (Sept., 1872) quotes the following from the science department of the *Atlantic Monthly* for August.

“Since the time when Liebig classified alcohol along with starch, sugar and fat, as one of the heat-producing foods, the questions have been seriously discussed, whether alcohol is really heat-producing, and whether it is a food. Strictly defined, a food is any substance which supports life by undergoing chemical transformation within the body, and by becoming incorporated with the tissues. It is with reference to this definition that the controversy concerning alcohol has been carried on. Yet that this definition, however good in its way, is liable to be practically misleading, is obvious from the fact that water, which, as being absolutely essential to the support of life, is entitled to be called a food, nevertheless percolates untransformed through the tissues, and quits the body in the same chemical condition in which it enters it. Whether alcohol is to be practically regarded as a food or not, depends not so much upon whether it is oxidized within the body as upon whether it actually contributes toward the support of life in the total absence of other foods. Upon this latter point there is now no question: it is certain that wine or spirits will prolong life for a considerable time without the aid of other means of sustenance. The former point, however,—a point of great scientific interest,—still remains undecided. It has been ably argued by Lallemand, Duroy, and Perrin, that all alcohol taken into the system is eliminated without change; while, on the other hand, Baudot, Duprè, Wallowicz, and Anstie have vigorously opposed this statement. Lately, Dr. Subbotin has conducted some elaborate experiments upon rabbits, with a view to the further elucidation of this difficulty. Alcohol of the strength of 29 per cent. (about the strength of strong port or sherry) was injected into the rabbit's stomach, and all the excretions were afterwards carefully examined. As a result, it was found that during the twenty-four hours following the injection, at least 16 per cent. of the

alcohol was eliminated either as unchanged alcohol or as aldehyde. Though Dr. Subbotin is inclined to agree with Lallemand and his coadjutors, it would seem that this experimental result is by no means sufficient to determine the case. By far the larger portion of the injected alcohol failed to reappear in the excretions; and the appearance of aldehyde is a positive fact in favour of the view that the alcohol is at least partially transformed. That some alcohol is always or usually eliminated unchanged is denied by no one who knows that wine can be detected in the breath. When we remember how rapidly alcohol is absorbed into the blood, it would be indeed strange if some of it were not soon given off through the lungs and skin. The question, however, is whether the whole of the quantity taken in is ejected without being temporarily assimilated; and this point Dr. Subbotin has by no means made out."

LACTO-PHOSPHATE OF LIME.

In a great number of acute diseases as well as in all low forms, such as typhoid and typhus, there is a great tendency to asthenia, occasioned by the peculiar character of the malady or the constitution of the patient, and marked by a constant rise of temperature. The latter phenomenon is due to a disintegration of the tissues; all molecular changes in the organism are attended by the formation of heat, and these changes are under the influence of the ganglionic nervous system. Any substance, therefore, which produces a sedative influence on this nervous system will have a tendency to retard the process of disintegration, and hence lower the temperature. Such is the *modus operandi* of alcohol, tea, coffee, &c., in the treatment of low forms of disease. In consequence of the great atony which follows the long continued arrest of nutrition in these diseases several months may elapse before convalescence is fully established. It is in the treatment of this condition of things that the "lacto-phosphate of lime" is so highly recommended. The reason of the failure of the salts of lime to realise the marked and precise effects expected in the treatment of rickets, osteomalacia and fractures is that the pulverulent phosphate of lime is the preparation invariably prescribed. The gastric juice of the stomach contains only a small quantity of the natural solvent, lactic acid, and consequently only a small proportion is capable of absorption. It is therefore necessary, in order to obtain the beneficial effects of this substance, to use it in a perfectly soluble state. The lacto-phosphate of lime, first recommended by M. Dusart on account of its solubility, is therefore admirably adapted to fulfil the indications requiring the administration of the salts of lime. It is not only a medicinal agent of the highest value, but also an important aliment or article of food, and its administration

cannot, like that of alcohol, produce mischievous effects, as it never depresses the nervous system. It is best administered in the form of a syrup. This preparation is extremely palatable, and is readily taken by children. Dr. Black, of Paris, used it with marked success in the treatment of typhoid fever during the siege of Paris. Owing to the defective sanitary and hygienic state of the city, and the moral effect produced by the siege, the epidemic was very grave and of a low type. The administration of this remedy was almost invariably attended by lessening of the frequency of the pulse and a diminution of the temperature of the body, at the same time the countenance lost that expression of stupor which is so characteristic of the low forms of the disease. But it is more especially during the period of convalescence that its beneficial effects are most strikingly seen. It excites digestion, increases the assimilation of alimentary substances, awakens muscular energy, and secures a speedy restoration to the natural condition. It is also highly recommended in the treatment of dyspepsia, especially when combined with pepsin. The wine of lacto-phosphate of lime administered after meals is found very serviceable in the atony and general exhaustion peculiar to aged persons. It aids digestion, promotes assimilation, and arouses muscular and nervous energy.

The syrup of the lacto-phosphate of lime may be prepared as follows:—Take concentrated lactic acid, ℥j., dilute it with ℥ij. of pure water, add of the magna of freshly precipitated phosphate of lime enough to saturate; orange-flower water, ℥jss and filter; then add pure water to make ℥viij., and put in ℥xj. of white sugar. Each drachm contains from two to three grains of phosphate of lime. The dose of the above for an adult is from one to two tablespoonfuls three or four time a-day.—*Canada Lancet.*

TESTING HYDROCHLORIC ACID.

THE *Chemist and Druggist* (October, 1872) states that a very delicate test for sulphurous and arsenious acid in hydrochloric acid, given in the German Pharmacopœia, is worth mentioning. In a test tube are placed a few small pieces of pure zinc, to which is added hydrochloric acid previously diluted with two parts of water, so that about one-tenth of the tube is filled. In the upper part of the latter is introduced some cotton moistened with solution of subacetate of lead, and the mouth of the tube is covered with some filtering paper dipped in solution of nitrate of silver. In case sulphurous and arsenious acid are present, the cotton as well as the filtering paper become blackened after the evolution of hydrogen gas has lasted about half an hour. This test is so delicate that $\frac{1}{8}$ milligramme of arsenious acid ($\frac{1}{480}$ grain) can be detected in 1,000 grammes (two pounds) of acidum hydrochloric by the silver paper becoming distinctly brown coloured.

EPISTAXIS ARRESTED BY A NEW METHOD.

DR. F. MARIN, of Geneva, (*Jour. de Med. et Chir. Prat., Boston Med. and Surg. Jour.*), "has discovered a new and simple method of arresting hæmorrhage from the nasal cavity, by applying pressure to the facial artery at a point immediately beneath the ala of the nose, where the vessel can be pressed against the superior maxillary bone. In epistaxis, the hæmorrhage is usually confined to the anterior third of one of the nasal fossæ, and as pressure upon the facial artery causes a diminution in the flow of blood to this cavity, the hæmorrhage is arrested almost immediately, and this proceeding is therefore recommended as preferable to that of plugging the posterior nares by the aid of Belloc's sound, in attempting which the surgeon is generally pretty thoroughly smeared with blood, and is not unfrequently bitten. Dr. Marin has had occasion to give numerous trials to this method suggested by him, and has generally found it effective. In two instances where it failed, plugging the posterior nares was attended with like result.

SKIN GRAFTING.

M. MARDUEL has in the *Lyon Médical* (for September 15th and preceding numbers) an elaborate analysis of all the hitherto published facts connected with this subject, which will prove of great use to all those investigating it. In regard to the "clinical results" which may be fairly deducible from the trials of the practice, he speaks much less sanguinely than many of those who have adopted it. It is true that the graftings seem often to have increased the rapidity with which cicatrisation takes place; but then this is especially observed in those wounds which have a red, healthy appearance, and seem (as Reverdin says) as if about to cicatrise; but when we have to do with atonic, fungous, and soft granulations, the means fail, as they do in scrofulous wounds and all others that have no tendency to cicatrise. Some surgeons, indeed, ask whether the true cause of the more rapid cicatrisation when it does take place is not rather the minute care which is taken in dressing the wound. Then, again, the solidity of the cicatrix has not always proved considerable, ulceration in it readily occurring. In fact, the success of skin-grafting, amidst so much contradictory evidence, cannot yet be considered as established, and further investigation into all the circumstances attending the practice is called for.—*Medical Times and Gazette.*

ATHEISM A SOURCE OF INSANITY.

INSANITY has been oftentimes traced to the excitement engendered by a suddenly aroused religious enthusiasm—to the despair induced by an overwhelming sense of sin. Atheistic

lecturers have not been slow to take advantage of observations of this kind, and by misinterpreting them to paint religion as itself a form of madness. Dr. CRICHTON BROWNE, of the West Riding Asylum, in a lecture on *Simple Melancholia* in the *British Medical Journal* (Oct. 19th, 1872) gives the other side of the question. In speaking of the mental weakness or sensitiveness which is the condition of melancholia, he refers to its prevalence amongst us, and to the many circumstances which in modern life tend to foster it in the following terms:—

“In our haste to grow rich, we overstrain our strength and exhaust our energies. We rise up early and late take rest, and disquiet ourselves with doubts, and rivalries, and ambitions. There is none of the severe husbanding of strength, that nice adaptation of exerted energy to the thing to be accomplished, which genuine education ought above all things to teach. We do our best to induce a nervous habit and to sap our physical vigour. In our rich and complicated civilisation, we are constantly imposing new burdens upon, and calling for fresh efforts from, our minds and brains, and it is no wonder that the nervous centres become disordered and unhinged. And loaded as we are, in our bread-winning and social intercourse, with anxieties and perturbations formerly unknown, we are at the same time deprived of those supports which might have rendered such anxieties endurable. ‘A believing love,’ says Emerson, ‘will relieve us of a load of care;’ and it is just this believing love that we have lost or cast from us. A want of reverence is abroad; all authority is questioned; nothing exists but matter, force, and necessity; expediency is our only guide. At every step in life a man must ask himself not the simple question, whether the act is conformable to a known standard, but the infinitely complex and embarrassing question, which Omniscience alone can adequately answer, as to what will be its effects and results in a variety of contingent circumstances. At every bereavement in life a man is left desolate and inconsolable, and with no warm hope or spiritual comfort to which to turn. Doubt and infidelity have been sown everywhere. A dreary and appalling prospect has been spread out before our race.

“I have endeavoured to satisfy you, gentlemen, that insanity is increasing amongst us; and I have now to express to you my firm conviction, founded upon my professional experience, that much of that increase is to be attributed to the miserable materialistic philosophy which is now so assiduously disseminated. With just enough reason in it to captivate a shallow soul in the hour of its complacency and vanity, it cannot sustain it in the time of trial and adversity. He who has got rid of the supernatural has *not* cast out fear. Faith is necessary to mental health; and much of the mental infirmity and despondency

which we see around us is due to a want of faith. Illustrations of what I have just said are of course most frequently found amongst the more refined and cultivated classes; but even in pauper asylums they are to be met with. We have here now a youth named Addison B., 22 years of age, a coal-dealer from Halifax, who is labouring under melancholia, which was undoubtedly brought on by the reading of atheistical books. He was converted to atheism, his mind became bewildered and oppressed, and he is now under treatment in this asylum.

THE MEDICAL EDUCATION OF WOMEN.

A CORRESPONDENT of the *Lancet*, writing from Switzerland, gives the following as the result of his enquiries into the effect of young men and young women studying together the various subjects constituting a medical curriculum.

“Zurich University,” he says, “is peculiar in permitting and in encouraging the attendance of lady students. The number of the male students in 1872 is 151; of female, 51. No inconvenience is experienced in their joint attendance on the various classes and demonstrations. The authorities having been applied to in the year 1870 by the Medical Faculty of Wurtzburg as to ‘whether any unpleasantness had arisen from women together with male students attending certain lectures and demonstrations, necessarily of an embarrassing nature to the delicacy of women,’ replied as follows:—‘With reference to this question, the Medical Faculty of the University of Zurich find that the presence of lady students in the theoretical and practical courses has given rise to no disturbance whatever. The lectures and demonstrations are given without any regard to the ladies present, and the anatomical practice and clinical demonstrations are gone through as thoroughly as when in the presence of a male audience only. Notwithstanding this no unpleasant occurrence has ever taken place. Seeing that the Faculty has already had an experience of six years’ duration, they look forward tranquilly to the further solution of the still unsolved problem. The professors believe that to the earnest love of work and tact displayed by the ladies studying here, as well as to the political education and peaceable disposition of the Swiss students, the above favourable results are to be attributed.’ Such testimony is of high value, and should help to remove some of the prejudice which exists in England against the admission of ladies to the study of the medical profession. Six ladies have already graduated in this university—namely, two Russians, one American, and three English. Of the latter number one has recently been afforded a recognition, and been given an opportunity of public usefulness in hospital practice in England.”

LADY DOCTORS.

WE hear that 300 Russian young ladies have applied for admission to the Medical School of St. Petersburg, lately opened by Imperial ukase to women. The admissions, however, will be restricted to 70.

Next January a special course of instruction for midwives will commence at the Imperial Academy of Medicine and Surgery at St. Petersburg. The following are the rules for admission:— Applications will be received up to the 15th October, and preliminary examinations be held up to the 1st November. Applications must be accompanied by documents showing identity of applicant, and a certificate of tuition either in a middle-class or private school. Applicants who already possess a midwife's diploma, must present it. Applicants must not be under twenty, and if still under the authority of parents, must present their written consent to the application. They will be submitted to a preliminary examination particularly directed to their acquaintance with mathematics within the limits of instruction in the gymnasia for young girls, their intellectual development, and their knowledge of Russian. The object of the course is to prepare trained midwives to give necessary medical assistance to parturient women, and to treat diseases of women and children. The course will last four years, and the fee will be fifty roubles per annum.—*Medical Press and Circular.*

EPHEMERAL LITERATURE AND STUDY.

COMMENTING on the great feats of memory performed by the Hindoo Brahmins, many of whom could repeat more verses than are contained in all the cyclic Greek poets combined, Professor Max Müller, in his "History of Sanscrit Literature," says that the fact is by no means astonishing if we reflect how strong the memory becomes in the absence of adventitious aids like written or printed books. The daily perusal of a newspaper, he adds, for five years, would serve to break down the most vigorous memory; the constant succession of fleeting impressions allowing none to take strong hold, and thus enfeebling the retentive power. But it is not the memory only that is injuriously affected by an exclusive course of ephemeral reading. The judgment itself, by its rapid transition from subject to subject, becomes perfunctory in its exercise; the faculty of sustained attention is impaired; and a superficial, uninquiring, and far from independent habit of mind is induced. The risk of such a result is, of course, greatest in the youth, whose faculties are still in process of development, whose opinions are unformed, and whose mental turn is scarcely strong enough to resist deflecting influences. The student, and especially the medical student, whose subjects of acquisition are so varied and complex, ought therefore to be as little discursive as possible in his read-

ing, and by all means to reduce to a minimum his perusal of ephemeral literature. Such has been the advice of many wise teachers, Dr. Arnold of Rugby among the rest; and such was the advice of an able lecturer at the opening of one of our metropolitan schools. The advice, however, was questioned by a daily journal; but its arguments were of the most inconclusive kind. If the student wants mental recreation, he can get it in a thousand other ways than by the perusal of articles based on police reports, or of correspondence, however vivacious, from "graphic writers." So we hope the hint imparted to him will not be thrown away; but that he will pursue his studies as Porson did Greek—*stultorum ignavia aut scurrarum dicacitate immotus.*—*Lancet*, Oct. 19.

FACTS.

Who shall limit the importance of a fact? We must never forget that clinical medicine is a natural science, and in all natural sciences facts are things of paramount importance and supreme interest. Always feel, gentlemen, to a fact the reverence that a Chinaman does to a piece of paper—never throw it away. The building up of a science by the gradual accumulation of facts is like putting together a child's puzzle: as the construction advances fragments are found to fit in whose place and use in the early part of the process were suspected.—The late Dr. HYDE SALTER.—*Lancet*.

DR. CARROLL DUNHAM.

We have heard with great regret that the health of this eminent New York physician has so completely broken down as to compel him to relinquish all professional and literary duties for some time to come. Dr. Dunham purposes spending the winter in the South of France, and hopes to be in England during next summer, when we are sure that he will receive a hearty welcome from all who can appreciate a thoroughly earnest and useful labourer in the field of medicine. We sincerely hope that Dr. Dunham's retirement from active work will be only temporary, and that complete rest during the next twelve months may completely restore his health.

BRITISH HOMŒOPATHIC SOCIETY.

The next meeting of this Society will take place on Thursday, the 7th inst., when a paper will be read by Dr. RICHARD HUGHES of Brighton, on *The Therapeutic Use of Serpent Venom.*

OBITUARY.

DECIMUS HANDS, ESQ.

MR. HANDS died at his residence in the Finchley New Road on the 1st ult., in the 67th year of his age. The deceased, who

was a highly respected member of the medical profession, was admitted a member of the College of Surgeons in 1835, and a licentiate of the Society of Apothecaries in 1836. He practised homœopathically during the last twenty years of his career.

NOTICES TO CORRESPONDENTS.

C. S. HALSEY, Chicago.—The only portion of LUDLAM'S *Diseases of Women* we have received is the 1st Part. The 2nd and 3rd we have not received, as you seem to suppose. The 4th, 5th and 6th, referred to in your letter of the 27th Sept., had not come to hand when we went to press.

