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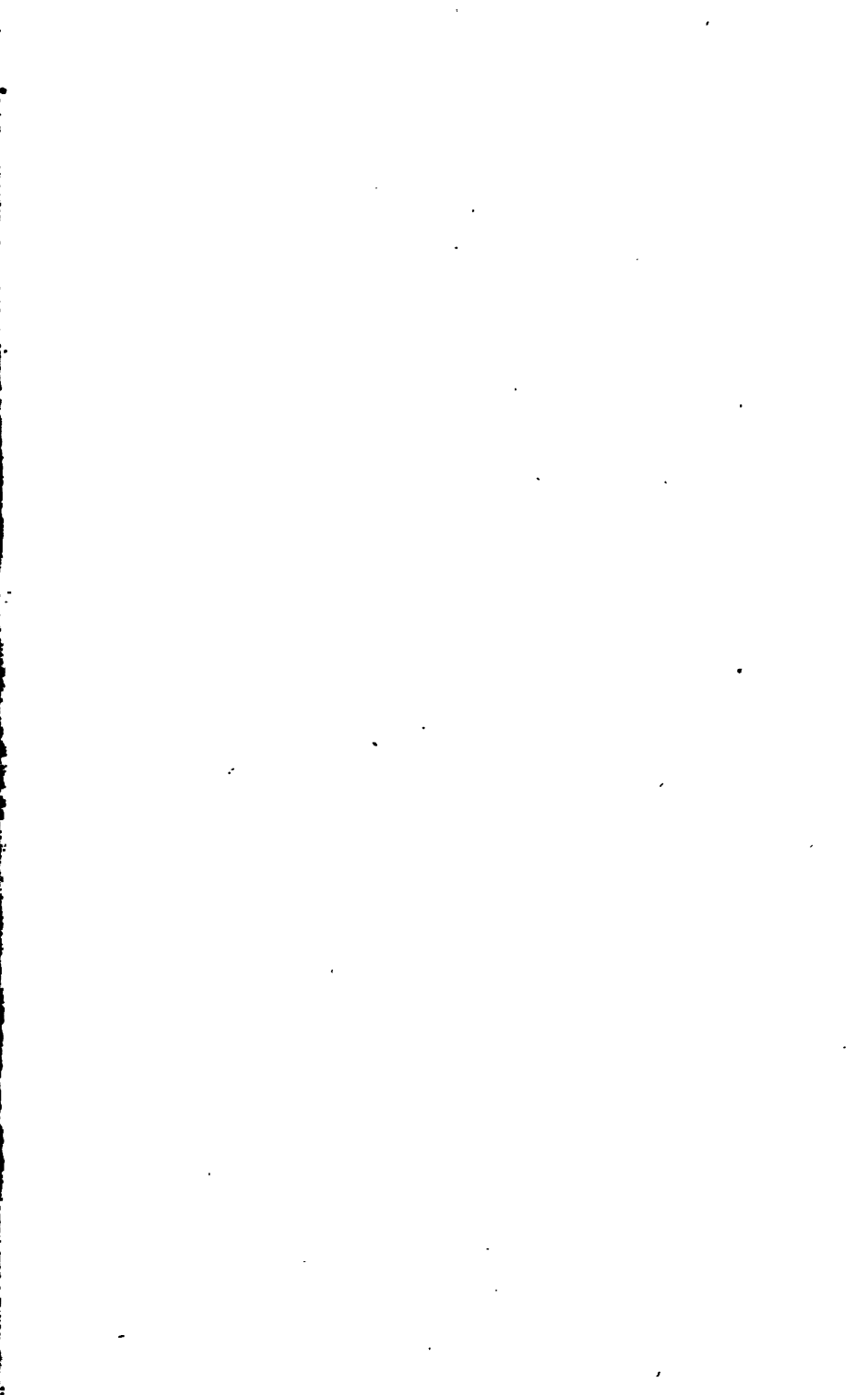
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THE MONTHLY  
HOMŒOPATHIC REVIEW.

EDITED BY

ALFRED C. POPE, M.D.,

AND

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

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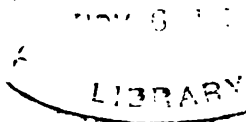
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THE MONTHLY

# HOMŒOPATHIC REVIEW.

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## HOMŒOPATHY DURING EIGHTEEN HUNDRED AND EIGHTY-THREE:

WHILE the topics bearing upon homœopathy, that present themselves for review among the events of the past year, have little of a sensational character about them, while but few circumstances have occurred calculated to arrest attention, it never was more clear that the principles and practice of homœopathy have made distinct and decided progress during any one year, than it is that they have done so during eighteen hundred and eighty-three.

The type of the opposition is evidence of this. The observations, which open and avowed homœopaths have made through their study of homœopathy and their knowledge of the physiological *Materia Medica*, have been absorbed by those who, in print at least, most strenuously denounce the method of enquiry, and the principle on which the information resulting from it was acquired with increasing rapidity. The necessity for prescribing medicine in frequent but very minute doses has been insisted on in the United States, and the paper in which this plan was urged has been re-published with approbation by the medical press at home.

Nevertheless—indeed, just in proportion as this therapeutic spoliation increases—does the *Lancet* proclaim the utter extinction of homœopathy! This journal, drawing upon its internal consciousness for the materials, occasionally treats its readers to a description of homœopathy. Having done so, it proceeds at once to inform them that it is “extinct”—that nothing remains but the name, which is applied to a totally different therapeutic method, one that in no way varies from that pursued by the ordinary practitioner of medicine!

The account of homœopathy furnished by the *Lancet* usually bears no more resemblance to homœopathy, as it has been taught and practised for the last seventy years, than does the scare-crow set up in a corn-sown field to a human being! That the practice of medicine homœopathically does not differ so much from that of the ordinary practitioner as it did, is true; but it is so, only in proportion as the erroneous and mischievous modes of treatment of thirty and forty years ago, the evils of which were first pointed out by HAHNEMANN, have been abandoned and their place in the therapeutic rôle occupied by applications of remedies first suggested by the principle of *similars*, and first tested by those who avowedly accept this principle as their basis of drug selection.

For the medical press of to-day to declare to their confiding but uncritical readers, as it has done for thirty years past, that homœopathy is “a dying faith,” is “extinct,” or has “exploded,” is to take for granted a degree of incredulity on the part of the profession generally, which we would fain hope does not exist. Such a course is too absurd, too distinctly contradicted by ever-accumulating facts to be accepted.

So far from being “a dying faith,” from being “extinct,” or from having been “exploded,” homœopathy has, by its



inherent force and vitality, infiltrated every grade of society, and permeated most of the text books on *Materia Medica*. We might safely say, that teachings based on the law of *similars*, are to be found in every text-book published within the last five years. And yet the opposition to the truth, although it occasionally changes its form, is as bitter, as blind, and as senseless as ever.

As an example of the state of professional prejudice in 1883, we are compelled to give to the Plymouth Medical Society a prominence which otherwise they might never attain to. We refer to their resolution of February 10th to the effect that "This Society strongly condemns the practice of meeting in consultation homœopaths *or other advertising practitioners*, under any conditions whatever." (The italics are ours).

On the other hand, we would point our readers to the struggles, the fruitless struggles of allopathic physicians in the State of New York to perpetuate in their code of medical ethics, a rule prohibiting professional intercourse between medical men of different therapeutic views. As often as the maintenance of these narrow-minded, bigoted restrictions is attempted, so often are their partisans ignominiously defeated. Efforts to continue such impediments to scientific progress die hard, even in the United States—but they die at last. And we venture to predict that nothing short of some discreditable tactics will ever again enable the discarded rule of the New York State Medical Society to reappear on its statutes. Should such be used and be successful, its success will be but temporary in the first place, and but visionary in the second. Should the rule be re-enacted for a time, we feel sure that it will prove inoperative. Even here, in that slowly moving body, the British Medical Association, the members have within the year shown distinctly how distasteful any bar to freedom

of professional association is ; and the defenders of it have during the same period found themselves compelled, in order to secure their desires for a short while longer, to play the part of commonplace rowdies at a political meeting during an election campaign.

The existence of the same feeling has still more lately been evinced by the members of the Aberdeen Medico-Chirurgical Society, in their election of Dr. REITH—a physician well known as a homœopathist throughout the North of Scotland—as President of their society.

Surely it is denunciation of homœopathy that lies a “dying ;” it is ignorance of its value that is becoming “extinct ;” it is the success of the tactics that have been used against it that is well-nigh “exploded !”

We will here notice a few of the indications afforded during the past year that the tide has set in distinctly in the direction of homœopathy being the basis of the therapeutics of the future.

Several medicines have, as we have already hinted, been appropriated from our stores, and the indications for their clinical use pointed out by us have been “rediscovered.” Notably among these have been *bryonia* and *lycopodium*. In New York, Professor A. A. SMITH, of Bellevue Hospital, delivered a lecture, inspired by homœopathy, on the advantages of small doses of medicine administered at short intervals. Nearly all of his examples were homœopathically selected. *Chamomilla* as a sedative, *ipêcacuanha* for vomiting, minute doses of *calomel* for the headaches of syphilis, *corrosive sublimate* in infinitesimal doses in dysentery, *digitalis* in drop doses every hour for cardiac weakness, *tartar emetic* for the bronchitis of children, drop doses of tincture of *nux vomica* for the headaches of indigestion, drop doses of *cantharides* in vesical catarrh,

two-minim doses of *hamamelis* in hemorrhages, all these were derived from the therapeutic method which we are told is exploded!

Is it then, we would ask, very remarkable, that, as Lord LYRTON has said, the public have a shrewd suspicion that they are treated homœopathically surreptitiously?

There is, in truth, no desire on the part of the professional journals to approach the subject on the only side on which it can be approached with any truth-seeking purpose—the side of clinical enquiry. Invective and misrepresentation are much easier than calm judicial inquiry; polemical essays are written with much greater facility than scientific investigations are conducted.

Hence it is that when, for the advancement of true scientific homœopathy, Major VAUGHAN MORGAN, in May last, made the generous offer to the Managers of St. George's Hospital, at a time when they were admittedly in very low water, of £1,000 a year for five years, to maintain beds for the purpose of fairly testing homœopathy, it was, to the everlasting shame of the Board, insultingly ignored. Public opinion, quite outside of the profession, was aroused by this, and a powerful article in the *Philanthropist* showed that the ice was getting very thin, and that but little more effort is required to crack it.

Our Hospital Board during 1883 has put forth great exertions to improve the efficiency of the building, and, as a consequence, the accommodation has been much increased. The Nursing Institute in connection with the Hospital has again proved its great value, the whole of the staff available for private nursing being often out on duty together.

The Annual Congress of 1883, held at Matlock Bath on

September 13th, produced some excellent papers, which have been printed *in extenso* in our pages; the attendance, though larger than that at Edinburgh, in 1882, was much below what it ought to have been, and what we trust that it will be at Cambridge next September. The Presidential Address by Dr. MOORE was most able and interesting, and with the other papers, notably one by Dr. BRYCE, of Edinburgh, will enrich the literature of homœopathy.

Reports from abroad, in 1883, have been decidedly encouraging. In Russia, in spite of all opposition, the Emperor issued an Imperial edict, decreeing the foundation of a hospital for the treatment of diphtheria by homœopathy; stating as his reason for this Act, "that homœopathy was the source of the most successful treatment for this disease." The further reports of this new institution will be looked forward to with no little interest. In America, the land of free thought and free medicine, our school has done much good work during the past year. The meeting of the American Institute of Homœopathy was held at Niagara Falls, in June. The attendance was large, and representative of active, earnest and scientific workers in the field of therapeutics. The statistics of the Colleges, Hospitals, Dispensaries, and Journals proved conclusively how widely a knowledge of homœopathy is spread throughout the United States, and how highly it is appreciated by the people in every part of the Union. In the great and important work of revising the *Materia Medica*, and presenting it to the practitioner in a reliable form, and in one readily available for consultation, a substantial basis of action was agreed upon. This work is a great one, and to be carried out with efficiency must occupy much time, and make heavy demands upon the zeal and energy of many workers—happily, in the United States, men well adapted for the task are comparatively numerous.

What bids fair to prove an abortive proposal by Dr. GUERNSEY, of New York, to change the name of the Institute to that of "The American Institute of Medicine," was laid upon the table for discussion at the next meeting. This, we trust, the feeling displayed when it was introduced will suffice to show its proposal must be withdrawn. That, if seriously entertained, it will be ignominiously rejected, we make no doubt. The time has not come when the word homœopathy can be withheld from institutions the very *raison d'être* of which is the cultivation and propagation of therapeutics based on the law of *similia similibus curantur*. That it will eventually become disused we make no doubt; but the time when it will be so will not arrive until the principle which it expresses is accepted as true by the entire profession. When free trial and free discussion of homœopathy are admitted, when homœopathy is generally practised and is acknowledged as a basis of drug-selection, the word itself will be less freely used; the necessity for the distinction it implies will have passed away—but not before.

From India we have received intelligence of the publication of a new magazine in the Bengali vernacular. The appearance of *The Hahnemann*—for such is its title—marks the commencement of a new era for homœopathy amongst the teeming multitudes of India.

The past year has also seen another great step in advance for homœopathy in India. We refer to the institution of the Calcutta School of Homœopathy. The lectures are delivered in the City College, and comprise the following subjects: *The Principles and Practice of Medicine*, by M. M. BOSE, Esq., M.D., L.R.C.P. Edin.; *Materia Medica and Therapeutics*, by P. C. MOJUMDAR, Esq., L.M.S.; *The Principles of General Anatomy and Physiology*, by B. L. BOSE, Esq. Our esteemed colleague, Dr. SALZER, also lectures on clinical subjects. With a

literature both English and vernacular to reach all classes, and a school managed by an able and enthusiastic staff, the outlook in India is indeed most promising.

Turning homewards, we find that during the year important changes have been made in the constitution of the LONDON SCHOOL OF HOMŒOPATHY, which has now been united to the LONDON HOMŒOPATHIC HOSPITAL. It is to be regretted that it was impossible, when it was first instituted, that it should form a part of the Hospital work. Regrets, however, are vain. The School was established independently, and when under the management of its own council, did useful work. We trust that it may do even better under the control of the Board of Management of the Hospital. This, however, depends less upon the efforts of the Board than it does upon the zeal and activity of homœopathic practitioners. So long as they, on the one hand, withhold their aid in endeavouring to induce practitioners and students to investigate homœopathy there, or on the other, "damn with faint praise" all attempts to teach homœopathy, so long it is impossible that the School should prosper. The present session was opened by the Hahnemann Oration, delivered by Dr. BLUMBERG, of Southport, and was an interesting and useful address.

Dr. BURNETT, recently appointed lecturer on *Materia Medica* in the room of Dr. POPE resigned, commenced his course of lectures with one of great power, entitled *Our Duty*. It is one that we trust all interested in homœopathy have read, and if having done so they will but act up to the precepts it enforces, the ultimate triumph of homœopathy is not very distant.

The literature of homœopathy has not been greatly added to during 1883. New editions of the English and American Pharmacopœias have appeared. An excellent monograph

on *gelsemium* has also been published by THE HUGHES MEDICAL CLUB of Boston, and constitutes a very good illustration of the way in which our medicines may be presented for study and for reference in practice. Dr. CONRAD WESELHOEFT has also contributed a very interesting and useful essay on the fundamental principles of homœopathy.

THE BRITISH HOMŒOPATHIC SOCIETY has, we are glad to find, rapidly increased the number of its members of late, the meetings have also been fairly attended, though not so well as the interesting papers brought forward for discussion would have led one to suppose that they would be.

Every year as it passes brings, at its close, the remembrance of some who, having done good service in the world of medicine, have been removed from amongst us. At the close of 1882 Dr. BAYES was suddenly called away, and during 1883 we have, in Dr. BLACK, been deprived of a sound, accurate and zealous cultivator of *Materia Medica*, while, in Dr. HILBERS, we have lost one of the most popular physicians who has practised homœopathically in this country. Dr. HEWAN, though less known, will long be remembered by not a few as an excellent man, a careful and painstaking practitioner. All were men of sterling worth, each leaving behind him an example well worthy of imitation.

We now have 1884 before us, and we trust that it will be marked by a large increase of effort to develop homœopathy, to make its advantages more generally known, and its practice more thoroughly understood and appreciated by the profession.

## HIPPOCRATES AND HAHNEMANN.\*

BY HENRY BLUMBERG, M.D., J.P.

It is in the nature of man to have a certain amount of veneration for everything which is old. An octogenarian is an object of reverence for a younger generation, though his white locks, perhaps, hide the traces of a useless, or even a vicious life. In the same manner, we are apt to admire some crumbling and ivy-covered building, simply because it is many centuries old, though it originally may have served as a grange or a kitchen.

How many names of ancient history are indelibly impressed upon our memory, and how many really deserve to be rescued from oblivion.

On the other hand, there are names to which posterity seems to mete out but scanty justice. The Alexanders and Cæsars, even the Crassi and Luculli, are in every school-book, but who, now-a-days, gives a thought to Hippocrates, the father of medicine? Is it because the influence of his teaching and writing has died away? But it had lasted for more than two thousand years! For two milleniums the physician of Cos reigned supreme in the realm of medicine. Greek, Roman, Jewish, Arab physicians—the graduates of Salerno, of Paris, of Oxford, all paid homage to him, all swore by his name; but did they follow his precepts, did they study the great and the small world, the macro- and microcosms, nature and man, as indefatigably, as intelligently, as reverentially as he did? Not at all! They quoted him as the evil one quotes Scripture, but they deviated *toto cælo* from his plain directions, both as to the nature of disease and as to the appropriate remedies.

I may very likely be accused of blind partiality, but to me there is no greater figure in the Pantheon of medicine than that of Hippocrates—with the single exception of Samuel Hahnemann.

To form a correct judgment of the man and of his work, you must remember that, excepting a few Egyptian, Greek, and probably Phœnician priests, who treated their patients mostly by religious rites and incantations, and gave drugs

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\* The Hahnemann Lecture, 1883, delivered at the London Homœopathic Hospital, October 2nd, 1883.



without a pretence of scientific research, Hippocrates was the first real physician.

All his doctrines were therefore absolutely original, derived from those great powers of acute observation, discrimination and logical acumen which have in all parts of the world, and in all times, distinguished great physicians.

Hippocrates was born in the Island of Cos, 456 years before Christ, a scion of the renowned race of the Asclepiades. After studying philosophy at Athens, particularly under Heraclitus, he travelled nearly through all the then known parts of the world, and afterwards settled in his native isle, where he taught and practised medicine until he died in his 80th year. I know that there are many sceptics who deny even the existence of Hippocrates, as some have denied the existence of Homer, but on equally futile and absurd grounds.

There are, no doubt, among the treatises ascribed to him, some which are spurious, but every one who has taken pains to study the genuine books, the *Aphorisms*, *Dietetics*, the *Fevers*, the *Epidemics*, the admirable book on *Climate, Air and Water*, his *Prognostics*, &c., must come to the conclusion that they were written by one and the same man.

In reading his works, the first impression is that of awe and wonder. It is hard to believe that a man who had no medical teacher, who had only the most imperfect means, in comparison with ours, of studying either man or nature, could have attained, as it were with one mighty effort, to such a height of knowledge. The science of medicine seems to have sprung from his head, like Minerva from the head of Jupiter, in full and complete armour.

There was not the hesitation of apprenticeship with him, he at once felt and acted as a master. If you have a full knowledge of a disease, he says, you ought to be able to cure it (de Arte xx). These are hardly the words of a beginner. The style of his writings is also original. It is laconic, powerful, epigrammatic; there is nothing superfluous, but no word is left out which is necessary for comprehension.

As regards his system, we must bear in mind that he was after all the child of his age. He based most of his speculations upon the existence of the four elements, a doctrine which was universally held not only by all the men

of light and leading of his own time, but by countless multitudes in fifty generations afterwards.

The four elements of Hippocrates, of the ancient world and the middle ages, were fire, air, earth and water, representing severally the first, the principle of heat; the second, of cold; the third, of dryness; and the fourth, of moisture.

Now as nature was constituted of these four elements, so man, who is an epitome of nature, is also constituted of the same elements; and as in nature, those localities were most favoured where none of the elements predominated, but all were harmoniously mingled; so in man it was necessary for perfect health that he should have this harmony of elements. If a false note occurs in this harmony, if one of the elements takes the place of another, sickness ensues. To cure it, you must put your patient upon a diet in which the deficient element preponderates. You must also, if convenient, send him to a locality which is dry, when he wants dryness; moist, when he wants moisture, etc., etc. Hippocrates laid much stress upon the quality and quantity of food. He says: "The improper quality or quantity of food is the source of a great many illnesses, and the regulation of the diet of the patient is, in many cases, the very best remedy." "Hunger," he continues, "weakens, no doubt, it can even kill, but there are many cases in which it will cure when everything else fails." But he gives equal attention to exercise. His directions in that regard are minute, far surpassing those of the physicians of our days.

He determines not only the manner of exercise, the best time for each patient, but also whether to bathe before or after, whether to eat or drink before or after, &c., &c. For obesity, which was then dreaded by the Greek beauties, as much as by those of our own time, he recommends specially strong exercise after a cold bath and fasting.

Baths are of equal importance, whether warm or cold, whether of fresh or salt water, the time of day and the length of time to use them.

He gives special directions respecting bathing and the manner of anointing after. I have used for many years the anointing (oiling) process in my children's sanatorium in Southport with great benefit.

His knowledge of the human economy, considering that he never dissected a human body, is equally wonderful. His knowledge of anatomy and physiology was most likely derived from the Egyptians, but a great deal was no doubt due to his great genius for indications.

But nowhere, perhaps, does Hippocrates shine more than in the science of prognostics. I would recommend young physicians to read the chapters treating of that science. They will derive many valuable hints. Who can ever forget the description of the Hippocratic face, which denotes the near approach of death? It is as graphic as Shakespeare's description of Falstaff's end, "when his nose became sharp as a razor, when he played with the bed-clothes, and babbled of green fields." To form a correct judgment of the probable course of a malady is certainly one of the most useful and necessary qualifications of a doctor. "Correct prognosis," Professor Skoda used to say to us, "establishes, more than anything else, the reputation of a medical man."

This exquisitely minute semiotic, this careful weighing and noting of symptoms, he shares with his great successor Hahnemann. Of the latter, Dr. Hirschel says: *die Feinheit und Schärfe seiner Beobachtungen ist wunderbar*. Both seached with impartial mind and unclouded eye the secret workings of nature; the one more for the purpose of knowing the diseases; the other more for the purpose of healing them. Both are faithful in their description, and one is struck even with the similarity of style in parts of the *Epidemics* of Hippocrates, and the *Chronische Krankheiten* of Hahnemann.

Many deeply philosophical observations pervade the writings of Hippocrates. When I read Buckle's *History of Civilization*, I greatly admired the clever way in which that great writer proves his original proposition: that the political, social, and religious condition of a people depend upon the physical features of the country they inhabit. But after reading a "*passus*" in Hippocrates (*de Acribus aquis et Locis* l. vi.) I suspect that Buckle, who was the greatest reader of his age, took the crude idea from the "Father of Medicine."

The dignified way in which Hippocrates treated powerful patients was also remarkable. Two letters to royal patients, one to Perdicas, King of Macedon, the second to King

Demetrius are extant, though their genuineness is, I must say, more than doubtful. In them Hippocrates not only gives a short explanation of his medical views in general, but lays down the law as to diet, exercise, &c., &c., most unmistakably. He exhorts the king to a life of labour and abstinence as most conducive to health, and finishes by saying "if you do this you will be well—if not—not." In our times twenty celebrated court physicians did not dare to tell an Empress that the hæmoptisis from which she suffered proceeded from too tight lacing, until Dr. Walsch, of Kissingen, blurted out the truth and cured the Empress.

But the most striking similarity between the two great men whose names form the title of my address is their humanity.

Gentlemen,—It is a melancholy, a most saddening thought that our noble profession, beginning as it did, with a man of so philosophical and so humane a disposition as Hippocrates, should in the course of a few generations have degenerated into a band of fanatics, reckless, like Sangrado, of inflicting any amount of suffering, if it was only according to their theories. In Victor Hugo's play of "Torquemada," there is scene where the Grand Inquisitor, hearing the groans of his victims, exults in having saved their souls. The physicians from Hippocrates, till Hahnemann taught them mercy, exulted also in what even now are called "heroic measures" which have inflicted longer and greater suffering on countless more individuals than did ever Torquemada and the Spanish Inquisition.

That blood-guiltiness is happily past—past, as I will mention later, entirely in consequence of Hahnemann's noble protest—and will never, never return. One of the axioms of Hippocrates is: "If there are two methods of treatment, which you think equally efficacious, choose always that one which is most pleasant to your patient." I wish this axiom were written with golden letters on the portals of the College of Physicians!

Yes, a new dawn arose when Samuel Hahnemann dared to question the methods of treatment, corrupted as they were more and more as they were handed down from father to son.

It is, perhaps, not too much to say that the art of healing would hardly have suffered if all the books on *Materia Medica*, which have been written from the death of

Hippocrates to the birth of Hahnemann, had, like the Alexandrian Library, been destroyed by fire.

How different that is from the science of mathematics of which the other day Professor Cayley, in his admirable presidential address at Southport, said: "Mathematics have steadily advanced from the time of the Greek geometers. Nothing has been lost or wasted. The achievements of Euclid, Archimedes, or Apollonius are admirable now, as they were in their own days. The advance made has been enormous; the field is boundless; the future full of hope."

Our field is also boundless! Is our future also full of hope? I shall defer the answer to that question till I have given a passing survey of the life and teachings of the great reformer of medicine.