A NEOPHYTE will find all the information he requires in Dr. Murchison's *Treatise on the Continued Fevers of Great Britain*, or Aitken's work on the Practice of Medicine.

Communications have been received from Dr. DRURY, Dr. MORRISON, and Mr. TRUEMAN (London); Dr. DRYSDALE and Dr. HAYWARD (Liverpool); Dr. SHARP (Rugby); Dr. H. NANKIVELL (Bournemouth); Mr. CLIFTON (Northampton); Dr. DYCE BROWN (Aberdeen); Dr. BACON (Vienna); Dr. PYBURN (Hull); Dr. CROUCHER (Hastings); Dr. MASSY (Brighton); Dr. SCRIVEN and Mr. IVATTS (Dublin); &c.

BOOKS AND PERIODICALS RECEIVED.

The British Journal of Homœopathy, October. London: Turner and Co.

The Homœopathic World, October. London: Jarrold & Son.

Observations on the Speedy and Successful Treatment of Gonorrhœa and Gleet by Homœopathic Remedies. By ARTHUR GUINNESS, M.D. Oxford: Coles. 1872.

On the Curability of Cancer. By Dr. G. VON SCHMITT. London: Wyman & Sons. 1872.

Transactions of the Seventh Annual Session of the Homœopathic Medical Society of the State of Pennsylvania, 1872. Philadelphia: Jackson Bros.

The North Am. Jour. of Hom., August. New York: Boericke & Tafel.

The Hahnemannian Monthly, October. Philadelphia: Tafel.

The New England Medical Gazette, August. Boston: Whitney.

The Medical Investigator, September. Chicago: Halsey.

The American Observer, September. Detroit: Lodge.

Bulletin de la Soc. Méd. Hom. de France, October. Paris: Baillière.

L'Hahnemannisme: Journal de la Médecine Homœop., Sept. Paris: Baillière.

Internationale Homœop. Presse, Band I. Heft 6; Band II. Heft 1. Leipsic: Schwabe.

Allgemeine Hom. Zeitung, October. Leipsic: Baumgärtner.

Rivista Omiopatica, October. Rome: Capobianchi.

La Reforma Médica, September. Madrid.

El Criterio Médico, September. 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.

A PHYSICIAN PRACTISING HOMŒOPATHY.

THE chief end of the practice of medicine is the cure of disease. The agencies directed to accomplish this end are various; and, moreover, opinions differ as to the principles upon which some, at least, ought to be prescribed. He is a physician, who, having been fully instructed in the laws of health—in those deviations from health we call disease—and in the influence of the several forces and products of nature upon the animal economy—applies such knowledge to the relief of human suffering. A difference of opinion as to generally received views on either or all of these topics can never derogate from a man's position as a physician, who has duly qualified himself for and is carefully practising the profession of one.

Disease, abstractedly considered, is a perturbation of the ordinary functions of the body. This perturbation, continuing unchecked, may leave behind it traces of its having occurred in the shape of altered structures—alterations more or less permanently interfering with the performance of the function of the organ in which they have taken place.

The cure of disease consists in the resolution of this perturbation, in restoring the lost "balance of function," and in rendering innocent of mischief any abnormal structures which may have arisen, but cannot be removed.

In proceeding to cure a disease, to resolve a perturbation of function, the physician's first enquiry is into the nature of the function which has been disturbed, its office in the healthy state, the influence which the due fulfilment of this office has upon the rest of the economy, the mode in which it has become disturbed, and the causes which have led to the disturbance. From the facts elicited, he will be able to gauge the influence of certain kinds and quantities of food upon the disturbed condition before him; the effect of exercise, of rest, of clothing, of climate, of heat, of cold, of light upon the disordered organ or organs he is anxious to set right. Each of these agencies may, by skilful adjustment, be converted into a remedy. To use them aright, a thorough knowledge of physiology and pathology are essential. We must understand the action of all these forces in health; we must be fully alive to the influence each has on disease. Thus far all physicians are agreed. But we are able to influence the body by another class of remedies—by drugs. So long as we restrict ourselves to the consideration of physiology as a source whence we may derive remedial agents, there is a wonderful harmony of opinion. When, on the other hand, we enquire how drugs may be most advantageously employed, what those principles are which ought to govern their choice, we find ourselves in the midst of doubt, disorder, and difficulty. Of doubt, inasmuch as a largely increasing number of physicians question whether drugs ever do any good at all—are doubtful whether it would not on the whole be better for sick people, and more satisfactory to the physician, to avoid their use altogether. Of disorder, as seen in the conflicting bases upon which the same disease is treated with drugs by different physicians of equally good repute. Of difficulty, as indicated by the falling back upon pure empiricism of men of the high professional standing of Dr. Wilks of Guy's. Such men would do better, long for a scientific standpoint whence to make their drug-prescriptions, but the diffi-

culties which surround them in attaining their desires are, to them, insurmountable; they do not see their way to scientific therapeutics, and they grope along in empiricism, picking up and utilizing a therapeutic hint, now here, now there, much after the manner of the medicine-men of old.

When we enquire into the cause of the disorder which characterises the administration of drug-remedies, we find it in the absence of any therapeutic principle. Medicines are prescribed in deference to some pathological theory. Take, for example, the theory of inflammation. How different, how widely different have been the theories as to the nature of inflammatory action during the last sixty or seventy years; and how various indeed have been the theories regarding this process held by different men at the same time! The facts of disease have been set aside in favour of some fashionable interpretation of them, and medicines have been ordered to fit in with the interpretation. A similar illustration is supplied by the therapeutics of acute rheumatism. Vegetable acids are prescribed by one, alkalies by another, blistering by a third, solely to meet the pathological views each physician holds with regard to the nature of the morbid process constituting acute rheumatism.

The difficulty which prevents any therapeutic principle being recognised, consists in the almost total want of information—so far as the bulk of medical men is concerned—of the action of drugs upon healthy persons. Attempts have been made to deduce the *modus operandi* of medicines from their chemical reaction or mechanical effects, and from experiments made upon sick persons; while in the majority of instances the virtues of simples, as they are termed, form a part of the traditions of medicine. How these virtues suggested themselves is long since past finding out. The real effects of drugs upon the human organism are consequently for the most part unknown.

The doubt whether drugs have any influence over the course of disease is mainly due to the injurious results which have accrued from the large doses in which they have been commonly given. In order to purge, to sweat, to mercurialise, or to narcotise, medicines must be given in quantities narrowly approaching a poisonous degree. To already existing disease a general disturbance of the organism has oftentimes been added, by these processes having been set up. Health, which was but temporarily interfered with, has, from excessive drugging, become permanently disordered.

The great questions, then, to be solved, in order to place the art of drug-prescribing on a sound and useful basis, are how these doubts of the value of medicines may be dissipated, how order may be established, and how the difficulty of choosing suitable drug-remedies may be done away with.

To remove this medical scepticism, medicines must be so given as to accomplish good without producing any evil results.

To substitute order for disorder in drug-administration, medicines must be prescribed on a therapeutic instead of a pathological principle.

To clear away the difficulty of selecting a proper medicine in a given case, the physiological action of all medicines must be carefully studied.

Homœopathy fulfils—indeed consists in—these *desiderata* of scientific therapeutics.

The physician who practises homœopathy has the great advantage of being able to order his medicines in small doses ; of being guided in their selection by a therapeutic principle ; and in having at his command the records of countless experiments into the action of some 300 drugs upon healthy men and women.

It is in the possession of these advantages, and in this alone, that he differs from his medical neighbour who does *not* practise homœopathy. The one makes as full a

use of the physiological remedies for disease as does the other. There is as much need for skilful diagnosis by the one as by the other. Nay, there is yet greater necessity for skilful diagnosis by the physician who practises homœopathy than there is for the one who ignores it; for the former has not only to ascertain the nature of the disease which threatens his patient, but, out of several medicines, more or less similar in their action, to diagnose the one which will *best* meet the exigencies of his case.

The question will be asked, "Do these advantages—collectively termed homœopathy—hold good in every case of disease that comes under the notice of the physician?" To reply in the affirmative would be to assert that we have arrived at the end of all knowledge regarding the drug-treatment of disease. This assuredly we have not attained to. The range within which a homœopathically-acting medicine will operate curatively is immense; but at the same time there are instances where less direct drug-remedies must be given, if only to secure temporary relief. Dr. Black of Clifton, in reviewing his experience as a homœopathically-practising physician during twenty-five years, regards the homœopathic law or principle of drug-selection as "restricted to a certain wide sphere; within which it admits, as yet, of no rival. I find it," he continues, "difficult to define the large circle within which it acts. I should say disorders dependent on derangements of the vital forces: and this includes four-fifths of disease. This definition is faulty as far as it might exclude organic affections; and the benefit—palliative if not curative—gained in some of these diseases by the administration of homœopathic remedies is frequently very marked. I believe certain stages, or rather the effects of certain organic diseases, are excluded from the operation of the homœopathic law—such organic changes as, at last, materially interfere with the functions of these organs: and, in such cases, it is sometimes necessary to use means, not homœopathic, to remove the mechanical or chemical

results of the disease or to set up vicarious action in other parts, or to render the system more or less insensible to the pain excited by the change in structure.

“Again, there are several deviations, apparent but not real, from the homœopathic law, which need merely to be alluded to, for they are all included under that direction common to all therapeutic systems—*tolle causam*—e.g., a poison is swallowed, an emetic or stomach-pump must be used: an indigestible meal is taken, then a purge or an emetic must be administered. If there be evidence of fœcal accumulation in the bowels, an aperient or enema must be employed. A parasite, by its pressure, sets up irritation, then an agent capable of killing it must be applied,” &c.*

Such, then, are the kind of cases in which, in the present state of our knowledge, a homœopathically acting medicine cannot be employed. Relief must therefore be given in a less direct manner than is possible in that vast majority of cases to which homœopathic remedies do exist. Once more, do all medical men who believe in homœopathy prescribe homœopathic remedies within these limits? We reply that they do, so far as they are able, as far, that is, as their knowledge of the *Materia Medica*—of the physiological actions of drugs—admits of their doing. But all are not equally able; all have not the time at their command required to allow of their searching out the appropriate medicine in each case, where there is an urgent necessity to give relief and that promptly. Doubtless, in many instances, where some sedative is given by a homœopathically practising physician to tide him over a difficulty, he could do much more good by choosing, in accordance with the law of similars, a medicine adapted to the case under his care. Many such instances of palliative treatment may be attributed to a carelessness which is culpable, to a routinism which ought to be resisted, to an

* *Annals of the British Homœopathic Society*, Vol. IV. pp. 393-4.

ignorance of the *Materia Medica* which should be corrected. But ever and anon the most accomplished homœopathic physician must encounter a case of this kind. Is he therefore, because while he believes that, if he could find a homœopathic remedy, he would do more good than by administering a sedative, to wait until he has made the discovery, to allow his patient to suffer agony, perhaps to die, while he is acquiring this knowledge? This, as Dr. Black says, "would be a free translation of *ars longa, vita brevis*: because the art is deep, life must be short."

No, the duty incumbent upon every medical man who believes that the resources of homœopathy enable him to cure the chief proportion of distempers more safely, more rapidly, and more pleasantly than those of traditional medicine, is to prescribe a homœopathically indicated remedy in every case where he is able to do so, and so to study both disease and *Materia Medica* as to enable him to do so as frequently as possible; but his obligations to his patient to relieve pain and to stave off death are higher than his duty to practise homœopathy. If he cannot, whether from the incompleteness of science, or from his own imperfect acquaintance with it, prescribe homœopathically, he must use such measures as, within his knowledge, are most likely to achieve the end he has in view. To do *his best*—not some other person's best—to relieve the sufferings of those who seek his aid, is *par excellence* the duty of the practitioner of medicine, whether he derives help from homœopathy, or knows nothing about it.

We fully believe that it is in this light that every medical man practising homœopathy regards his professional obligations. And such we trust will ever be the principles actuating all who do so. He is the most successful physician who, within the limits where a homœopathically acting medicine can effect good, can relieve and cure, most seldom falls back upon an allopathic palliative. And if it be so, every occasion on which a measure of this kind is resorted to should be regarded as humiliating, as

evincing an ignorance that ought not to exist, simply because with study and reflection it need not exist.

There are those who would have us believe that for a homœopathic physician to give an opiate, or a dose of chloral, or an aperient, or an enema—when he cannot or knows not how to do better—is an act of fraud! So writes the editor of the *British Medical Journal*. Some physicians extol the power of *arsenic* to cure irritative dyspepsia—that is to say, there are those who, while denouncing homœopathy with considerable vehemence, would advise that irritative dyspepsia should be treated homœopathically. We wonder if the aforesaid editor would look upon such practice as fraudulent on their part. Is it fraudulent for an opponent of homœopathy to prescribe *ipécacuanha* in the vomiting of pregnancy? Is it fraudulent for an allopath to check a miscarriage with its homœopathic remedy, *secale cornutum*? Is it fraudulent for one who hates homœopathy to cure urticaria with *chloral*, simply because *chloral* is homœopathic to urticaria? “Homœopathy,” writes this person, “which began as a delusion, is now rapidly ending as a fraud.” And the “fraud” consists in homœopathic practitioners recognising, with greater accuracy than in years past, the wide limits within which this principle of drug selection they regard as true will serve them in prescribing, and in knowing how to act for the benefit of their patients beyond these limits! To stigmatise homœopathy by all sorts of unwarrantable epithets, and then to practise homœopathically is, we presume, according to *British Medical Association* ethics, all right and proper! Certain it is that many members of the Association do both! Homœopathy has been “rapidly ending” for fifty years! Oftentimes, indeed, it has been pronounced “dead.” We have very little doubt but that it will go on “ending” until it has entirely superseded the methods of drug prescribing at present taught in the schools.

The manner in which this ingenious editor endeavours

to convince his readers that homœopathy began as "a delusion" is characteristic of that regardlessness of truth with which all attacks upon our method have ever been conducted. "The ignorant delusion that all diseases were varieties of the itch, which was a cardinal point of homœopathic belief at the outset, has faded before the discovery of the itch insect." Such is one clause of the indictment. In the *first* place, we have to state that Hahnemann never put forward any "itch doctrine" at all. What he did was to recognise a certain constitutional taint, which he designated *psora*, as giving existence to a vast variety of the most important of chronic diseases. *Secondly*, so far from this doctrine—a purely pathological one by the way—having been connected with homœopathy "from the outset," Hahnemann's first reference to it is in a work published by him in 1828, and there he supported his conclusions by quotations from nearly one hundred of his allopathic predecessors. In 1828 Hahnemann's first essay on homœopathy had been before the world for upwards of thirty years; and by that time nearly one hundred medicines had been carefully studied by him and his friends. Subsequently Schönlein, of Berlin, a distinguished professor in the Medical School of that city, a supporter of the itch doctrine as an itch doctrine, and not as *psora* or a constitutional dyscrasia, was very wrath with Hahnemann because he supposed that he had arrogated the discovery of that doctrine to himself!

"The mystic folly of extreme dilutions, the potency of increasing weaknesses, the value of directions in shaking and stirring; are fading follies likewise."

The practice of administering medicines in high dilutions never was, is not, and never can be "a cardinal point of homœopathic belief." "At the outset" Hahnemann gave his medicines in quantities scarcely removed from those prescribed by the allopathic physicians of his time. It was not until many years later that he found medicines in higher dilutions to be effective for curative purposes. By

a large number of homœopathic practitioners his views on this subject have never met with much sympathy. The "potency of increasing weaknesses" is, we presume, a *British Medical Journal* euphemism for the so-called doctrine of dynamisation—a doctrine which has nothing whatever to do with homœopathy. To represent such notions as constituting homœopathy reminds us of *Punch's* cabman who, with a venerable screw in the shafts of his hansom, solicited employment on the ground that his animal's name was "Eclipse"! The cabman had, however, greater reason on his side than has the editor of the *B. M. J.*, for there was some resemblance between his animal and the one who is said to have got over a mile of ground in a single minute. But between homœopathy and the *B. M. J.* editor's description of it there is no similarity whatever. We suppose, however, that this mode of depicting homœopathy deters some shallow and ill-informed persons from examining the subject, and if it does so—answers its purpose. That it is utterly false, is no reason why it should not appear in the *British Medical Journal*.

In the article from which we have quoted (*B. M. J.*, October 26)—one of the most scurrilous we have read, even in that periodical, for several years—homœopaths are roundly charged with "fraud and folly." It is denied that we have "any claim to scientific consideration, or footing of professional respectability;" but, within brackets, the editor qualifies this sweeping denunciation by saying, "we mean always scientifically, and not personally or socially." By what logic this person can make a life passed in "fraud and folly," and in the absence of "professional respectability," harmonise with the existence of personal or social respectability, we cannot comprehend. His argument is, that the fraud and folly and lack of professional respectability essential to the homœopathic physician is a distinct bar to a non-homœopathic physician co-operating with him in any professional emergency—

even though life should depend upon help being given ; but it by no means prevents his having a bottle of wine with him, or dining with him, or chatting with him in the same railway carriage !

The principles of the editor of the *British Medical Journal* are the very reverse of those of his co-religionist in the *Merchant of Venice*. When Bassanio asked Shylock to dine with him, he replied : " I will buy with you, sell with you," &c., " but I will not eat with you, drink with you, or pray with you." Here it is otherwise—no consultation with you—but delighted to dine at your table !

For our part, we do not at all understand how any man can be foolish and fraudulent in the exercise of his profession, and at the same time personally and socially respectable. Possibly the editor of the *B. M. J.* may, in the course of his experience, have had opportunities of solving the problem. If so, we trust that he will explain himself.

GASTRIC FEVER, AND ITS RELATION TO GASTRO-ENTERIC OR TYPHOID FEVER.

By WILLIAM BAYES, M.D.

IN the recent discussions on the treatment of typhoid fever by *baptisia*, and also in my pamphlet on this subject, the term gastric fever has been frequently used, particularly by Dr. Richard Hughes and by me. In my pamphlet (p. 12)* I speak of typhoid fever in its early stage, " when it is commonly called gastric fever," and during the discussions which have taken place on the subject, at the British Homœopathic Society and at the Congress at York, the term gastric fever was constantly used in this sense.

In speaking of gastric fever, Dr. Richard Hughes, in his *Manual of Therapeutics* (page 71), says : " Dr. Russell appears to think this an independent form of pyrexia. ' I mean by this term,' he writes, ' a non-infectious, continued fever, which has no regular course ; in which there is no eruption, and which is not attended with diarrhœa,

* *Typhoid Fever : some account of Baptisia Tinctoria, the new Remedy for the Disease.* London : Baillière and Co.

or any intestinal affection.” Dr. Hughes very justly says, “I can only say that I have never seen such a fever; nor is it recognized by the latest writers on the subject—Jenner, Murchison, Aitken.”

Dr. Hughes proceeds to say: “I use the term gastric fever, as less alarming, to designate the ordinary endemic low fever I meet with in my practice. But I know well that if the symptoms are not checked in the first stage, diarrhoea will set in, and with the dry tongue, the tympanitis and the delirium, will manifest unmistakably the ‘typhoid’ condition.”

It is clear, then, that the speakers in the debate on *baptisia* do not properly designate the febrile state in which it is eminently curative, when they call it “gastric fever.” They would more clearly have expressed their exact meaning had they spoken of it as the gastric stage of typhoid fever.

Medical nomenclature is often faulty, and only partially descriptive of the thing named. Typhoid fever is no exception to this remark—and the course of the disease, embracing its early beginnings and traced to its complete ending, is far more accurately described by its French synonym, “gastro-entérite.” At least this is the more frequent form in which the disease presents itself to our view—a fever commencing with functional derangement of the stomach, proceeding to functional derangement of liver and bowels, and ending in structural changes in the solitary and agminated glands of the ileum, in which the disease centres itself as a specific inflammatory condition.

Dr. John Harley describes three varieties of the disease in his admirable essay on typhoid fever in Russell Reynolds’ *System of Medicine*. He prefers the name “enteric fever” as more completely and accurately defining the intestinal lesion; but with great deference to so high an authority, I venture to prefer the term gastro-enteric fever, since it describes the course of the specific disease, as well as noting the position of its most serious and fatal lesion.

The three varieties into which Dr. John Harley divides “typhoid” are 1. Simple inflammatory enteric fever, 2. Contagious enteric fever, 3. Paludal enteric fever.

Simple inflammatory enteric fever he describes as possibly occurring during the course of any acute disease, the inflammation of the glands of the ileum being apparently caused by sympathy, Dr. J. Harley gives examples

where this disease has been associated with pneumonia, pleurisy, scarlatina, diphtheria, erysipelas, phthisis, ague, &c.

Contagious enteric fever is a much more rare form of this disease,

Paludal enteric fever is the name by which Dr. Harley describes the common form of the disease arising from putrescent animal and vegetable substances, and is non-contagious.

For my own part I think it would be more practically useful to confine the term gastro-enteric fever to the two last varieties, and to speak of the former as the typhoid state of the disease present: calling it typhoid pneumonia, typhoid scarlatina, typhoid diphtheria, &c., or as gastro-enteritis, *i.e.*, gastro enteritic inflammation complicating these diseases, and not as typhoid or gastro-enteritic fever, which is a specific idiopathic disease.

To rightly call a sequence of symptoms "a fever," should imply a regular and defined course, a beginning and an ending within some fairly defined limits. It is because the disease named gastric fever by Dr. Russell "has no regular course," that it is improperly designated gastric fever, and rather should be called gastritis; so I conceive the "simple inflammatory enteric fever" of Dr. Harley rather deserves the name of enteritis or inflammation of the bowels. Its course is uncertain as to time, its beginning and its ending are irregular, and it does not rightly receive the name of "a fever," being more truly a febrile state consequent on inflammation.

Very different is the course of the true gastro-enteric or typhoid fever.

Exposed to contagion or to infection from putrescent effluvium, the patient falls first into the febrile state, "painful lassitude, with debility of the corporeal and mental faculties, alteration of the secreting functions, accelerated circulation, increased thirst, and abolition of the appetites."*

This febrile state may continue for days or even weeks before distinct signs of enteric irritation set in, but gastric disorder is a marked sign of this stage, and with its unequal, capricious appetite at first and subsequent absence of appetite, usually (but by no means always) accompanied

* Copland's *Dictionary of Practical Medicine*—Art. Fever.

by some tenderness on pressure over the epigastrium; with frequent, and in some cases constant, frontal headache and unrest at night, sometimes amounting to complete wakefulness for many nights together, and sometimes resulting in gentle night delirium. The pulse in this stage is seldom higher than from 84 to 96. The tongue varies, in the morning it may be dry and reddish-brown in the centre, with white fur at the sides, but, after food, becomes white and moist. Chilliness alternating with heat, the heat usually predominating at night, also mark this state of gastro-enteric fever, and *it is this stage of the disease which has so frequently been designated gastric fever.*

It is true that the gastric stage is sometimes prolonged for weeks, but in some severe cases it is almost wanting, the enteric signs of the disease presenting themselves from its commencement to its termination. I recently met with such a case where a patient having been exposed to a most offensive effluvium, was, as it were, struck at once in the ileum; violent pain, tumefaction, gurgling on pressure, diarrhoea and vomiting set in within a few hours; but these cases are rare. Dr. Harley justly describes these as resembling cases of narcotico-acrid poisoning.

But between these two varieties of receptivity there is a third and far more common form, where symptoms of gastro-enteric irritation follow one another rapidly and steadily, enabling a very definite diagnosis to be formed at a very early date. The patient is, at once, ill enough to take to his bed and send for the doctor. Considerable gastric irritation is a marked sign, and on physical examination tenderness in the right iliac fossa is found, showing the true seat of the disease almost at its outset.

The sequence of symptoms which indicate gastro-enteric fever is as follows:—

- 1st. The febrile state.
- 2nd. Gastric functional disturbance. Tongue moist at first, then has a dark streak in centre.
- 3rd. Sleeplessness or restlessness.
- 4th. Tenderness in the bowels, especially in right iliac fossa, usually with looseness in the bowels. Sordes on the teeth. Tendency to tympanitis. Tongue dry, red, contracted and fissured.
- 5th. A few round, rose-coloured papules appear on the abdomen, chest or back, they may be very few in number, or more numerous, and the severity of the disease bears

no relation to their number. These spots seldom last more than three or four days, but fresh ones appear from time to time during the later period of the disease. Gastro-enteric fever may even exist without these spots, though such cases are rare.

6th. Hectic fever. The pulse often ranges at this time from 120 to 130, or higher, and the evening temperature is higher than that in the morning, ranging from 102° to 108° Fahrenheit.

These are the distinguishing symptoms of typhoid or gastro-enteric fever, but many others may be present. Diarrhœa may run on into watery dejections, hæmorrhage per anum may occur, and all the other accidents which are met with in severe adynamic conditions.

The severity of a case of gastro-enteric fever is shown by two signs, the height of the evening temperature (in other words, by the degree of hectic fever present), and by the severity of the diarrhœa.

If we can subdue gastric irritation—give the stomach power to bear food, to retain and to digest it; if we can restrain diarrhœa and keep the bowels quiescent for six or eight days, then the disease usually takes a favorable turn.

It is from its power to induce these favorable changes that I feel so great a confidence in the administration of *baptisia*; but the mode of administration is of great moment, as also the dose which shall be given is most important. In many of the cases in which *baptisia* is said to have disappointed the giver, the want of success may be traced to a want of art in the administration of the remedy.

I should advise that 10 drops of the pure matrix tincture, if it can be procured (not the diluted matrix tincture of the present British Homœopathic Pharmacopœia, which is only equivalent to 1x), should be well mixed in half-a-pint of pure water, and that a teaspoonful should be given every quarter of an hour or twenty minutes. It is by no means ungrateful to the patient, and keeps the mouth moist.

In a few hours, by this means, the ganglionic system becomes roused to action, the patient wishes for food, and is able to take and to digest it, and the restlessness and head-ache are greatly relieved. Sometimes a gentle perspiration breaks out and gives further relief to all the

symptoms. When these results are attained the dose need not be repeated so frequently, the intervals being lengthened to one or two hours, and even longer.

By the administration of one or two teaspoonfuls of the medicine at very short intervals, the blood is diluted, and the drug also is carried at once to the point where it is most needed: by the frequency of the dose it is again and again brought into contact with the vascular coats, and thus stimulates the semi-paralysed vaso-motor nerves, and gives them again their lost power over the capillaries and arterioles, enabling them to expel the semi-stagnant blood, thus reducing the chance of those further infiltrations and congestions which lead to the most dangerous consequences in gastro-enteric fever.

In addition to this specific stimulant action on the sympathetic nerve fibres, the steadily continued dilution of the blood itself tends to prevent its stagnation; and also gives further solubility to those noxious materials which exist in the blood of fever patients, and promotes their elimination through the skin, the lungs, and the kidneys. Cold water alone, given in this manner, promotes the action of these organs, but when it is made the vehicle of a gentle specific stimulant, whose tendency is to restore the lost balance to the ganglionic system of nerves, it occupies a doubly useful sphere.

I chiefly rely on *baptisia* as giving the stomach power to receive, to retain, and to digest food.

In restraining the diarrhoea I have seen more good result from *rhus toxicodendron*, 3rd dilution, or 3rd decimal dilution, in doses of one to two drops. The pain in the right shoulder, which is often found in cases of typhoid (or gastro-enteric fever), indicating disordered function, and probably great congestion of the liver, strongly points to *rhus* as its symptomatic indication. During my residence in Cambridge, where the paludal form of typhoid (or gastro-enteric fever), was most prevalent at certain seasons, I learnt to have the greatest reliance on *rhus* in restraining the looseness in the bowels in typhoid (or gastro-enteric fever). Contrary to Dr. R. Hughes' experience I did not find *arsenicum* by any means of marked service, and in my later cases I seldom gave it. When we consider how important it is that the bowels should have rest during the ulcerative stage of the fever, it is easy to see how valuable a remedy that must be which restrains the

looseness of the bowels. My experience coincides with that of some other observers, *viz.*, that if the bowels are quiescent during the first eight days after the fever has pronounced itself distinctly, the patient almost invariably does well.

The dangers of typhoid (gastro-enteric) fever show at once the significance of this remark, they are exhaustion and hæmorrhage.

I once saw a patient die from getting out of bed (contrary to strict orders) to go to the stool. Fatal syncope came on.

Hæmorrhage may occur internally, or blood may pass from the bowels to such an extent as to cause sudden fatality. The chances of these accidents are greatly reduced if the bowels are quiescent.

The danger from hæmorrhage is chiefly owing to the spread of ulceration laying open some distended blood-vessel. It is therefore of great importance that the inflammation and consequent ulceration of the glands in the ileum should be controlled early in the disease, and that the process of healing and reparation should be effectually set up. With this view the tepid wet pad should be applied over the right hypochondrium as soon as any tenderness shows itself, and should be continued during the whole fever so long as it is soothing and comforting to the patient. My own method of using this application is to fold a linen handkerchief six or eight times, dip it in water of 84°, apply it over the whole right side from the ribs to the pelvis, and put two or three folds of flannel over it. I prefer this to oil silk, as it allows transpiration, and is not heating to the patient. The wet pad should be changed as often as it becomes cold or dry, and dry flannels and fresh handkerchiefs should be used for each application. For the process of healing and reparation we have to look to the specific stimulation of the sympathetic nerves by medicines selected for their homœopathicity, and to the assimilation of food, thus supplying the parts with healthy plastic material. During the early course of gastro-enteric fever fresh beef tea (or that made from Brand's Essence of Meat, procured from 1, Little Stanhope Street, May Fair), milk and barley water, alone should be given. I much prefer fresh beef tea and broths to those prepared from extracts, but if I am compelled to use any other, I avoid Liebig's and most others, and rely

on Brand's, which the most nearly approaches fresh beef tea of any I know.

Fluid diet must be strictly adhered to so long as the tongue is furred, when it cleans, light articles of solid diet can be admitted very cautiously. One great advantage of keeping strictly to the liquid diet is, that it permits us to allow the bowels to remain quiescent without inconvenience or danger of disturbance, and thus we have the best prospect of limiting the spread of inflammation and infiltrations, with their subsequent corresponding extent of ulceration. Another advantage is, that the fluids, by diluting the blood, favour the excretion of peccant matters through the kidneys and skin.

But it is advisable, knowing the irritability of the whole gastro-intestinal canal, that the liquids should not be given in too great quantities at a time, from one to two ounces every two or three hours is the average quantity needed, and the patient may quench thirst by frequently sipping the *baptista* mixture, or by sipping iced water.

The question of alcohol is a very important one, I give very little alcohol in these cases; if the food oppress the stomach I give a teaspoonful or two of brandy and water immediately after each quantity of beef tea (the brandy being in the proportion of a dessert-spoonful to a wineglassful of water). Later in the disease, a time sometimes comes when alcoholic drinks must be freely given and without stint, but such cases are comparatively rare in homœopathic practice, and seldom met with where the case has been seen early. The choice of the stimulant must depend on the case, sometimes sound Claret or Burgundy suffice—other cases demand Port wine, or Port wine and water, and in some again, brandy and water, or pure brandy, must be given freely. The reason for giving these stimulants is, when syncope threatens, the heart's action must be kept up, or the patient will surely die.*

* "Ask yourselves for what is it in typhus fever you give wine?"

"It is for this you give it. It is the specific remedy directed to remedy the general lesion of the function of circulation, and hence in its administration you must give it whether there is or is not delirium; for delirium may be present or absent in a case requiring its exhibition for the function of circulation. You should give it indifferently whether the tongue is moist or dry; for the tongue may be either, and yet wine may be required; and hence the tongue becoming moist is not an indication that you may dispense with its use,

In some cases food induces partial syncope, with livid face and bluish lips and hands. Here oxygen comes in as an invaluable adjunct, and I cannot too strongly advise its use whenever signs of deficient oxygenation present themselves. I have seen cases, otherwise hopeless, saved by the judicious use of oxygen, which is easily applied by means of Barth's apparatus.

For the use of oxygen and of alcoholic drinks, no definite rule can be laid down as to time and quantity; the judgment of an experienced physician must be his guide in this matter. The physician must bear in mind exactly what he has to do under certain pathological states, and having his indications clearly before him, he must choose his agents well, and appoint to each its work. Above all things let him avoid routinism, which can never be successful treatment in such an ever-changing quantity as disease at the bed-side.

Disinfection of all the excretions, both from the bowels and kidneys, is a very important part of the management of the sick room. I give preference to Condy's red fluid over every other form of disinfectant in these cases, and direct that a small quantity should be placed in every vessel as well as in basins or plates under the bed, in the passages and about in the room. Also all clothes, &c., worn by the patient, should be plunged into a disinfectant either before or immediately after leaving the room.

In conclusion, I would wish to say a few words on typhus fever and its marked differences from typhoid or gastro-enteric fever.

In typhus fever we have a very liquid state of the blood; softening of the heart and muscular tissues, of the

nor is its continuing dry a sign to make you discontinue it. You may give it with a soft abdomen, or with an abdomen tympanitic, for similar reasons. You are giving wine, recollect, as the specific remedy for the lesion of the function of circulation (remember always comprising under this the capillary and cardiac circulation); and by the state of the pulse and changes in the colour of the maculæ, you are to judge of the necessity of continuing, decreasing, or augmenting its dose. Under its exhibition you will see the vessels of the conjunctiva contract, the maculæ become rose-coloured, and the patches of skin on dependent portions of the body lose their dark livid hue. Keep this then in mind—the lesion in fever for which you give wine, is the lesion of circulation; and if this function from debility require it, you must give it under all circumstances of derangement of other functions."—*Lectures on the Nature and Treatment of Fever*, by Sir J. D. Corrigan, Bart.

mucous membranes and of the other organs, as shown after death; but we do not find inflammation or ulceration of the solitary and agminated glands as we do in typhoid or gastro-enteric fever, although the glands may be found somewhat enlarged and gorged. In typhus also the eruption comes on in one single rash, and not in successive crops; it is also dusky, coming out in patches, mottled looking, sometimes as deep-coloured as mulberry, but varying from that to the colour of measles rash, from which it is distinguishable by its not being crescentic, some of the spots may be lenticular and slightly elevated, but are less so than those of typhoid. As has been noticed with respect to typhoid, the rash is not always present in typhus, but is found in about 95 per cent. of the cases noticed. In typhus prostration of all the vital powers is a very marked symptom early in the disease. Typhus fever is also highly contagious, while typhoid fever is rarely so. It is questionable, indeed, (Dr. J. Harley's view notwithstanding,) whether typhoid is, in the true sense, contagious. It appears to me probable that, where it seems to have been caught from personal contact with patients, the disease may not have been propagated by personal contact or infection, but may have been communicated from offensive and putrid emanations from the stools or other excretions.