About to talk of our great master, I feel like a tyro artist who would wish to give to the world a picture of the Madonna, after beholding Raffaele's or Murillo's masterpieces in Dresden or in the Louvre.

The life of Hahnemann has been so ably recorded by Dr. Burnett, and his philosophical system so clearly set forth by Dr. Hughes and Dr. Dudgeon, whose acquaintance with Hahnemann's writings is second to none; and whose translation of the *Organon* is a masterpiece of close rendering, has proved so incontrovertibly his claim of being the founder of rational therapeutics that I, like the son of Philip, have no kingdom left for me to conquer. All these, my predecessors in this honourable office, have done such justice to this great man, that for fear of repetition or involuntary plagiarism, I will limit my remarks principally to Hahnemann, considered as an example and as a guide for the younger members of our profession.

The bodily and mental characteristics of Hahnemann are certainly not easy of delineation. But there is no doubt that he was as it were selected by nature herself to be a prince among physicians. Nature gave him the strong, well-knit body, the massive forehead, the fine eyes, the pleasant smile which captivated his friends and sometimes even disarmed his adversaries.

Let us look on a picture of Hahnemann in his sixty-second year, by one who knew him well: "Silver locks framed his broad thoughtful forehead, his brilliant eyes shone with quenchless fire, the face had a noble repose, only varied occasionally by the play of humour. His

carriage was erect, his walk steady, his movements dignified; I rather hesitate to proceed to mention his large flowered dressing gown, his yellow slippers, his black velvet skull cap, and his long German pipe for ever emitting aromatic fragrance, lest I should detract somewhat from our hero-worship."

Dr. Romani, of Naples, drew, a few years after, a fine picture of our master at a later period of his life: "La natura diede al corpo di Hahnemann una tempra come d'acciajo, alla sua anima diede percezione rapidissima—voluntá indomitabile—ardente disederio di agni maniera di cognizioni, sentimenti di univesale benevolenza, passioni del vero, corragio, costança e lá divina pazienza!"

"Nature gave to Hahnemann a constitution of steel; to his mind the most rapid powers of perception; an indomitable will; an ardent craving for all kinds of knowledge; sentiments of universal benevolence; a passionate love of truth, courage, and constancy; and divine patience."

Physical advantages appear, perhaps, trifling, but they have their importance. Hippocrates says: "A doctor ought to be strong and muscular, and have a good complexion, for the vulgar is apt to judge that a man who has a sickly body himself is not likely to improve that of others."—*Book of the Doctor (Peri Yatris)*.

The temperament of Hahnemann was sanguine, with a touch of the choleric. He had, from boyhood, a great capacity for learning, and a wonderfully retentive memory; he had that craving for excellence, without which no man can ever rise above his compeers. He tried to investigate everything for himself, never satisfied, like the masses, to "*jurare in verba magistri*," and take everything that was taught for granted. This is one of the chief characteristics of a true physician. The theologian relies upon infallible Scripture; the lawyer upon binding precedent and usage; the doctor alone is perfectly free to use his unfettered reasoning faculty in his calling.

He may reject what countless ages have considered excellent, or adopt that which multitudes might consider absurd. He has only reason for his guide, and conscience for his judge!

This habit of *not* resting satisfied with the existing state of things led Hahnemann to his valuable chemical dis-

coveries. It led him also to a much more important investigation. He examined strictly how far the *Materia Medica* had a sufficient *raison d'être*, and soon found that in most cases the supposed remedies kept their places, only because they had been in the book from time immemorial. He went back as far as the father of medicine in his studies, as his learned treatise "*de veratrismo veterum*" proves, and he must have read passages in which the treatment by similars was foreshadowed by Hippocrates. I shall quote one passage from the Latin translation:—

"Per similia morbus oritur et per similia ex morbis sanantur veluti cum strangurium cum non adest idem facit etsi adsit sedat." Who of us does not think of *Cantharis* when reading this passage?

How far this and similar passages of Hippocrates—how far Paracelsus—had any influence in leading him to the great dogma of "*similia similibus*" is a question which has little practical value. He published his ideas: *The Organon* appeared, and at once it created the greatest uproar in the medical world.

There is hardly anything which man will resent more than being roused from his accustomed ideas, from ideas which have become, as it were, "a part and parcel of his inmost soul; and to be forced to think afresh, and to act according to those fresh thoughts.

"Handeln ist leicht; denken schwer; nach dem gedachten handeln am schwersten" (Goethe); and Descartes: "il y a des préjugés puissans, il y a d'anciens systèmes, il y a des opinions et des coutumes qui n'existent que par l'empire de l'habitude. Les hommes réfléchissent si peu qu'un mal qui se fait depuis cents ans leur paraît presque un bien!" And when Hahnemann, with clarion voice, said: "Es muss doch niemals laut und öffentlich gesagt werden, und so sei es laut und öffentlich gesagt. Unsere Arzneikunst braucht vom haupt bis dem fusse eine vollige Reformation," he of course invited the hatred and persecution of the majority of German doctors.

But Hahnemann was equal to either fate; adversity is the touchstone of character. His motto seemed to have been, "*malo mori quam fœdari*," and he stood like a rock against which beat the dark and angry floods.

In spite of violent opposition and bitter persecution, he held high and with a strong hand the banner of

reformed medicine. You have heard, in the eloquent and learned addresses of my predecessors, what Hahnemann has achieved. The physiological pharmacodynamics which he introduced are accepted throughout all the world; they are made use of in the teachings of every professor of *Materia Medica* throughout Christendom. His doctrine of the individualisation of disease is also nearly universally accepted. Very few, if any, physicians hold now that disease is an entity which, as I said in a former essay, can be classified and ticketed as it were—an entity existing independently and in antagonism to the physiological functions of the body. His war against polypharmacy has borne good fruit—most physicians now avoid prescribing mixtures of many drugs. His teaching about the necessity for the close observation of symptoms, psychical as well as physical—and who excelled in that more than he himself?—has become, of course, the doctrine of every living medical man.

His protest against blood-letting has abolished that practice altogether, but it is interesting—though it has perhaps more a retrospective, a historical, than an actual interest, to note the strong and decided manner with which Hahnemann at once set his face against the baneful and too prevalent treatment by bleeding.

His reasoning was very cogent. He says in a foot note of *The Organon*: “I only give passages in my translation, though there most likely never was one drop of blood too much in the living human body, yet the old school considers a so-called plethora as the essential cause of hæmorrhages, inflammations, and inflammatory fevers, and try to cure them by bleeding. This, they think, a rational treatment forsooth! How is it they, he asks further on, in pleurisy when, during the premonitory rigor the pulse is not materially quickened, and in a few hours, when heat and fever supervene, they attribute it to plethora, and are ready with their lancet. Where was the plethora before? Did it come in two or three hours? What a wonderful miracle! to conjure in a few hours so many pounds of blood into the human body which are superfluous, and nocuous even, and have to be taken away? The fact is, there is not a minim of blood more in his veins than two hours ago, or a day or two ago, when the patient was in perfect health.”



The allopath does not therefore relieve the feverish and inflammatory patient of a hurtful superfluity of blood, as such does not exist, but robs him of his normal quantity of blood—which is necessary for life and health—a terrible loss, which often the greatest physician's skill fails to make good.

To us, gentlemen, these words appear commonplace. We have never believed in phlebotomy, leeches, etc., we have not been suckled in a creed outworn; but fifty or sixty years ago they must have appeared to every thinking practitioner as true words, carrying conviction with them.

The practice of blood-letting has been abandoned, say now the zealots of the old school, because—*risum teneatis amici*—the human constitution has altered, or because the type of disease has altered, or because 50 years ago there was an epidemic of cholera. Why do they not say candidly: We have given up blood-letting, because Hahnemann has shown us the absurdity, the criminal absurdity (we might say) of the practice.

As regards the great principle of drug-selection which he discovered, it has done much, very much, but perhaps it has not done all that he, his first disciples, and his immediate successors hoped for. But let us not forget the Hippocratic saying, "art is long, life is short." It is only a life-time since Hahnemann died, and the knowledge we have gathered since of the use of the law of similars has most unquestionably confirmed its general correctness. It is not by an enormous accumulation of evidence, but by induction from some facts, however few, which are well ascertained that we judge of the correctness of a theory. One single example may suffice. M. Ravenau Delisle and Professor Majendie, having found that *strychnine* or large doses of *nux vomica* produce convulsions in animals, recommended the use of small doses of those drugs in this affliction.—*Bulletin de la Faculté de la Médecine.*—(V.)

Lemaistre truly says—"Ce qu'on sait dans ce genre prouve beaucoup à cause de l'induction qui en résulte; ce qu'on ignore ne prouve rien excepté l'ignorance de celui qui cherche."

Dr. Dudgeon, and to some extent Dr. Hughes, look with a mixture of pity and grief upon the latter career of Hahnemann. Upon his theories of psora of dynamisation, &c., Dr. Dudgeon says: "From a close and diligent

observer of nature in the prime of life, he became a seer of apocalyptic visions in his old age." Yes, but has not that been the history of all great men, of all those rare geniuses who have the privilege of having both the analytical and synthetical, both the indicative and deductive brain power equally powerfully developed? Look at Plutarch, at Leibnitz, at Swedenborg (who in the first part of his life towered above all his contemporaries as regards the close study and intelligence of nature), look even at the great head of the Positivists, Comte himself; and let us not forget, Gentlemen, that this introduction of a small alloy of the fanciful and the wonderful has had a great effect as regards the dissemination of homoeopathy. Truth is like the sun: Mortals cannot behold him for long without a darkened glass; or, better still, truth is like gold, which never can be used as a current coin without a very small admixture of the baser metals.

I will not enter into the question how far his later theories are defensible, or what substratum of truth they contain. A great deal might be said even from a purely scientific point of view, in favour of them; but whereas the theorems and doctrines which Hahnemann enunciated up to the time he left Leipzig converted a score or two of intelligent disciples, his latter-day dogmas took the whole laity by storm. They endeared the practice he introduced to the immense majority of mankind, who, since the world began, instinctively recoil from crass materialism, and always seek their salvation in the spiritual and in the ideal.

One of the great changes which I attribute to Hahnemann, and which is, perhaps, not one of unmitigated blessing, is the different position which the physician now holds in relation to the patient. Formerly a physician was a sort of demigod; he came, saw, and conquered—or failed.

The patients, in spite of the wit of Molière and Lesage, obeyed blindly. But since the controversy on the two systems raged (I often wish that it had been in Latin and not in the vernacular languages), the educated classes have taken an overwhelming interest in medical matters, and scepticism in medicine is, I am sorry to say, certainly increasing. The patients "wissen zwar nicht viel doch haben sie erschrecklich viel gelesen" as Faust says, and require convincing first, and curing afterwards. A wig, a

gold-headed cane, a snuff box, and a few Greek and Latin phrases, a hundred years ago, covered a multitude of sins, but the public now requires an ideal doctor—a man who can argue, as well as treat. The exercise of our profession has certainly become more difficult; we have to contend as much with the so-called knowledge of the upper as with the ignorance of the lower classes. But, curiously enough, ignorance and pseudo-knowledge alike are now-a-days not proof against the most puerile puffing of all-curing arcana. Francis I., King of France, is said to have asked his court jester, Triboulet, which profession was most numerous in France. "The medical," answered Triboulet. "How's that," exclaimed the King, "I am sure there are more lawyers, and certainly more priests than doctors in my kingdom." "Well," said the jester, "will your Highness just tie up your face with a handkerchief, and pretend to suffer from toothache." The King did so, and soon found that nearly everyone about the court had a pet remedy which he or she ardently recommended. "Tot capita, tot medici," exclaimed Francis; and he certainly would not retract his words if he lived in our times.

Yet, in spite of great drawbacks; in spite of increasing difficulties; in spite of the dissensions which unhappily still exist among us—ours remains still the noblest profession.

"Glorious the aim to ease the labouring heart,  
To war with death and stay his flying dart;  
To trace the source whence the fierce contest grew,  
And life's short lease on easier terms renew;  
To calm the frenzy of the burning brain,  
Or heal the tortures of imploring pain."

As regards the future of homœopathy we can speak most hopefully.

The future is full of hope, said Professor Cayley of mathematics. Is it also full of hope for medicine? This question may safely be answered in the affirmative. That the sciences which are subservient to medicine, or rather which are their faithful allies, have progressed more in the last fifty years than in all the period before is undoubted. Pathology, too, has made great strides, owing mostly to Virchow; but I, like Dr. Dudgeon, have little faith in the importance (in a pathological sense) of microbes, *bacilli* and *hoc genus omne*. The microbe is like the masher, a

creation of the period, and will vanish in some airy nothing to give place in a few years to another pathological and fashionable excrescence. In the cell, on the contrary, lies—

That awful mystery of life,  
Searched for in vain with your dissecting knife.

If I were younger, I would devote my time to the study—the microscopical study—of cellular life in all its phases. There is the great field of all most important discoveries. I have some fancy, at which you will smile, that there is a striking analogy between the cell and the solar system, that later investigators will possibly find that there is in a cell a rotation of planets, nucleoli round a central sun, the nucleus from which heat and light proceed in every way analogous to the greater system.

In the course of every reformatory movement, be it either religious, social or political, there are generally three phases: the *first*, the initiatory and enthusiastic stage, is when the new ideas appear; when they are disseminated with great rapidity; when the apostles are most zealous, the friends most hopeful, the adversaries most bitter and vehement. After that follows fatally the reactionary stage, when the movement languishes; the apostles become somewhat tired, the friends lukewarm, and the enemies exultant. If the reform has no vitality—not the living seed of truth in it—it perishes at this stage; but if, on the contrary, it has that within it which passeth show it is certain to reach the *third* stage, which consists in the slow progress of conviction in its truth and necessity among even its former opponents. The doctrine of Hahnemann has passed through the first and second stage, and has victoriously entered the third. Is there anyone who can deny that it has leavened and that it is leavening the principles and the practice of the two hundred thousand medical men in the world? Can anyone who has even superficially glanced at the annals of medicine assert that the rebound from a cruel—from a complicated—from an absurd practice—to one simple, reasonable and humane, would have taken place so soon had Hahnemann not lived and taught.

The average of life in civilised countries has lengthened since a hundred years ago from 33 to nearly 40. Are these additional seven years entirely due to improvement

in the dwelling, in the food and in the habits of the people? or is it not a good deal due to the more enlightened, more humane, more successful treatment of disease adopted by both schools *in consequence* of the teachings of our great master? If I had to compose an inscription for Hahnemann's statue, which, some day, not far distant, will adorn this wonder-city—the metropolis of the world—I would simply say:—

SAMUEL HAHNEMANN, b. 1755, d. 1843.

He shortened suffering and lengthened life.

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## STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

WHAT THEY MEAN, AND THEIR TREATMENT ACCORDING TO  
HOMŒOPATHIC PRINCIPLES.

By DR. MED. BERNHARD HIRSCHEL, Practising  
Physician at Dresden.

Sanitätsrath und Ritter des K. span. Ordens Isabella der kathol.  
mehrer gel. Ges des in- u. Auslandes wirlk. u. correspond Mitglied.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., M.R.C.S., Edin.

### SECOND SECTION.

THE physiological action of medicines upon the gastric nerves, with special reference to gastrodynia, as well as the clinical recommendations in this form of disease, and criticism upon them up to date.

Since the first indications for the choice of homœopathic remedies are given by their physiological actions, through which the relations of the remedies to the locality and the quality of the phenomena are made apparent, and through which the similarity between the medicine and the disease as a *conditio sine qua non* of a specific mutual action is discovered, we shall, at the head of our practical teaching, put together the symptoms which in the provings on the healthy have resulted as pure medicinal actions on the gastric nerves. To these annex themselves closely in the second series the results of poisons, partly in life, partly in *post mortems*, and supplementarily the observations on animals; and, indeed, phenomena of poisons are available in the highest degree in these physiological observations, since they stand on the limits of physiological phenomena

upon which we must lay the more stress, as it is seldom possible and advisable in provings on the healthy to excite really objective diseases. Therefore, the subjective in these physiological experiments must play a great part. In our subject this is less important, because, actually, in gastric pains, a more considerable stress must be laid upon the subjective feeling.

When we have been specially directed to the dynamic or to the nervous action by our medicinal action in general, without the direct influence of which perhaps only in a few cases a curative action takes place, we shall be justified by the influence of the medicine on the gastric nerves, also by an especially nervous affection, in a double way, if we take into account the rude material processes only when these are of a secondary or subordinate nature. We shall consequently, in the arrangement of our medicines, leave out those which, without exerting action on the sensitive sphere, reveal themselves exclusively in organic and deeper physical disturbances.

Where this does not proceed from the connection with the other actions of the medicine from its characteristic picture in general, from the comparison with its influence on other parts and organs, a clinical experiment with it will deliberately stand aside. But we must always come back upon this as the necessary completion of the physiological picture of the remedy, as the true ratification of our conclusions on the simile. Consequently, it may happen, that in the drawing together of this experimental result and touchstone, a particular medicine which apparently warrants only scanty physiological indications for action on gastrodynia, for which failure in the provings—*e.g.*, not carried far enough—may be to blame, may, nevertheless, become apparent as worthy of all observation; whilst another, the results of the proving of which may apparently be very promising, gives little or no help, because, perhaps, mistakes in the provings may have crept in, or, what is more probable, because the sphere of its clinical action is not yet firmly determined—the *punctum saliens* of its specific influences has not yet been clinically ascertained. Finally, we have in view in this enumeration to call attention to the physiological sphere of action of several forgotten, laid aside, not considered medicines, or to invite their experimental employment. Homœopathy in its youth is the less liable to reproach on this ground, as she

has already contributed much out of all proportion in this form of disease, when compared with other methods of cure; and as these experiments are not empirical gropings, but a plan proceeding according to fixed points of sight, (physiological, attained by provings), it however needs, like every human art, perfecting, since here yet much remains to be wished, and a greater apparatus of cure with contemporaneously increasing certainty of indications, especially for the organic pains in the stomach, can only be of advantage.

We let the medicines pass in review according to alphabetical order, since this facilitates reference, and consequently is always better than an artificial division, which throws together the unsuitable, and does violence to nature and simplicity.

The physiological actions precede, or they come out in the provings on the healthy, the results of toxicological observations, *post mortem* appearances, clinical experiences (so far as they depend on others), and our own remarks follow as a supplement.

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## SECRET ENEMIES OF MEDICAL EFFORTS.

### No. 8.

By DR. PRÖLL, Nice and Gastein.

(Continued from Vol. xxvii, p. 497).

In my last article I considered the invalid whilst performing the ablutions of the toilet. When travelling in Greece, thirty-four years ago, at a time when no physician or surgeon could be met with throughout the country except in the capitals of the provinces, I asked a poor countrywoman how she managed when her children were ill. Her reply was, that then she trusted in Providence, but that, at the same time, she did all she could to *prevent* disease occurring. For example, she said, to prevent ear-ache, sore throat and toothache, I wash the necks of my children and behind the ears every morning with cold water, but do not dry the skin, and make them rinse their mouths also with cold water, and, she added, they rarely suffer from the disorders named.

The hint received on this occasion I have found eminently useful. How often a physician is disappointed in his

efforts to cure sore throat, earache and toothache! The obstinacy of these cases depends, I believe, upon the method of washing the parts, or rather, on the subsequent rubbing of them for the supposed purpose of restoring activity to the circulation.

Washing is undertaken for two purposes:—1st, To cleanse the skin; 2nd, To strengthen the part.

For cleansing purposes, lukewarm water and soap are required. To give tone, cold water should be applied to the throat and allowed to evaporate; no rubbing being employed. The application of a rough towel or flesh brush seems to have a real charm for some people. The active use of both, they appear to think, renders them cleaner, stronger, and handsomer. The lower classes, on the other hand, who do not excite the skin in this manner, seldom suffer from the diseases I have named. It appears to me to be as rational to rub clean white paper with linen or a brush, under the impression that it will thereby be strengthened or hardened, or rendered better able to resist the influences of light and air, as to dress the skin in this manner. The paper becomes more transparent and more friable by the process, and so also does the skin.

At the same time, rubbing the skin is undoubtedly useful when a bath has not been taken for some length of time, or if a person has been much exposed to dust. The utility of rubbing will also be found to depend upon the locality where a person resides, the occupation he follows, and the density of his skin. I do not deny that, exceptionally, rubbing the skin gives a delightful sensation of glow to some people. I have noticed that persons with dark hair and eyes have smooth, thick skins. Such are the characteristics of the upper ten thousand of southern countries—Italians, Spaniards, and Greeks—and they wash and rub their skins less frequently than do the inhabitants of the northern regions with their blue eyes, fair hair and tender transparent skin. I have also found that those who use the flesh brush and towel freely are more prone to catarrh in its various forms, than are those who do not do so. It seems to me, that were peasants, artisans, coachmen, &c., to apply friction, in this way, they would be unable to endure the constant and often violent changes of weather to which they are exposed; the tenderness of skin so induced would diminish their power of resistance.

To further illustrate the necessity of observing the habits



of a patient while making his toilet, I will narrate the following case:—

Many years ago, I was consulted by a thin, elderly widow lady respecting a neuralgia of the right side of the face, which recurred almost daily at eleven o'clock in the forenoon and increased as the day advanced. I prescribed various remedies, on different occasions, such as *aconite*, *bryonia*, *belladonna*, *causticum*, *cimicifuga*, and *rhus*, and always with apparent good results; for when I made my morning visit at eight o'clock she told me that she had passed a good night, and was free from pain. Nevertheless, almost every day, or second day, I was sent for at 11 o'clock, only to find that the pain had returned with great severity. She became almost in despair; her face was red and warm, the mucous membrane of the mouth was still more red, hot and swollen. In the evening, she was generally better. At first, I thought that the neuralgia was only an element of a masked intermittent fever, but, in the absence of any other symptom of such a condition, this view of the case could not be maintained, and I was compelled to fall back on the first and greatest principle of rational medicine, and—*causas indagare*—to seek out the cause. The neuralgia, I have stated, came on daily at eleven o'clock, that is about two hours after she had finished dressing. She took no breakfast before noon. I therefore made an examination of the articles on her dressing table, and found there a tooth-tincture which she was in the habit of retaining in her mouth for some time. It is, of course, unnecessary for a medicine to be swallowed to produce an effect, absorption by the mucous membrane of the mouth is quite sufficient for that purpose. Further, the period of time, about two hours, corresponds to the average period in which most substances display their activity. Acting upon the theory then that the neuralgia was caused by the daily use of this tooth-tincture, it was forbidden; and the very day on which it was omitted the neuralgia did not appear, neither did it recur. No other remedy was used. The tincture in question was prepared from several aromatic herbs, such as myrrh, &c.

The following case is a curious illustration of the power of medicinal fluids to produce their specific results through being absorbed by the mucous membrane of the mouth merely.

I was consulted twenty years ago at my summer residence—Bad-Gastein—by an old wine merchant, suffering from gout. In the metacarpo-phalangeal joints of each finger was a small deposit of chalk, which he could extract with a small spoon through a hole in the skin. He had, in consequence, great pain in and difficulty in moving each joint. He was one of the most eminent of Rhine wine merchants, and one of the finest judges of the wine. I asked him if he drank much wine, and he replied, “No, he only wished that he could have drunk it.” He had only tasted it by keeping a very small quantity in his mouth for a few minutes, and then ejecting it. Being desirous of excelling his many competitors in his business by cultivating such a delicacy and refinement of taste as would enable him to detect the smallest appreciable difference in the many varieties of Rhine wine, he never touched any kind of food or drink before he had completed his daily task of wine-tasting accomplished in the manner described. “While,” he said, “he had by his method distanced all his rivals in the trade, he had, at the same time, become the victim of it.” The use of the baths of Gastein greatly improved his health.

The Rhine wine, it must be remembered, derives from the calcareous soil on which the grapes whence it is made are grown, an infinitesimal quantity of lime. This was absorbed by the mucous membrane of the mouth of the patient whose case I have narrated, and selected by the articulations having an affinity for it. One can see such a deposit in the artificial gums of persons wearing false teeth who occasionally drink wine. On the days when it is drunk the artificial gum has a slight deposit of whitish matter, which is quite absent when the wine is abstained from.

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### INSANITY. \*

BY ONE WHO HAS BEEN INSANE.

PERHAPS if some of our most celebrated experts in cases of insanity had been, for a while at least, insane themselves, it would have been to the advantage of science. Of some

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\* The following interesting article, relating to Asylum life in the United States, originally appeared in the *Popular Science Monthly*, an American periodical. It is here reprinted from the *New England Medical Gazette*.

diseases, like malarial fever or small pox, a physician can, doubtless, give a better idea than the patient who has suffered from them ; because these diseases being distinctly physical, the symptoms furnished by the body are generally sufficient data for an accurate diagnosis. But insanity may be said to possess more of a psychological than a physiological character. The brain being the organ through which the mind communicates with the outside world, cannot, if it becomes disordered or diseased, give or receive any trustworthy intelligence. Only the patient himself can know his condition,—and he only so far as he can subsequently recall his experiences. Sometimes his recollections are confused and worthless, and at other times they are remarkably vivid. I have been undoubtedly insane twice, the delusions on each occasion continuing for the space of three or four weeks. These attacks occurred several years ago, and were about six or seven months apart. I propose in this article to allude to so much of my experience during the two periods as may throw some little light upon a subject that has always been as interesting as it is obscure, and that has occupied the attention of some of the ablest intellects in this country and in Europe.