Typhus fever is, however, undoubtedly contagious, and disinfection must be very carefully and constantly employed, not only as to the dejections and excretions, but as to the linen and other clothing of the patient and of those who have access to him. Also the patient's skin should be sponged once or twice a day with tepid vinegar and water, or weak Condy's Fluid and water, which will both refresh him, and make attendance on him safer.

The change which takes place in the blood in typhus points strongly to the value of *arsenicum* as a medicine in this disease. Here is its true sphere of action. Arsenic, in the continued moderately-large dose, penetrates the nervous and circulating systems, and has a specific influence on the blood, leading to adynamia with great prostration of strength. It diminishes "the tone and cohesion of the coagulable lymph of the blood." It "exhausts the powers of life either of single organisms or of the whole organism." It induces "spots, blue, particularly on abdomen, genitals, and in the white of the eye: inflamed

like measles, especially on head, face and neck, resembling petechiæ." In most cases of typhus *arsenicum* becomes, therefore, a very principal homœopathic remedy, though *rhus*, *carbo*, *phosphorus*, *phosphoric acid*, and some others are frequently indicated during the course of the disease. But, speaking comparatively, I should say that *arsenicum* bears the same relation to typhus fever that *baptisia* does to typhoid.

If we compare the symptoms of typhus with those induced by moderately-large poisonous doses of arsenic, and collate them organ by organ, we cannot fail to be struck with the intimate relation subsisting between this remedy and the disease, and knowing its power thus to paralyze and fluidize the blood and soften the tissues in the moderately-large dose, we know that a minute dose will reach the same parts, tracts, organs, fluids and tissues, and will stimulate them to resist the typhus dyscrasia. But, bearing in mind the power of the medicine, the higher dilutions should first be given, and the dose and dilution cautiously increased in strength till a responsive improvement evidences itself. In the treatment of both forms of fever the constant watchful care of the physician is needed, and the exercise of the nicest judgment is demanded. Many a patient has been saved by extreme attention, the right moment for the administration of alcohol being seized, and dangers being met and averted by the calm foresight and presence of mind of the "man at the wheel." Many a patient has been lost by the precipitancy, want of judgment, carelessness, or nervous insufficiency of the nurse or medical attendant. It is equally important in these diseases to know when to act with promptitude and vigour and when to withhold the hand and to abstain from meddling interference.

Brook Street, Grosvenor Square.

LYCOPUS VIRGINICUS: A PROVING.

By Dr. MORRISSON.

Preparation.—American mother tincture. The official preparation is a tincture of the whole plant. The full botanical description of this plant (which is commonly called bugle week, Paul's betony, or water horehound), may be found in Hale's *New Remedies*, 2nd edition.

State of Health.—Usually good, though not robust.

For the last nine years (since residing in England), tendency to rheumatic pains, with slightly depressed cardiac action. The oppression of crowded rooms induces faintness. For about a week, tendency to diarrhœa. Slight attacks of spasm of the intercostals, which have troubled me for about a month; consequent on the effects of arsenical wall-paper. Depression of vital energy, from a long strain of work.

Examiner's Report (by a hospital physician).—"Impulse of heart rather feeble. Percussion shows that the heart is of natural size. There is a distinct systolic basic murmur heard at the second left interspace, which I have no doubt is hæmic. The first sound at the apex is not good, and rather murmurish. Occasional intermissions in the heart's beats."

Clinical Observations.—Pulse 70 (sitting); temp. 36.40 C.; resps. 20. Urine clear, bright (even after standing the whole night); acid; sp. gr. 1012; free from albumen.

Proving.—Sept. 5th, 1872, 10 p.m., *lycopus* $\mathfrak{m}\times/\phi$. Within fifteen mins. slight pain in left frontal eminence, quickly transferred to right; then ceasing, and returning in both; succeeded by slight burning on right side at back of palate, lasting fully ten minutes. I append pulse-tracing as taken by the sphygmograph. The indications are those of fairly healthy action.



Sept. 6th, 10 a.m., $\mathfrak{m}\times/\phi$. No effects. 2 p.m., $\mathfrak{m}\times/\phi$. Within five mins. oppressed feeling in brain, succeeded by subacute pain an inch below and to outer side of left nipple, quickly subsiding: twenty mins. after taking, dull pain in both frontal eminences; succeeded by slight return of subacute pain at apex of heart. 10 p.m., $\mathfrak{m}\times\vee/\phi$. Within ten mins. distinct sensation of rawness at back of palate on right side, extending over to left. Pulse 72, sitting; temp. 36.30 C. Urine clear, acid; sp. gr. 1016; free from albumen.

7th Sept., 10 a.m., $\mathfrak{m}\times\vee/\phi$. Twenty mins. after, slight rawness at back and on r. side of palate. 2 p.m., $\mathfrak{m}\times\vee/\phi$. Within five mins. slight burning in palate; slight obtusion of intellect, with dull aching through sinciput. 10 p.m., $\mathfrak{m}\times\vee/\phi$. Slight burning on r. side of palate, in

usual spot. Pulse 76; action fairly regular. Tracing appended.



8th Sept., 10 a.m., \mathfrak{mxx}/Φ . Within fifteen mins. frontal headache, succeeded by burning in usual spot of palate. 11 a.m., sharp pain in usual spot, lasting several minutes. 2 p.m., \mathfrak{mxxv}/Φ . During afternoon, pressive frontal headache, relieved by a current of air, returning on entering house. 7 p.m., cardiac oppression, lasting an hour; pulse 80, standing, with distinct intermissions; tendency to toothache in r. lower molars (sound teeth); succeeded by subacute pain, first in left then in right frontal eminence.

9th Sept., 9 a.m., \mathfrak{mxxx}/Φ . 3 p.m., subacute pain in both frontal eminences; succeeded by frontal headache. 9 p.m., marked cardiac oppression; pulse 80, sitting, with distinct intermissions; sighing and yawning; unsteadiness of hands, rendering writing somewhat difficult; strange sensation, extending up œsophagus and locating in pharynx. 10.10 p.m., feeling of unsteadiness in walking; continuous subacute aching in frontal eminences, especially left; tendency to toothache, first in r. lower molars (sound teeth), then transferred to left (sound teeth). 10.15 p.m., \mathfrak{mxxx}/Φ . Within half-an-hour, subacute pain in left frontal eminence, and in pharynx, latter increased by deglutition; pulse, sitting, 66; temp. 35.90 C.; resps. 19. Urine, for the first time, exhibits a cloudy deposit; acid; sp. gr. 1021; free from albumen. Pulse-tracing appended.



10th Sept. Retired at 2 a.m. On lying down, cardiac depression, with dull, heavy beating, lasting several minutes. Awoke before 8; sleep dreamy and disturbed (not restless). On rising, continuous, dull, frontal headache; not relieved by cold affusion, slightly relieved by strong pressure. 10 a.m., \mathfrak{mxxx}/Φ . Return of tremulous feeling in hands, while writing, lasting several minutes. During day, dull pressive frontal headache; occasional subacute pains in left frontal eminence. 10 p.m., \mathfrak{mxi}/Φ . Within ten mins. general feeling of oppression, inducing

me to sit down; sharp rheumatoid pain from left knee to ankle; quickly settling in loins (lumbago?); then accompanied by sharp darting pains in left thumb; succeeded by acute pain in nape of neck (cervical muscles); pressive frontal headache, with acute pain in cerebrum from the succussion of walking. Pulse not perceptibly altered. 11.30 p.m., steady subacute pain in cervical muscles, more to left side; subacute pain in left frontal eminence. Pulse 74, sitting and standing, varying in volume. *Examiner's Report.*—"Hæmic murmur lessened; apex murmurishness imperceptible; pulsation stronger, 70 standing and lying. Otherwise nothing special."

11th Sept. Slept better last night. Awoke at 6.30. On waking, noticed intermittent character of cardiac pulsation; intermissions at 7th, 8th, 6th, 21st, 9th, 23rd, and 88th beats. A few minutes subsequently, intermissions between 6th and 15th beats; later, the heart beat regularly at 70 (lying). Before rising was free from headache, which immediately slightly returned; not relieved by cold affusion. 10 a.m., $\text{m}\times\text{l}/\phi$. Pulse at first steadier; then frequent intermissions; increased headache. 11 a.m., subacute pain in both temples. 12.15 p.m., pain of temples transferred to cerebellum, seems of a congestive character; subacute pain at apex of heart, of short duration; rheumatoid pain in calves of legs, especially left; succeeded by acute rheumatoid loin pain, extending to lower dorsal region; acute pain at seventh cervical vertebra; pain from cerebellum transferred to temples—more acute. 12.45, congestive pain in occiput, without mitigation of temporal aching; constant severe lumbar aching; slight rheumatoid pain in left supra-scapular muscles; general feeling of weakness and weariness. Pulse 76, sitting and standing. 2.30 p.m., flying muscular pains, with persistent aching in loins and occiput, increased by movement; not lessening, as formerly, after a meal. Depression of vital power. 6.30 p.m. By 4 o'clock pains had almost left, but after exertion of running up stairs returned sharply; first in lumbar region; then in left leg, extending up thigh; afterwards in right leg, with increased weakness and weariness; flying pains in various parts; eyes feel weak, as if the system were much over-fatigued; symptoms not lessened by the evening meal. Pulse 72, sitting and standing, with occasional inter-

missions. 10 p.m. (no medicine, owing to severity of symptoms), pulse 68, regular, sitting; 74, irregular, standing; temp. 36.20 C.; resps. 19. Urine exhibits cloudy deposit; acid; sp. gr. 1016; free from albumen, phosphates, lithates, and sugar. Microscopic examination shows mucus, epithelial cells, and very minute crystals. Since commencing proving, bowels have acted regularly twice a day; motions papescent or watery till to-day; now decidedly constipated.

12th Sept. Retired last night at 11; slept well till daylight; then awoke (quite unusual), and had light dreamy sleep after. Before rising, free from pain; immediately after, rheumatoid aching in right scapular muscles. 10.50 a.m., pain in scapular muscles continues; feel otherwise well. m/ϕ . Within ten mins. dull frontal headache; pain in left lower molars, transferred to right. During day, rheumatoid pain, commencing in left calf and finishing in right; lumbar pain; frontal headache; occipital pain; flying pains; general malaise. All symptoms much less marked than yesterday. 11 p.m., pulse 72, sitting and standing; 62 to 66 lying; irregular and intermittent, specially so when lying; quickened by each inspiration. Bowels have acted twice to-day; motions loose, light in colour. Urine shows deposit of mucus, even while cooling; acid; sp. gr. 1012.

13th Sept. Did not sleep as soundly as usual. On awaking, slight aching in left calf, quickly transferred to right; slight aching down left forearm. After rising, cardiac distress, scarcely amounting to pain, most marked at apex. 10 a.m., m/ϕ (new tincture). Within twenty minutes frontal oppression; with trembling weakness of hands; return of rawness at back of palate on right side. During afternoon, return of lumbar aching, most marked on left side; frontal headache; pains in limbs; general malaise. Evening, lumbar aching; occasional pains in legs, especially left; slight pain in molars, passing from right to left; pulse 72, lying, sitting, and standing, quickened by each inspiration; temp. 36.30 C.; resps. 19. Urine shows deposit of mucus, while cooling; acid; sp. gr. on passing, 1010; after standing, 1014. Motion to-day slimy, of a peculiarly shining dark-brown colour. *Examiner's Report.*—“Pulsation scarcely perceptible to touch; hæmic murmur again distinct; apex murmurishness again perceptible. Pulse 72, sitting and standing.

All symptoms increased by movement in lying down or standing up." Evening, cardiac action regular; pulse 74, not intermittent. Pulse-tracing appended.



14th Sept. Awoke at 5, after dreamy, though not restless sleep. Pulse 74; intermissions at 7th, 7th, 11th, 31st, 10th, and 20th beats. Slept indifferently till 8; then awoke free from pain or ache. Pulse 72, not intermittent. 10 a.m., pulse 74 lying and sitting; 82 standing; general debility. $\text{m} \times \phi$. Within ten mins. severe lumbar aching; frontal headache; pulse 82 sitting; 86 standing; irregular and intermitting. Five mins. later, subacute pain at apex, extending to third left interspace. Later, cessation of frontal headache; succeeded by occipital aching, and subacute pain in fifth right interspace, each quickly abating; succeeded by return of aching pain in temples; loin pain persists. 11 a.m., pulse, sitting 72; standing 82; occasional intermissions. 12 noon, loin pain and temporal headache persist; slight pain at apex; rheumatoid pains, especially left leg and forearm. During afternoon, sharp aching in right leg, not relieved by friction; short achings in various parts, left-sided predominating. Night, pulse 74; temp. 36.40 C. Urine shows deposit of mucus; acid; sp. gr. fresh, 1012, on cooling, 1016; free from albumen.

15th Sept. On awaking at 6.30, pleurodynia, from third to seventh left interspace; with acute pain at apex of heart; with contraction of intercostal muscles; increased by lying on right side; lasting till 10 a.m.; pulse 68, with oppressed cardiac action. 11 a.m., $\text{m} \times \text{xxx} / \phi$. Within half an hour, sharp pain in right lower molars, passing to right temple, then to left lower molars, then to left temple, then returning to right lower molars, then settling in loins; with frontal oppression. Later, pains at apex of heart, in left wrist, left leg, right leg, nape of neck, and loins, passing off quickly; not relieved by friction. Palpitation on slight exertion; general malaise. Evening, congestive pain in nape of neck, with severe continuous lumbar and dorsal pain, worse towards left side. 10.50 p.m., pulse lying, 60; sitting, 66; standing, 80, regular. Urine less clouded; acid; sp. gr. fresh, 1012; on cooling, 1018.

16th Sept. On awaking at 6.30, laboured cardiac pulsation; pulse 62. 10 a.m., pulse 72 sitting; 82 standing. mc/ϕ . Within an hour, dull pressive frontal headache; pulse 76 sitting; 80 standing; aching across loins. 12 noon, while sitting, strong bearing-down in left inguinal canal, as if hernia would protrude; with acute pain on walking; relieved by upward pressure on external ring; lasting about fifteen minutes. Afternoon, slight pains in various parts, left-sided predominating. Evening, restless activity, ready for any amount of work; slight aching in left lower molars (sound teeth). 9.30 p.m., bearing-down in right inguinal canal, with subacute pain when walking; relieved by upward pressure on external ring; returning when pressure is removed; lasting fully two hours; with severe loin pain, most marked to right of spine, lasting till retiring. During day there has been subacute pain at apex of heart; afterwards at fourth left interspace. Urine less clouded; acid; sp. gr. fresh, 1008; on cooling, 1012; free from albumen.

17th Sept. Awoke at daylight, and slept but indifferently after. On awaking, free from pain. On rising, aching returned in both inguinal canals; increased by walking; relieved by upward pressure on external rings: sharp aching in left lower molars (sound teeth). 10 a.m., mcxx/ϕ . Pulse immediately steadied; soft, regular; 76 sitting; 84 standing. Within half an hour, sharp aching in left lower molars; accompanied by fronto-occipital headache; return of lumbar aching. 1 p.m., subacute superficial pain at third left interspace, near sternum, becoming acute on moving, lasting fully ten mins., passing to mid-sternum; continuous aching along inguinal canals, most marked on right side, obliging me to walk cautiously; continuous loin pain. Pulse 70 sitting; 77 standing. Afternoon, severe continuous lumbar aching; painful stiffness in left infra-maxillary region, extending to nape of neck, interfering with movement of head; slight tenderness in inguinal canals. Evening, continued tenderness in inguinal canals; pulse 70, jerking; temp. 36.10 C.; urine less clouded; acid; sp. gr. fresh, 1014; on cooling, 1017. Pulse-tracing appended. In this, the jerking character is well expressed.



18th Sept. No medicine. During morning, sharp aching down right tibia, causing lameness, not relieved by friction; achings in various parts, especially left lower molars and loins; general malaise. Bowels acted this morning only; motion shiny, of a peculiar greyish brown, as if mixed with ashes. Night, pulse 58 lying; 70 sitting; 72 standing; temp. 36.10 C. Urine slightly clouded; acid; sp. gr. fresh, 1007; on cooling, 1010.

19th Sept. On awaking, spasms of right intercostals; slight aching down right inguinal canal. 10 a.m., pulse 70 sitting; 78 standing. 3 iij/φ. Within five mins. sharp aching in nape of neck, left side; soon transferred to right frontal eminence. Later, pulse very feeble, quickened; 78 sitting; 86 standing; irregular. Acute pain in inner muscles of left calf, with straining and lameness; acute flying pains to right of middle dorsal region, in nape of neck, frontal eminences, left wrist, left lower molars (sound teeth), lumbar region, and again in nape of neck. 11 a.m., distressed feeling in cerebellum; sharp achings in various parts; acute superficial pain at third and fourth left interspaces; continuous lumbar pain, not increased by stooping, increased by walking. Pulse 82 sitting; 84 standing; regular. 11.30 a.m., while sitting, acute pain down right inguinal canal, quickly abating; leaving a steady dull aching; cervical and lumbar pains continue.

12 noon. *Examination* (by H. R., Esq.).—"Heart sounds indistinct, systolic running into diastolic; basic murmur very slight; apex murmurishness not perceptible; action very feeble. Pulse 78 sitting; 86 standing; not intermittent."

1.30 p.m., "heart-sickness" (faint nausea), lasting an hour, not relieved by dinner; marked cardiac depression; shifting pains. 2 p.m., aching down flexor muscles of right thigh, extending to knee and calf of leg, then to left knee and calf; then returning to right thigh and knee; with slight lameness. During afternoon, acute pains in usual spots, with steady aching in right thigh and knee-joint; faint perspiration on covered parts, when walking; repeated sharp superficial and deep pains in præcordial region. Evening, great debility, especially on walking; I have taken extra stimulant to keep me going. Continuous aching in various parts; cardiac pains; slight lameness; slight return of faint nausea. Pulse 60 lying, regular; 62 sitting, regular; 64 standing, irregular;

temp. 36.10 C.; resps. 17. Urine scarcely clouded; acid; sp. gr. fresh, 1008; after cooling, 1012. Before retiring, giddiness, with tendency to stagger to the right. Motion to-day, dark shining brown; strong odour.

20th Sept. On awaking, pleurodynia below 5th r. costal cartilage; passing to l., then again returning to r. side. Pulse 70, feeble, regular (lying). On rising, aching down both thighs, with weakness in walking; slight aching, relieved by the electrical current, not relieved by the galvanic. 10.30 a.m., aching in l. inferior maxillary articulation, and in l. wrist. 1 p.m., subacute pain in l. frontal eminence, and in præcordial region; aching across lumbar region; sensations of faintness, with unsteadiness in walking; trembling in hands; tenderness in r. inguinal canal. Pulse 66 sitting and standing; regular. 5 p.m., severe aching in both temples, especially l.; remains of lumbar pain. 6 p.m., acute darting pains at apex of heart. Evening, shifting pains, most persistent in r. knee; persistent nausea, rising from back of fauces, relieved by eructations, which taste of tea and drug; succeeded by persistent giddiness while sitting, with staggering to r. on walking; acute pain in l. temple, passing to r., followed by severe lumbar aching; darting pains at apex of heart; oppression of respiration; constriction of larynx; acute pain in l. frontal eminence, with sensation of compression of brain; aching down r. inguinal canal while sitting; restless activity notwithstanding nausea, giddiness and pains, all of which have been very severe. 10.20 p.m., pain from front of r. knee transferred to back of l. 10.45 p.m., darting pains through r. wrist. On retiring, pulse 60 lying; 62 sitting; 64 standing. Urine shows deposit of mucus; acid; sp. gr., fresh 1014, on cooling 1018; free from albumen. Bowels have ached twice to-day; motions slimy, of the peculiar dark, shining brown; gushing out.

21st Sept. Awoke at 5, light dreamy sleep after. On waking, sense of constriction across lower half of thorax, impeding respiration, with subacute pain, increased by lying on r. side; continuous aching in l. lower molars. 10 a.m., 3 iv/φ. Within an hour dull frontal headache; vital depression; heavy aching in cervical region; acute pain at apex, not relieved by pressure, but driven by friction to l. subscapular region, then passing to mid-dorsal region, severe; continuous aching in l. lower molars; return of acute pain at apex, with distress. Pulse regular,

feeble; not altered as to rate. Later, parched feeling in upper lip; severe aching in occiput, with cessation of cardiac pain; general oppression of brain; acute pain over l. temple; giddiness, with tendency to stagger to the right. 12 noon, persistent lumbar aching; dull oppressive headache. Pulse scarcely perceptible, 76 sitting, regular; 84 standing, irregular. Annexed tracing, showing feeble action, obtained with difficulty.

1 p.m., acute pain down r. inguinal canal, partially relieved by upward pressure on external ring; occipital aching. Later, prickings (urticaria?) as if bitten by an insect, in l. forearm, hypogastrium, r. leg, r. forearm, back, and again in l. forearm; slight achings in r. leg, lumbar region, nape of neck, and r. inguinal canal. 5 p.m., *Examination* (H. R., Esq.)—"Pulse extremely varying both as to time and volume, at first almost imperceptible; 76 to 86 sitting and standing; not intermittent. Cardiac pulsation much stronger than the pulse-indications would lead one to expect. No special murmurs." Night, slight achings; pulse 72 lying and sitting, regular; 84 to 88 standing, varying in volume. Urine shows but a trace of mucus; acid; sp. gr. 1010 fresh, 1014 on cooling. For several mornings, excessive flatulent rumblings on awaking.

22nd Sept. Awoke during night with pressive aching down l. inguinal canal, relieved by upward pressure on external ring, lasting several minutes. Before rising, intercostal pains, worse when lying on r. side, extending to apex of heart. During day a double set of pains; from cold and from the drug. The former chiefly affected upper teeth on left side, decayed lower teeth and head; the latter, left lower molars (sound teeth), and lower limbs. The pains from cold were relieved by *aconite*, port wine, and warmth, increased by cold air. The dental drug pains were not relieved by *aconite*, *mercurius*, nor direct warmth. Evening, feverish feelings (from cold); pain from lower molars went to lumbar region, then went rolling up the spine like a ball, and settled in mid-dorsal region, chiefly to left of spine; afterwards returned to l. lower molars; severe, general headache, with giddiness. Pulse 72 lying and sitting, regular; 84 standing, regular;

feeble. Temp. 36.70 C. Urine scarcely clouded; acid; sp. gr., fresh, 1015, on cooling, 1019. Bowels acted twice; second motion half solid, with straining, half slimy, gushing out.

23rd Sept. On awaking, severe intercostal pains, both r. and l., with repeated acute darting pains at apex of heart, increased by lying on r. side; severe aching down spine, somewhat relieved by friction; passing off after rising; excessive flatulence. During day, severe and continuous aching in l. lower molars (sound teeth); frontal headache. During afternoon, severe irritation, like urticaria, on various parts. Before retiring, troublesome urticaria, specially affecting l. forearm and r. leg.

24th Sept. On awaking, subacute pain in lower dorsal region to left of spine. 2 p.m., acute darting from anterior superior angle of l. parietal to malar bone, succeeded by sensation as if the brain were compressed; followed by long-continued irritation of scalp over the line of pain. During day, troublesome irritation (urticaria), especially of l. forearm and r. leg (I cannot say this irritation is a drug effect, as I have had slight urticaria on previous occasions; but its development follows the rule of preceding symptoms). 5 p.m., *Examiner's Report* (by first examiner),—"Impulse feeble; heart sounds very weak; action irregular in force and rhythm; not intermittent; no murmurs. Pulse feeble, very compressible; 76 sitting, 80 standing." Evening, urticaria more troublesome, has extended to r. forearm. Before retiring, frontal headache; slight aching to l. of lower dorsal region; irritation persists. Pulse feeble, compressible; 68 lying, 72 sitting, 76 to 82 standing; irregular in force and rhythm; not intermittent. Urine slightly clouded; acid; sp. gr., fresh, 1004, on cooling, 1006; free from albumen, phosphates, lithates, and sugar. Microscopic examination shows scattered mucus and epithelial cells, abundance of spermatozoa, and oxalate of lime crystals. Motion to-day slimy, of the peculiar shining, dark brown; offensive; gushing out.

25th Sept. On waking, subacute pain in intercostal muscles below fifth rib on each side, increased by lying on r. side. After rising, severe aching in l. lower molars (sound teeth), spreading to l. upper bicuspides (sound teeth), lasting several hours; succeeded by frontal headache; on the passing off of which, increased mental and physical activity. Evening, irritation has returned in l.

forearm, r. leg, to l. of lower dorsal vertebræ, r. forearm, and l. leg. Pulse 68 sitting. The subjoined pulse-tracing was taken with difficulty at former pressure, owing to feebleness and compressibility.



Motion slimy, of a shining yellow colour; offensive.

26th Sept. Sleep dreamy. On waking, laboured cardiac action; excessive flatulence. Pulse 62 lying; feeble; less compressible. During day, urticaria. Evening, marked cardiac depression, causing slight faintness on quickly ascending a few stairs, lasting fully half-an-hour; returning later on quietly ascending, with subacute cardiac pain; cardiac action barely perceptible; pulse stronger than the heart's action would indicate; less compressible; not intermittent; 72 lying, sitting and standing. Urine slightly turbid, free from deposit; acid; sp. gr., fresh and on cooling, 1010. Motion partly solid, natural; partly slimy, dark brown; offensive.

27th Sept. On waking, intercostal pain; urticaria persists. 5 p.m., subacute pain over cardiac region, with cardiac distress; slight aching in lower dorsal and lumbar region. Pulse compressible, irritable; varying greatly in force and rhythm; 74 to 76 sitting, 85 to 92 standing; with frequent intermissions. 7 p.m., acute pain in l. axilla, extending down edges of pectoral muscles to thorax; then passing to base of heart, then to apex; faintness, with slight nausea when walking in the open air, persistent giddiness, commencing while walking in the open air, continuing after entering the house, while sitting; subacute pain down muscles of l. calf; sighing respiration; return of acute pain at apex of heart; trembling of hands; return of giddiness while sitting, with constriction of larynx; shooting pain through l. frontal eminence; constriction to l. of larynx; cardiac depression; continuous constriction of larynx; aching at superior curved line of occiput, an inch to l. of occipital protuberance, passing to corresponding spot on r. side; pulse less compressible, irregular and intermittent. Symptoms lasted over three hours. Pulse on retiring, 72 sitting, 80 standing; regular; not intermittent.

29th Sept. Yesterday afternoon, severe general headache, lasting several hours; slight pains. To-day, severe

fronto-occipital headache, from 3 to 7 p.m., succeeded by laboured cardiac action; then by cardiac depression, with faintness, lasting fully two hours; pulse at same time about 76, stronger than cardiac impulse indicates. 10 p.m., sharp darting pains through l. testicle (epididymis), several times repeated; passing to r. testicle; leaving dull achings; recurring till midnight; aching in left inguinal canal. Bowels acted twice; motion more natural.

30th Sept. Before rising, spasms in r. intercostals while lying on r. side. After rising, acute aching in l. testicle, with occasional darting pains, changing to r., then again to l. 11.30 a.m., acute, extensive pain from l. kidney to l. inguinal canal, lasting several minutes. 12 noon, the pains in l. testicle cause an aching along l. inguinal canal, and extend to r. testicle; at times they are so severe as to almost force me to call out; aching across lower dorsal region. 1.45 p.m., acute pain in intercostal muscles over base of heart, lasting several minutes. 3 p.m., slight return of headache. 5 p.m., acute pain down anterior muscles of r. thigh, causing lameness; afterwards in both. Evening, acute pains in testicles, first l. then r., then in both; recurring and lasting the whole evening; with achings in inguinal canals. Evening, cardiac depression, causing faintness; increased mental and physical activity.

1st Oct. Slight achings in various parts; general depression. *Examiner's Report.*—"Cardiac impulse very feeble; hæmic murmur again distinct; no other murmurs; pulse feeble, extremely compressible, irregular in force and rhythm, not intermittent, 72 to 80 sitting and standing, quickened by movement." Urine clear; acid; sp. gr., 1018; free from albumen. Motions of the past two days have been of a peculiar shining brown; offensive.

3rd Oct. 1 p.m., aching in l. testicle, l. hand, and r. knee, while sitting. Afternoon, slight achings in l. wrist, r. knee, l. tibia anteriorly, lower dorsal region, l. knee, and r. forearm. Pulse 72 sitting, 78 standing; feeble, compressible; temp., 36.95 C.; resps., 20. The annexed tracing was taken last evening, with a pulse of 72, feeble, and so extremely compressible as to render its being taken at former pressures a matter of considerable difficulty.


During the past three days, frontal headache, extending afterwards through to occiput, commencing about 3 p.m.,

and continuing two or three hours; similar to that of 29th Sept., but much less severe. Before retiring, severe pain in r. side of thorax at insertion of pectoral muscles, becoming acute on inspiring deeply.

5th Oct. Yesterday morning, on awaking, return of pain on r. side of thorax; passing during the day to apex of heart, to r. axilla, down pectoral muscles to former spot, again to apex of heart, and passing off from r. side of thorax. During last evening, slight cardiac depression. Headache recurred at 3 p.m., and continued till 6 p.m. To-day, symptoms very slight; bowels have acted twice, first part of each motion being solid and natural, second part slimy, of the peculiar shining brown, but much less offensive.

6th Oct. 4.30 p.m., recurrence of frontal headache, lasting till 6 p.m.; succeeded by cardiac depression, followed by cardiac oppression, with quickened pulse; giddiness, with strong tendency to stagger to the r.; then by neuralgic pain in r. supra-orbital region, and in l. testicle; with return of cardiac depression, causing faintness and nausea; with subacute pains at apex and at base of heart; passing off before 10 p.m. with eructations and yawnings (while out walking). Pulse 78 sitting, 88 standing; irregular in rhythm; extremely compressible. Resps., 23. Urine clear; acid; sp. gr., 1010.

10th Oct. 7.30 p.m., marked cardiac depression; pulse stronger than indicated by cardiac impulse, 66 lying, sitting and standing, extremely irregular in force and rhythm; respiration oppressed; lasting till 9 p.m. The annexed pulse-tracing shows the character of the heart's action at the time. Owing to slow running of the paper




this tracing is rather cramped, but the curves are well marked. A singular feature in this tracing is its resemblance, in main points, to one recently taken on a patient aged 31, afflicted with severe mitral regurgitant disease; which latter I annex for the sake of comparison.*



* It should be mentioned that this is not the characteristic tracing of mitral regurgitant disease.

For the sake of clinical comparison I append a second tracing taken from the same patient ten days after, while under the influence of *digitalis*, of which *lycopus* appears to be an analogue.



During the past few days the fæces have been partly solid and natural, partly soft and of the peculiar shining brown; the first part being passed with much straining, the second part quite freely.

15th Oct. No special symptoms since last report. The fæces are gradually assuming their natural character. Cardiac action still rather depressed.

Examiner's Report (by first examiner)—“Cardiac impulse feeble; hæmic murmur distinct on strong pressure; systolic sound not quite natural at apex, not amounting to a murmur; probably due to feeble action; pulse regular, very compressible, 76 sitting.” 10.30 p.m., pulse 68 sitting, 72 standing, regular, compressible; temp. 36.40; resps., 20. Urine clear; acid; sp. gr., 1014. The annexed tracing, taken on the following morning, shows a healthy, though not vigorous, cardiac action. This completes the proving.



Remarks.

Should extended experience demonstrate the general correctness of this proving, *lycopus* may be expected to produce beneficial effects in some forms of

Functional disorders of the heart;

Rheumatic Carditis;

Inguinal Hernia; and

Neuralgia of the testicle.

During the time of proving I lived much as usual, with the exception that on several occasions I took an extra quantity of stimulant in order to keep me going. I very seldom indeed take coffee, or use tobacco; my breakfast beverage consists of plain cold water. At the period of commencing, and for several weeks after, I had late hours, combined with much work; which accounts for the low temperature several times registered.

It was not till after the conclusion of my proving that I

carefully perused the fragmentary proving in Hale's "New Remedies." I have not classified the symptomatology as there is not sufficient evidence to work upon, but the following characteristics repeatedly attracted my attention:—

The rheumatoid pains produced by *lycopus* generally manifested themselves on the *left* side, passed to the corresponding spot on the *right*; and then either passed off, or returned to the left and passed off equally from both. The exception to this was the dental pains, which commenced on the right side and passed to the left; on the right, avoiding the two front lower molars (which are decayed), and affecting the next two (which are sound); on the left side, avoiding the posterior lower molars (which are decayed), and affecting the two front molars (which are sound).

The rheumatoid pains of *lycopus* were readily distinguished from those of ordinary rheumatism. They chiefly affected the muscles; then articulations; then tendons. They were not relieved by friction, by cold affusion, nor by direct warmth; relieved by a warm room, and by the warmth of the bed; increased by movement and cold air.

The cardiac pains were of a rheumatic character.

Pains in general, increased by movement; not relieved by the open air.

The cardiac distress and palpitation were increased by ascending (stairs or hill); by excitement; by deep inspirations; and by thinking of them.

I do not attribute the urticaria or intercostal spasms to the *lycopus* (as I have had both previously), but they appeared to be renewed by its action.

Cardiac depression was strongly and persistently marked.

Irregular and intermittent pulse—correspondingly frequent.

On several occasions there was a noticeable difference between the cardiac power and pulse force.

Frontal and fronto-occipital headache—frequent and severe. The pains were very persistent in the frontal eminences. These were relieved by strong pressure.

The brain-effects are worthy of note; particularly the increased activity, dreamy sleep, and early wakings.

The fæces were peculiar. On one occasion they emitted a decided odour of the drug.

I have employed the terms "cardiac de-pression" to denote feeble and excitable action; and "cardiac op-pression" to denote heavy, laboured action, as if the heart were obliged to make great efforts to do its work.

Times of aggravation—early morning (on waking); afternoon (about 3 and 5 o'clock); evening.

Analogues.—*Lycopus* appears to touch specially, *cimicifuga*, *spigelia*, *digitalis*, *ranunculus b.*, *cerasus*, *clematis* (sexual), *laurocerasus*, *sanguinaria*, *cactus*, *gelseminum*, and *veratrum viride*; perhaps also *aconite*, *bryonia*, *lachesis*, and *sepia*.

It would be an interesting study to note the effects of *lycopus* on the female organism.

Clinical.