In consequence of overwork, excitement, and mental anxiety, my nervous system had become almost totally prostrated, and I suddenly, and without warning, lost my reason. Neither my friends nor myself had received any such intimations as led us to apprehend a calamity of that kind. So far as we knew, there had never been any insanity among my ancestors or relatives. During the trial of Guiteau, it may be remembered the question was raised, to what extent insanity could be regarded as hereditary. A distinction without a difference was drawn between inheriting insanity and inheriting a tendency to become insane. Few persons, perhaps, are born insane ; and few are born with consumption. A man whose ancestors have been drunkards is not born an inebriate. But nobody believes it would be safe for him to tamper with intoxicating liquors, because, in all probability, he has inherited a predisposition to inebriety. And, if one's ancestors have been consumptives, the disease that affected their lungs would, under favourable circumstances, be more apt to affect his than those of one whose ancestors had never had consumption. If a man had an uncle or an aunt or a brother who had suffered from that disease, it would

seem to indicate that it was "in the blood." And so in the same way as regards insanity. It would not be correct, of course, to say that a person inherited insanity from an uncle or a brother. But the fact that the uncle or the brother had been insane would show that the disease was in the family,—in the blood,—and one, in such a case, would have good reason to be apprehensive lest he himself might have inherited a predisposition to become insane from the same source whence his relatives had derived their tendency.

The first that I remember of my attack was while I was riding in a railroad car. It seemed to me that the passengers in the forward part were getting up amateur theatricals. The fact that this did not surprise me, nor appear at all out of place, illustrates one curious feature of insanity, and that is, its close similarity in many respects to *dreaming*. It is well known that the strange phantasmagoria attendant upon most of our dreams never strikes us at the time as at all astonishing, illogical, or contradictory, because the critical faculty in sleep is partially and perhaps wholly dormant. And so also is it in insanity. And as a sound or a touch will suggest or give direction to an ordinary dream, so everything that occurs within the sight or hearing of an insane man affects him in like manner. Also, he has no more control over his words and actions, when the insanity is complete, than a somnambulist. And when a patient comes to himself, after having been insane, he feels as though he had been having a long and, sometimes, a very unpleasant dream. Some of my delusions were of a frightful character, and resembled a nightmare more than anything else; but more often they were by no means disagreeable. Of course, it seemed strange to me afterwards that I could have been carried away by such absurdities. At one time I thought that the end of the world had come, and that the day of judgment was at hand. This was somewhat remarkable, because I had not for years been a believer in the scriptural prophecies relating to those two events. Nor had I any faith in the doctrine that there is a hell of fire; yet, in imagination, I visited that place of torment, and witnessed the tortures of the damned—without, however, getting scorched myself. Some strange conceits that I had come across in books occasionally suggested material for my mind to work on. I saw men whose souls I believed had been taken from their

bodies, leaving behind the intelligent personal identity,—an idea suggested by a character described in Bulwer's "Strange Story." Again, I thought that demons occasionally reanimated human bodies after death; and this fancy I must have got from a dramatic work by Bishop Coxe, entitled "Saul," in which the evil spirit sent to trouble that unfortunate monarch reanimated and took possession of the body of a priest whom Saul had slain. I mention these instances as serving to show the dream-like character of insanity.

I was confined in an asylum, and during the first part of the time I thought I was unjustly imprisoned, I knew not why, and that my friends were not far off, doing all they could to liberate me. I could hear them, as I thought, talking to me from some place not far distant. Many insane patients with whom I have conversed while they and I were convalescing have told me that they also had heard similar voices and been deceived much in the same way. This is called "false-hearing." Since my recovery I have had several attacks of it, but not to such an extent as to create any delusion. Sometimes after a day's hard work, or after reading or writing too long, I have heard voices that sounded as though they were out-doors, or in an adjoining room, or in the air. I have experimented with them for the purpose of finding out if possible how the brain is affected to produce them. They have led me to believe that there is a great deal more "unconscious cerebration" going on in every man's brain than any one is aware of. While listening to these voices, and conscious all the while of the fact that they were purely imaginary, I have heard remarks that astonished me. What was this but the mind surprising itself by its own communications? I have heard long conversations at such times, and when, for the sake of experiment, I have for the moment treated them as realities, I have received replies that staggered me for the time being, and almost led me to believe some intelligent being was talking to me. There can be no doubt that there have been many people who, without knowing it, have been victims of false hearing, and have honestly thought they were hearing the voices of their disembodied friends, while in fact they were being deceived by an unconscious mental action going on in a disordered brain.

The question, "What is insanity?" will probably never be fully and satisfactorily answered; and one reason for

this may be because there are so many different kinds. One kind makes the patient lively and hopeful: he believes himself a king, or immensely wealthy; and he is full of the wildest projects. Another kind of insanity is directly the reverse in its characteristics; it is called melancholia, and often sinks the patient in the depths of despair. Then there is softening of the brain, that ends in dementia, or total absence of intelligence, so that the patient does not know enough to eat or drink, although his body may be apparently in a healthy condition. But, generally speaking, insanity may be said to be a state of delusion in which the mental faculties, to which it would be necessary to appeal in order to dispel the delusion, are so paralysed or diseased that they cannot be exercised. A few years ago, during the trial of an insane man in Chicago, it was asked whether there could be, strictly speaking, such a condition as partial insanity; that is, whether a man could be perfectly sane and responsible as regards all subjects except one or two. A very celebrated physician endeavoured to maintain that it was impossible, because, he said, if one part of the brain was diseased, the whole organ, being in sympathy with that part, would be diseased also. It seems to me, that, practically, this physician was mistaken. If the brain is the organ of the mind, there seems no reason why, notwithstanding one portion of that organ may be in an abnormal state, the other parts may not perform their functions well enough. I have certainly seen insane men whose opinion in reference to certain subjects it would be safer to trust than those of some men that have never been suspected of insanity. The question of responsibility is, of course, what gives insanity, from a legal view-point, its chief interest. It is certainly a mistaken idea that no insane person is responsible. It does not obtain in the asylums at any rate; for discipline is very often maintained there by a system of rewards and punishments. If a patient misbehaves, he is informed that a repetition of his offence will put him back in some ward where his surroundings will not be so pleasant. This threat is seldom without avail, especially if the patient has once already had an experience of the penalty. This would seem to show that he knows good from evil, and has self-control enough to restrain himself from wrong-doing. There are some insane patients, though, of course, that have passed beyond

the possibility of all self-control: It is plainly impossible to furnish any general rule by which to decide when a man is responsible and when not.

Insanity does not change a person's character so much as is usually believed. A distinguished English physician has said that, if there be anything in this world that is immutable, it is character. We meet with illustrations of the truth of this assertion almost every day. "Conversion" is believed, by many excellent church-people, to work a complete change for the better in a man's moral nature. But has any one ever seen a mean, close-fisted, narrow-minded man become, in consequence of conversion, liberal and generous? I trow not; and so even insanity seldom alters a man's nature much. For instance, the insane man may imagine people are plotting to kill him; he fancies he hears threats, and thinks he sees motions to carry them into execution. Now, if he be naturally a timid man, and a non-combatant, he will run, and try to escape; but if he is courageous by nature, and inclined to fight, he would act just as he would were all the circumstances really just as his disordered imagination pictures them. Compare the number of murders committed by insane men with those committed by men under the influence of alcohol, and the latter, in proportion, will be found to be greatly in excess. For my own part, I would sooner trust my life with an insane man than with one whose brain has been inflamed by over-indulgence in the liquors sold in the saloons and grog-shops. Before a person becomes insane there are two symptoms that almost invariably manifest themselves, insomnia and constipation. All the testimony I have been able to collect upon the subject goes to show this; and I have made very extensive inquiries. There has never been a single case brought to my notice where the patient's mind was much drawn to any one subject that it did not, to a greater or less extent, prevent his sleeping, and always enough to excite the attention of those about him. For my own part, although I believed Guiteau to be a "cranky" individual, of very peculiar mental characteristics, I never thought him in a sufficiently abnormal condition to be called insane, and principally for this reason, that with all the intensity of his purpose to shoot President Garfield, and notwithstanding the "pressure" he alleged that he felt upon his mind, he was never known to lose a night's rest. He himself said that he always slept well.

Now, an insane man, in the condition which Guiteau wished to make the world believe he was, would not have slept well. He would have been up and down in his room all night, and would have been a nuisance to any one trying to sleep in an adjoining apartment. Nor did Guiteau suffer from constipation. The absence of either of these symptoms would have been sufficient to occasion distrust as to his insanity; but the lack of both, to my mind at least, furnished conclusive evidence that he was a responsible man.

Before concluding this article, I wish to say a few words in behalf of a certain class of insane patients that, perhaps more than others, deserve the sympathies of the public.

When I was convalescent, in the asylum, I attended an evening card-party, given in one of the pleasantest wards, for the amusement of those patients that were well enough to appreciate and enjoy such an occasion. I met a lady, a patient, who had been in the asylum three years. Although I could see that she was somewhat flighty, yet in all other respects she was quite an intelligent person. She told me that she had left at home her daughter, an only child, about fourteen years old, whom she had not seen in all that time. This lady's husband had virtually put her in prison, and had never taken the pains to call on her himself oftener than once a year, and had never allowed her daughter to visit her. Tears stood in the poor woman's eyes as she told me these things, and I had no reason to believe that she was deceiving either herself or me; and, upon inquiry, I found that her case was not an exceptional one. There are mothers confined in all our asylums, as there were in the institution where I was, who, while they are insane enough to warrant their being put under restraint, are yet sufficiently intelligent to be sensible of their condition, and, like the lady I have alluded to, be overwhelmed by the thought that they are in a hopelessly helpless condition, and may be kept imprisoned thus for years, or even for life, away from their kindred and friends, and from the little ones for whom their hearts yearn with an intensity that no human being can appreciate, except some mother that has lost a child. This lady said she had known such patients, when talking about the little children from whom they had been separated, to sob and moan for hours at a time. But the law is inexorable. It says that a husband may confine his wife in an asylum if he can prove that she is insane,—and



that is a very comprehensive word. In some States the certificates of two physicians will accomplish this purpose ; and, when once a patient is shut up in a ward, there is no deliverance that can be depended upon, as I shall presently proceed to show. But not only do the women suffer in this way, for there are men whose affections are as keen and as strong as those of any woman, who long to be with their boys and girls, to see them growing to manhood and womanhood, but who know neither the day nor the hour when that longing shall be gratified.

In some of our asylums, if not in all, there is a disinclination on the part of the superintendent to take the responsibility of discharging a patient, even when cured. One superintendent explained it to me in this way. "There is," he said, "no certain way of knowing whether a patient is thoroughly cured. Now, if I discharge one such, while his friends do not wish him to be sent away, and he subsequently becomes insane again, I am held responsible, and it tells against my reputation, and, in some cases, I may be obliged to pay the expense of getting the patient back again into the asylum. For that reason," he continued, "I never like to discharge any one until his friends call for him. I keep them informed of his condition, and leave it to them to decide when they will take him away."

But, some one will say, there is a board of charities, or some such arrangement, by which the asylums are visited and such patients liberated. In most cases such visitors do not visit in the way the public imagines or the law requires. I have yet to learn of a case of deliverance effected by any such board. They go to the asylum, glance through the "crack wards," and then partake of a sumptuous dinner got up for their benefit by the superintendent, and that is all. But as to any careful search and investigation to see whether there are not patients whose conditions might not be improved, or whose sufferings alleviated, I never heard of anything of the sort, nor have I ever talked with any one that had. Now, I am not saying that superintendents are cruel, nor that they do not do their duty. I am simply pointing out a system that affords every facility for the perpetration of the grossest and most outrageous injustice ; and I leave it to the public to say whether any such system ever existed long anywhere without suffering the perversions which it seemed to invite. Some way should be devised—and a legal enactment would be the best remedy—

by which those who confine, or are instrumental in confining, persons that have children, should be compelled to see that the children are brought, a certain number of times every year, to visit the parent thus confined. Again, patients should have greater freedom in communicating with the outside world. As it is, every letter written by a patient is carefully read by the superintendent or some officer; now suppose a man is unjustly confined, and that the superintendent is an accessory to this false imprisonment, what opportunity would such an unfortunate prisoner have to obtain his freedom? The superintendent can prevent any letter going out that contains any reflections upon himself or the institution in his care. Should friends wish to see such a patient, all the superintendent need do is to say that he cannot permit an interview because the patient is excitable or sick,—any such excuse will do. It is always against rules for a patient to address visitors unless they come to see him particularly. But suppose a patient was successful in laying before a stranger a case of injustice,—what then? Why, the superintendent can say that the patient did not know what he was talking about; and that would end the matter with ninety-nine people out of a hundred, for every one knows how humiliating it is to appear to be deceived by an insane person.

Let the reader remember that I am not publishing this to bring a railing accusation against asylums or superintendents. While I was confined I was treated like a gentleman, and was shown every consideration by the superintendent and all the officers. I do not believe that in the institution where I was a case of unjust imprisonment could possibly occur while the present superintendent is in charge. What I wish to demonstrate is that the system *invites abuses* by making it so easy for an unprincipled superintendent to act in collusion with an unprincipled outside party, where there are financial or other temptations to deprive some innocent man or woman of his or her personal liberty. It is enough to say there is a writ of *habeas corpus*; but how is an unfortunate person in such a case to inform a lawyer that he wants such a writ issued in his behalf? And does any one believe that, if the Board of Visitors in New York could have been relied upon to do their duty thoroughly, any such outrage as that upon Mr. Silkman could ever have been perpetrated, or that it would have ever been attempted?

The "cottage system" has been spoken of as one means of rendering asylum-life pleasanter. But, although that system is better for the patients, it is not nearly so convenient for the officers; and, as these latter have always more to say on the subject than the patients, it is not likely that the cottage plan will ever be very extensively adopted. It is much easier to manage an institution where everybody and everything are in one large building than where they are scattered in different houses. Nevertheless, if patients could have more of out-door life—could move about in a flower-garden and breath the fresh air and bask in the sunshine—more than they possibly can while they are penned up in wards, they would improve mentally and physically more rapidly than they do. I do not know of any more depressing influence within the range of the possibilities than that which settles upon one who has recovered his senses in an asylum and is retained there until he recovers his health. The possibility of recovering one's health surrounded by insane people is what I have always doubted, and why I insisted upon leaving the asylum as soon as I did; and I never look upon such an institution without a heart-felt pang for the many sad and wretched beings I know it must contain; and with this comes the still more horrible thought that there may possibly be among them some who, in all justice and right, should be as free as I myself.

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## CASES OF HYDROPHOBIA.

Collected by E. W. BERRIDGE, M.D.

(Concluded from vol. xxvii., p. 750.)

(3.) *London Medical Gazette*, new series, 1837-8.

vol. ii., pp. 100-5.

By Dr. JOHN BURNE.

### Case I.

GEORGE CUBITT, aged 17, was taken ill on January 19th, with chills creeping over body, followed by quivering pains in limbs, and general indisposition, in which state he continued the next two days. On the morning of 22nd,

when his hands approached the water in order to wash, he shuddered, and shrank back in alarm, being seized at the same moment with catching in the breath and constriction about the throat. At dinner he could not drink, spasms of the throat seizing him when he handed fluids to his mouth. These symptoms increased, and he grew alarmed and apprehensive.

*History.*—As far back as September, he became low-spirited and hypochondriac, full of apprehension, and could not endure to be alone at night. About October 9th he had quotidian ague paroxysms, which were cured with *quinine* in a week. He had been bitten in the hip seven years before, but no effects had followed the bite, and there was no reason to believe that the dog was mad. He has complained of pains about the right hip where he was bitten, and in his limbs, but the part presents no appearance, and when questioned relative to it, he evades the subject.

I saw him first on January 22nd at 10.30 P.M., the first day of the hydrophobic symptoms, and the fourth of his general indisposition. He was sitting in bed, reclining backwards; face rather swollen and expressive of great anxiety and alarm. On presenting the candle to look at his tongue, he shrank from it with great emotion, had a momentary convulsive catch of the breath, and entreated me to put the light away. He had also giddiness, a sense of fulness and swelling about the larynx, and along the trachea; dryness of mouth and down the throat; great thirst and desire to drink, but inability to swallow and fear to make the attempt; hawking frequently and ineffectually, owing to the dryness of the throat; frequently had strong convulsive inspirations suddenly arrested, then a considerable pause before expiration. His manner was subdued and he was very thankful to all around him for their attendance, and supplicated me to relieve him, saying at the same time that he could not swallow, and was gratified when told that the medicine would be placed on the tongue for him to suck. Tongue was white, foul and clammy; pulse 140, weak, the strokes distinct, though at times unequal; skin moist, of natural temperature. Ordered  $\frac{1}{4}$  grain *extract bellad.* every half hour, and a blister to upper part of spine. Soon afterwards he was persuaded to take some gruel and brandy. The night was passed with intervals of tranquillity, but without sleep.

January 23rd, at 9.30 A.M.—He was in the same position, his throat exposed that it might be free; he had the same throes of spasm in respiration and deglutition; was anxious to drink, but dared not and could not; pulse 140, distinct and regular; tongue brown and dry along the middle, clammy at the sides; clammy sordes were forming on the lips; hands blue, and below the natural temperature; face dusky and deathly pale; said he should soon die, and often thought he was dying. Repeat *bellad.*

3 P.M.—Since the morning he has been constantly hawking, spitting, retching, and struggling, so that only one dose of the *bellad.* was taken into the mouth, and this was not retained. Attempts to give an enema threw him into such desperate convulsions that it was abandoned. He was now materially changed for the worse, and fast approaching dissolution, of which he was fully conscious. He was frequently eructating and retching, throwing up bile and ropy mucus. He was sweating profusely, and struggling with intense crampy spasms of the upper and lower extremities, calling and hollering out as the spasms seized him for persons to rub each extremity. The eyes were staring, face frequently and suddenly contorted, and head twisted round to the right; at times the trunk was arched suddenly backwards (*opisthotonos*) by violent spasms of the dorsal muscles, and spasms of the diaphragm interrupted the respiration almost to suffocation, so that he could speak only in broken words or sentences. He asked to have his throat rubbed, as it was so painful from perpetual, distressing, ineffectual efforts to swallow. Often he desired gruel, which, when presented to him, he dared not put to his lips, but would dip his finger in it, carry this to the roof of the mouth, afraid to approach the muscles of deglutition. He was giddy, recollected with difficulty, moaned distressingly, and altogether presented a picture of suffering and distress. The pulse could be felt, but not counted, owing to its rapidity, as well as to the spasmodic twitchings of the tendons and perpetual movement of the body. 10 grs. of the *acetate of morphia* were now sprinkled on the blistered surface along the spine. In one minute the staring of the eyes and alarm and anxiety of countenance diminished; then the violence of the spasm, the catchings in the breathing, and the retching abated; and in four minutes the face was placid and the breathing free; the retching and spasms had ceased.

Some brandy and gruel were now given him, and afterwards some broth; of all of which he drank eagerly by a convulsive effort from his own hand, and said they warmed and comforted him. He then fell quietly back, as one fatigued and sleepy, lay down on the pillow on his right side, with his hand under his head and his knees drawn up in a most natural and comfortable position, free from pain and spasms. At 11 P.M. we found that the effects of the *morphia* had continued more or less for three hours, when the spasms, &c., having recurred, the *morphia* had been again applied, and the symptoms again had yielded, though not so entirely as before, nor until nearly half an hour after the application. The symptoms had now returned again, though in a mitigated form, especially the cramps of the extremities, which had scarcely troubled him since the first use of the *morphia*. The powers of life were fast declining, the pulse barely perceptible, and the face growing sharp. *Morphia* was again applied without result; we left him about 1 A.M. sinking, and he died in the course of two hours, having become outrageous and frantic some short time previous to dissolution.

*Post mortem* in 86 hours. Slight aqueous effusion underneath the arachnoid and in the ventricles of brain, and a larger quantity in the spinal sheath. The cut surfaces of the brain showed numerous bloody points, and the membranes of the medulla spinalis were abnormally vascular. The pharynx, larynx, and trachea, were highly vascular; the lungs congested.

#### Case II.

Thomas C., aged 72, was admitted on August 21st, with hydrophobia. He had been bitten about fifteen months before by a dog on the right, middle, and index finger; the wounds healed, but the cicatrices remained tender, painful, and tumefied for several weeks. The evidence was that the dog was not mad. On August 16th, he could not eat his supper as usual, nor could he on the 17th and 18th, and he complained of thirst, which he attributed to the heat of the weather. On the evening of the 19th, he first complained of nausea, and the thirst had become very annoying. On the morning of the 20th, he did not relish his breakfast, drank but half his usual quantity of tea; and when pressed to take more, said he could not drink it.

After breakfast he went to bed, where he remained some hours, but did not drink any of the toast and water which was placed by him. He took no dinner, and when asked why he had not drunk the toast and water, he merely said he could not. He went on duty as a watchman at 5 p.m., but soon returned. At tea time he still would not drink, though he showed no uneasiness at the sight of fluids. He then took 10 grains of *scammony* and *calomel*, which purged him violently during the night. This night was passed very restlessly; he was in and out of bed constantly. If he fell off to sleep he was disturbed by spasms and sense of suffocation. He complained too of itching in the hand and arm where he had been bitten, the back of which he scratched very much. On the morning of the 21st, at breakfast, the sight of fluids first seemed to trouble him; he turned away from the table, the sight of the tea causing interruption of his breathing.

At 9 a.m. he was seen by Dr. S., to whom he complained earnestly of great thirst, sickness, and retching, of frequent convulsive catchings in his breathing, and of inability to drink, which he could not account for. His pulse was weak, varying from 48 to 56. On a cup of water being offered him, he was seized with convulsive movements of the respiratory muscles, and a sense of suffocation. He persevered in attempts to drink, but could not succeed. The same symptoms recurred on a basin of water being presented to him and splashing in it. He tried to suck water through a tobacco pipe, the basin being held out of his sight, yet the moment the water reached the mouth he started back, shuddered, and became affected with spasms as before. He took  $\frac{3}{4}$  grains of *acetate of morphia* at once, and again in two hours. He arrived at the hospital at 1.30 p.m. He was quite unconscious of the nature of his complaint, though he said once or twice that he was past recovery.

At 1.30 p.m., complained of a stoppage in his breath; respiration interrupted by spasmodic catchings; chest heaved frequently; frequent sighing; speech interrupted, being unable to say many words without stopping to respire. He expressed great desire to eat and drink, but was afraid to swallow lest it should make his breath worse. He had great aversion to fluids, the sight of them increasing the trouble in his respiration. He would, nevertheless, hold a glass of water in his hand, look at it, then

turn away, and remain for some time before he could make up his mind to drink. This, however, after many attempts, he accomplished with much agitation. The aspect of his face was anxious, the features rather sharp, though his manner was cheerful. Respirations 26, irregular, sometimes short, sometimes high, sometimes sighing and heaving; pulse 50, irregular and unequal; tongue red, and disposed to be dry; skin perspirable; could lie down, but preferred the semi-horizontal posture. Ordered *prussic acid*, *bellad.*, and a blister.

4.30 P.M.—Respiration had become more embarrassed and convulsed. He gulped much, and made frequent efforts to vomit. The spasmodic catchings in the breathing were induced by a current of air on the face; he was growing restless; his spirits still good; voice becoming husky; the breath exhaled the febrile odour; respirations 40; pulse 60, weaker; skin clammy; purple flush on cheeks; belly becoming flatulent; epigastrium tender on heavy pressure; a sense of constriction in region of diaphragm.

At 9 P.M.—Becoming excessively restless and violently delirious; pulse 160; skin perspiring, warm, not clammy; respiration more frequent, irregular, and interrupted; pupils dilated; eyes suffused; face flushed purplish-red; frequent efforts to vomit. On being asked if he was thirsty, and what he would like to drink, he replied, “a little drop of water”; but when it was presented to him he begged to be excused, saying, “not just now, it will throw me into a sweat.” It became no longer practicable to give the *bellad.* by the mouth. Ordered *bellad.* plaster to throat; enema of *elaterium* and also of *bellad.*

10 P.M. Talked constantly, deliriously, became boisterous and unruly, raved out “murder, police,” said he should be suffocated; got out of bed suddenly, walked boldly and vigorously, resisted all attempts to lead him back, and showed strength which it required four or five persons to control; eyes very wild, and moving quickly from side to side; face bluish and highly suffused and congested. On being offered a cup of water, which he said he should like, he held it in his hand, looked at it askance, then turned away his head with horror and shuddering. He put his hand into a basin of water without hesitation, but took it out hastily.



11 P.M. Strength much less within last hour; no longer raved; pulse 160; utterance difficult; frequent suffocating cough; hiccup and eructation of frothy coffee-coloured fluid; breathing more embarrassed; inspiration short labored, expiration prolonged by convulsive cough; lower extremities cold to the ankles, while there was great heat of trunk; temples throbbled; pupils dilated but contractile. He seems sensible to questions, but no longer answers, owing to the embarrassment of the breathing.

11.15 P.M. Face has become livid; eyes glassy; extremities cold; face sharp and features contracted.

At 11.20 P.M. he made a strong inspiratory effort, frothed in the mouth and died.

*Post mortem* in 18½ hours. Upper extremities flaccid, lower rigid. Posterior parts of trunk and extremities, as also the whole head, the right side particularly, to which the head inclined, of deep purple, from gravitation of blood. Abdomen rather tympanitic. In dissecting back the scalp, black blood flowed from the cut vessels, and the longitudinal sinus having been wounded, black blood flowed in a stream, to the amount of a pound or more. In the sections of the brain very numerous bloody points were seen in the medullary substance; the ventricles contained about 8 drachms of aqueous fluid; and fluid of the same kind, coloured with blood, was found in the hollow of the base of the cranium after the brain had been removed. The superior cervical ganglion of the sympathetic was supposed to be of a deeper reddish-brown colour than usual. The pharynx, larynx, trachea, and anterior and posterior surfaces of the epiglottis, the velum palati, uvula, pillars of the fauces, and surface of the tongue, were excessively vascular, giving a dark purple colour to their mucous membrane. The vascularity of the pharynx was not continued to the œsophagus, while the vascularity of the larynx and trachea extended along the minute ramifications of the bronchi. The lungs were excessively congested, and not collapsed; the heart soft, flabby, and lacerable. The blood throughout the body was black, thick, and not coagulable.