Mrs. A. W., hysterical temperament, consulted me on the 13th Sept. Age 47; no appearance of menses for three years. Complained of occipito-frontal headache; debility; flushings; dyspnœa; palpitation, easily induced, with occasional intermissions; flatulency; giddiness; huskiness of throat on r. side; interscapular pains; pains down lower limbs, commencing on l. side; dreamy sleep. *R. Lach. 12.*

17th Sept. Complains of fronto-occipital headache on excitement; palpitation "all over;" swelling of legs and ankles on exertion. General symptoms unchanged. *R. Lycopus 3x om. 3tiis horis.*

23rd Sept. Swelling of ankles, flatulency, and dyspnœa lessened. Cardiac pulsation regular, not intermittent. Has also found relief from shooting pains in left wrist and elbow. Flushings continue. *Rep.*

27th Sept. Complains much of "strange feelings," with fronto-occipital headache, "as if the temples were pressed in;" seems afraid to turn for fear she should tilt forward; nausea, from epigastrium; depression: for several years, has dropped things from her hands; flushings; sudden pains at apex of heart, "causing faintness and strange sensations" ("I often wonder whether my heart is affected"); inter-scapular pain; this week, restless dreamy sleep; less palpitation; less pain and swelling of legs and ankles; constipation; appetite good. Auscultation reveals feeble action of heart; no murmurs; pulse stronger than indicated by cardiac action, 80 sitting and standing, regular. Considering that some of the

symptoms were due to drug-action, I prescribed *R. Spt. vini rect.*

4th Oct. Still has severe pain in temples and occiput, with nausea; flushings. Other symptoms, including cardiac, much relieved. Sleeps better; pulse 80, sitting and standing; feeble. *R. Lycopus 3c*, 4tuor in die.

11th Oct. Has had a bilious attack, with vomiting of food. Used formerly to have severe pain across hypogastrium with such attacks, but was free on this occasion. Still has hurried feelings and flushings, but lessened. Beatings through temples to occiput, with sensation of stoppage in larynx (nervous). Sleeps much better; dreams less; less palpitation; sudden pains at apex, but lessened in frequency and intensity. Pulse 102 sitting; 112 standing; very feeble. *R. Spt. vini rect.*

18th Oct. Hysterical, with bilious feelings. Faintness; sighing. Other symptoms about the same. Pains in head and temples. Pulse 72, feeble, regular, sitting; resps. 18. *R. Lycopus 3*, 4tuor in die.

25th Oct. Less sighing; less giddiness. Pulse 80, feeble and irregular, sitting; 92, feeble and regular, standing; resps. 19. There was decided improvement in several respects; but at this point it became necessary to change the remedy, owing to the setting-in of severe bilious derangements.

Note.—The prominent symptoms which *Lycopus* failed to relieve, were—neuralgic pains in left side of face; flushings, with sense of heat; choking sensation in throat; and hepatic complications.

REVIEW.

Morbus Brighti. By JOSEPH BUCHNER, M.D., &c. Translated by SAMUEL LILIENTHAL, M.D. Boericke & Tafel. New York, &c. London: Turner & Co. 1872.

We have much pleasure in noticing this monograph on Bright's disease, by Dr. Buchner. Monographs on special subjects are very valuable, and we are always glad to see one written by a homœopath. We then expect to find, and generally do find, that the whole subject is more carefully entered into, and the homœopathic treatment discussed in a fuller form than in any general work on the practice of medicine. This result has been satisfactorily accomplished by Dr. Buchner. While thanking Dr. Lilienthal for having translated this work for us from the German, we

cannot help regretting that he has not succeeded better than he has done in rendering Dr. Buchner's thoughts into English. As in Shipman's translation of Grauvogl's *Text-book of Homœopathy*, the sentences are frequently long and complicated, the clauses unconnected grammatically, while the whole is pervaded by a most confusing incorrectness in punctuation.

After giving a short sketch of the literature of the subject from Hippocrates downwards, Dr. Buchner has a chapter on what is called "the Dignity of the Renal Function," in which he sketches the physiology of the kidney, and enumerates the principal substances, dietetic and medicinal, which are found to pass through its structure, and are capable of being demonstrated in the urine. He then, after a few observations on the frequency and the duration of the disease of which he discourses, gives some facts which, though few in number, seem to show that an hereditary tendency to it may exist. Next in order he discusses the pathological anatomy of the disease, and on this point we do not think that our author is sufficiently clear. He states that there is only *one* disorder to which the term "Bright's disease" should be applied. He rejects, as one of its forms, what is known as acute Bright's disease, or croupous nephritis, and restricts his attention to what is ordinarily termed chronic Bright's disease, or parenchymatous nephritis. Niemeyer states that "it is rare for this disease (acute Bright's disease, or croupous nephritis) to pass into the second form of Bright's disease, which we shall describe under the name of 'parenchymatous nephritis.' This latter circumstance, indeed, seems to me to indicate that it is both right and practical to regard acute and chronic Bright's disease as independent and distinct affections." Dr. Buchner, however, though rejecting croupous nephritis as a form of Bright's disease, following Frerichs, describes it as the first stage of the *one* disease, namely, parenchymatous nephritis. The description of this stage is very fully and accurately given, as is also that of the second, or stage of fatty degeneration, and that of the third, or stage of atrophy. Under the head of *Ætiology*, Dr. Buchner describes two causes of Bright's disease, which he says have not been hitherto mentioned, and which, we venture to say, are not likely to be mentioned again. They seem to us extremely absurd, especially the first, viz., enlargement of the thymus gland. Two or three pages are occupied in the demonstration of this pathological theory. They are admirable illustrations of the ingenuity of the German author and the obscurity of the style of the American translator. The other cause to which the occasional occurrence of Bright's disease is assigned, and which struck us as peculiar, is thus presented; The author considers "that all imitations of heart diseases, *i.e.* *affections of the nerves of the*

heart, especially hyperæsthesia, neuralgia and neuralgia intermittens, and neuroses of motility in general may be followed after some time by uræmia up to albuminuria, may reach in intensity the forms of the former, but they seem to run their course in a shorter time, and are less dangerous" (p. 38.) We cannot, we confess, see the force of the above reasoning. We do not like Dr. Buchner's arrangement when speaking of the complications of Bright's disease, for he omits altogether under that head uræmic coma and convulsions, and goes on to the prognosis and treatment, reserving coma and convulsions for a separate chapter. The chapter on the diagnosis, symptoms, and prognosis is very complete and exhaustive.

When he comes to treatment, our author, exclusively on theoretical grounds, rejects the use of *aconite* altogether. He says:—"According to our ideas of albuminous nephritis, all hyperinotic remedies like *aconite* are dismissed, because the present form is not a fibrinous one." Now, we think that in this acute stage *aconite* is as clearly indicated as in the acute stage of all inflammations. Our own experience would lead us to hold this opinion, and to act in accordance with it; and we are disposed to think that the majority of practitioners would agree with us, especially as Buchner's objections are purely theoretical ones. The remedies he classes as the most important are: *turpentine*, *arsenic*, *phosphorus*, *cuprum*, *aurum*, *belladonna*, *bryonia*, *colchicum*, *digitalis*, and *dulcamara*. Of these, the two on which he places most reliance, and considers most frequently indicated, are *arsenic* and *phosphorus*. These he lays most stress on, as besides their kidney affections, they both affect the heart. By the way, we may here mention that Buchner is of opinion that when heart and kidney disease are present together, the kidney disease is the result of the heart affection. Now, this is, we think, by no means proved, nor do we think we are wrong in saying that the prevalent opinion is the reverse. But, however that may be, the two diseases are frequently concurrent, and we quite agree with Buchner in considering that a remedy which acts on both organs must hold the most important place in the treatment. In choosing between *arsenic* and *phosphorus*, Buchner considers that the main ground for selection lies in the side of the heart chiefly affected, the former when the left heart, and the latter when the right, is most involved. He says, "Arsenical preparations, especially *kali arseniosum*, constantly differ from all other remedies, in that they produce only morbus Brighti after the left heart becomes hypertrophied, the aorta expanded, i.e., secondarily" (p. 62). Whereas, "the antipode of the versatile *arsenicum*, decidedly opposite in the producing causes, is *phosphorus*. . . . The following general indications can be given for *phosphorus*:—The presence of

tuberculosis, also especially of diseases of the right heart or of the pulmonary artery, or of both, distinguishing themselves principally by passive venous stagnations in the kidneys. The chief physiological reason for the application of *phosphorus* is, therefore, diametrically opposed to that of *arsenicum*, as they have a proportion as right and left: *arsenicum* affecting the left heart, *phosphorus* the right one; or, in other words, the former causes arterial stagnation, the latter venous stagnation, with or without disturbance of the lesser circulation. The granulated kidney in typhus may therefore indicate *arsenicum* under certain conditions; whereas *phosphorus* is indicated with much rattling murmurs in the bronchi, with coagulation in the pulmonary artery, in the right heart, with hypostasis of the lungs, with torpid state" (pp. 65-67).

This last sentence we have been obliged to alter in arrangement in order to make it intelligible; but even thus altered it is not such writing as should appear in a work of this kind. The other symptoms of these two medicines are fully and elaborately given, as is also the case with the other drugs already named. One other point of difference between *arsenic* and *phosph.*, however, in the matter of choice between the two, we must notice, as it is frequently and strongly insisted on by Buchner. It is stated thus (p. 68): "In eclampsia the question arises, *phosphorus* or *arsenic*? The solution is simple: *phosphorus* in symptoms of cerebral atrophy, *arsenic* in œdema cerebri." Now the latter, œdema of the brain, is an important pathological state to keep in view as a frequent cause of convulsions and coma, and one that is too often overlooked. Œdema is so liable to occur in other parts of the body, and especially in the face, at least in acute cases, that the existence of a similar state of the brain is not only probable, but has been often demonstrated. In such a case, *arsenic* is evidently indicated. But we are at a loss to know what Buchner means by cerebral atrophy. He nowhere explains the state of brain which he designates as atrophy. He probably means such deep disturbance of the nutrition of the brain as may occur from blood poisoning in this disease; but we think it is a pity to make use of such terms, which are, to say the least, inaccurate and misleading.

We are unable from want of space to enter into the special indications for the other drugs mentioned—such as *cuprum*, which he considers holds as high a place as *arsen.* and *phosph.* in the treatment of eclampsia. For these points, which are very fully gone into, we must refer our readers to the work itself. Uræmia, Buchner discusses separately and very fully. As to its causation, he very properly rejects the view which gives it the name, namely, that it is caused by the presence of urea in the blood. This view is exploded now, but the one

he adopts—that it is caused by the presence of carbonate of ammonia in the blood, the result of the decomposition of the urea—is by no means proved to be correct. The true cause of it is still unknown. In describing uræmia, he divides it into four forms—the *comatose*, as in scarlatina, &c. (“where the cerebrum is œdematous or anæmic.”) [Traube]; the *clamptic*, as in pregnancy (“where the middle parts of the brain are anæmic.”) [Traube]; the *asphyctic*, as in Asiatic cholera; and the *paralytic*, as “in some epidemics of cholera, and in lying-in women.” This division is very distinct and serviceable, and the description of each is full and accurate. In the treatment of these states much the same remedies are prescribed as are already mentioned, viz., *arsenic*, *cuprum*, *phosph.*, *aurum*, and *terebinth.*; but the indications for each we cannot go into here. We again refer the reader to the work itself.

The rest of the book is occupied with a description of albuminuria, syphilitic disease of the kidney, and dropsy; but as we have already exceeded the limits of our space, we must refrain from further comment. A very useful appendix is added by Dr. Lilienthal on the new American remedies which have an action on the kidneys. This appendix supplies a want which is felt in the main body of the work, as none of these medicines are noticed by Dr. Buchner.

In conclusion, if the reader can get over the bad translation, we can heartily recommend this book to his notice, and we think the library of every homœopathic physician ought to possess it.

EXTRACTS FROM MEDICAL LITERATURE.

Case of Mania.—The following case is reported in the *Medical Times and Gazette* of the 2nd ult., by Dr. Shephard, of Colney-Hatch Asylum, in the course of a lecture on acute delirious mania.

“I was sent for one morning to see a young lady who was described to me as excessively violent and unmanageable, and I was requested to visit her immediately. She was a handsome, well-made brunette, 19 years of age, and had always enjoyed good health until attacked by scarlet fever, from which she had recently recovered. She was happy in her family relations, and was engaged to be married to a gentleman who was in the house at the time of my visit. There was no insanity in the family. Two days previously this damsel had suddenly, and without any obvious cause, displayed a petulance and irritability towards her father and mother, and absolute rudeness and indifference to her fiancé. She was heard to talk in her bedroom that night, long

after the family had retired to rest, and in the morning it was pretty obvious, from her appearance, that she had had no sleep. Her countenance was flushed; she was in a state of considerable excitement, and she refused to leave her room. Medical assistance was sent for, and two local practitioners were charged with the responsibility of her treatment. But she would not be treated; she refused to take their medicines or their advice, and she spat in their faces when they went near her. As night approached she became more excited, and she would allow no one to approach her. They had a terrible night with her: she tore up and down the room in her night-dress, smashed everything she could lay her hands on, spat at everybody, made use of the most disgusting language, exposed her person, and threw out her arms as though to clutch imaginary objects. She took a singular dislike to one of the medical gentlemen, and he really became quite frightened at her, and left the house. It was on the morning of the next day that I saw her. I shall never forget the look of utter dismay and bewilderment upon the countenances of everybody as I entered the house. They were baffled in all their attempts to meet the emergencies of the case, and even the medical man was on his beam ends. As I ascended the staircase I heard vehement declamations and shouts, associated with as obscene language as the nastiest mind could desire. The bedroom was strewn with different articles; one of the windows had several panes broken; a glass which was fastened to the wall over the mantelpiece was also broken; the whole place was a Babel of confusion. Wild and flushed, the central figure, this young, mad, and imperious lady, with dishevelled hair, torn night-dress, and exposed bosom, sat up in the middle of the bed. 'Who are you?' she screamed, drawing herself up with a menacing aspect. 'Leave my room instantly; how dare you come into my bedroom?' I approached her and endeavoured to take her hand; but, spitting at me, she sprang out of bed on the opposite side to that on which I stood, and threatened to burn down the house if I did not leave. Fierce as a lioness at bay, she stood there, with dilated nostrils and heaving breast, the incarnation of ungovernable passion. The friends around were watching me anxiously to know what I was about to do, and how I was going to free them from their terrible bondage. 'That will do,' I said; 'let us go down stairs again;'—and the patient, without speaking another word, kept her piercing eyes upon me until I had retreated. When we reached the dining-room all looked very much astonished, and were evidently thinking I was as much baffled as themselves. But I had seen all I wanted to see upstairs; a glance, and the history narrated to me on my way to the house, had told me what the case was, and what was needed. My continued presence in the bedroom could only be a

source of increased irritation to the patient; the sooner I left her, therefore, the better, in order to organise my plans and arrangements. Now, how was I to set about assaulting the strong citadel of this acute disease? First, I selected another bedroom, and completely dismantled it of all furniture except the bedstead itself, which had no canopy or hangings. A bath-room was close by, and I turned on the cold water, threw a sheet into it, and sent for all the blankets that could be found. I laid a mackintosh, which was hanging up in the hall, upon the mattress, and over that, after wringing it out, I spread the sheet which had been immersed in the bath. My proposal was to pack this young lady. Returning to her bedroom with my medical colleague, one of her brothers, a nurse, and three female servants, we seized her, and carried her forcibly and with great difficulty on to the bed where the wet sheet was spread out for us. After much labour we managed to straighten her limbs, and get the sheet thoroughly round her, followed by about ten or twelve blankets; we then placed a pillow under her head, and a wet towel on her forehead. For half an hour I never worked harder in my life. But there she lay at last, powerless and baffled. It was a great triumph, and she knew it; and the sense of defeat helped to tame her, and tone her down into comparative calm. Now, in a case of this kind the wet sheet serves a double purpose. It is a powerful depressor and sudorific, and it is at the same time a very legitimate means of restraint. It lowers the abnormal elevation of temperature, it converts a dry and harsh skin into a moist one, and it places your patient in a position to submit to ulterior steps and processes. It relieves everyone—both patient and attendants. It gives you breathing-time, and enables you to look about and organise your future plans.

“It should be mentioned that the room of these operations had one window, with shutters, which we nearly closed, for darkness is a material aid in allaying maniacal fury. In about five minutes after our patient had been packed she asked for water, and it was given to her iced; she gulped it down eagerly, but she refused to take anything with it. I was now told that she had touched no food since the commencement of the excitement—that is, for two days. Having great confidence in the power of the wet sheet, I did not think it desirable to press medicine, though I had some tincture of digitalis in my pocket, and one drachm of it, or even two, would have been a suitable administration. In ten minutes our young lioness was asleep, and breathing calmly. The sunshine which came upon that distressed family—the calm which succeeded the storm and tempest—were alike evidenced in the patient and her friends, and filled me with a satisfaction which you can well understand and appreciate.