(4.) *London Medical Gazette.* New Series, 1838-9,  
Vol. i., p. 62.

By J. W. LOTT.

Ann —, aged 53, was bitten on the back of right hand and fingers by a terrier, supposed to be mad, on July 22. The wounds were shortly afterwards excised and cauterized, and soon healed. She, however, afterwards occasionally complained of slight uneasiness in the hand, which was attributed by her friends to fancy, as she was a good deal frightened about herself. On September 24th she complained of considerable pain in the hand, running up the arm, and also of a sensation which she describes as like the pricking of needles or pins whenever she draws her left hand across the arm or extends the fingers. The cicatrices and adjacent parts appear to be in a quiet state. There is, however, a slight tumefaction on the back of the hand, near to one of the wounds, but not in the course of the absorbents.

September 25th.—During the night was attacked by spasms in different parts of the body, more particularly in the muscles of deglutition. The spasms are evidently excited by the presence of liquids; and on attempting to swallow water or any other fluids, or indeed solids, are much increased.

Afternoon.—Spasms as frequent, though not so violent, but are much aggravated by the attempts to swallow fluids. Countenance calm in the intervals of the spasms.

September 26th.—Restless nights; has never slept since the attack commenced. About 2 A.M. vomited a considerable quantity of dark slimy mucus. The vomiting continues, and is now almost incessant, with much straining. The vomit is very bitter. The hydrophobic spasms have somewhat abated since the vomiting came on, and she is now able to swallow fluids without much difficulty, but they are almost immediately rejected.

Afternoon.—The vomiting of the dark substance has ceased, but the sickness continues, with a constant spitting of large quantities of white frothy phlegm. Feels pain only in throat. Countenance much distressed; very restless and sighs frequently. Pulse up to now has been regular, but is now accelerated. Tongue white, but not

coated. Sensorium somewhat affected, as she talks incoherently at times, but answers questions rationally.

Evening.—Has fainted two or three times, having at the same time slight convulsive twitchings, which lasted for some minutes. These convulsive attacks increased in strength and duration, and at midnight she died. The treatment consisted chiefly of *opium* and *ammonia*.

*Post mortem*.—Membranes of spinal cord, more particularly the arachnoid, considerably inflamed. Cord perhaps a little softer than usual. Some ossific deposits in the falciform process of dura mater, and some serous effusion in the left choroid plexus. Mucous membrane of pharynx and upper part of oesophagus, as likewise of the stomach, more particularly at its pyloric extremity, inflamed. The reddening of the membrane of oesophagus terminated somewhat abruptly at its upper part. There were several darker spots in the stomach, apparently from the ecchymosis of blood in those situations.

(5.) *London Medical Gazette*, new series, 1889-40.

vol. i., page 160.

By Mr. S. H. STEELE.

On May 20th, two ewes were bitten by a mad dog. One had two lambs at her side, which were allowed to remain with her for a fortnight after the bite. The other had a male lamb with her, which remained with her, as did the others. About six weeks after the bite the first ewe was observed often pawing and striking the other sheep, like a ram—a very uncommon circumstance in a ewe; she was convulsed at intervals. She continually turned her head to her side in a convulsive manner; the bowels were very much constipated, and the stools red; she refused all food.

These symptoms increased in violence for about eight days, when she was killed. A day or two afterwards, the other ewe became affected in like manner, and the whole of the circumstances were precisely similar to those of the former. She was killed on the seventh day. Nine or ten days after the death of the last sheep, the ram lamb was attacked in the same manner as its mother; it was, however, much more violent, butting at the other sheep,

the hurdles, and anything else that came in its way; it was continually tearing the wool from its sides. It showed no uneasiness at the sight of water. It was killed in a week. The other lambs were attacked at the same time, and in a similar manner, as the ram, but were not so violent.

Thus the lambs became rabid from merely suckling ewes which had been bitten by a mad dog, for the lambs were removed a month before the ewes were affected. The lambs were carefully examined, but no signs of a bite were found. The same dog bit a number of other sheep, the greater part of which died of hydrophobia.

## REVIEWS.

*Essai sur les Hématocèles Uériques Intra-Péritonéales*, par le Dr. M. JOUSSET, Ancien Interne des Hôpitaux de Paris, et de l'Hôpital des Enfants-Malades. Paris: J. B. Baillière et fils. 1888.

THE author of this essay is the son of Dr. Jousset, of Paris, who is well known to all homœopathic physicians by his valuable contributions to clinical medicine. The very carefully conducted researches into the pathology of uterine hematoceles, which constitute the book, afford most gratifying evidence that M. Jousset, *filis*, is a worker in the field of medicine who will prove worthy of his father, and be eminently useful to his profession.

It is the painstaking thoroughness of the essay before us which has especially arrested our attention.

In the first chapter our author describes the pathological lesions of hematocele, as it follows on intra-peritoneal hemorrhage, or pelvic peritonitis; those which indicate the source of the hemorrhage and those which complicate tumours of this kind. In the second he considers the symptomatology of the disease as it ordinarily occurs when it is the consequence of a pre-existing morbid state, and in those where there is a marked absence of general symptoms and an equally marked want of activity in the tumour.

In the third chapter, M. Jousset examines the symptoms indicating the presence of morbid states leading up to the formation of an hematocele. The semeiological analysis in this chapter is especially minute.

In the succeeding two chapters, complications and prognosis are dealt with. With regard to the latter, M. Jousset is more hopeful than most authors.

The sixth chapter is occupied with a study of the diagnostic indications.

In the seventh, the important subject of treatment is briefly dealt with. M. Jousset considers it *first*, as it should be when

the earliest signs of internal hemorrhage appear. His principle here is to place the patient in as favourable a position as may be to ensure the encysting of the exuded blood. To carry this out he advises absolute rest in the recumbent posture; a pilule of *opium* 1. every hour, to be followed, at the expiration of ten hours, if necessary, by a hypodermic injection of *morphia*; the application of ice to the abdomen; and, especially in an hematocele following pelvic peritonitis, hypodermic injections of *ergotine*. To sustain the power of the patient he advises "une potion de Todd, donnée froide," this, we believe, is medical-French for cold brandy-and-water! The derivation being from the late Dr. Todd's earnest recommendation of alcoholic stimulants as therapeutic agents.

Secondly, when the hematocele has formed, and the abdominal pains have lessened in acuteness, M. Jousset advises blisters to the iliac fossa. The action of the bowels he would keep up by enemata rather than by purgatives. If the tumour increases in size rapidly, especially at the menstrual period, M. Jousset recommends the application of leeches to the os uteri. When there are indications portending a rupture of the tumour it is advised to puncture it with a trocar through the vagina—a proceeding which is only a little less fatal than is the spontaneous rupture.

There is little in the therapeutics here laid down that appears worthy of imitation. The whole plan is tentative, palliative, and only indirectly curative. If this is all that can be done by the physician to prevent the development of a hematocele or to reduce it when it has formed, he cannot hope for much from treatment. In *crotalus* and *phosphorus* we believe, however, that we have medicines well calculated, the former to check the disease at its outset, and the latter to reduce the developed tumour. That pelvic hematoceles develop under the influence of *phosphorus* was shown many years ago by Wegner. There is, we think, far more reason to expect good results from these two medicines than there is from opiates, enemata, blisters or leeches.

Details of twenty-seven cases conclude a very clear, conscientious, and therefore useful piece of pathological work, upon the performance of which we most cordially congratulate our young colleague, and trust that we may often have the opportunity of studying the results of his observations and researches.

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*Keene & Ashwell's Physician's Diary and Case-Book, 1884.*

THE above is what every practitioner should possess. It is admirably got up. The first part of the book is a diary, followed by an index for names, and the rest is blank space for details of cases. The combination of Diary and Case-Book is excellent, and will be found most useful. We commend it to our confrères.

## MEETINGS.

## MELBOURNE HOMŒOPATHIC HOSPITAL.

THE annual meeting of the governors of the Homœopathic Hospital was held on July 31st, 1883, at the institution, 17, Spring Street, at 4 o'clock p.m. The Rev. J. Turner (vice-president) was in the chair.

The Secretary read the report and balance-sheet of the board of management for the past year. The report is as follows:—

“The number of patients treated during the past year is 1,426. Of these 187 were treated in the hospital, and 1,289 received treatment outside. 116 in-patients were cured or relieved; 12 died; leaving in the hospital at the end of the year 9. The balance-sheet shows the receipt on account of maintenance to be £1,465 17s. 6d., and the expenditure £1,527 10s. 7d., which, together with £859 8s. 8d. brought forward from last year, leaves a debit balance of £420 16s. 4d., in addition to outstanding accounts amounting to £120 5s. 7d. The building fund shows an increase of £1,978 6s. 10d. Of this amount £1,841 8s. 1d. was received from the bazaar committee, £188 14s. 6d. being private subscriptions, £104 10s. 9d. for interest, and £259 18s. Government grant, on account of diversion of drain through the hospital site. The expenditure has been £1,502 11s. 6d., £496 10s. 8d. being for first contract for foundation, £517 on account of second contract for balance of foundation, and £259 18s. for construction of drain. The balance now to credit of this fund is £4,677 7s. 8d. During the year the board has appointed Dr. Maffey as one of the honorary surgeons of the institution, and now asks the governors to confirm this appointment. The board regrets to report the loss by death of Dr. Robert Ray, one of the most staunch supporters of the institution, who lost his life by an accident whilst driving along the St. Kilda Road. Dr. Ray had been connected with the institution since its foundation, and was a most zealous and efficient honorary medical officer. The board drew up a letter of condolence, which was engrossed and presented to his bereaved widow by one of the vice-presidents, the Rev. J. Turner. The Hospital Sunday Committee this year allotted to this hospital the sum of £827 17s. 6d. as its share of the year's collections; and the board tenders its sincere thanks to the committee and officers of the fund for the valuable services rendered by them in connection therewith. Lady M'ulloch and the Scots' Church Convalescent Society—the former providing a convalescent home for females, and the latter for males—have rendered good service by receiving patients who required a little

rest after leaving the institution before commencing their usual avocations, and the board hereby expresses its obligations to the benevolent founders of these admirable homes. During the year many presents have been forwarded to the hospital for the use of the patients, and the board takes this opportunity of conveying its thanks to the kind donors. The present contract for the foundation of the new hospital will be completed in the course of a few weeks, when the architect will be in a position to call for tenders for the front portion. The board would take this opportunity of calling attention to the necessity of obtaining further subscriptions in aid of the building fund, so that the progress of the work may not be impeded for want of funds. It is estimated that some two or three thousand pounds over and above the amount in hand will be required to complete the central block and one wing, including the furnishing, and it is the earnest wish of the board that the hospital may be opened free of debt. As the Government has not yet amended the Act providing for the retirement of a portion of the board at the termination of the hospital financial year, the date for election therefore remains unaltered, and the election will take place in January. Before concluding its report, the board would again record its appreciation of the valuable services rendered by the honorary medical officers of the institution. The whole of the duties of attending to in and out patients has, as heretofore, devolved upon them, and the attention and ability displayed by them in the discharge of these onerous duties deserve the warmest thanks of all. In view of the necessity for special training for nurses, one of the honorary staff (Dr. Maffey), with the approval of the board, commenced a course of lectures for training, and as a trial, it was deemed advisable to allow ladies taking an interest in the hospital to attend also. The interest and appreciation shown by the ladies, as evinced by the crowded attendance, has been such as to justify the board in the step taken by them. Upon the completion of the present course, it is in contemplation to form a class for ladies who are desirous of being trained as professional nurses, upon a similar plan carried out by the London Homœopathic Hospital, when upon attending the requisite number of lectures, and after serving in the wards a stipulated time, and passing a proper examination, a certificate of competency will be issued. This plan, the board is of opinion, will create a more efficient and superior class of nurses, and will benefit not only the hospital, but the community in general."

The CHAIRMAN, in moving the adoption of the report and balance-sheet, referred to the increased interest taken by the public in the institution. He also alluded to the lectures on nursing being given by Dr. Maffey in connection with the

hospital, and thought that a benefit was being conferred upon the community generally by them.

Mr. J. W. HUNT, hon. treasurer, seconded the adoption of the report and balance-sheet, and in doing so alluded to the difficulties that had occurred in the matter of building the new hospital, principally through the trouble about levels, &c., on the St. Kilda Road and the high price of building. However, the second contract for foundations would be completed in a few weeks, and tenders called for the superstructure.

Mr. DICKINS, in supporting the adoption, referred to the clauses in report upon training nurses, and felt sure that immense benefit would accrue, not only to the institution, but to the general public, by the system proposed.

Mr. DICKINS moved, and Mr. HUNT seconded—

“That the appointment of Dr. Maffey as one of the hon. surgeons of the hospital be confirmed.”

Carried.

Mr. A. DIXON rose to propose—

“That the thanks of the governors be accorded to the board of management for its conduct of the affairs of the hospital during the past year.”

Mr. PLAISTED seconded the motion, which was carried.

Votes of thanks to the hon. auditors, the hon. medical officers, and chairman were then passed, and the meeting closed.—  
*Melbourne Argus.*

## NOTABILIA.

### THE ABERDEEN MEDICO-CHIRURGICAL SOCIETY.

WE have heard with much pleasure that Dr. Archibald Reith has been elected President of the Aberdeen Medico-Chirurgical Society. Many of our readers will remember that fourteen or fifteen years ago, Dr. Reith was compelled to resign the post of physician to the Aberdeen Infirmary, because he insisted on his right to treat his patients homœopathically whenever he believed that such treatment would be most conducive to their recovery. From that day to this, Dr. Reith has been a consistent and successful practitioner of homœopathy in Aberdeen, and now has, we believe, the honour of having been the first medical man in this country who, being well known to his professional brethren to be practising homœopathically, has by them been elected, and that all but unanimously, to fill the chair of an important professional society. While we congratulate Dr. Reith on the esteem he has earned for himself, we do, no less sincerely, congratulate the members of the Aberdeen Medico-Chirurgical Society



on their having given such emphatic testimony to their devotion to the great principle of freedom of opinion in medicine.

Under the title "Homœopathy in High Places," the *Lancet* (December 1) makes the following remarks on this event:—

"A number of years ago there were in Scotland several cases in which the homœopathic difficulty in various shapes made its appearance and caused considerable sensation, but I think in all of these the profession gave no uncertain sound, and the consequence has been that this peculiar creed troubles but little either the public or the profession here. In Scotland generally it is felt that no good can come to the patient from attempts to bring together the irreconcilable, and hence ordinary members of the profession know little of homœopathists. While this is the case, it seems almost unaccountable that a prominent Medical Society in the North should elect as its President one who has for many years belonged to the sect referred to. In the Medico-Chirurgical Society of Aberdeen the President appears to be elected by seniority, though there is no rule to that effect, and last week the gentleman next on the list appears to have been a homœopathic practitioner, who has for many years been a member of the Society. It says much for Dr. Archibald Keith's popularity, whatever may be thought as to the action of the Society, that the ballot showed an almost unanimous vote in his favour, and that though he was not even formally proposed and seconded. Probably no one was more astonished than the new President, as he would not fail to remember that some years ago he had to resign his position on the list of physicians to the Aberdeen Infirmary for his consistent attempts to carry out his views within its walls. He was then opposed by the unanimous voice of the profession, the directors yielded to the opinions of the whole staff, and now they will see that principles which could not be tolerated by laymen are not enough to prevent their champion from occupying the most honoured position among the local profession outside the university."

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### HOMŒOPATHY IN CANADA.

THE way "homœopathy is dying" in Ontario, Canada, is illustrated by the fact that the President of the Medical Council, the ex-officio head of the Medical profession, is this year an avowed homœopathist, and a graduate of a homœopathic college, and he has been elected to that position by a two-thirds vote of a body in which allopathic physicians have a majority of five to one.—*Popular Science Monthly.*

**THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.**

In five years from its opening, in 1871, this hospital outgrew its original building with fourteen beds in Burroughs Place, and removed to a new building with forty beds. The change then was very great, as well as satisfactory, and the space seemed ample. But another five years passed and more room was required. The larger number of surgical cases which came here needed more and better facilities, while many medical cases could not be received. The hospital had land enough, but no funds for building an addition. An appeal was made to the public for funds, and \$50,000 was stated as the amount required. A year, yes, fifteen months, had gone by, and brought only \$10,000 into the treasury for this purpose. At this rate, five years more must pass before the hospital could make the addition without incurring a debt, which has always been its abhorrence. It is no wonder that some of its most devoted friends felt wearied and discouraged at the prospect. But suddenly, like unto the bow of promise set in the clouds to encourage faith and good works, a friend appeared, unsolicited and unwilling to have the world even know his name, who in a moment laid down the \$40,000 to complete the required amount. Hope realised took the place of hope deferred, doubts and fears vanished, and at once preparations were made for the erection of the new wing to the hospital.

Plans were prepared by Messrs. Allen and Kenway in the most careful manner, so as to combine the greatest amount of convenience and comfort. The building will be joined to the present hospital on the south side, toward East Concord Street, and will be 82 x 42 feet, with room for between fifty and sixty beds. With the exception of the executive and culinary departments and laundry, which will be in the present building, this wing will be in itself a complete hospital, and will, with those in the present hospital, provide nearly one hundred beds. These will enable the hospital to better arrange and classify its inmates. Already the excavations have been made and the piles are being driven for the foundation. The work will be pushed forward with the greatest dispatch, although it will probably be a year before it will be ready for occupancy. We must congratulate the trustees as well as the homœopathic physicians of New England on the rapid growth and prosperity of this much-needed institution.—*The New England Medical Gazette.*

**THE MEDICAL "PARTINGTONS."**

It is amusing to see the efforts of the Dame Partingtons in the Massachusetts Medical Society to sweep back, with their stubby old brooms, the ocean of progress. They won't admit women physicians to their membership, though a majority of the society

is ready to receive them, and thousands of the most refined and cultivated women of the land are joyfully welcoming thoroughly educated physicians of their own sex to their sick rooms. And they won't "recognise" any other 'pathy, if they die for it, though a large and growing percentage of the intelligent classes is employing homœopaths and other so-called irregulars, and their sick ones persist in getting well under this treatment a great deal more comfortably than under the old school, and in quite as large a proportion. A professional man must value his independence at a low figure, when he permits an association to dictate to him whom he shall consult with.—*Boston Herald.*

#### A NEW BENGALÉE JOURNAL.

WE have received a communication from Calcutta, announcing the publication of a new monthly homœopathic journal, printed entirely in the vernacular. It is called *Hahnemann*, and is edited by Mr. Basanta Kumara Datta. This venture, which we trust may prove a successful one, is a great step towards the spread of homœopathy amongst the millions of India. The closed book of knowledge is open to them in their own language, and we doubt not that there is a great future for homœopathy in India.

#### THE ROYAL COLLEGE OF VETERINARY SURGEONS AND HOMŒOPATHY.

SOME sixteen years ago, our townsman, Mr. George Cheverton, F.C.S., of the Broadway, having practically studied veterinary surgery, applied to the Royal Veterinary College for examination, and that he should be saved the necessity of having to attend a given number of lectures, business engagements necessitating his attendance at home. This application the Council refused, but intimated that Mr. Cheverton could practise without examination. On the Act of 1881, demanding that all veterinary surgeons should register being passed, Mr. Cheverton applied in the ordinary course. That application was communicated to the veterinary surgeons practising locally, who objected to the registration, the homœopathic treatment of animals being quite foreign to their ideas of rational treatment. The Veterinary College, upholding the local members desire, refused the registration, but Mr. Cheverton appealed to the Privy Council, to whom he communicated the facts. After hearing his application, they decided at once that it was the duty of the Veterinary College to register the applicant, and forthwith issued an order directing the College to immediately place Mr. Cheverton on the register. This, of course, had to be done, and we congratulate Mr. Cheverton on his success.—*Tunbridge Wells Courier.*

## VETERINARY SCIENCE.

THIS is a subject that has been much neglected, but at the present time is assuming considerable importance. The horse-doctor has been uniformly classified with the jockey and with the horse-dealer, and his social status has thus been correspondingly depressed. One reason of this is, because in the pursuance of his profession, he is obliged to come in contact, more or less, with hostlers, and with the proverbially dishonest dealer, an opprobrium which has undoubtedly deterred many educated and competent men from undertaking the management of the diseased horse as a speciality. Why should this be so? The horse is a necessity to us. His disposition is peculiarly adapted to domesticity and to subserviency to our needs. No other beast could well supply his place. His patience and fortitude are remarkable. For either business or pleasure, he is a constant and faithful servant. In serving us he is often exposed to hardships that must in their nature be productive of disease. The chilling winds of winter bring on rheumatism, bronchitis, and pneumonia. Infectious diseases, as scarlet fever and small-pox, attack them, and, unless needed help arrives, will soon cause them to succumb. Even they are not exempt from that dread disease diphtheria. Should we not feel sympathy for this dumb animal while in these straits, and understand, also, that in serving him we serve ourselves? His welfare and comfort must be of vital importance to us, who are so dependent on his existence. It is a matter for congratulation that attention is now being directed to this subject in a vigorous manner. Schools and professorships are being founded, with direct reference to the education of competent men to look after the welfare of the horse during disease. The curriculum consists of the usual branches of a medical education—*anatomy, physiology, chemistry, pathology, and therapeutics*; also, the special branches of *ophthalmology, otology, dermatology, &c.*, are included. Hospitals for the care of all domesticated animals are established. But all of the energy is being put forth by and for the benefit of our allopathic brethren. Why should not homœopathy embrace this in its beneficence? The action of homœopathic remedies during severe epidemics has been clearly proven to be superior to the drugs and blisters of the old school. Our remedies, already proven on mankind, have the same relation to like states in the beast. They act speedily and permanently in potentized degrees. During last year's epidemic of influenza, or catarrhal "pink eye," among valuable horses at North Conway, and at several fashionable summer resorts, homœopathic remedies were used almost exclusively, with the result of more speedy cures, less formidable sequela, and a

far smaller percentage in necrology than ever before during like epidemics. Surely this is evidence *per se*, and is only one of the numerous successes that homœopathy is constantly scoring for herself.—*New England Medical Gazette*.

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### HOMŒOPATHISTS AND HOMŒOPATHISTS.

MASTERS in prescribing according to the strict law are rare, and alternations and low dilutions are allowable to all who do not know better, and still the latter may be counted as staunch upholders of the law, and as good homœopaths.—*North American Journal of Homœopathy*.

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### AN IRRITABLE ALLOPATH!

IT HAS, since the foundation of the Hahnemann Lecture, been the custom to send a card notifying the subject, and inviting attendance at it to each member of the profession residing in the London postal district. This act of civility is now and again resented. Occasionally the mode of expressing this resentment is amusing. For example, on the last occasion, one surgeon addressed the following note to Lord Ebury, and at the same time returned the card that had been sent to him:—

“The recipient of the enclosed annual insult, having in vain requested the Hospital authorities to discontinue it, appeals to Lord Ebury to cease to permit his name to be used for the purpose of annoying those who believe homœopathy to be beneath their notice. *Noblesse oblige*.”

As a specimen of childish petulance in an adult man we have not often seen the equal of the foregoing! His imputation of motive is something to excite laughter. Lord Ebury, he suggests, permits “his name to be used for the purpose of annoying those who believe homœopathy beneath their notice!” No wonder that such a person believes homœopathy to be beneath his notice! He is, we should imagine, capable of believing anything which is to people of common sense *primâ facie* absurd.

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### MOTIVES.

ONE of the greatest blots on the writings of Hahnemann is the frequency with which he ascribes vile and mercenary motives as actuating his opponents in their treatment of disease. There was some excuse for him; inasmuch as it was his opponents who first resorted to this mode of attack; he might quite legitimately have concluded—“Such are the motives which animate these

men! Had it not been so, it never would have occurred to them to impute them to me. Here is a discovery. I will make it widely known." There is no such excuse for us. Whatever occasional exhibitions of malice, ignorance, and folly operating in congenial harmony we may now and again meet with, we know that however absurd may appear to us the plans of treatment pursued by allopaths, those who employ them, generally speaking, do so in the honest belief that in some degree or other they are calculated to promote restoration to health. We certainly cannot prove the contrary, and ought therefore in common courtesy to admit it. Further, those of us who practised allopathically, and wrote papers in the *Lancet* and elsewhere giving our views of disease and its treatment, do in thus making ungenerous reflections upon the motives of those who differ from us, lead others to "hark back" a few years, and see (*littera scripta manet*) what we were doing then.

A physician, who in *The North American Journal of Homœopathy* (November) says, that for twenty-seven years he practised as an old-school physician, and since July, 1874, as "a Hahnemannian homœopathician," referring to a paper by Dr. Zulz, a German physician, writes of the cases contained in it as being described "with the usual high-sounding pathological terms to astound the shallow or those who know no better." (The italics are ours.—Ed.) We have wondered, since reading this, whether in an essay written and published by him some fifteen or twenty years ago on *Uterine Fibroids, their Pathology and Removal*, the high-sounding pathological terms therein employed were used for the purpose of astounding the shallow or those who knew no better. Or is it only since he began to practise as a Hahnemannian homœopathician that he has ceased to astound the shallow, &c. We have little doubt but that some of his former friends and associates think that it is only since he has become "a Hahnemannian homœopathician" that he has begun "to astound the shallow," &c. In short, while such inferences are uncourteous they are also untrue. We have no reason to suppose that in writing as he did twenty years ago, and now, his methods of doing so were and are not equally honest. Cannot he admit that those who differ from him are as pure in intention as he considers himself?