“As a rule, it is not desirable to keep a person in a wet sheet more than an hour or an hour and a half; but in this case I felt justified in doing so. At the end of two hours I awoke and unpacked our patient. She steamed again as we unwrapped the ponderous coverings, and I then instructed the females about her to carry her into the adjoining bath-room, and there place her in an open bath which I had had prepared at a temperature of 75°. She was quite passive under it, and after being rubbed dry with rough towels she was carried back to the room last used, where, in a clean night-dress and clean sheets, she lay down quietly, in charge of the nurse and one female servant. It was now about 3 p.m. She refused nourishment, and immediately fell asleep again, not waking until eight o'clock. She then took a glass of pale ale, some milk and beef-tea, with two eggs beaten into it, and seemed as calm as she had ever been in her life. So I now felt safe in leaving the house. When I called to see her the next day her father and mother, overwhelmed with gratitude, told me that everything had gone on satisfactorily; her bowels had acted very copiously and very offensively, without medicine; she had repeated the nourishment according to instructions at regular intervals. She was perfectly calm, but there was one thing on her mind which distressed her greatly. She knew all that had taken place during her delirium—the obscene language she had used, and the indecent exposure of her person. She was impelled to it, she said, by an irresistible impulse; but the shame of seeing me again, a stranger until last night, completely overwhelmed her. Would I accept her gratitude and not subject her to an ordeal at which her modesty revolted? Of course I would, and did. She had no bad symptoms afterwards. In three months she was married. She has borne children, and the puerperal state has been free from all complications; but I have never seen that lady from that day to this.”

The following occurs in the *B. M. J.*, Oct. 26th, communicated by Mr. Messenger Bradley, of Manchester. “‘Happy are they that hear their detractions and can put them to mending.’ I have recently learnt a lesson from the homœopaths which is worth knowing. I lately had a patient of a highly excitable nature, who suffered from severe and frequently repeated attacks of neuralgia of the chest-walls. I ran through all the orthodox treatments for neuralgia, from the hyssop on the wall, in the shape of quinine, even to the cedars of lebanon, or blisters and arsenic to eye-soreness. Nothing, however, did him any good; neither poppy nor mandragora (I am not quite sure about the mandragora) gave him more than temporary relief. When the lethargy caused by a narcotic drug passed away, the pain was found to be unabated. I consulted Ringer and Bucheim, and gave him courses of carbon, with which they head the list of

remedies, and this failing I went steadily through the catalogue until I came to chamomile, with which they end the list, and which was as serviceable as the rest. One day I missed him, but the next he came to tell me that he was cured, and by a homœopath. He brought the magic secret with him, which was simply a couple of drops of the mother-tincture of *phosphorus* in a little glycerine. There was no mistake about it, he said; he was in agony; he swallowed the draught, and in two minutes he was well. Since then my patient, who had to go to the homœopaths to be cured, never travels without a small bottle of the mother tincture of *phosphorus* (*phosphorus* dissolved in alcohol in the proportion of 1 to 10), in his pocket. The attacks are becoming very much rarer; but when they occur, a couple of drops equal to $\frac{1}{5}$ of a grain of *phosphorus*—a homœopathic dose, by the way, larger than anything dreamt of in our philosophy—never fails to give entire relief. I have since used the drug whenever I met with what I thought a suitable case, and have every reason to be satisfied with it. It will not cure every patient, but when the neuralgia is accompanied by much nervous waste, as is often the case in the nervous and sanguineo-nervous temperaments, then it rarely fails to put an end to the paroxysm. Romberg calls neuralgia the cry of the hungry nerve for blood; it would, perhaps, be more correct to say, it is the demand for its special food, which is *phosphorus* contained in the blood. This at least seems to me the *modus medendi* which *phosphorus* effects in curing neuralgia."

[Homœopathic practitioners will at once see that Mr. Bradley is in a mistake as to the quantity of *phosph.* contained in the above dose. The mother-tincture dissolves only 1 in 100; 2 *minims* being therefore equal to $\frac{1}{50}$ of a grain, while 2 *drops* of spirit are much less than 2 *minims*—about half. Mr. Bradley found out his mistake, and in a subsequent letter to the *Journal* corrects his blunder. We wish all allopaths who hear of cures by homœopaths would be as honest in trying the medicines, and in openly acknowledging their results, with the source of their information.]

D. D. B.

EXTRACTS FROM FOREIGN MEDICAL LITERATURE.*

THE *Allgemeine Homœopathische Zeitung* of July 1st contains an interesting account of Dr. FREYTAG'S Eye Dispensary in Leipzig.

* We have much pleasure in announcing that Dr. J. GALLEY BLACKLEY, of Guildford Street, Russell Square, has kindly undertaken to prepare for this *Review* a monthly abstract of the more important facts in medicine and surgery which appear in the columns of the Foreign medical press. The first instalment we publish here.

The institution was opened in Sept., 1871, for affording gratuitous relief and medicine to the destitute poor suffering from eye diseases, the treatment employed being entirely homœopathic. During the first nine months of its existence the dispensary was visited by 187 cases, amongst which were examples of most of the common forms of eye disease, and a few of those which are rare.

[We should be pleased to see established in this country, if not special dispensaries, at any rate a special ophthalmic department in each of our homœopathic hospitals and large dispensaries. The number of cases of eye disease attending these institutions is already large, and if collected and placed under the care of a medical officer specially appointed for the purpose, would assuredly rapidly increase; in addition to which, much valuable information regarding a class of diseases so eminently amenable to homœopathic treatment, would doubtless be made available.]

The same journal for Sept. 23rd contains a *Tabulated Report of the Cases treated in the Leipzig Homœopathic Dispensary during the year 1871*. The total number of cases under treatment was 3,545, of which, 3,207 were new cases, and 338 brought forward from the previous year, making a total of 59,153 treated during the 29 years the dispensary has been in existence.

Of the 3,207 new cases 715 were cured, 319 improved, 1060 only attended once, 721 stayed away, 31 adopted other treatment, 11 died, and 350 remain under treatment. [The exhaustive tabulated report which follows would prove much more useful if the diseases, instead of being merely arranged alphabetically, were classified in the same manner as they are in the London Homœopathic Hospital Report.]

In the same journal for Oct. 21st, Dr. HIRSCH, of Prague, relates an interesting case of aggravated *chorea* of two months' standing cured by *cuprum metallicum*. The patient, a highly educated, nervous girl of sixteen, was first treated steadily for 14 days with *ignatia*, but without any benefit, her condition at last becoming such that she required to be fed; the twitchings and jerkings being present during sleep. *Cuprum metallicum* 12, one drop night and morning, was then prescribed; in three or four days she showed manifest improvement, and at the end of three weeks she was completely cured.

Dr. AUGUSTE OLLIVIER (Académie de Médecine, Séance du 29 Octobre), read the particulars of an interesting case of *facial neuralgia*, which resolved itself into one of herpetic angina, coupled with zona of face; evidently pointing to the implication of both the second and third divisions of the fifth nerve.

Dr. E. LANCEREAUX (*Archives Générales de Médecine*, Novembre), relates two cases of the occurrence of *Cysticercus cellu-*

locus in the human subject. In both cases the cysts occurred in large numbers all over the body, and could be plainly felt like beans in the subcutaneous tissues. In one case the general health was in no way disturbed, and the patient, who objected to the treatment proposed (injecting the cysts one by one with two or three drops of alcohol), was lost sight of. In the second, the patient, a man of 66, died of exhaustion resulting from a large bed-sore. At the autopsy the cysts were found infesting all the tissues, except the bones, to the number of many thousands. In the brain alone 111 were counted. Each cyst was very similar in size and appearance to a copaiba-capsule. They were observed to be most numerous in the tendons close to their insertions.

M. LE FORT (*Gazette des Hopitaux*, Nov. 9th) relates a case of *tetanus*, occurring after contused wound of the hand. The patient was first treated by repeated vapour baths, with a liberal supply of alcohol, but became steadily worse, the respirations sinking to one in every ten seconds, and the patient meanwhile rapidly becoming cyanotic. Galvanism was then resorted to; the constant current from ten small elements being passed up the spine. He soon showed marked improvement, and was kept alive for two days; at the end of that time, however, he once more became asphyxiated and died. The temperature just before death rose to 40° C. (140° F.).

MM. A. RABUTEAU and F. PAPILLON (Académie des Sciences, Séance du 30 Sept.) read a paper on the antiseptic properties of *silicate of soda*. They find that a solution of a certain strength, applied to organic matter of various kinds, entirely prevents fermentation and putrefaction, resembling *borax* in this respect. From comparative experiments made with solutions of the two salts, the *silicate of soda* appears to be the more energetic of the two.

M. LOEB (in *Berliner Klinische Wochenschrift*, 400), gives a series of experiments on the clinical uses of *apomorphia* as an emetic. He finds the average dose necessary to produce vomiting in the adult to be 8 milligrammes (injected subcutaneously). In a case of poisoning by bitter-almond oil, where the patient had swallowed 90 grammes, the above quantity was injected, and in half-an-hour the patient had evacuated nearly the whole quantity of the poison, and rapidly recovered. Some caution is necessary in its administration, as in one case where the above dose was administered alarming syncope ensued, which passed off, however, after vomiting had taken place. In children 2 mgrms. have produced syncope. In a few cases the patients appeared to be quite insusceptible to the action of the drug, as 3 centigrammes were given without effect. (This interesting alkaloid, discovered in 1869 by Matthiessen and Wright, as a

product of the decomposition of morphia and codeia, appears to differ in several important particulars from the older emetics, and would well repay the trouble of a systematic proving).

J. G. B.

NOTABILIA.

THE MEDICAL OFFICER OF HEALTH FOR
HALIFAX.

THE members of the allopathic section of the profession have been so long accustomed to keep all public medical and surgical appointments amongst themselves, that when a medical man practising homœopathy is selected to fill any office of this kind a hue and cry about "injustice," the "dignity of the profession," and the terrible threat of their not co-operating with him in a professional emergency, is forthwith raised in the newspapers of their party. Recently the Town Council of Halifax have had the duty imposed upon them of selecting a qualified practitioner to officiate as Medical Officer of Health for their borough. Six candidates presented themselves, and of them one was Mr. AINLEY, a member of the College of Surgeons, who, as is well known, practises homœopathically with much success in Halifax. This, of course, was a shocking event,—one not to be borne in silence by the representatives of salts and senna and compound rhubarb pills. The Town Council was accordingly memorialised to re-consider their determination, and to appoint "a fully-qualified officer, who shall not only have the confidence of the public, but of the medical profession." The real meaning of this very solemn adjuration is—"appoint who you like, but don't annoy us by setting our enemy over our heads,—anyone but a homœopath." As a matter of course, the memorial appears in the *Lancet*, *Medical Times and Gazette*, and the *British Medical Journal*, and equally as a matter of course, the surgeon-apothecaries of Halifax receive the support of their periodicals—periodicals which, if unanimous in nothing else, always stand shoulder to shoulder in every attack upon homœopathy or its representatives.

It is alleged against Mr. Ainley that he was not fully qualified. Among those who sign the memorial at least four—if Churchill's *Medical Directory* is a reliable authority—possess only a single qualification. Again, the principal medical officer of health of the country has but one qualification! Again, Dr. Rumsey, the most energetic of medical sanitary reformers, is only qualified to practise by the fellowship of the College of Surgeons! But in point of law, a single qualification, if registerable, renders

its possessor a legally qualified practitioner. It is quite true that a single qualification is not deemed adequate for certain appointments. But, as it happens, that a medical officer of health is not one of them, for in the regulations published *since* Mr. Ainley's appointment, while a medical as well as a surgical diploma is stipulated for, "the local government board may, upon the application of the sanitary authority, dispense with so much of this regulation as requires that the medical officer shall be qualified to practise both medicine and surgery, if he be duly registered under the said act to practise either medicine or surgery." The fact being that the act only requires the possession by a candidate of a registered diploma—of which the presence of Mr. Simon as head of the department, is sufficient evidence. Mr. Ainley is registered, and therefore is qualified. The second allegation is, that Mr. Ainley's connection and association in practice with a homœopathic chemist has been advertised. While we very much regret that there should be any ground whatever for such a statement, we are glad to learn that what there is is very slight indeed. The fact is, that there is at Halifax a homœopathic chemist who has resided there many years, and who, like many other homœopathic chemists in towns where the professional representation of homœopathy is quite out of proportion to the public demand for homœopathic treatment, has long done a very considerable practice. It may be quite true that he had no right to practise, but, so far as we have heard, he never represented himself as a medical man, and it was only when the townspeople of Halifax urged him to prescribe for them that he did so. If allopathic doctors will insist on ignoring homœopathy, they must expect to see those who would otherwise willingly avail themselves of their services running off to a homœopathic chemist. People will rather be cured by a chemist than left uncured by a qualified surgeon. When Mr. Ainley settled in Halifax the chemist asked him to see patients at his shop. This he consented to do. But the chemist, without any sanction from Mr. Ainley, took upon himself to announce the fact in the course of one of his advertisements. The following is the only reference to Mr. Ainley made in the advertisement — "Mr. AINLEY, surgeon, is in daily attendance at the surgery."

This, though as little objectionable as any announcement of the kind could be made, the chemist had no right to insert. At the same time we cannot expect a tradesman to be either aware of or to care very much about professional proprieties. We believe, however, that the arrangement has never been carried out, and that it would never have been entered into but for circumstances which, being entirely of a private character, we necessarily abstain from alluding to, further than to say that if

anything could justify Mr. Ainley in assisting the chemist they certainly do so.

After all, it is absurd to allege that the fact of a medical man having been advertised by a chemist as having a surgery at his shop is a disqualification for his being appointed a medical officer of health.

The third objection to Mr. Ainley made by the memorialists is, that he has adopted "views and principles repudiated by the great body of the profession;" and in so doing "has cut himself off from the co-operation" of his medical neighbours.

Mr. Ainley, in short, believes in homœopathy, and his medical neighbours know nothing about it. The great body of the profession know nothing about it,—refuse to know anything about it,—and their ignorance of it is, we suppose, to be taken as proof positive that it is utterly untrue!

The West Riding people are, we think, scarcely likely to be bamboozled by such a memorial as this. It is simply an ebullition of hatred towards a method of treating disease, that those who sign it cannot prove to be false; one which can show results no other has hitherto approached.

The determination of the memorialists never to render Mr. Ainley any aid in the discharge of his public duties is a matter of the smallest possible importance. We are quite sure that any assistance he may ever require will be cheerfully given by his homœopathic neighbours, by Dr. Evans, of Bradford, Dr. Scott, of Huddersfield, or Dr. Ramsbotham, of Leeds. Further, at the town council meeting where the memorial was presented, Mr. Councillor BINNS in opposing its consideration, said that "if the medical men would not support a man of Mr. Ainley's worth, it would be all the worse for them. A medical man who held a very high position in the town—he might say the highest position—and who was looked up to with respect, had assured him (Mr. Binns) that he should be glad to meet with Mr. Ainley on all occasions." So that Mr. Ainley is perfectly safe on this score, and the medical trades-unionism of Halifax will in no wise interfere with the efficiency of his services.

The memorial was read by the town clerk at a meeting of the council held on the 9th ult. Mr. Alderman SWALE and Mr. Councillor WHITAKER moved that it be referred to the Sanitary Committee. Mr. Councillor RILEY, after remarking on Mr. Ainley's qualifications as adequate, "suggested that the matter should not be referred back to the Sanitary Committee. There were seven or eight duly qualified applicants, but he must tell the council that the moral weight of the applicants had some influence with the committee, and knowing Mr. Ainley was duly qualified, they looked to those higher considerations. He thought

it was unprecedented and derogatory to entertain a memorial of that kind at all, emanating as it did, from disappointed candidates for the office."

Mr. Councillor BINNS, in supporting this suggestion, remarked that more attention could not have been given to any question than was given by the Sanitary Committee to this question. The testimonials were read over very carefully, each candidate was taken one by one until the number was reduced to two, and he was only astonished that a body which claimed to have some measure of respectability should take such a course after the committee had come to a decision with so much care. He had looked through the requisition very carefully, and he failed to see any real ground of objection to the selection. They could not deny that Mr. Ainley was a properly and legally qualified gentleman. He might not happen to possess as many diplomas as they possessed, but the Council did not put a gentleman in such a position because he had got a lot of diplomas, but they took the man best qualified for the work, and such they believed Mr. Ainley to be. They did not want gentlemen who would be content to send their deputies, but a gentleman who would roll up his shirt-sleeves, put on his top boots, and go down into the worst sanitary places in the town, and such a man they found in Mr. Ainley. They also wanted a man of moral standing and position—a man people could look to with some kind of respect, and they believed they had found such a man in Mr. Ainley. He was objected to because he knew something of homœopathy, but a man who had studied both allopathy and homœopathy had got additional qualifications, and there was this to be said about homœopathy, that it perhaps killed fewer than were killed by allopathy.

Mr. Councillor LONGBOTTOM supported Mr. Ainley's appointment, describing him as "a persevering and industrious man, and one who would faithfully, honestly, and conscientiously discharge the duties with which the council entrusted him. He did not think, if they referred the memorial to the Sanitary Committee, that the committee would do otherwise than confirm the appointment. Moreover, he did not see how they could revoke the appointment, seeing Mr. Ainley was duly qualified, and had not done anything which showed that he was unworthy of the appointment."