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#### TREATMENT OF BURNS.

WHAT is wanted as a dressing for burns is something which will preserve the skin and hold it intact until the new one has formed; that is, usually less than one week. After experimenting with a large number of substances, I am convinced that there is nothing equal to what I have recommended several

times, and which I here repeat—the covering of the burn with the mixture of equal parts of the white of egg and sweet oil thoroughly beaten together. If the skin is broken or displaced, it should be carefully brought to its original position, and, if there is vesication, the serum should be removed by puncturing with a fine needle and applying gentle pressure; then the parts should be freely covered with this mixture, which forms a kind of paste, and, to give greater security, strips of fine muslin or gauze may be laid over the wound. This should not be removed till the new cuticle has fully formed and become sufficiently firm to bear exposure to the air. If further vesication takes place under the dressing, the serum should again be removed, as also any pus, if it should form, and then more of the dressing should be applied. If, through motion or other cause, the wound becomes exposed—and daily care is required to avoid this—more of the mixture should be promptly applied. The dressing should completely cover and even extend beyond the part injured, and generally by the third day the edges may be trimmed off with scissors, and by from the sixth to the tenth day the whole dressing can be removed, leaving a perfectly formed cuticle without blemish or scar. I can speak with great confidence of this treatment, for, after an experience of more than twenty years with it, in a large number of cases, I have never been disappointed in its results.—Dr. I. T. TALBOT, in *N. E. Medical Gazette*.

#### ON ANÆSTHESIA PRODUCED BY THE INDUCTION OF TRANCE.

THE following is an abstract of a paper on *The Treatment of Sea Sickness by the Trance State*, lately read by Professor E. P. Thwing of New York, before the Academy of Science of that city:—

“The phenomena of the trance have interested me for more than twenty years. For two years my experiments have confirmed the theory of Dr. Geo. M. Beard, that the concentration of the mind's attention in one direction induces an insensibility to other things, more or less complete. President Porter (*Elements of Intellectual Science*, section 81) says that pure sensation is simply an ideal or imaginary experience, and that, as the perceptive element is made stronger, the sensational is weakened. The intensity of the one is the suppression of the other. Some persons can excite expectancy sooner than others, and so gain control quicker. Some subjects take a consenting attitude more readily than others. One yields instantly, another only after repeated interviews, and some, perhaps, may never yield at all.

“Nine cases of sea-sickness, occurring in the Atlantic and in foreign seas, selected from many, were related to illustrate the

speedy relief, often the complete cure, of this distressing ailment, obtained by this method. Some showed little somnolence, while others sunk into as complete insensibility as in ordinary anæsthesia by chloroform.

“ One patient had been unable to retain any nourishment on the stomach after leaving port, two days' previously. Manipulations began about the temporal and frontal regions, particularly along the superciliary ridges, and the patient at once exclaimed: ‘What a heaven to be relieved of pain!’ Food was administered in small quantities, and, two hours after, a dinner of roast mutton was relished and retained. The other cases were treated in a similar manner, without the ‘passes’ of the old-time mesmeriser, or the pretentious and dramatic display seen in stage exhibitions; without even fixing the gaze or standing before the individual. The voice probably did more than the hand, but in one case that, too, seemed superfluous, for the sufferer, a brawny Welshman not understanding English, while busy casting his bread upon the waters, yielded to a pantomime, was led away from the ship side and made to recline on the shoulder of the operator. The trance became at once so profound that a pin introduced and left in the skin covering the back of the hand caused no wincing. Surgical operations have also been performed, some of which will be described by Prof. Jarvis of Bellevue College. Four facts may be stated as results:

“ 1. The trance state in many cases relieves sea-sickness by restoring nervous equilibrium, and in surgery is sometimes an adequate substitute for ether. Not every one responds. Not every one is able to awaken that faith, belief, expectancy, which Dr. Beard has already shown before this Academy to be the subjective state out of which all these phenomena are evolved. This persuasion cometh not readily to every willing, yielding soul, still less to a reluctant, incredulous mind. Failures are mostly found in two classes. *a.* The querulous, dogged, despairing sort who, at home or afloat, nurse their pains and ‘enjoy poor health,’ as they say. *b.* The curious, voluble and volatile, who wish to listen to and join in conversation. But failures with these at the first or second meeting are by no means final or decisive. Sequestration and silence on the part of the patient, and perseverance on the part of the operator, often secure success in apparently obstinate cases.

“ 2. Tranciform states, *i. e.*, where control is partial and unconsciousness is incomplete, frequently afford proportionate relief.

“ 3. The sense of subjugation and helplessness that comes over one, when in the grasp of Neptune or the surgeon, is sometimes a helpful accessory. It is analogous to the yielding attitude



of the animal under a tamer or trainer, and not unlike the paralyzing influence of a panic.

"4. The feeling of certainty on the part of the operator is a vital factor of success. It cannot be taught. It is gained by victorious achievement. Nothing is so successful as success. One subject under control will spread psychical contagion, through a whole assembly, and at once exalt their ideas of the power of the controller. In private practice assurance is better shown by gentleness than by bluster, by undemonstrative, quiet tones, and by the general air of one who speaks a personal, private, authoritative message, which he is accustomed to have immediately obeyed. *Possunt qua posse videntur*. Hardly anything is more contagious than confidence. Nothing is more masterful in power."

During the discussion which followed the reading of the paper, Dr. W. C. Jarvis presented a patient from whose nasal fossa he had cut diseased turbinated tissue, while made to sleep by Prof. Thwing. There was in the second operation no wincing and no memory of pain. Respiration through the right nostril had thus been resumed after a year's closure. Another patient, so terrified on a previous occasion as to require three attendants to hold her, was enabled by the trance treatment to submit to the removal of a tumor behind the palate, near the base of the brain, remaining in a state of complete insensibility during the operation. He remarked upon the benefit of the possession of an influence so potent in preventing pain, especially in nervous cases, which are peculiarly susceptible to pain.

The Chairman remarked that these phenomena were not new but had been repeated for ages. Twenty-five years ago, when he was a medical student in Paris, he had seen M. Malgaigne, the distinguished surgeon, utilise this power in surgery. It could not always be depended upon, as a considerable number, perhaps the majority of cases would resist the influence, and with them the power is useless. There was no propriety or policy in denouncing it as a humbug, though unnecessary to clothe it with any wonder or mystery. It was a beneficial, wholesome influence, worthy all the attention being paid to it. It had been taken out of the hands of charlatanism and was now being properly studied and utilised.

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#### HOT MILK AS A RESTORATIVE.

MILK that is heated to much above 100° Fahr. loses, for the time, a degree of its sweetness and density; but no one fatigued by over-exertion of body or mind who has ever experienced the reviving influence of a tumbler of this beverage as hot as it can be sipped, will willingly forego a resort to it because of its having been rendered somewhat less acceptable to the palate.

The promptness with which its cordial influence is felt is indeed surprising. Some portions seem to be digested and appropriated almost immediately; and many who fancy that they need alcoholic stimulants when exhausted by labour of brain or body, will find in this simple draught an equivalent that will be as abundantly satisfying and more enduring in its effects.—*Louisville Medical News.*

### LONDON MILK.

In a letter to the *Times* (November 28) Mr. G. W. Wigner, President of the Society of Public Analysts, gives some startling details respecting the milk-supply of the metropolis. He first quotes the statement, in this year's report of the Local Government Board, that 24½ per cent. of the milk sold to inspectors in London during 1882 was adulterated, and the remark added to the same report that "in a good many individual districts this proportion, formidably large as it is, is far surpassed." Mr. Wigner thinks that the official report was on the side of leniency towards the dealers, for he speaks of it as "a well-known fact" that milks watered less than 10 per cent. almost always escape the official inspector. The writer then gives the result of his own experience. In October last he obtained fifty samples of milk from the churns which come to London daily from the supply-farms. The farmers had no idea of his intention, but among these fifty he found no single adulterated or skimmed specimen, and the general average he found 7 per cent. above the limit to which public analysts generally work. That result is most honourable to the dairy farmers, and deserves record. But in the same month he bought 800 samples of milk from the retail dealers in all districts of London. Of these he only found 97 samples which passed the limit, while 203 were below it and would be condemned by any public analyst as watered or skimmed or both. The proportion of water added is estimated at from 8 to 60 per cent. Working out a calculation on the basis of these results, Mr. Wigner shows that the London public pays about £266,000 per annum for water sold as milk, and loses at least another £90,000 for cream which has been fraudulently abstracted. Mr. Wigner's argument from these facts is that a standard limit should be fixed, so that we might get at least uniformity in quality, and pay no more than a fair price. But it should be remembered that the establishment of a standard invites dealers to reduce down to that limit. The best process in the public interest seems to be to separate the black sheep among the dealers and give the public better means than they now possess of ascertaining who are reliable milk-purveyors.—*The Chemist and Druggist.*

### KOLA NUT.

DR. J. M. BARRICKMAN contributes the following enthusiastic and amusing account of the supposed virtues of the Kola Nut to the *St. Louis Clinical Review*. "A 'freighter,' who had been in the services of Queen Victoria, in Zululand, South Africa, gave me to drink of an infusion of a nut called Kola. He said it was used there as we used coffee; he said it was used for debility and to 'sober a drunken man,' and prevented thirst, etc., My informant's intelligence would enable him to give but little more data. He seemed to think he could not work without the kola nut. Had bought his present supply in England. Although he had a plenty I could only get a small number at any price I could offer. He had seen negroes in Jamaica cured of drunkenness by its use.

"Although not an habitual coffee drinker, its effects upon me were about the same, only more exhilarating and powerful. I gave it to a Mr. Papafio (whom you may address here) whom I found very drunk, unable to talk or walk, after the manner of men; in 30 minutes he was apparently sober. It cured and prevented cracking of the hands and feet so prevalent here.

"I gave a strong infusion to a railroad track layer who was suffering from 'blue devils' (hypochon.) extremely, and within two hours he felt like going to his hard duties and laughed and talked. No tonic or whisky would do this in such a case.

"It is a panacea for despondency. Now, professor, here is most certainly a material substitute for one of our most esteemed beverages. No one would take a drink of whisky after having chewed a kola nut. Since, I have taken both kola and whisky, and know whereof I speak; nor would one commit suicide after having eaten of it. Space will not permit of my saying why. I could discover no deleterious effects. Who knows but that it will interpose a barrier between mankind and the great foe, Bacchus.

"It seems a tax upon your credulity to believe that this nut can possess all these rare virtues attributed to it. It should certainly be put to the most satisfactory test. Ah! doctor, if we have in this remarkable product something at once which combines the wonderful properties of coffee (caffein), cocoa and eoca, makes the sad heart gay, and cheers without inebriety, enables one to smile at hunger and fatigue, and above all, beards Alcohol, and checks a craving which seems indomitable, then a panacea for a large number of human miseries and a foretaste of a golden age (millenium?) are combined within a nutshell."

## CHEYNE-STOKES RESPIRATION.

THE precise mechanism by which the so-called "Cheyne-Stokes respiration" is produced, has, so far as we are aware, never been worked out; still, the conditions under which it occurs are well known, and may afford a hint as to the mode of production. It occurs commonly when death is impending, and where the heart is enfeebled (Stokes), and especially when the enfeeblement is due to fatty degeneration (Cheyne). It occurs also in other diseases of the heart, and with considerable frequency in certain forms of cerebral disease—hemorrhage, thrombosis, tumour cerebri, and tubercular meningitis. It has also been observed in diphtheria and typhoid fever, and in renal disease. If we omit tumor cerebri, it will be seen that all these diseases tend in a marked manner to enfeeble the circulation—the chronic diseases by the vascular and cardiac degenerations they cause, the acute by the extreme exhaustion which they produce. In health, during the inspiratory act, the arterial tension rises and the heart acts more powerfully; the tension, and therefore the cardiac activity, reach the maximum soon after the end of inspiration; in the dyspnoea caused by approaching asphyxia, the arterial tension (pressure) rises very rapidly. We are justified in concluding that, during the rapid deep inspirations of the respiratory stage of the Cheyne-Stokes phenomenon, the arterial tension and the cardiac activity rapidly increase, and that, therefore, the efficiency of the circulation is greatly increased; the blood, that is, becomes rapidly aerated in the lungs, and rapidly distributed throughout the whole system; it thus reaches the brain in good quantity and well aerated (oxygenated); now the respiratory centre is stimulated (using the word in a general sense) by venous blood, that is, the more venous be the blood which reaches the respiratory centre in the medulla, the more rapid will be the respiratory movements (*ceteris paribus*). The action of the respiratory centre is, as is the case with most if not all centres, rhythmical; so that, though the stimulus be constant, the action of the centre is intermittent; in health, this intermittence is regular or rhythmic. Let us, however, suppose the respiratory centre to be less susceptible to its stimulus than natural; let it be, in fact—to use Dr. Sansome's phrase—paretic; then, when the blood supplied to the centre is more oxygenated than natural, or at least not more venous than natural, the activity of the centre ceases, and respiration ceases. The centre being paretic, or less susceptible to stimuli than in health, does not act at once when the blood becomes venous to a degree sufficient to stimulate it in health. The consequence of this cessation of respiration is a diminution in the activity of the circulation, both in the brain and lungs; gradually the blood becomes so venous that it at last succeeds in starting the centre again into activity.

The violence of the one or two deepest inspirations may be set down to the perverted activity of the centre, as an instance, in fact, of the irritability of exhaustion. The observed disorder is as follows, beginning the cycle at a pause: respiration begins again, and is at first short and shallow, but quickly becomes deeper and more and more laboured, and then becomes again slower and shallower, until it ceases altogether; this pause lasts for a period of a quarter of a minute to a minute; then the respirations begin again, and pass through the same ascending and descending scale.—*British Medical Journal*.

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### QUININE AND INSANITY.

At the Chicago Medical Society a paper was recently read on insanity from quinine. It was based on three cases only, but the evidence in each seems fairly conclusive. In all three the quinine was employed on account of malarial symptoms. The first man took three doses of three grains in the course of one day, and was then seized by a violent attack of frenzy, with hallucinations of hearing and dimness of vision; the second fell into a state of extreme dementia after only ten grains of quinine, and the third became destructive and violent after one dose of twenty grains. In all three cases there was the strongest possible family history of insanity. The medico-legal importance of such results was dwelt upon by Dr. Kiernan, the reader of the paper, and he remarked that when the use of quinine was pleaded as an excuse for crime it would be fair to administer further doses to test the validity of this claim—rather bringing to memory the Judge's suggestion in *Trial by Jury*.—*Medical Times and Gazette*.

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### A NEW MEDICAL SOCIETY.

THE New York Society for Medico-Scientific Investigation was recently organised for the prosecution of original research in medicine and the collateral branches. Its inception was in the minds of two or three physicians, who at first had nothing further in view than a small society for medical discussion. Upon exchanging views, the scope of the work which could be properly undertaken seemed great. The line of investigation open for pursuit is something as follows: First, the introduction and proving of new drugs. Second, the reproofing of drugs of which the pathogenesis is incomplete or inaccurate. Third, the collection of data bearing upon disease in general, which would include the investigation of epidemics, their causes, the conditions present, such as atmospheric and climatic, the relation of drugs thereto, the so-called season remedy, the limit of drug attenuation, &c. In short, to accumulate data bearing upon the

relations of *Materia Medica* to morbid conditions, that in the future it may serve as a starting point to their temperaments, habits, manner of living, &c., will all be carefully noted, and as far as possible, all elements of error carefully eliminated. Every member of this society has pledged himself to earnest work. The society proposes to work for the profession. Communications or contributions may be addressed to the New York Society for Medico-Scientific Investigation, at 201 East 28rd Street.—*New York Medical Times*.

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## NOTICES TO CORRESPONDENTS.

\*. \* We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. DUNN (London); Dr. THOMPSON (Croydon); Dr. BLUMBERG (Southport); Dr. WILDE (Bath); Dr. REED (Southampton); Dr. SUTHERLAND (Boston, U.S.A.); Dr. B. W. JAMES (Philadelphia); Dr. PROELL (Nice); Dr. HAYLE (Rochdale); Messrs. KEENE & ASHWELL (London); Messrs. B. KEITH & Co., New York.

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## BOOKS RECEIVED.

*The Prevention of Blindness*, by Dr. Roth, and *The Physical Education of the Blind*, by Dr. Roth. Published by the Society for the Prevention of Blindness.

*The Opium Habit*. By E. M. Sell, M.D.

*Lectures on Cholera*. Dr. Salszer, Calcutta.

*The Homœopathic World*.

*The Students' Journal and Hospital Gazette*.

*The Chemist and Druggist*.

*The Monthly Magazine of Pharmacy*.

*The Hahnemannian Monthly*.

*The New England Medical Gazette*.

*The New York Medical Times*.

*The American Observer*.

*The St. Louis Clinical Review*.

*The American Homœopath*.

*Bibliothèque Homœopathique*.

*Allgemeine Homœopathische Zeitung*.

*Rivista Omiopatica*,

*El Criterio Medico*.

*Therapeutic Gazette*. Detroit.

*Indian Homœopathic Review*.

*Report of the Melbourne Homœopathic Hospital*.

*Repertorio Clinico Omiopatico*. By D. Cigliano. Naples.

*Bulletin de la Société Médicale Homœopathique de France*.

*Medical Investigator*.

*Homœopathische Rundschau*. Leipzig.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Bow, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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THE CARE OF THE INSANE.

There prevails among some people a vague idea that at the present moment a number of men and women are confined in asylums designed for the cure of that form of cerebral disease known as insanity who are perfectly healthy. It is a notion, moreover, which ever and anon finds support in some daily or weekly newspaper of the sensational order. That any ground exists for such a belief there is really no evidence at all. When a Parliamentary Commission sat in 1877, with Mr. DILLWYN as its chairman, to take evidence with the view of effecting some alteration in the Lunacy Laws, no proof could be found that a single sane person had been confined in a private asylum! The efforts to do so were doubtless considerable, as the chief desire of those who got up the agitation which led to the appointment of the committee—the chief desire of its chairman—was to abolish private asylums altogether, and to compel the confinement of every so-called “lunatic” in a public establishment.

We may, then, take it as proved that there is no substantial basis of fact to sustain the alleged grievance. On the other hand, the newspapers of the day contain ample evidence to show that there are many persons at large whose mental condition is so diseased that it would be greatly to their advantage and the safety of life and property were they in a hospital, or retreat, or asylum, where they would have some chance of recovering their lost health; be safe from endangering the lives or the property of their neighbours; and be prevented from being regarded as criminally responsible for actions which are but the outcome of disease. That there are many such persons is, moreover, within the personal experience of most medical men.

To secure that an insane person shall have the care his disease requires that he should have, is a much more difficult matter than most people suppose. In the *first* place, taking such a step involves an amount of expense which some are unable or unwilling to incur. Take, as an example, the bread-winner of a family—a man in a small business, who has a wife and family dependent upon him, and whose business inevitably collapses directly he is removed from its control. To find the means for the support of such an one in an asylum, even when the rate of admission is as small as it well can be, is a matter often of the greatest difficulty, and sometimes quite impossible; while the alternative of a pauper asylum is shrunk from, until, often enough, the injury disease has wrought is past remedy. It is not until the insanity of such an one has made itself manifest by some act of violence, directed either against himself, his family, or his neighbours, that recourse is had to the asylum. It is then, probably, too late for any remedial measures to have any influence, and public safety—the instinct of self preservation alone—



prompts the adoption of a course which some months previously might have been taken with advantage to the sufferer himself.

*Secondly.*—Two medical men must certify to the insanity of the patient. This is a safeguard against abuse which it would be as unwise as happily it is impossible to abandon. But in the present state of the law every medical man certifying to the insanity of a person *who is likely to recover* incurs a very grave risk. By placing a patient in an institution where he may regain his health, a physician who has been a party to so doing is liable, on the recovery of the said patient, to be proceeded against by an action at law for damages for false imprisonment! The physician gets his guinea, or couple of guineas for aiding in procuring the restoration to health of a patient, and at any rate of ensuring him against some of the consequences of his illness, and he is rewarded on his recovery by all the expenses of a law suit; and, perchance, with the prejudices against medical evidence entertained by juries, and the readiness with which medical men will appear against one another in a court of justice, to be mulcted in heavy damages. The legal profession contains a large proportion of men of the highest sense of honour, but it has, as other professions have, its share of black sheep—men who are ever on the look out for “business,” no matter of what sort it is. Such individuals are always ready to take up a case of this kind, to offer even to do it “on spec.” They are, we may be assured, not especially scrupulous as to the kind of evidence they adduce, or the means they take to procure it. Even when an action of this kind is won by the physician, the expense, the annoyance, the anxiety, and the loss of practice it involves are sufficient to deter him from endeavouring either to remedy health or to save life in a similar way again. He simply cannot afford to do it.

That this responsibility operates, and that extensively, we are sure. Only recently a well-known expert in lunacy cases saw a gentleman who was manifestly insane, and the opinion he expressed was that the patient was suffering from a distinct form of insanity, one that might easily lead him to commit criminal acts; "but," he said, "if he were certified as insane, and placed in an asylum, after a few weeks' rest and discipline there, he might get so well that the Commissioners would insist on his discharge, and then he'd make it pretty hot for us all round."

*Thirdly.*—The necessity which exists, and is equally impossible to avoid, of holding formal interviews to obtain evidence of insanity is, not seldom, one which presents great difficulty in procuring it. The patient is the last man of all to believe himself insane. The evidence of disease may be limited, difficult to extract, albeit clear enough when it is extracted. The patient is suspicious, and as cunning as he is suspicious, and knows well enough in many cases the object with which he is being interviewed. In such instances it is well nigh impossible to discover evidences of insanity. At the same time, before any steps can be taken to preserve an insane person from himself, evidence, that such protection is imperative, is required, and is rightly required, and must be sufficient to satisfy the Commissioners in Lunacy of its absolute necessity. Without it, no superintendent of an asylum, whether public or private, and no medical man receiving a "single patient" into his house, would either for his own credit or safety's sake take charge of him.

The idea that persons are confined in asylums who might with safety to themselves or others be at large, or who are perfectly capable of managing their affairs is, we believe, untenable. That some who have recovered may for a time be detained longer than is necessary is possible,

but hitherto unproved; nevertheless it is, in many if not in all cases, an error on the safe side—safe for the patient and safe for his friends.

Take, for example, the case of a suicidal convalescent. With regard to such an one, “medical officers of asylums are,” says the *Medical Times and Gazette*, “placed between the devil and the deep sea. If they detain him in an asylum they render themselves liable to endless complaints on the part of the patient and his friends, and often also of the guardians who are liable for his maintenance; and they often suffer serious misgivings and searchings of heart without these external incentives; on the other hand, they know, from almost daily experience, how little improvement in cheerfulness can be depended on as an indication of any real diminution of the suicidal tendency; and how ready the very same people who blame them for detaining a patient—that is, for excess of vigilance—will be to blame them if a relaxation of that vigilance permits him to injure himself.”

There is so much inevitable secrecy about the management of the insane, they are necessarily so secluded from all the rest of the world, the visits of friends unavoidably take place at rare intervals (for such visits very generally have a more or less disturbing influence upon a mind which is gradually returning to health), that the majority of people know nothing about the inner life of an asylum—know nothing of the nature of the disease, its manifold forms and their various manifestations, and of the persons who are under care in them; and, knowing nothing, they become suspicious that all is not right in their management. Hence we have from time to time agitations for alterations in the Lunacy Laws, set on foot by men or women to whom agitation of some sort is a species

of excitement, without which life, to them, would scarcely be worth living.

We have then two difficulties before us in dealing with our insane population in a manner which shall be good for them and satisfactory to the public. *First*, we require greater facilities for taking adequate care of those who, while needing it, are daily wandering about until their career terminates in some homicidal or suicidal outburst. And, *Secondly*, some plan must be devised which shall increase the confidence of the public in the kind of care exercised in our asylums, both public and private.

With regard to the *first*, it is essential that all liability for actions for false imprisonment shall be removed from the medical men who sign the certificates testifying to the kind of mental health exhibited by the patient.

The late Dr. BULLAR, of Southampton, had a form of bond drawn up for him by a solicitor, protecting him from the consequences of such an action, which he invariably insisted on the friends of the patient signing before he would attach his signature to the certificate. (*Lancet* ii., 1865, p. 468.) How far such a bond would hold good in law is, we fear, very doubtful.

There is just one objection that might be raised against affording this relief to medical men, viz.: that of the possibility of their giving false evidence. This might be provided against by compelling the attachment of a sworn *affidavit* to every certificate that the recital of evidence it contained was true. We do not, however, believe in the likelihood of any such evidence being given; but were it known that at any time the patient might be seen by a Commissioner or Expert in Lunacy, who would, if such evidence were false, expose its character and render the person who had given it liable to

a criminal prosecution for perjury, it would become almost impossible.

Then, *secondly*, to give confidence to the public that the alleged insane are really so, and that being so they are properly cared for, the present system of asylum inspection must be much more frequent—much more thorough than it is possible that it can be at present.

Some there are who, like the Chairman of the Committee of 1877, think that if all private asylums were abolished, if no "single patients" were allowed, and all were confined in public institutions, the lunatics' millenium would have arrived. There is no evidence that such is the case: on the contrary, there is very much to be said in favour of the present system.

Insane people are met with in all classes of society; and it is eminently desirable for their welfare that they should, as far as possible, be surrounded with as many of the same kind of comforts and luxuries that they have been accustomed to as is compatible with their condition. Why should the gentleman of fortune, or the lady who has all her life been encompassed by everything that wealth can provide, be forced into a public institution, and compelled to pay heavily for the "privilege," in order that the rates and taxes may be saved the burden of providing for paupers, while at such private establishments as that at Ticehurst, for example, such persons can be taken abundant care of without missing any of their former surroundings? It would be monstrous, on any grounds of mere public economy—and it is on such grounds that the agitation against private asylums really rests—to deprive them of the advantages which, being able to pay for, they have a right to possess.

To others of smaller means the same argument applies. They have a right to procure such kind of care and atten-

tion as their resources enable them to obtain. To do away with private asylums would, we believe, be to inflict a great wrong upon a very considerable number of insane people. Neither is there any justification for doing so on the hypothesis of selfishness and greed on the part of asylum proprietors. It is supposed by those who desire the abolition of these institutions that patients are detained in them longer than is necessary, in order to secure the fees that are paid. We have too firm a faith in the frailty of human nature to believe that such a result is impossible; but, at the same time, too much confidence in the integrity of those who are in charge of such institutions to regard it as probable; while, were the inspection of asylums as adequate as it ought to be, anything of the kind would be practically out of the question.

What then are the arrangements at present in force for asylum inspections? They are conducted at long and uncertain intervals by the Commissioners in Lunacy, and are carried out in as thorough a manner as their time admits of. Private asylums are visited once in six months; public institutions once a year; "single patients" once or perhaps twice a year. Each patient is supposed to be seen individually; each establishment presumed to be submitted to minute inspection at each visitation.

There are, it must be remembered, six Commissioners by whom this work is conducted. Two, one being a barrister, the other a physician or surgeon, pay each visit together. For the purpose of preventing anything like preparation, no notice whatever of an intended visit is given, and the Commissioners have full power to demand admission into every asylum, and see every patient, at any hour of the day or night. Hence, so far as is possible, the enquiries of the Commissioners appear calculated to inspire that confidence, the want of which is ever and anon rendered

apparent in the general press. But we must next enquire how far it is *possible* that their enquiries should be satisfactory.

There are, as we have said, six Commissioners, who visit in couples. Three committees then are at work at once.

The number of insane people in England and Wales was, on the 1st January, 1883, 77,196. Of these 450 resided with medical men and others as single patients; the remainder were distributed among 179 public and private institutions.

Is it possible that six gentlemen can attend to the business devolving upon them in Whitehall Place, can travel through every part of the country, visit and thoroughly examine the condition of 179 public institutions and 450 private dwellings, and acquire an adequate knowledge of the mental and physical state and the requirements of 77,000 people as frequently as the public have a right to demand that they shall do? It is *prima facie* impossible. The number of Commissioners was fixed at six in 1845, at a time when the number of known lunatics was nearly twenty times less than it is now. In other words, there is twenty times more work for the six Commissioners to perform now than there was for them to do in 1845! Then, official knowledge could direct attention to but one insane person in every 7,300 of the population; now it has cognisance of one in every 346! These figures, be it observed, do not in themselves point to any increase in the number of cases of insanity, but merely to an increase in *official knowledge* of the whereabouts of sufferers. At the same time, after every allowance has been made for large additions to the population, and a creditably low death rate in asylums, we fear that an increase of 1,923 lunatics during 1882 as against an average for the previous ten years of 1,620, and

an average for the last three years of 1,757, must be admitted as showing that cerebral disease is gradually becoming more common amongst us.

We believe, then, that while crediting the Commissioners with the best will in the world, with the greatest anxiety to adequately fulfil their duties, their number is far too small to enable the public to believe that the visitation of asylums and private houses containing single patients is as complete and frequent as it ought to be. Instead of six, thirty would be no more than sufficient for the purpose. Doubtless an outcry would be raised against the expenditure such an addition would involve. But no work can be properly done unless money is forthcoming to pay for it, and to accomplish the most desirable end of inspecting lunatic asylums as they ought to be inspected would add only another £75,000 to the present charges. No great sum surely for a country like ours!

Then, *lastly*, we believe that were a medical court established, consisting of three or five physicians of experience in the treatment of insanity and in asylum management, to hear and adjudicate upon such complaints of patients and friends as the Commissioners might deem fit to remit for their investigation, another and very important guarantee of the proper treatment of our lunatics would be provided.

The gentlemen appointed should have the qualifications we have named. Such enquiries would be essentially medical in their character, and in a medical enquiry a lawyer is generally, if not always, worse than useless. How utterly incapable a lawyer is of handling a medical question has lately been abundantly and painfully demonstrated by the Public Prosecutor. Hence we say that enquiries of this kind should be entrusted to persons having experience especially qualifying them for the task.



Such then are, we believe, the kind of improvements demanded in the legislation controlling our lunatic population.

Medical men must, on the one hand, be freed from the heavy liabilities to which they are at present exposed by efforts to perform their duty to their patients; and, on the other, provision is required to ensure greater and closer supervision over our asylum population, to the end that confidence in their judicious management may be ensured.

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ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *GLONOINE* (*NITRO-GLYCERINE*) AND *AMYL NITRITE*.\*

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*Glonoine.*

THE mode of action of this only too well known explosive upon the human organism was first studied for the purpose of utilising it as a medicine by the late Dr. Constantine Hering, of Philadelphia, in the year 1848. He it was who coined for it the somewhat fanciful name of "*glonoine*," deriving the word from the notation of its supposed chemical composition. *Glycerine* he regarded as an oxide of *glycerile*, Gl. O.; and *nitro-glycerine* being formed by the action of *nitric acid* upon *glycerine*, it read Gl. O. NO<sup>5</sup> to which he added the terminal "ine." It is now chemically described as a *glyceric trinitrate*, and its formula is C<sub>3</sub> H<sub>5</sub> (NO<sub>3</sub>)<sub>3</sub>.

Its preparation, by the action of a mixture of *nitric* and *sulphuric acids* upon *glycerine*, requires the greatest care, in consequence of the force with which it is liable to explode. It is soluble in *alcohol*. The solution is a clear colourless fluid.

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\* A Lecture delivered at the London School of Homoeopathy, Session 1882-3.

*Nitro-glycerine* was discovered by the French chemist Sobrero, in 1834, and in the *Comptes Rendus* for 1847, he described its composition and chemical properties. In the course of his remarks he observed, that "a very minute quantity produces a violent headache for several hours." Reading this it was, that induced Hering to make the experiments with it that have since borne such valuable fruit. The results of these experiments were published in the *British Journal of Homœopathy* for 1849. Early in 1853, Dr. Dudgeon instituted a series of experiments upon himself and some friends; his observations, numbering twenty-six in all, were also recorded in the *Journal*, and to them some illustrations of the clinical applications and therapeutic power of *glonoine* are added. In the *Medical Times and Gazette* for 1858 and 1859 the details of some experiments by Mr. Field, now of St. Mary's Hospital, then practising in Brighton, are given. They originated in Mr. Field offering in joke or ridicule of homœopathic medicines to take a bottleful of any medicine in the pocket case of the late Dr. Hilbers. The challenge was so far accepted that Dr. Hilbers gave him two drops of the 1st centesimal dilution of *glonoine*. The characteristic headache soon made its appearance, and Mr. Field then pursued that enquiry into the action of *glonoine* which has led some people to suppose that he was the discoverer of its medicinal properties.

Mr. Field's communication gave rise to experiments by Dr. Thorowgood, Mr. James, a Student at University College, Dr. George Harley, and the late Dr. Fuller, of St. George's Hospital. The two latter, however, found themselves to a very great extent proof against the powerful effects commonly experienced by other observers. Lastly, Dr. Murrell published, in the *Lancet* for 1879, a series of experiments made by him upon himself and a friend, together with the inference drawn from them that *nitro-glycerine* would be found useful in warding off attacks of angina pectoris, and probably in curing the condition giving rise to them. In support of his conclusion he adduced several striking and interesting cases, showing great amelioration, and in one, at least, apparent cure from its persistent use in physiologically acting doses.

The observations made by all these experimenters, together with some others from foreign sources, you will find collected in Allen's *Encyclopædia of Pure Materia Medica*.

The range of action of *glonoine*, though confined within a comparatively narrow circle, is a very important one, and one which renders it of great clinical value in some serious and painful cases. Powerful as its action is, it does not make this manifest in all its intensity in every person. There are, indeed, few who can take it and escape without some degree of impression being made upon them, but its full effects are most strikingly observed when physical depression, whether the result of fatigue or illness is present. For example, the late Dr. Fuller, of St. George's Hospital, took, on one occasion, two drops of a one-per-cent. solution, a little later another dose equal to seventeen drops, a quarter of an hour after one equal to thirty three, and in a few minutes more one of fifty. Beyond a trifling degree of fulness in the head at first, subsequently an elevation of the pulse to 96, with an increase of fulness about the head and some confusion of thought, followed, after the last dose, by a clammy perspiration, an intermittent pulse and some increase of fulness of the head, these large and rapidly succeeding doses produced no noticeable effect. On the other hand, Mr. Field gave to a hospital patient suffering from hemicrania two drops of the same solution, and in about a minute he became pallid, felt sick and giddy, his forehead was covered with perspiration, and he sank almost unconscious on the bed by which he was standing, his pulse falling so much as to be scarcely felt. After taking some ammonia he revived, the headache was greatly relieved, and he soon obtained some sleep, to which he had been for several days nearly a stranger. Here you will observe that the *glonoine* was given to relieve a condition probably similar to that which it will cause in a healthy person (I say probably, because Mr. Field gives no details of the kind of hemicrania the patient suffered from), and hence the presence of such symptoms after such a dose need not excite wonder. They do not, however, constitute an aggravation, in the sense of an increase of the suffering to relieve which the medicine was prescribed—but a development of symptoms usually appearing only after a much larger dose has been taken, and appearing here on account of the largely increased susceptibility to be influenced arising from the kind of disease present.

Numerous experiments, however, show that it is far from safe to use even in health such large doses as those which Dr. Fuller took. Here, for instance, is an experiment

recorded by Dr. Dudgeon (*Brit. Jour. of Hom.*, xi. p. 275) :—

“Mr. B., Jan. 27, 1858, 9 p.m. In good health, pulse 60. At the above hour took one drop of *glonoine* 1x on a piece of sugar. In about half-a-minute perceived a throbbing of the temporal arteries, soon accompanied by a rather severe throbbing pain in both temples. In a few seconds more the pulse was found increased from 60 to 100, and the heart throbbed most violently and rapidly. In a minute or two a faint, warm, sickening sensation was perceived in the chest and stomach resembling the threatenings of sea-sickness; also of slight giddiness, especially on moving about. The throbbing pain in the temples continued to increase for about ten or fifteen minutes, then gradually diminished, and in about half-an-hour became considerably easier; the feelings of nausea and giddiness also were lessened; but on returning upstairs very fast, about three-quarters of an hour after taking the medicine, all the symptoms recurred with double force. (Felt a sensation of warmth and fulness down the arms, as if in the course of the cutaneous nerves; also a similar sensation in the sciatic nerve, and some warm, dull aching in the loins; but these symptoms lasted but a very short time). The temples ached and throbbed excessively, and there was great nausea and giddiness. However, in a few minutes there was an abatement of these sensations, but leaving slight nausea and throbbing pain in the temples.

“A supper of oysters and stout removed the nausea, but the throbbing pain in the temples continued, and was very readily aggravated by any exertion of walking, talking or reading. Went to bed at twelve, had less pain in the recumbent posture, especially when lying on either side; kept well all night. On waking in the morning felt slight pain or rather uneasiness in the temples, with tendency to nausea and giddiness, which have continued all day. Feels fulness of the temples and very slight nausea whilst now writing at 8 p.m.”

These symptoms all arose from taking one-tenth of a grain. Dr. Fuller took during a short time fully ten times as much or one grain. Mr. Brangwin's experiment is a very interesting and instructive one, so much so, indeed, that I cannot help regretting that he did not persevere in taking a daily dose for a week. I think that by his so doing we should have had a much fuller acquaintance with the action of the drug than we have.

Again, we have the evidence of Dr. Murrell as to the power of a very small dose, probably one drop, or at the most only two, of a one-per-cent. solution. While seeing

out-patients at the Royal Hospital for Chest Diseases he applied the cork of a bottle containing a one-per-cent. solution to his tongue and forgot all about it. "Not for long, however," he goes on to state, "for I had not asked my patient half-a-dozen questions before I experienced a violent pulsation in my head. \* \* \* The pulsation rapidly increased, and soon became so severe that each beat of the heart seemed to shake my whole body. I regretted that I had not taken a more opportune moment for trying my experiments, and was afraid the patient would notice my distress and think that I was either ill or intoxicated. I was quite unable to continue my questions, and it was as much as I could do to tell him to go behind the screen and undress so that his chest might be examined. Being temporarily free from observation, I took my pulse and found that it was much fuller than natural, and considerably over a hundred. The pulsation was tremendous. I could feel the beating to the very end of my fingers. The pen I was holding was violently jerked with every beat of the heart. There was a most distressing sensation of fulness all over the body, and I felt as if I had been running violently. I remained quite quiet for four or five minutes, and the most distressing symptoms gradually subsided. I then rose to examine the patient, but the exertion of walking across the room intensified the pulsation. I hardly felt steady enough to perform percussion, and determined to confine my attention to auscultation. The act of bending down to listen caused such an intense beating in my head that it was almost unbearable, and each beat of the heart seemed to me to shake not only my head but the patient's body too. On resuming my seat I felt better, and was soon able to go on with my work, though a splitting headache remained for the whole afternoon." To these details of a very valuable experiment, Dr. Murrell adds: "Since then, I have taken the drug some thirty or forty times, but I never care to do so unless I am quite sure that I can sit down and remain quiet for a time, if necessary. It uniformly produces in me the same symptoms, but they are comparatively slight if I refrain from moving about or exertion of any kind. The acceleration of pulse is very constant, although sometimes it amounts to not more than ten beats in the minute. The temperature remains unaffected. The pulsation is often so severe as to be acutely painful. It jerks the whole body, so that a book held in the hand is

seen to move quite distinctly at each beat of the heart"—*Lancet*, Jan. 18, 1879. In a subsequent paper published in the same Journal, Dr. Murrell states that he had given the drug to thirty-five friends, who volunteered to take it, and found that out of this number only nine were not perceptibly influenced by drop doses of a one-per-cent. solution.

It is, therefore, a drug which you must be cautious in experimenting with, and still more cautious in prescribing. Nevertheless, it is one our knowledge of which will be materially increased by further experiments. Hitherto single doses only have been taken; what is required is, that a series of such doses should be taken for a week or so, the second being swallowed before the effects of the first have passed off. A great deal, I am persuaded, has yet to be learned from investigating its action in this way.

The few experiments, the details of which I have related—and these closely resemble those of all which have been made—show, that the earliest obvious indications of *glonoine* influence is seen in the excitement of the heart. Palpitation or throbbing of the heart becomes excessive, and the pulse beats with a rapidly increasing force and frequency. Then follow the consequences of this abnormal state of the circulation—such as throbbing in the vessels of the neck, and throbbing headache succeeded by faintness and vertigo; pulsation with ringing in the ears; flushed face; and in some instances retching and vomiting.

The immediate cause of all these symptoms lies doubtless in the alteration in the blood pressure, in the removal for the time of the inhibitory power of the pneumogastric. Such being the case it is probable that the primary action of the poison takes place in the pneumogastric centre situated in the medulla oblongata.

For therapeutic purposes it is necessary that we examine these symptoms somewhat more minutely.

The headache, we have seen, is characterised by throbbing. There is a fulness and rush of blood to the head, which is increased by rising, by shaking the head, or still more, by attempting to walk. The throbbing is sometimes felt throughout the head, but more commonly is limited to one portion, being especially marked at the vertex, in the occiput, and in one or other temporal region, most frequently the left.

Associated with these symptoms are the violent action of the heart, rapid increase in the pulse, and faintness to which I have referred.

Homœopathically, then, *glonoine* will be indicated in certain forms of congestive headache. Such forms you will find illustrations of among cases of threatening apoplexy in subjects having hypertrophied hearts; in cases of sun-stroke—and here *glonoine* has, in the United States of America, been found to be of great value. Some years ago I met with a case of headache in a delicate lad of 13 or 14 years of age, who had been exposed to the heat of the sun in a hay-field during a hot summer day, and returned home late in the afternoon with a severe throbbing headache and a full quick pulse. I saw him about ten o'clock in the evening, and prescribed drop doses of *glonoine* 8x every hour until he went to sleep. This he did after one or two doses, and when I called in the morning he was free from pain.

In subjects of a plethoric type, anxiety and worry will often produce a headache very similar in its phenomena to those which arise from *glonoine*. Of such cases Dr. Bayes gives an illustration (*Homœopathic Review*, vol. x., p. 108). The patient was a middle-aged gentleman, who, after a too close application to business, had for several weeks passed sleepless nights, and had at the same time the following symptoms: "Red face; greatly injected eyes; severe frontal and temporal headache; a deeply furred tongue; a pulse of 110, full, incompressible, and bounding; a general feeling of great tension, with aching pains in the limbs. It was," Dr. Bayes adds, "just such a case as a few years back would have been bled copiously, with the intention of preventing an apoplectic seizure or an attack of brain fever." A few doses of *glonoine* 3 were followed by five or six hours sleep, terminating in a gentle perspiration, and the patient was able to be at his business the day after. In three days he was quite well.

Dr. Ludwig Battmann (*Allgem. Hom. Zeit.*, Feb. 1865, and *British Journal of Homœopathy*, vol. xxiii., p. 495) narrates the particulars of a case of puerperal convulsions commencing two hours after an instrumental delivery, in which twenty-three paroxysms occurred during the succeeding eight hours, and where there were, in addition to complete unconsciousness and violent struggling, a red flushed face, a quick, full, hard pulse, violent

throbbing of the heart and carotids—in which he gave *glonoine* in the 2nd dilution. After the first dose only one short convulsion occurred, and the vascular system gradually calmed down, so that by the following morning scarcely any excitement of pulse was perceptible, although the patient had no sleep. This, however, was obtained on the following day.

Dr. Battmann, in the same paper, gives an example of congestive headache of a kind which has frequently yielded to *glonoine*. The patient was a labourer in an iron foundry and sent for Dr. B. late one evening in consequence of a frightful headache, which had been coming on since the previous day. On visiting his patient he found him running about the room holding his head pressed between his hands as though it would burst, sometimes he knocked his head up against the wall. Pulse hard, full, quick. Face red. Occasional violent shoots in the head causing him to cry out aloud, sometimes jerkings through the body. *Glonoine* 2 was prescribed. The pain and cerebral congestion rapidly subsided, he obtained some disturbed sleep during the night, and the following day was quite well.

There is another form of cerebral congestion to which Dr. Hughes draws especial attention, and where *glonoine* gives very rapid relief—that, namely, which occurs in women of a plethoric habit in whom menstruation has, from some cause or other, become suppressed. Such an application of *glonoine* is well warranted by Dr. Dudgeon's 12th experiment. He gave to a married lady, 28 years of age, in whom the catamenia were present, four pilules saturated with the 1st dec. dilution of *glonoine* at 4 p.m. "In a few minutes the pulse became very much accelerated, and she complained of throbbing and heaviness of the head, increased to severe pain on shaking it. There was also felt a tight contractive sensation down the jaws on either side, in the masseter muscles, as if lock-jaw were coming on. The catamenia ceased immediately, and the headache increased in violence towards evening, when severe diarrhoea came on. The catamenia did not resume their flow until the following morning on walking briskly." (*Loc. cit.*)

In the same paper Dr. Dudgeon reports three cases of headache of this kind depending upon suppressed catamenia in which the relief afforded by *glonoine* was prompt. I have referred to these conditions as frequently supplying cases where the throbbing headache and other symptoms produced



by *glonoine* are met with, but, at the same time, wherever you find these indications present you may very generally prescribe this medicine with advantage.

In cases such as those I have described the cerebral condition is secondary to the disturbance of the circulation.

But I cannot resist the impression that, if *glonoine* were persistently "proved," the nervous system would be found to be directly, as well as indirectly, affected by it. As it is, there is a certain amount of evidence that such is the case. Thus, in the 17th volume of Ziemssen's *Encyclopædia*, tetanic convulsions, dyspnœa, quickened pulse, mydriasis and general paralysis are stated to have been observed in frogs and mammals poisoned with it. And, after mentioning the effects ordinarily observed in human beings, larger doses are said to have caused dyspnœa, oppression of the chest, lassitude, muscular weakness and stiffness of the jaw-muscles.

The fact that *glonoine* in the 3rd decimal and centesimal dilutions has cured some cases of neuralgia seems to indicate that it has a specific influence upon some nerve tracts independently of its action on the heart. It cannot in so small a dose have a merely sedative, palliative, antipathic action. The provings so far give us no indications guiding its selection in neuralgia. Nevertheless, whether as a forlorn hope in previously intractable cases, or on what grounds soever, I cannot say, but it has been prescribed in some instances of this form of disease with excellent effect. The cases in which it has proved especially serviceable have been characterised by throbbing pains in the gums of one side, rapidly followed by darting and stinging shocks of pain extending upwards throughout the malar bone on the affected side, and downwards to the neck. In each recorded instance the pain has been intensely severe, attended with considerable emotional excitement. In several cases so characterised where the suffering has persisted for several weeks, the use of drop doses of the 3rd decimal dilution of *glonoine* has been followed by very prompt relief. Dr. W. H. Evans, of Bradford, in a communication to the *Homœopathic Review*, vol. x., p. 175, says that he has found it especially serviceable in headaches of a neuralgic character, and, indeed, in neuralgic affections of other parts of the body. He adds: "I have had some cases of hemicrania and of facial

neuralgia which have yielded to a few doses, after having resisted for years almost every kind of treatment which could be devised."

Dr. Murrell inferred, from the character of the physiological action of the drug being very similar to that of *amyl nitrite*, that it would prove useful in angina pectoris, and his conclusion has received some very gratifying confirmations. The pathological state present in angina pectoris—being one of sudden and extreme contraction of the systemic arteries, preventing the free passage of blood to the capillaries, or damming it up, as it were, in the heart—is the exact opposite of that produced by *glonoine*. The physiological action of the drug relieves rapidly the terribly painful spasm of the heart, and though one would, from similar attempts at procuring relief from disease antipathically, expect that the action of the drug having ceased the spasm would return with full force, such has not proved to be the case. Indeed, in one or two instances, when a patient has, on the first perception of the approach of an attack, taken a couple of drops of the 1st centesimal dilution for several months, he has entirely lost the tendency to their recurrence. It is less rapid in producing its influence on the heart than is *nitrite of amyl*, but, on the other hand, this influence lasts longer. The usual physiological effects of *glonoine*, of course, occur in all instances, but these are matters of singularly minor importance when compared with those which arise from angina pectoris. The following case, a report of which you will find in the *British Medical Journal*, March 27th, 1880, p. 488, illustrates very well the way of using *glonoine* in angina pectoris, and the advantages to be looked for from it. At the suggestion of Dr. Murrell, Mr. Jameson, of Caistor, who suffered severely from angina pectoris, began by taking two minims of a one-per-cent. solution every three or four hours during the day. He always found relief if he took the dose when he felt the first threatening of the attack, and the paroxysm was staved off. He continued taking the two minim dose regularly every three or four hours for four days, and as the attacks did not trouble him so much, he began to diminish the frequency of the dose, and took it only when he felt the attack threatening. He says: "I always carry an ounce-and-a-half bottle of the diluted solution in the breast pocket of my coat, the bottle carefully marked for

six doses, and each dose containing five minims of the one-per-cent. solution. If I feel an attack coming on, I apply to my bottle, and at once feel that I am saved from a paroxysm. The action of the medicine seems to commence the moment that it is swallowed, just as Dr. Murrell describes. It produces always a feeling of fulness in the head, ringing in the ears, and a sensation of pulsation all over, especially in the head, and even at the root of the nose, as if epistaxis were threatened. I do not suffer from headache, and the congested feeling soon goes off. It is a great boon to have a remedy in which you can have perfect confidence that the attacks can be controlled by it. I have not had any severe attack of the disease since I got the solution and began to take the drug six weeks ago."

As I have already stated, this application of *glonoine* is an illustration of its antipathic, not of its homœopathic uses.

In hypertrophy of the heart, when there is heavy throbbing at the precordia, a quick, full pulse and oppression of the respiration, this medicine gives much relief.

Lastly, in some cases of sea-sickness *glonoine* is homœopathic. They are those where the sickness is attended by severe throbbing, headache and great faintness, and in which all the symptoms are aggravated by any movement. In such, its usefulness has received ample justification for its prescription. It is not in all cases of *mal de mer*—far from it—that you will find it serviceable, but only in that kind of case which I have described. Sea-sickness manifests itself so variously in different persons that it is impossible to find one medicine competent to cope with all. But as an addition to our more ordinarily called for remedies, such as *cocculus*, *petroleum*, *apomorphia*, &c., *glonoine* will occasionally be worth remembering.

With regard to dose, drop doses of the 3rd decimal or of the 3rd centesimal are amply sufficient to secure its curative power, when prescribed homœopathically. In angina pectoris, on the other hand, where the production of its full physiological action is necessary to obtain relief, two drops of the 1st centesimal form a dose none too large.

In all cases it should be prescribed in solution. Globules and pilules saturated with it, though active enough when freshly prepared, rapidly lose their medicinal properties.

### *The Nitrite of Amyl.*

This rapidly, powerfully, and withal briefly-acting drug is a comparatively recent addition to the *Materia Medica*.

It is prepared by the action of nitric acid on amylic alcohol or fusil oil, and is a yellowish, oily, very volatile liquid, of a penetrating, persistent, fruity odour. Discovered in 1844, by Bèlard, a French chemist, it was brought under the notice of the medical profession by Dr. W. B. Richardson, in 1865. A number of experiments have since that date been made with it by Dr. Lauder Brunton, Dr. Goodhart, Dr. Edward Blake, and others in this country; by Dr. Horatio Wood, Dr. Walter Weselhcøft, Dr. St. Clair Smith, Dr. T. F. Allen, and others in the United States of America. The results of these experiments you will find collected in the first volume of, and the appendix to, Allen's *Encyclopædia*; in the latter part the symptomatology of the drug has been considerably added to from a number of recent provings and the experiments of several German physicians.