After some remarks from Mr. Councillor KNOWLES in support of the high qualifications of another candidate—Dr. Dolan—and complaining that the appointment had been made precipitately—an observation which led the TOWN CLERK to remind him that there had been a special resolution on the subject,

Mr. Alderman HUTCHINSON said the Town Clerk meant that so far from the appointment being passed over in a crowd of

miscellaneous resolutions recorded in the minutes, there was placed on the notice paper a resolution informing them that Mr. Ainley would be proposed. That completely obviated any mention of a surprise. He conceived that it was not becoming, much less right, for any number of gentlemen, after they had declined to compete, to endeavour to dictate. (Hear, hear.) The Sanitary Committee chose, from the candidates submitted to them, the one they considered the best, and he must say, as two names of gentlemen had been introduced, that if he had had to make his choice between Dr. Dolan and Mr. Ainley, he should have very much have preferred Mr. Ainley. But the matter passed out of the hands of the Sanitary Committee, being brought before the council in a resolution which they emphatically affirmed. He conceived that they acted quite regularly, and if the appointment was not legal, they would very soon get information of that fact. Until they got such information, he conceived the council would best consider its dignity by continuing the resolution.

The motion was negatived by a large majority.

We congratulate our colleague on the very decisive majority by which the Town Council confirmed his appointment, and the highly honourable manner in which he was spoken of by those who know him best. We have no doubt but that the advertisement his allopathic opponents have provided for him will do him infinitely more good than that of his friend the chemist.

A CORONER'S INQUEST ON A SUPPOSED CASE OF TYPHOID FEVER.

CONSIDERABLE excitement has been created during the last month by an inquest held by Dr. Hardwicke, the Deputy-Coroner for Middlesex, on the body of one Ellen Hiscocks, stated, by the surgeon who had attended her during the last nine days of her illness, to have died of typhoid fever.

The deceased was a servant in a family staying at Mr. Maberley's Hydropathic Establishment in Leamington, and being unwell, left, *at her own request*, to go home. On the day on which she started, though not well, she presented no symptoms indicating any unfitness to travel.

"She was ill for only four days, was coherent throughout, able to come down stairs and settle her accounts with her mistress on the last evening of her stay here, to discourse on her own private affairs on the morning of the same day, and on the last morning I asked her if she wished to go home, and she replied 'Yes' while dressing at the glass. She was decidedly better than the day before. Unassisted she walked down stairs from

the top of the house to the end of the hall. She was accompanied to the station by a lady, a patient in the establishment, with whom she conversed in the fly. When they arrived at the station she walked down 25 stairs, crossed beneath the line from one side to the other, and up 25 more stairs, walking at least 90 yards, besides the steps, without even an arm to lean upon. She was supplied with wine and biscuits for her journey."

Such is Mr. Maberley's account of the condition of the patient when she left his Establishment, an account corroborated in every particular by one of the ladies of the family in whose service she was—the lady, moreover, who accompanied her to the station. During her journey she took neither the wine nor biscuits supplied for her use, and on her arrival at home was faint and ill. Mr. Young was called in, attended her for nine days, and then she died. An inquest was held, but for what reason it is impossible to divine. Mr. Young swore that she had died of typhoid fever, and upon his unsupported testimony alone the jury agreed that she did so; blamed Mr. Maberley for sending her away when he did; and sat in judgment likewise on the water-supply of Leamington, which, in their wisdom or want of wisdom, they condemned.

What evidence did Mr. Young produce that this girl had had typhoid fever? None whatever. There was no temperature chart, there were none of the characteristic spots of typhoid on the abdomen during any part of her illness, and, finally, no *post mortem* examination was instituted to enquire into the correctness of Mr. Young's opinion. Had this surgeon been so sure of his ground as to justify his *swearing* to the existence of typhoid, one would have thought that he would have claimed a *post mortem* examination as his right. Had the jury been as anxious to ensure a correct verdict as they ought to have been, they would have ordered one.

There was, then, no evidence that this girl died of typhoid fever worthy of a moment's notice.

The censure upon Mr. Maberley was, as Mr. Lawson Tait, of Birmingham, has written in one of the Birmingham papers, "iniquitously unjust." The girl left at her own desire, in a state of health which gave no reason to doubt her ability to travel, and with a supply of wine and biscuits to admit of her doing so with every comfort. By unthinking persons, who are ignorant of the sort of intellectual materials employed in the construction of the verdicts in our Coroners' courts, such a censure may be held as implying a very imperfect organisation at Mr. Maberley's Establishment. To rebut such a most unjust conclusion the patients, residing under Mr. Maberley's care at the time of the occurrence, sent the following letter to the *Daily News*:—

“ Having seen the reports of the inquest held on the body of Ellen Sarah Hiscocks, we beg distinctly to state, there has not been, and is, no single case of fever in the house. As inmates and patients of ‘The Arboretum,’ we wish to testify to the extreme consideration and watchful care shown by Mr. Maberley to all who are suffering; every one belonging to the house, from its head down to its youngest domestic, is assiduous in daily and nightly attendance on all who require it, whether master or servant; neither trouble nor expense is spared, and the whole tone of the establishment is such as to render it impossible that an infectious disease should have been artfully concealed, or that a servant in an advanced state of fever should have been quietly and inhumanly sent away to die, as asserted.”

Dr. Stevenson, the lecturer on Chemistry at Guy’s Hospital, has lately visited “The Arboretum,” and has thoroughly examined the water-supply, the ventilation and the drainage, all of which he declares to be as perfect as possible. He concludes his report by saying:—

“Your house is in such a state at present, that I think it highly improbable that it can either generate or tend to propagate fever; and it is well adapted as a dwelling for the sick as well as the healthy.”

Dr. Yeldham, who has sent many patients to recruit under Mr. Maberley’s care, and has frequently visited at “The Arboretum” for the benefit of his own health, speaks in the highest terms alike of Mr. Maberley’s medical skill, his kindness and attention as a host, and of the arrangements he has made for the comfort of visitors.

The slur cast upon the water-supply of Leamington is utterly absurd, based as it is upon an analysis made some years ago! The water-supply of Leamington is, in point of fact, as good as that of any town in England; typhoid fever is a disease unknown there, save in isolated instances where well-water is still used; while the general police and sanitary arrangements are, and for many years have been, equal to any, considerably in advance of those of a large number of English towns.

An ignorant jury, aided by a Coroner “hazy in his notions of contagion;” a medical witness, who had no evidence forthcoming beyond his “opinion;” and a fussy attorney, possessed by some ill-feeling towards the Local Board of Health at Leamington, have succeeded in recording an untrue verdict, a censure upon a medical man which is “iniquitously unjust,” and a reflection upon the condition of the prettiest and best managed of all the health-resorts of England, which is groundless.

MEDICAL TRADES-UNIONISM IN DUBLIN.

THE *Medical Press and Circular*, a journal which chiefly interests itself with matters medical in Ireland, has lately fallen foul of Mr. ROBERT ADAMS, a surgeon of considerable distinction in Dublin, on the supposition that he met Dr. SCRIVEN at the bedside of the late Mr. MAGUIRE, M.P. for Cork.

The *Freeman's Journal*, in its notice of the deceased "Home Ruler," stated that Mr. Maguire had been brought up from Blarney to Dublin on the recommendation of Dr. Scriven, who had further called in Mr. Adams to consult with him as to the best course to be pursued for the benefit of his patient. The statement was entirely erroneous; but as the course taken by the *Medical Press* illustrates the folly and disregard of the first principles of ordinary humanity of the trades-union regulations enforced by the Council of the Irish College of Surgeons upon their licentiates and fellows, which were, some years ago, denounced with so much force and justice by the late Archbishop WHATELEY, we purpose making a few remarks upon it.

When Mr. Maguire was ill at Blarney, Dr. Scriven was telegraphed for to see him; he had never, we believe, been consulted by him previously. After examining him, Dr. Scriven arrived at the conclusion that he was suffering from softening of the brain, and gave a very unfavourable prognosis. As in the neighbourhood of the city for which he was member he was constantly exposed to excitement, his removal to some distance was advised. It being desired that he should be placed under Dr. Scriven's care, and the physician attending him considering him equal to the journey, he was taken to Dublin a week after Dr. Scriven's visit. When in Dublin his condition excited considerable public attention, and, to satisfy public feeling, it was considered desirable that he should be seen by some allopath of eminence. There was never at any time any intention of altering the treatment Dr. Scriven was pursuing, but simply a wish that the grave prognosis which had been given should either be confirmed or corrected by an independent opinion. Mrs. Sullivan, Mr. Maguire's sister, requested Mr. Adams to give the desired opinion. He went and gave, as he says, "a very unpromising opinion." There was in reality no consultation at all. The "detestable act of tyranny" promulgated by the Irish College of Surgeons prevented that. And what do we see? An eminent surgeon pays a single visit to a man dangerously ill for the purpose of satisfying his relations as to the length of days he is, in his opinion, likely to live; he derives his *data* for this opinion, not from a skilled witness, not from the physician who, from having studied and watched the case, is of all others the one most competent to instruct him, but from the wife, sister, and priest of the

patient! What is the consequence of this? In a man dying of softening of the brain, partially paralysed, this "Cæsar of Irish Surgery" advises the head to be shaved, a blister to be applied to the vertex, and certain medicines to be taken! We believe that allopathic treatment in Dublin is of a much rougher, coarser, and more antique quality than is ordinarily met with in London; but it seems to us a thing incredible that anyone of the long and large experience of Mr. Adams could have advised such measures as these, had he had the advantage of being made acquainted with the results of Dr. Scriven's observation of the patient previously. These measures were of course not adopted. Mr. Maguire remained under Dr. Scriven's care until his death, which took place a few days later.

It is a serious reflection upon the notions of honour current in medical circles in Dublin, that a physician should be debarred from expressing an opinion as to the state of health of a patient under the care of a homoeopathic physician unless in forming it he chooses to forego the best means of obtaining information to guide him, and so submit to be misled into recommending a dying man to be tortured with a blister outside, and a *posse* of drugs internally! "In the midst of the disgust and shame," writes Archbishop Whately, "which one must feel at such proceedings as you have alluded to, it is some consolation to the advocates of the systems denounced, to see that there is something of a testimony borne to them by their adversaries, who *dare not* trust the cause to the decision of reason and experience, but resort to such expedients as might as ably be employed for a bad cause as a good one."

CHICAGO.

THE *Medical Investigator* for November, in reviewing the events of the past year in that city, writes:—

"The return of this month (October), and the energy of all our local press in recounting what has been done towards rebuilding our burned city, recalls vividly the awful lurid glare, the seething terrible roar, and wide spread destruction of the great conflagration. Then come up the untold suffering, agony and almost despair, the activity and philanthropy of our physicians, and the hope and gratitude at the inpouring of a world's brotherly aid. We do not propose to describe how the \$6,500,000 that was sent here has been distributed, but, suffice it to say, that the general feeling now is that it has been dispensed judiciously. Great as was the destruction *equally great* has been the restoration. When it is stated that quite one-half of the burnt district is rebuilt, and that quite all of our business men

are doing as well, if not better, than before the fire, facts and statistics warrant the assertion.

"But the success in relieving the suffering sick will better interest our readers. The workings of the Medical Department instituted by Drs. Gilman and Evans, and the Board of Health has been comprehensive and satisfactory. Through its efficiency, assisted by the general profession, small-pox was held in check. The general arrangement of districts with visiting physicians, continued until March 15th, when it was given into the charge of one superintendent, Dr. Jno. Reid, and the Dispensaries, each with a large corps of visiting physicians, who receive salaries. Up to that time the hospitals drew rations as in military days, and the charitable institutions received from the Aid and Relief Society regular monthly allowances. At that date it was deemed best to make appropriations instead, providing they would care for one patient for each \$1,000.

"All of our physicians are now doing well, thanks to the timely aid from our friends which some of them received. It is believed that most, if not all, are doing quite as well as before the fire.

"A lasting monument of fraternal regard will be the Relief Library that has been sent.

"The pharmacies have all done quite a flourishing business. On October 1st, Halsey Bros. removed to 72 State Street (within one block of their old stand) where they occupy a most elegant store, which they have fitted up in a manner worthy of our refined system of medicine.

"The medical press have all resumed. Several of the standard works have reappeared, noteworthy among these is Ludlam's Lectures. We believe that a new edition of Grauvogl will be issued if it is wanted by the profession.

"The medical position seems quite as remarkable as any part of the restoration of this wonderful city."

BIRMINGHAM HOMŒOPATHIC HOSPITAL.

We have been gratified to learn from the Birmingham *Daily Post* that a sum of £50 has been allotted to the Birmingham Homœopathic Hospital, as its share of the net profits, arising from a very successful exhibition of the Horticultural Society recently held in that town.

BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of the Society will take place on Thursday evening the 5th inst., when a paper will be read by Dr. John Moore, of Liverpool, entitled "Practical Remarks on *Podophyllum*."

APOLOGY.

AFTER our November number was printed we received a letter from Dr. Charles D. F. Phillips' solicitors complaining of a statement contained in a paragraph at pages 519 and 520 of this *Review* as being a reflection upon their client's professional reputation. We took the earliest opportunity by inserting a slip in the November number of withdrawing the remarks to which exception was so taken; and we now supplement that withdrawal by expressing our regret that the paragraph in question was inserted, and by tendering to Dr. Phillips our apology for the statement of which he has had cause to complain.

EDITORS—*Monthly Homœopathic Review.*

OBITUARY.

DR. COCHRAN.

It is our mournful task to record the death of GEORGE BLAIR COCHRAN, who died of cerebral disease at Weston-super-Mare on the 16th November, 1872, aged 61.

Dr. Cochran was born in Lanarkshire, and studied in Edinburgh, where he graduated in 1834. Though a diligent student the practice of his profession had to him then no attractions, so that, after a winter's study in Paris, he abandoned the idea of practice, and spent many years in travelling through all parts of the world; enjoying keenly the study of natural history and the habits of many races of men. At last, in 1843, he returned to Edinburgh and soon after was induced by a friend to visit the Homœopathic Dispensary, then under the care of Drs. Russell and Black. The new system of therapeutics quickly attracted his attention, and he became a most earnest enquirer, throwing all his energy into an investigation which ended in his becoming an enthusiastic believer in homœopathy, and animated by this new belief, he resumed the serious study of his profession. Still he so dreaded the anxieties and responsibilities of private practice, that it was not until 1850 he was induced to settle in Weston-super-Mare, there to become the pioneer of homœopathy. Soon his enthusiasm, his thorough knowledge of humanity, and his kindness of heart gained him numerous friends and patients whose numbers and confidence yearly increased. Dr. Cochran was never a contributor to our literature, and thus may be unknown to many of our readers, but he exercised a great and most valuable influence as an apostle of homœopathy—a propagandist who so worked that he gained not only the confidence of friends, but the respect of enemies. To those who knew him we need not speak of his many loving qualities, of his strong convictions, and his fearlessness in exposing them, of his love of

truth and his hatred of shams, of his warmth of heart and his rare social qualities. In his death we have to mourn the loss of a true man—of a most intelligent and able physician.

NOTICES TO CORRESPONDENTS.

° ° ° We cannot undertake to return rejected manuscripts.

“A HOMO. OF 22 YEARS’ PRACTICE” has omitted to enclose his card. If, however, his long experience has enabled him to cure or to relieve the sufferings arising from a band of fibrinous lymph in the intestine having caught a fold of the ascending colon, on any other than tentative principles, we hope that he will without delay send us the details of his cases illustrating so near an approach to a miracle; the exact drug similitum of such a condition would indeed be a boon to the anxious and embarrassed practitioner, as well as to the suffering patient.

Reports of the Northern and Midland Societies have been received, and will appear next month.

Mr. BERRY, Northampton.—We have forwarded your letter on the Pharmacopœia to the Secretary of the British Homœopathic Society.

Communications have been received from Dr. BAYES, Dr. GALLEY BLACKLEY, Mr. LORD, Mr. HARRIS, Mr. TRUMAN, Dr. MORRISSON, Dr. YELDHAM, and Dr. G. WILKINSON (London); Dr. DRUMMOND and Mr. BLACKLEY (Manchester); Dr. SHULDHAM (Maidstone); Mr. AINLEY (Halifax); Dr. HAYLE (Rochdale); Dr. BRYCE (Edinburgh); Mr. NANKIVELL (York); Dr. E. BLAKE (Reigate); Dr. REITH and Dr. D. D. BROWN (Aberdeen); Mr. J. H. SMITH (Blackheath); Dr. COOPER (Southampton); Dr. J. G. BLAKE (Birmingham); Dr. NANKIVELL (Bournemouth); Dr. SCRIVEN (Dublin); Dr. SHARP (Rugby); Dr. CRAIG (Scarboro’); Dr. GALLOWAY (South Shields); Dr. MASSY (Brighton); Mr. CLIFTON (Leicester); Dr. CHALMERS (Sheffield); Dr. PYBURN and Mr. FRASER, Hull; Dr. CRAIG, Birmingham; &c.

BOOKS AND PERIODICALS RECEIVED.

Clinical Lectures on the Diseases of Women. By Dr. LUDLAM.

Pts. IV., V., VI. Halsey, Chicago. 1872.

Movement against Tobacco. Manchester. 1872.

The Homœopathic World, November. London: Jarrold & Son.

The Chemist and Druggist, November. London.

The Calcutta Journal of Medicine, May and June. Calcutta.

The American Observer, October. Detroit, Michigan.

The Am. Journ. of Hom. Mat. Med., &c. Philadelphia.

The Medical Investigator, November. Chicago.

Bulletin de la Soc. Méd. Hom. de France. Paris.

Bibliothèque Homœopathique, August. Paris.

Allgemeine Hom. Zeitung, November. Leipsic.

El Criterio Médico, October and November. Madrid.

La Reforma Médica, November. 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.







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