The condition produced by the *amyl* is essentially one of vaso-motor paralysis, and greatly resembles that arising from the drug we have just been considering. The inhalation of one or two drops renders the action of the heart tumultuous, the pulse rises rapidly to double the ordinary number of beats, the breathing is oppressed and hurried, the face swells and becomes livid or of a dull florid colour; throbbing is at once felt in the head, with intense fulness and heat, and a sense of confusion with vertigo. The eyes protrude, the conjunctiva are bloodshot, and, under the ophthalmoscope, the veins of the disc are seen to become varicose, and the arteries to be contracted. There is much flushing of heat with tremulousness and weakness in the extremities, and a great deal of fear and anxiety are present.

The occurrence of these symptoms is immediate—more rapid and intense than the very similar ones produced by *glonoine* or *nitro-glycerine*. They reach their acme of intensity with great rapidity, and, unless the dose is repeated, pass away as quickly, much more so than those arising from *glonoine*.

A case of poisoning by this substance is reported in the *Indiana Medical Reporter* (1880), by Dr. Senter, of Evans-

ville, Indiana, in which the condition that *nitrite of amyl* will produce is fairly described. A young lady had taken by mistake a dessert-spoonful of *nitrite of amyl*. A druggist gave an emetic promptly, and a medical man saw her in 25 minutes, when she was ejecting great quantities of fluid from the stomach, which saturated the whole room with an *amyl*-like odour. Her face was grayish white; pupils widely dilated; her eyes glassy, and rolling vacantly in their sockets. The mouth was widely open, breathing spasmodic and irregular; a few breaths would be very rapid, then slow and long drawn; finally they ceased all rapidity and became barely perceptible. The pulse was irregular and jerking when first examined; soon, however, it became so slow and feeble that it could not be detected at the wrist. The patient is described as being "the most limpid, limber, relaxed body imaginable." The skin was cold and clammy, suffused with a moist adhesive perspiration supersaturated with *amyl*. The treatment was externally massage, warmth to the head and extremities, alternated with ambulatory flagellation; internally, after free emesis, hot coffee sometimes with sometimes without ten drops of *tincture of opium*.

So far there are only two conditions in which *amyl* has been used homœopathically, and one singularly enough has been selected as its chief curative sphere by Dr. Sidney Ringer. It is that state of flushing, suddenly coming on, felt sometimes in one sometimes in another part of the body, which so frequently marks the climacteric period. At the same time giddiness, mental confusion, and headache are often prominent symptoms in such cases. They resemble the more permanent of the effects of *amyl*—those which last longer than the extreme cardiac tumult which is set up at first. Dr. Ringer also found that in these cases the third, the tenth, and even in some instances the thirtieth of a drop was a sufficient dose.

The other condition in which it has been used successfully by Dr. C. Weselhœft, of Boston, is one where the action of the heart is at once tumultuous and feeble. Here small doses, such as the 1st or 2nd centesimal, are sufficient.

Used antipathically, *nitrite of amyl* has, as was first pointed out by Dr. Lauder Brunton, no rival in the relief it affords in angina pectoris—save in *glonoin*e. The

inhalation of a few drops—most conveniently accomplished by the crushing of one of Allen and Hanbury's glass capsules charged with five drops, in a pocket handkerchief—affords almost instantaneous relief even in very severe cases. As from the nature of its action here we should be led to expect, it is palliative only, and hence nothing approaching a cure can be said to have resulted from its use. Still, in such a condition as a paroxysm of angina pectoris, one is only too thankful for a means of rapidly reducing the spasm which threatens life so seriously. In a severe case, the greater promptitude with which it influences the heart gives it a preference over *glonoiné*.

In the same way the *nitrite* has been used to cut short an epileptic fit, and this it has done even when given during the aura.

An American physician, Dr. Waldo, regards the action of *amyl* in epilepsy as homœopathic. His argument is as follows: "Epilepsy," he says, "is the result of nervous irritation, which is reflected upon the vaso-motor nerves, producing contraction of the cephalic arteries, thus causing diminished supply and irritation of musculo-motor nerves, which manifests itself by convulsions, and that when this irritation ceases relaxation of the spasm of the arteries takes place, and paralysis of the vaso-motor nerves, and hence there results congestion. It is for this reason that the epileptic during an attack first becomes deadly pale, and that there is a tonic spasm of all the voluntary muscles, followed, in a few seconds, by a returning colour to the face, which soon becomes livid and purple, indicating the congestion; then the tonic spasms become clonic, which in turn yield to coma, until the circulation becomes re-established by the recovery of tone on the part of the vaso-motor nerves, and the contraction of the arteries." As showing that it does effect something more than mere palliation in epilepsy, Dr. Waldo reports the following case:—"A lady had been suffering from epilepsy for four years. An attack would come on once in from ten to twenty days. She would feel suddenly dizzy, and have to sit or lie down immediately. She uttered a slight cry before the attack, and the upper limbs were convulsed with clonic spasms. She did not sleep after the attack. She frequently had twitching of the muscles of the neck and back, and sometimes of the extremities. There were no premonitory symptoms. Nine inhalations of the *nitrite of*

*amyl* were administered two or three times each week for eight weeks; three inhalations being given at a time, with a few minutes intermission, and then three more, and so on, with the effect of entirely curing her. The only symptom noticed from the administration of the drug being a slight spasmodic cough and a considerably increased number of beats of her pulse."

*Amyl* has also been found to be of great service in preventing a fatal issue from an overdose of chloroform. In these cases it is administered, as it is in angina pectoris, by crushing one of Allen & Hanbury's capsules in a handkerchief held over the nose and mouth of the patient.

Tunbridge Wells,  
January, 1884.

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### MEDICINAL ERUPTIONS.\*

By I. EDMONDSON ATKINSON, M.D., Clinical Professor of  
Dermatology, University of Maryland.

A CORRECT knowledge of the various eruptions occasionally evoked by the administration of medicines will often enable one to avoid embarrassing errors.

I propose to ask your attention, first to the various cutaneous lesions due to the presence of chloral hydrate in the organism.

#### CHLORAL HYDRATE.

The most commonly observed and certainly the most clearly defined chloral eruption manifests itself as an erythema possessing quite peculiar characters and occurring for the most part under certain notable conditions. This chloral erythema or chloral scarlatiniform rash, as it has been called, has, by nearly all of those who have written about it, been observed to follow a more or less regular evolution, beginning in all cases in nearly an identical manner. A patient who has taken chloral hydrate for a longer or shorter period, and upon whose integument the

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\* A Clinical Lecture, reported in the *Maryland Medical Journal*, 1880.

rash in question begins to appear, will almost invariably exhibit first upon the face and neck, more or less suddenly, erythematous patches, following a diffused redness of the face. These patches usually extend and coalesce; they spread to the shoulders, the trunk, the neighbourhood of the large joints, the backs of the hands and feet, and may even invade the entire surface of the body, exhibiting greater intensity upon the extensor surfaces. These areas of eruption are very slightly elevated, and are a dark crimson colour; this is especially true when the face is involved, where the chin alone possesses any immunity. The boundaries of the eruption are usually quite clearly marked.

In other parts of the body the rash becomes more rosy in colour and may become pale red. When it is universal it assumes a scarlatiniform character that is very deceptive. It is possible for the rash to become general at once, but the pretty constant rule is for it to begin upon the face as described, and to gradually extend to other parts of the body. When the eruption is well established, the face will be puffed and œdematous, and there may be associated considerable conjunctival hyperæmia, suggesting an impending attack of measles, particularly so when associated with certain symptoms, presently to be described. Though the skin may be intensely dusky, there are usually no subjective symptoms beyond a mild sensation of heat and pricking; indeed, the patient will not seldom be unaware of anything wrong with his skin, his attention being principally engaged with other and more distressing general symptoms.

The rash begins to fade after several hours, and in the course of a day or two becomes very pale; disappearing with occasionally slight desquamation, thus heightening its resemblance to scarlet fever and measles. This is about all there is of the rash.

But a high degree of interest attaches itself to the concomitant symptoms, and certain specially predisposing influences.

Associated with these cutaneous manifestations are very remarkable disturbances on the part of the pulmonary and circulatory systems. Preceding or accompanying the rash, the patient usually experiences flushes of heat and a general feeling of depression; almost at the same time, great difficulty of breathing supervenes, and the pulsations of the heart may become extraordinarily frequent, attaining from



120 to 130 beats to the minute, and assuming a violently forcible action. At the same time, close attention will reveal no abnormal pulmonary signs. Likewise, while the heart beats furiously, and while the patient experiences sensations of heat of skin and fulness of the head, there is no febrile re-action, the temperature remains normal. This, however, is not always the case, for the rash *may* be accompanied by febrile excitement, when, if sore throat be present, as sometimes happens, scarlatina may be very closely simulated, the peculiar strawberry tongue of this affection only being absent.

These are not the only cutaneous symptoms that may develop in the course of chloralism. A purpuric eruption has appeared, associated with alarming symptoms, and in one instance death ensued, preceded by somnolence, weakness, congestion of the lungs; the fatal issue following several fainting fits. Other cases of chloral purpura followed by death have been reported, but it is not certain that these symptoms were not due to other causes than the chloral hydrate.

Kirn has related an interesting case where the persistent use of the chloral evoked an eruption beginning as an erythema, but passing into a discharging eczema, followed by copious desquamation of many week's duration, and later, by an abundant shedding of the hair, with loss of all of the nails of the fingers and toes, and ultimately with the formation of abscesses in the arms and shoulders, and a condition similar to general blood-poisoning. In this connection we have the suggestive record of four cases by the late Professor N. R. Smith, where there was desquamation of the cuticle, and ulceration about the nails, and in one case death from general œdema, with bronchial effusion, profound weakness and failure of heart action, supposed by him to be due to chloral.

Urticaria must be included with eruptions due to this cause, as numerous cases have been reported.

It is difficult to determine the conditions of the appearance of chloral eruptions. It seems quite certain that individual predisposition plays an important part in their production. Those persons who have once developed them seem always liable to fresh attacks when taking chloral, and Kirn could in a series of patients reproduce the erythematous rash at will. As in the case of most other

medicinal eruptions neither sex, age, nor condition of general health can be held responsible, though Martinet is inclined to think the rash is more frequently seen in persons of nervous temperament, hysterical persons, those attacked with nervous disease, etc. This, however, may be accounted for, as he candidly admits, by the fact that it is to such persons that one usually administers the chloral hydrate. The dose requisite to call forth chloral eruptions seems to be not fixed, nor does the duration of treatment have any important influence.

It has been noted how closely chloral erythema may resemble the rashes of scarlatina and measles. It may be distinguished from these and those of the other eruption fevers by the absence of prodromic symptoms and usually the fever that characterises the latter. There are medicinal rashes from other medicaments, such as belladonna, quinine, copaiba, etc., that may offer characters not to be distinguished from chloral erythema, and in all cases it will be necessary to inquire carefully into the history of the patient before framing a diagnosis, since the eruption does not differ from any other erythema and we are only able to establish differences etiologically. The dyspnoea and violent heart action are usually not present in other forms of erythema, and they will materially aid the observer when present; a fact that it will be well to bear in mind is that surgical erythema and emotional erythema may lead one astray in judgment. The former occurring in the course of the traumatic diseases, the latter in certain very impressionable individuals, principally young females, whose varying emotions often call into the skin of the face, neck, and even shoulders and bosom diffused and mottled patches of blushing redness. The other forms of chloral eruptions are excessively rare, and afford no characteristic symptoms. The history of the patient will alone elucidate the nature of his eruption.

Iodic eruptions may generally be classed as 1, Erythematous; 2, Papular; 3, Vesicular; 4, Pustular; 5, Bullous; 6, Purpuric. In addition to these varieties, however, the wheals of urticaria, the nodosities of erythema nodosum, furuncles and ulcerations may occasionally be observed.

Iodic erythema is an unimportant disorder and, indeed, has attracted but little attention. It develops rapidly and as speedily subsides upon relinquishing the offending drug.

Iodic papular eruptions may be observed associated with erythema or vesicles, pustules or other forms of eruption. For the most part they must be considered transition stages in the evolution of more advanced lesions. According to Farquharson, iodide rashes most commonly begin with papules, becoming quickly pustular, however, and having strong superficial resemblances to acne. In such cases the eruption is bright red and without itching. It is usually situated upon the face, neck and shoulders, in a word, where sebaceous glands are plentifully present. The papules are then to be regarded as inflamed sebaceous follicles. These papules may often be seen penetrated by the tiny lanugo hairs usually associated with sebaceous follicles, and, being accompanied by other and more advanced lesions, are readily seen to be stages of the same morbid processes. It cannot be denied, however, that papules may arise from a similar cause, but not situated in the sebaceous glands. The largest papules are surrounded by an areola. More rarely they are scattered discretely over the body; usually they are in groups, running together to form large plaques. Hutchinson, moreover, describes large, flat-topped papules or tubercles of varying size, as an iodide eruption.

Pilizzari has been able to trace to a similar origin, eruptions analogous to erythema nodosum and, in one case, at least, he observed nodules varying in size from that of a nut to that of an apple, situated in the subcutaneous cellular tissue of the thighs and forearms. The possibility of such nodules occurring during the treatment of tertiary syphilis with the iodides, and being mistaken for gummy tumours should be borne in mind.

The pustular iodide rash, which, for various reasons, is most conveniently considered next in order, is probably the most frequent of all of this class. It may develop from a papular form, or the process may be so rapid that the lesion will appear to be pustular from the start, or it may result from eruptions primarily vesicular. For the most part, this eruption is identical with acne; that is to say, it begins and ends with inflammation of the sebaceous glands, precisely as is the case with common acne. Consequently it is usually seen upon the face, neck, shoulders, arms and thighs, and is most apt to assume the character of acne indurata, the pustules being often very small and acuminate, but situated upon a tubercular elevation of bright red colour and very tender to the touch; or the pustule may spring dome-

shaped abruptly from the somewhat reddened skin, varying in size from a pin-head to a small pea, with, frequently, a hair penetrating it. These pustules remain almost invariably discrete, principally distributed over the parts named, but not altogether sparing the general surface, and follow the course usually observed in acne, drying into thin scabs, which, in falling off, leave brownish discolorations, or slightly elevated tubercles, which shortly disappear. From time to time new pustules are developed, so that one may observe the forming and the fading lesion side by side. Larger pustules are sometimes observed. These, however, do not differ materially from those already described, and in disappearing never leave ulceration.

A condition has been observed and has been recorded, which demands a few words of description, since it in a measure presents special characters, which, however, are equally observed, I think, in certain bromide eruptions; I am aware of but a single observation of this form of eruption of iodic origin. The eruption was upon the head and face, but particularly upon the forehead and cheeks, in the form of inflammatory tumors attaining a diameter of several centimeters by a height of almost one centimeter. They were covered with yellowish-green crusts, upon the removal of which the surface was seen to be swollen, red and painful. To the touch there was a feeling of semi-fluctuation, and pressure caused a little discharge of milky fluid, not from a single orifice, but from the whole surface. These lesions were very persistent, and did not disappear until long after the *iodide* was discontinued. This pathological condition was attributed to a confluent inflammation of sebaceous glands due to irritation from *iodide of potassium*. The eruption deserves attention more for its pathological than from its clinical interest.

The remaining forms of iodic pustular eruption are represented by ecthyma-like pustules, and, if the association be permitted, by furuncles. Ecthyma-like pustules thus occurring, must be regarded for the most part as simply large acne pustules; but there may occur large pustular rashes unlike acne, and, not necessarily, at least, arising in the follicles.

Where furuncle is observed, it probably always originates in or around a follicle. Phlegmonous inflammation is likewise occasionally observed and arises probably in a similar manner.

An eczematous eruption of iodic origin has been described by Fischer, Mercier, Petitjean and others.

Iodic eruptions in which the prevailing lesions are vesicular, are of unusual occurrence. Vesicles are usually associated with larger and more formidable bullæ as concomitants, or as is commonly the case, as the earlier stages of the larger lesion. The bullous *iodide of potassium* rash has fortunately, of late years, received the attention of most capable observers, whose faithful reports more than compensate us for the general paucity of literature upon the subject. It is more rarely observed than pustular *iodide* eruptions.

It appears preferably upon the face, backs of the hands, wrists, and forearms, but also upon the arms, thighs, legs, feet, toes, and, more rarely, upon the trunk. The bullæ begin as hard papules or vesicles and rapidly increase in size. They may constitute the only lesions, or, more commonly, may succeed or accompany iodic erythema, papules, vesicular, or pustular rashes and purpuric spots. At first the lesion may be no larger than a pin-head, tense, shining and with non-purulent contents. In whatever way beginning, the bullæ may rapidly attain a large size; indeed may equal the size of pigeon eggs. More commonly they do not exceed the dimensions of a pea. They are tense, show no disposition to rupture, and are of translucent appearance, becoming as they grow older more opaque and milky in appearance, rarely pustular, or they may assume a dark, violet or purplish color from admixture of blood. In the opalescent stage, while still tense, they may bear a close resemblance to a variolous eruption, this resemblance being occasionally heightened by a more or less marked umbilication.

If left undisturbed, the bullæ tend to become flaccid and their contents to be absorbed, so that, finally, a thin crust is all that marks the site of the former blebs.

Iodic purpuric eruptions have been observed and recorded by a number of writers. They have been mostly of insignificant character, though fatal results have been encountered. Although this form of iodic eruption occurs in persons apparently perfectly healthy, it is, in its severe forms, probably more often observed in broken down and cachectic subjects. In the largely greater number of cases the eruption occurs upon the legs in a petechial form. It may be

stated as a general rule that iodic purpura occurs upon the legs, very soon after the administration of the *iodide*, as miliary, pin-head sized spots of livid color, not fading to pressure, of discoid or ovoid shape, without elevation and quite without subjective symptoms. When extended patches of purpura are observed, it is nearly always by the confluence of numbers of these petechiæ, not as a single ecchymotic lesion. Should the eruption be very copious œdema may be present.

In from twenty-four to thirty-six hours the eruption will usually be found to be complete, and will gradually fade as in simple purpura even though the *iodide* be continued; but should the dose be increased, a new crop of petechiæ will probably appear contrasting by their vivid coloration with the faded antecedent eruption.

What the special predisposing causes of iodic purpura are it is at present impossible to say. As to the pathological anatomy of the lesion itself it is hardly probable that it differs at all from that of purpura simplex. It is difficult to decide upon the conditions under which the various forms of iodic rash appear. Sex plays no part in their production, nor can age be said to exert any influence. Neither have well-defined systemic conditions, such as prolonged ill-health, cachexia, any especial predisposing influence in their production. That entirely incomprehensible individual susceptibility, known as idiosyncrasy, must be made responsible for nearly all of these eruptions.

In a large number of cases, after, perhaps, violent reaction against the drug, toleration will be rapidly acquired, and one need never feel impelled to discontinue the use of so important medicaments as the *iodides* until persistent trial has shown the futility of the attempt. Even very large doses will sometimes be perfectly well borne when decided symptoms of iodism were induced by the first few doses. Some few patients will unfortunately never acquire toleration of the drug, and in these persons it will usually be sufficient to administer only a few small doses, sometimes even a single dose, in order to evoke inevitably the rash. It is important to add that great circumspection should be exercised in administering the preparations of *iodine* to patients with advanced renal degeneration, since fatal consequences may possibly result.

To properly diagnose the various rashes due to *iodine* and its preparations, less importance must be

attached to the physical characters of the lesions than to the circumstances under which they are encountered. Where doubt still exists, the eruptions will usually speedily subside upon withholding the medicine.

Attempts to practise a treatment curative of these forms of eruption have not been very exhaustive, nor have they attracted much attention, since the almost unvarying tendency is towards recovery so soon as the *iodide* has been abandoned. How desirable would be remedies capable of overcoming the individual intolerance of *iodine* and *iodides*, can be readily understood when we consider the often vital importance of bringing the system promptly and thoroughly under their influence. Unfortunately, we possess but scanty means with which to secure this end. *Arsenic*, indeed, appears to promise good results, though we may scarcely hope to attain the success that this remedy affords in the treatment of bromide eruptions. Nevertheless, excellent results have been reported, and in combatting the intolerance to the agents under discussion one should never fail to have recourse to its use. The *liquor potassæ arsenitis* in three minim doses, well diluted, thrice daily, or the Asiatic pill of arsenious acid and black pepper may be employed with fair hope of success. Concerning the treatment of especial lesions, one must be guided by circumstances, and employ such treatment as is appropriate for similar lesions of simple origin. No local specific treatment is known.

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## ELECTRO SURGERY.

By DONALD BAYNES, A.M., M.D., F.R.G.S.

ELECTRICITY is used in surgery as an absorbent for serous effusions, glandular enlargements, and other diseases of like nature. It is also useful, owing to its power of coagulating albumen, in advancing the absorption of fibroid tumours, by forming small coagula within their structure. These coagula interrupt the circulation of the blood in the growth, and thus interfere to a marked extent in its nutrition. Electricity possesses the power of decomposing compound substances, hence its use in the dispersion of various tumours, dissolving strictures, &c. It so stimulates the process of repair, as to materially assist in the cure of ulcers, whether

of the womb or other parts. Lastly it is used as a means of generating heat in wire, knives and points to be used as cauteries.

The act or process of decomposing compound substances by means of electricity is called *electrolysis*. The substance acted upon is called an electrolyte. The positive electrode or pole is called the anode, and the negative the cathode. During the process of decomposition, certain substances appear at the positive pole or anode, and are called anions, while others, appearing at the negative pole or cathode, are termed cations. The tissues of the human body are electrolytes, or substances suitable for electrolytic decomposition, the albumen is coagulated; the salts separated into their component parts, acids and bases. The acids and oxygen of the water appear at the anode, and the alkalies and hydrogen at the cathode.

To operate successfully, a clear understanding of Ohm's law is necessary, as by it the amount or strength of current required is calculated. As a full description of this law would require a large amount of space, I must refer your readers to one of the many text-books on electricity.

Advantages of electrolysis over other methods in the treatment of malignant tumours:—

1. Less liability to recur, although a recurrence is not assured against, still statistics prove that the tendency to recur is greatly lessened. Cases are on record where malignant growths have been removed by the knife, and have recurred in two or three months after the operation. These recurrent growths, having been removed by electrolysis, have shown no tendency to return, and although the patients have been under observation for years, they still remain in good health.

2. In hopeless cases, as schirrus of the rectum, life has been prolonged and suffering diminished to a minimum.

3. Much less hæmorrhage than by other means of operating.

4. Little or no shock; indeed, the effect of the electric current seems to act as an antidote against shock.

5. Less liability to pyæmia and septicæmia.

6. The wound heals more satisfactorily.

7. The dread many patients have of the knife is of course absent.



To remove malignant growths, fine insulated needles are to be passed beneath the growth in the healthy flesh. They should be parallel, and long enough to pass through the entire diameter of the part to be removed, and are to be connected with the negative pole. One or two large platinum needles connected with the positive pole should be thrust into the centre of the growth. A medium current is then allowed to flow for some time, in fact till the whitish grey appearance noticed at each negative needle coalesces, or nearly so. The needles may now be withdrawn, and the part dressed with a calendula lotion. In a short time, from a week to a fortnight, the growth will slough away, leaving a healthy surface exposed. This should be treated every day or two, with a mild galvanic current, applied by means of two flat metallic discs. In cases of cancer too far gone for operation, the pain may be relieved by passing four or six needles from the opposite sides of the tumour into its centre, and then, joining them alternately to the positive and negative pole of a battery, a very mild current being allowed to flow for several minutes, the pain will disappear, and may not return for some days; on its recurrence the same treatment should be followed.

*Moles* are removed easily by transfixing their base with fine needles connected with the negative pole. The positive needle being thrust into the substance of the growth. Two or three Daniels cells will produce sufficient current.

*Nævi*, or mother's marks, can also be removed by this method more or less modified according to size and depth.

*Hydrocele*.—Pass two insulated platinum needles into the scrotum—one attached to the anode, and the other to the cathode—these should be moved about alternately so that the tip of the needles may come in contact with as much of its lining membrane as possible. The current strength should be about 8-100th of a veber, and should flow for about twelve minutes or a quarter of an hour. Other cystic tumours may be treated in a similar manner.

*Strictures* of the urethra, rectum, or œsophagus may be successfully treated by electrolysis. An insulated sound with a metallic olive or tip is introduced to the seat of the stricture, and is connected with the negative pole of a battery; the circuit being closed by a sponge electrode, connected with the positive pole, applied to an adjacent part. The operation lasts about five minutes, after the

operation a catheter may be passed. From one to five applications are necessary to complete a cure.

*Chronic synovitis* may be treated with brilliant success by the galvanic current applied by means of broad sponge electrodes, so applied as to cover the greater part of the surface.

*Indolent ulcers* of the womb and other parts are more readily cured by the stimulating properties of electricity than by almost any other means.

*Uterine diseases*, as amenorrhœa, dysmenorrhœa, chronic metritis, enlargements, displacements are amenable to electrical treatment; in these cases both the galvanic and Faradic currents are used.

*Enlarged glands* are dispersed chiefly by the application of the Faradic current.

#### *The Galvano Cautery.*

In the galvano-cautery, it is the power of the electricity to produce heat that is made use of, as it is the heat that is used in cautery operations, and not the electricity.

*Hæmorrhoids*.—The rectum having previously been thoroughly emptied by an enema, make the patient strain over a vessel of hot water till the piles protrude, puncture each one with the pointed cauteriser at a dull red heat, then smear with carbolised oil 1-40, and return. This is an easy and effectual means of curing this distressing complaint, it causes but little pain, and the after treatment is very simple and short.

*Prolapsus of the Rectum*.—A V shaped piece of the mucous membrane is cut out, with the cautery knife heated a little over a dull red.

Fistulæ and sinuses are best treated by the galvano cautery, either by a platinum wire passed through them, and heated till it burns its way out, or by inserting cold, a dome cautery into the fistula, heating it till the pyogenic membrane is destroyed.

The tongue, the cervix uteri, pedunculated tumours, are all readily amputated by means of the cautery.

40, Brook Street, Grosvenor Square, W.  
January, 19, 1884.

(To be continued.)

DISPENSARY CASES.

By GILES F. GOLDSBROUGH, M.D.

(Continued from p. 358, June, 1883).

CASE V.

Periodical Headache. May 17, 1882. T.S., age 35, grocer. For over twelve months patient has had, every three or four days, attacks of sharp shooting, sometimes throbbing, pains over the left eyebrow and tightness across the forehead; accompanied with a disposition to close the eyelids and occasionally lachrymation. The attack usually begins in the morning and lasts till evening. There may be with it nausea but no vomiting, and the appetite is seldom affected. Tongue clean. Bowels regular. Patient cannot ascribe his trouble to any particular cause except extra anxiety in business. He usually sleeps very well, has always been steady and is now a teetotaller. *Belladonna* 3c gtt. iv. nocte maneque was the prescription.

May 26. Since last attendance has only had two slight attacks of headache. *Bell.* 2c as above.

Patient did not return till Dec. 4, when he reported that he had had no return of his headache, but now wished advice for a feverish cold.

The choice of medicine in this case seemed to rest between *belladonna*, *colocynth* and *kali bichromicum*. Under *bell.* we find shooting pains in the head caused by excitement. Throbbing pain on the left side of the head. Tightness across the forehead. The value of *bell.* in congestive conditions of the peripheral nerves is well known. *Kali bich.* has, soon after rising in the morning, darting pain in a small spot over the left eye, spreading over the forehead, aggravated by movement, and frequent shooting pains in the forehead. *Colocynth* need scarcely be cited as a remedy for supra-orbital neuralgia, especially of the left side, as it is an every day medicine for that affection. *Belladonna*, however, seemed to be best suited to the above case, and a cure so rapid and complete, as may be supposed, delighted both patient and medical attendant.

CASE VI.

Sub-acute Orchitis. Jan. 3, 1883. J. P., age 25, tailor's cutter, complains that he has frequent sharp

darting pains in the right testicle, aggravated by touch and movement, and the organ feels very heavy. There is considerable swelling on the affected side and much tenderness on pressure. No constitutional disturbance. Patient cannot ascribe a cause. He has never had venereal disease. Ordered a suspensory bandage and *tinct. pulsatilla* 1c gtt. ij. every three hours.

Jan. 8. Without any cessation from business, which it will be noticed requires constant standing, the sharp pain, swelling and tenderness have entirely gone. There is a slight dull aching left. Continue *puls.* 2c.

Patient returned on March 12 with an influenza cold. Testicle well.

It is unnecessary here to point out the homœopathicity of *pulsatilla* to simple inflammation of the testicle, but the case cited is another capital illustration of the rapidity and certainty of well-defined homœopathic medication, especially when contrasted with the treatment recommended by allopathic authorities.

The above could not be described as a severe case, but had not the remedy been applied at once it might not improbably have become so, and there would have been no prospect, under the old school system, of its being cut short at the outset. An able authority in that school gives the following as his recommendation in the treatment of Orchitis, viz.:—"The use of leeches, rest, recumbency, support of the testicle, and warm fomentations, and when the acute symptoms have subsided, the use of *mercury*." What prospect is here offered of the patient being well in a day or two?

#### CASE VII.

Many instances occur in out-patient practice in which a patient displays only an array of symptoms, without a definite organic lesion, or even a well-defined aberration of function of any particular organ, and yet the health of the individual is very considerably deranged. In such cases the advantage of homœopathy is a double one, for, by a selection of the remedy according to the totality of the symptoms, the patient is not only most probably soon relieved, but by previous knowledge of the action of the drug on particular organs, its action on the individual under con-

sideration may often help to a reliable diagnosis. The case about to be described may be taken as one in point.

Jan. 12, 1882. Harry H., age 13, of a dark complexion, dingy-looking colour of the skin; has several acne-like spots on his face. He is a very nervous boy, and any kind of excitement will bring on a "bilious" attack. Has been ailing a long time. He wakes in the morning with pressure on the top of his head, and a bitter and clammy taste in the mouth. Appetite good, but he cannot eat fat, and he often has sour risings after eating, but no pain or other discomfort therefrom. Tongue clean. Bowels have been more or less constipated for two or three years. Stool natural in form and consistence, but always evacuated with difficulty. Very languid and listless. Pulse 75, weak. No dyspnoea, cough or night sweats. *Trit. hepar sulph.* 3c gr. ij. every three hours was ordered.

Jan. 21. He was much better in all respects; very surprising to note the alteration in the child in so short a time, the dull, languid, dingy countenance had given way to one of bright freshness. The medicine was continued in the 6th cent., and on Feb. 16, his mother, returning on her account, reported that he seemed perfectly well.

Several medicines, besides *hepar sulph.*, present themselves as suitable for this case, amongst them being *bryonia*, *calcarea carb.* and *mercurius*, but the most complete correspondence is seen under the one chosen, for example: Dull headache in the morning in bed, relieved by rising. Pressive headache in the morning on waking. Doughy taste in the mouth in the morning. Bitter taste in the mouth. Bitter slimy taste in the mouth in the morning. Disgust for everything, especially for fat. Eructations after eating, with uprisings of sourish fluid into the mouth. Urging to stool, but the large intestines are wanting in peristaltic action, and he cannot expel the fœces, which are not hard. Very difficult passage of scanty, not hard, fœces. Papulous eruptions are very common in the pathogenesis of *hepar*. See *Allen's Encyclop.*, vol. iv. Thus, at the outset of the case, it might be a little difficult to say whether the patient was suffering from simple derangement of the biliary secretions, or whether his symptoms did not point to incipient tuberculosis, until by the prompt action of the medicine, the latter was at once put out of the question.

## CASE VIII.

This and the following case will serve to show how valuable *hepar sulph.* is in liver affections.

July 24, 1888. Gertrude W., age 9, dark complexion, has been suffering from jaundice for some weeks, and her mother has been treating it with small doses of gray powder. She now presents a well marked jaundiced appearance of the skin, the conjunctiva being intensely yellow, and with dark rings round the eyes. Her appetite is very good, almost ravenous, the tongue clean, and bowels regular, but the stool clay-coloured. No other symptoms save slight general malaise. The jaundice appeared from the absence of other symptoms to be due to arrest of liver function, and not to obstructions of the bile ducts, as an extension of duodenal catarrh. *Trit. hepar sulph.* 3 gr. ij. every three hours. Milk diet, with occasionally a little fish or fowl.

Aug. 1. A great improvement. The skin is nearly normal in colour, still some injection of conjunctiva (probably the first to be affected). Stools normal. Continue *hepar*.

Aug. 21. She is reported as quite well. Allen, in his work, gives five drugs which produce jaundice and clay-coloured stools; these are *aconite*, *alcohol*, *arsenic*, *hepar sulph.* and *leptandria*. We can drop the second out of consideration at once. *Aconite* would be called for when a sthenic fever was present, and *arsenic* when profound adynamia, restlessness, and diarrhoea. The clay-coloured stools of *leptandria* are loose, and there is always pain and discomfort in the region of the liver, so that we are shut up to *hepar* and to the happiest results from its administration.

## CASE IX.

June 15, 1888. Mrs. S., 61. Pale cachectic look. Very nervous temperament. Has suffered from what she terms indigestion for years, but lately has been much worse. She complains of constant aching and heaviness in the epigastric region, not affected by eating and drinking. No appetite; a disagreeable bitter taste in the mouth; occasionally nausea and vomiting of food and a bilious substance, accompanied by faintness and giddiness; bowels

confined, stool always pale in colour, with frequently a sharp pain in the sacral region; urine is turbid, high coloured, depositing a red sediment. Sleep very restless, with much dryness of mouth and thirst at night. Very depressed in spirits. Tongue broad, coated white. Slight superficial ulceration inside the nostrils, with fissures at their edges; no tenderness on pressure in the epigastric or hypochondriac regions, nor evidence of malignant disease. Family history good. I ordered *hepar sulph.* 2c. gr. j. every three hours.

June 22. Patient was both pleased and astonished at the amount of improvement. Less pain, no nausea or vomiting; taste much better. Bowels acted every day, stool more natural in colour; sacral pain gone (? due to removal of constipation); sleep better. Continue *hep.* 3c.

June 29. Still improving, but stool rather pale this week. *Hep.* 2c. as above.

July 9. Says she continues much better, but taste is a little bitter, and urine remains high coloured. Continue.

July 17. Taste normal. Tongue nearly clean.

July 30. Nearly well. Continue.

Patient did not return.

The choice of *hepar* here may seem at first sight to be questionable homeopathy, for its pathogenesis certainly does not include the whole of the symptoms of which the patient complained. But, in the absence of evidence of malignant disease, if we look upon the case as one of liver disturbance, and see the leading symptoms, want of appetite, bitter taste, aching and weight in epigastrium, occasional nausea and vomiting, constipation, with pale stools, high coloured turbid urine, with depression of spirits and restless sleep, we recognise the familiar "sluggish liver" to which, in chronic cases, *hepar* is so well adapted. Many other medicines might be thought of, such as *hydrastis*, *lycopodium*, *natrum muriaticum*, *nux vomica*, *podophyllum* and *sulphur*, but none of these correspond so well as *hepar*, and its choice is abundantly justified by the result.

## REVIEWS.

*The Medical Annual and Practitioner's Index: A Yearly Record of useful information on subjects relating to the Medical Profession, 1883-4.*—Pp. 305. London: H. Kimpton, 82, High Holborn, W.C.

THIS little volume contains a considerable amount of information on subjects concerning which a medical man often requires to learn something at a short notice, as well as a record of the chief medical and surgical therapeutic "tips" which have appeared, during the previous twelve months, in some 150 British and foreign medical journals.

That our readers may understand the kind of book offered to them, we will notice each of the several sections of which it is composed.

First of all we have the "Year's Work." Such is the title given to the first seventy pages, which contain the various medical and surgical hints that various members of the profession have contributed to therapeutics through the non-homœopathic medical press. Some of them are—to the homœopath—very ancient indeed. *Chamomile* tea in infantile diarrhœa, and *bryonia* in pleurisy and rheumatism, are novelties to the old school; but, having been "discovered" by some not particularly scrupulous allopath, and "made known" through the pages of *The Midland Medical Miscellany*, or some other periodical of the kind, they have become sufficiently respectable to pass as current therapeutic coin alongside of *salicylic acid* in—well, in most disorders.

There are some extracts which are very useful, and among them is the account of Prof. Sayre's method of treating fractured clavicle. In the article on phthisis, we notice that Dr. Pearse, writing in the *Medical Times and Gazette*, states that he has used, with great benefit, a pill containing three grains of the powdered bladder of the *fucus vesiculosus* and  $\frac{3}{4}$ th of a grain of *arsenious acid*. He says that he derived the hint to prescribe, in a *wasting disease*, the basis of a largely advertised remedy for *excess of fat*, from the longing which many phthysical patients have for the smell of sea-weed. Nature's cry for Homœopathy! Dr. Murrell, in *The Practitioner*, speaks of *Dover's powder*—the favourite *diaphoretic* of the years that are gone—as one of the best remedies in the *night-sweating* of phthisis! Dr. Murrell not only knows where to look for, but how to find remedies; some day, perchance, he will muster courage to tell the profession where he looks, and how he finds. *Nitrite of sodium*—here erroneously called *nitrate*—Dr. Ralfe, we are told, says is of great use in minor epileptic seizures at night. Of



this there is no evidence, that we have seen; but the dose is given as twelve grains, and we have recently had sufficient evidence to show that this is about six times too large to be safe.

The next section is devoted to the "*Inventions of the year*," and contains a very useful record of the various instruments for promoting exact diagnosis and more perfect surgery that have been recently introduced. Woodcuts of the majority facilitate the understanding of the description of them.

Then we have brief but very practical memoranda regarding the chief *Health resorts of Britain, of France and Germany, and some of those in Austria*. From the last is omitted Bad-Gastein, one of the best and most fashionable in the country; while Switzerland with its Ragatz, Baden, Davos and St. Moritz, is not mentioned at all. Next year we hope the editor will supply this deficiency.

The following section affords all the information required by any one desirous of entering the medical profession, as to how he must proceed in order to do so, and some account is given of the various medical schools and diploma-conferring bodies in the country. Among "*Some other London Hospitals, &c.*," the editor has omitted to mention the LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL. This is a grave omission: but, we must remember, that books are made not merely to supply information, but to fulfil the same object as Peter Pindar's razors; and perchance this latter (and after all greater end) might not have been so abundantly accomplished if the opportunities of studying homœopathy in Great Ormond Street had been properly announced.

Particulars regarding all the Metropolitan Medical Societies, except the BRITISH HOMŒOPATHIC, are given in the succeeding ten pages.

Brief accounts of the general and special hospitals in London follow; and here we notice that the existence of the London Homeopathic Hospital is admitted.

The next fifty pages are entitled, "*The Medical Gazetteer of Great Britain and Ireland*." This section is a very interesting one, albeit eminently statistical; we do not remember ever meeting with anything of the kind before. It shows the population, distance from London, number of practitioners, hospitals, dispensaries, medical and scientific societies, and lunatic asylums of the most important towns of Great Britain.

Then we have "*The Medical Official and Trade Directory*" with references to the principal Government departments connected with medicine; a list of "Medical Agents," "Bottle Makers," "Wholesale Druggists," "Medical Publishers," "Sanitary Inspectors and Engineers," "Surgical Instrument Makers," &c.

The following three or four pages give an abstract of the Medical Acts Amendment Bill which did *not* pass last Session.

A miscellaneous collection of useful professional information on consultation, malpraxis, registration, examination of urine, weights and measures, and postal information brings us to "The Appendix."

This gives a catalogue of the new books of the year, new drugs, and new preparations of old ones, particulars regarding most of the private lunatic asylums of the country; brief notices of the chief hydropathic establishments, and a list of the "*Medical and scientific newspapers and periodicals published in Great Britain*," not forgetting *The Dublin Journal of Medical Science*, which, we believe, is issued in Ireland.

When we add that the whole is well and carefully worked up, and presented in a very handy and convenient form, we feel sure that our medical readers will perceive that the possession of the *Medical Annual* will place them within easy reach of a variety of information which they are more or less frequently in need of.

*The Recollections of a Country Physician (G. D.—, M.D.)*

London: Hutchings and Crowley, St. John's Wood, N.W.

WHY the author did not put his name on the title page, why he should have put his initials only, we cannot understand. There is only one "G. D., M.D." who could have written this pamphlet! It recounts its author's settlement as a country apothecary in the little town of Doncaster, in 1833, how he waited long enough for patients, how one came at last who had "been the round," and ultimately died—as most patients do, ultimately; how a neighbouring practitioner retiring introduced the author to a rich patient, which gave him "a leg up," and then, aided by successfully treating some of those who consulted him, he got into good practice. Then occurred his introduction to homœopathy, his enthusiastic adoption of it—and the consequent scaring away of most of his patients. Presently, however, the conspicuous success of homœopathy in dealing with dangerous illness brought them back again, and many another with them.

The story is illustrated by some of the successful cases which occurred during his earlier years, in the sleepy little town on the Don, while the whole is told in that amusing chatty way in which we heard of them years ago, as we sat around the ever hospitable "mahogany" of "The Priory," with the *Chateau la Rose* or *Liebfraumilch* before us. One of them is so eminently characteristic of "G.D., M.D.," that we must quote it:—

"Soon after a hardworking, sincere, and zealous clergyman from the north, ministering in a large and poor parish, being

blessed, like Mr. Quiverfull, with his quiver full and his purse very scantily furnished, came one hundred miles to consult me. He had been under treatment some months, and as he thought himself in a dying state, some kind soul recommended him to obtain leave of absence from the Bishop of Durham, and go to Yorkshire, and put himself under my care. He presented himself one forenoon, and as he came from such a long distance, I was put on my mettle, and examined him thoroughly, to find—what does the reader think?—that there was nothing at all the matter with him. In great anxiety he asked me if I thought that there was any chance for him, adding, at the same time, that I need not fear to tell him the truth, as he had given up all hope of recovery. I put on a very grave face, and said that if he would obey my injunctions to the letter, I could give him the assurance of a perfect cure. As I was a country apothecary and dispensed my own medicines, he asked me if he should wait for the medicine, and to his great surprise and pain, I replied that I could not make his medicine that day, but if he would call at the same hour on the morrow I would have the medicine prepared. He then asked me if I was sure he would live till the next morning. I assured him of that, but he begged hard to have the medicine that day, which was impossible, seeing that I hadn't got it. He reluctantly left me, saying that he would call the next day. When I had finished my work I went to a toy shop and bought two battledores and some shuttlecocks, and on his presenting himself on the following morning, I begged him not to let the shuttlecock fall, but to send it back several times. He put his hand to his chest, and said what he felt, but I kept him at the game an hour, and then bidding him good morning, I hurried off to my work, leaving him very much better, and very much astonished at my strange behaviour. I made him promise to return every morning, which he did for a parson's fortnight, when I dismissed him cured. On my patient's return to his parish, so enamoured was he with the game of battledore and shuttlecock, that he would have all his friends play with him, and some thought he had, as they say in the north, 'a tile off.'

And now, after forty years of practice and ten of retirement in search of health, which all who know "G. D., M.D.," and remember him, as we do—as one of the most earnest and careful of homœopaths, one who did yeoman's service in spreading a knowledge of homœopathy in the north of England, one who single-handed built, worked and maintained an admirable homœopathic hospital for many years—will rejoice to know that he has found, he again sets to work to practise his profession in London. Most heartily do we wish him prosperity, and trust that "the trials" and "disappointments of professional life" may all be over, and that nothing but "triumphs" may be in store for him.

## NOTABILIA.

THE LONDON HOMŒOPATHIC HOSPITAL AND  
MEDICAL SCHOOL.

At the request of the Board of Management of this Institution, Dr. POPE, of Tunbridge Wells, has consented to deliver the annual *Hahnemann Lecture* at the opening of the Medical School, on the 2nd of October next.

## THE LONDON HOMŒOPATHIC HOSPITAL.

THE endowment of single beds by individuals has been found to give an interest in the occupants of such beds which materially enhances the pleasure of subscribing to the general funds of a charity. At present, thirteen beds in the London Homœopathic Hospital are provided for by special funds. The board are anxious now to sustain four additional beds in this manner. Each adult bed is estimated to cost £95; and each child's cot £25 per annum. To accomplish their benevolent purpose, they now appeal for subscriptions to maintain one bed for a little girl, one for a little boy, and two for adults. It is hoped that the requisite amounts will be forthcoming from twenty-five little girls, and twenty-five little boys, and that the adult beds will be similarly maintained by the annual subscriptions of ladies and gentlemen—thirty-five ladies subscribing for the bed in the women's ward, and thirty-five gentlemen for that in the men's ward. The names of those providing the yearly endowment will be placed at the head of the bed for the maintenance of which their subscriptions are received.

The following subscriptions for this purpose have been promised:—

	Per ann.				Per ann.		
	£	s.	d.		£	s.	d.
Mrs. W. Vaughan-Morgan	1	0	0	Miss E. M. Nelder .....	1	0	0
Mrs. Alan Chambre .....	1	0	0	Mrs. Battersby .....	1	1	0
Major W. Vaughan-Morgan	1	0	0	Mrs. Bateson-de-Yarburgh	5	0	0
Alan E. Chambre, Esq....	1	0	0	Mrs. Gibson.....	1	0	0
Master Kenyon Pascoe				Miss Mackintosh Priestoy	1	0	0
Morgan.....	1	0	0	James Slater, Esq.....	1	0	0
Miss M. Kathleen Peto ...	1	0	0	Mrs. Slater .....	1	0	0
Miss Mary Harrison .....	1	0	0	J. Clifton Brown, Esq. ....	10	0	0
Master Wm. M. Harrison	1	0	0	A. R. Pite, Esq. ....	1	1	0
Master and Miss Cross ...	1	0	0	Miss Rose Trapmann.....	1	0	0
W. M. Cross, Esq. ....	1	1	0	Miss Leila Trapmann ...	1	0	0
Mrs. W. M. Cross .....	1	1	0	Master Albert Trapmann.	1	0	0
Miss Lily Lindsey .....	1	0	0	Master Crisp .....	1	1	0
Samuel Clare, Esq. ....	1	0	0	Miss Crisp .....	1	1	0
Mrs. Henry Roberts .....	1	1	0	H. W. Prescott, Esq.....	8	8	0
Mr. and Mrs. J. Y. Gibson	5	0	0	W. Scone, Esq. ....	1	1	0
Mrs. Bayett.....	1	1	0	Dr. Dyce Brown .....	1	0	0
John Bradney, Esq. ....	1	1	0	F. Rosher, Esq. ....	1	1	0
Miss Lucy M. Vaughan-				Mrs. F. Rosher .....	1	0	0
Morgan .....	1	0	0	Dr. Tuckey .....	1	1	0
Master Penry Vaughan-				W. F. Lake, Esq. ....	1	0	0
Morgan .....	1	0	0				

Subscriptions will be received by the Treasurer, Major Vaughan-Morgan, 5, The Boltons, South Kensington; Mr. G. A. Cross, the Secretary, at the Hospital, 52, Great Ormond Street, W.C.; and any that may be sent to the Editors of this *Review* they will be happy to forward.

### HOMŒOPATHY IN AMERICA.

THE following extract from an article in *The Medical Advance*, edited by Dr. T. P. WILSON, of Ann Arbor, Michigan, gives a view of the way in which homœopathy is cultivated in Pennsylvania. Dr. H. C. Allen, of Ann Arbor, the business manager of *The Advance*, visited Philadelphia during the sittings of the Pennsylvania State Medical Society, and the following is his report of what he saw and heard. "The officers of the Philadelphia County Society had charge of the local arrangements, and nothing was left undone to make the meeting both pleasant and profitable. Everything was complete. Too much praise cannot be bestowed on the County Society for their efforts. The reader will naturally ask, what effect had this elaborate and faultless programme on the attendance? Well, not much. The attendance was not so large as at Michigan State Society, and would have been considered *fair* in Kansas, Iowa or Nebraska. When we take into consideration that there are over 700 homœopathic physicians in the State, 800 of whom are in the county of Philadelphia, we can only imagine 'what might have been,' and have come to the conclusion that all the 'Kilkenny cats' are not found in Michigan; that even in the city of 'Brotherly Love,' there are members of the profession who 'agree to differ.'

"Among the visitors we noticed Phillips of Cleveland, Hasbrouck of Brooklyn, and Peck of Providence. The programme was well carried out, the papers of more than average ability, but some of the best, especially those of Drs. Goodno and Thomas, of the bureau of pathology, went by the board without discussion. One of the most interesting discussions was that on Sanitary Science, which was brought about by a flank movement on the part of Drs. Cooper and B. W. James. When the bureau was called, Dr. Cooper, chairman, found himself without a paper, and moved: 'That the time allotted to the bureau be devoted to discussion on Sanitary Science.' The subject was broad, and the members improved the opportunity. It was the most brilliant strategic move of the session.

"The Homœopathic Library and Reading Room was visited on Tuesday evening. The association, at considerable expense, has purchased the libraries of the late Drs. Hering and McClatchey and laid the foundation of a fine library. They need better and more commodious rooms, which will come in due time.

“The old college building on Filbert Street, in which so much good work has been done, sadly needs *something*. It certainly is not a credit to the school or the State, and the arrangements for a new building and hospital were not premature.

“The drive in Fairmount Park, which contains about 8,000 acres, and the stop to ‘water the horses,’ at the resting place on the beautiful Wissahickon, was charming in the extreme. Sandwiched between the business manager and the managing editor of the *Hahnemannian Monthly*, we enjoyed it ‘immensely.’ We hope some day to be able to extinguish our indebtedness by showing them the College Campus and the romantic Huron.

“The banquet was most elaborate. Mine host, of the Aldine hotel, knows how to entertain a State Medical Society. We respectfully suggest that in future the banquet of the American Institute be managed by the officers of the Philadelphia County Society.”

We may add that at this meeting Dr. Hughes, of Brighton, was elected a corresponding member of the State Society.

### THE PITTSBURG HOMŒOPATHIC HOSPITAL AND ITS NEW BUILDING.

THE *Hahnemannian Monthly* gives the following account of the opening of this Institution:—

“The new building for the Homœopathic Hospital and Dispensary of Pittsburg is completed and ready for occupancy. During the period from December 4th to 14th inclusive, there was held in the building a ‘grand house-warming,’ under the auspices of the ‘Ladies’ Association of the Homœopathic Hospital.’ This included a number of booths and bazaars for the sale of useful and fancy articles, evening entertainments and *matinées*, and, neither last nor least, a dinner to the representatives of the Pittsburg press. From all that we have been able to learn from the columns of the *H. H. H. Record*—a sprightly daily journal published in the interest of the institution, and which some unknown friend has kindly sent us—as well as from information gathered from other sources, it seems to have been the grand society event of the season. It is to be hoped that the occasion will result not only in a large addition to the treasurer’s ready cash, but also in securing a multitude of permanent friends for the hospital and dispensary.”

The same journal then proceeds to give a full history of the hospital derived from the particulars supplied by the *H. H. H. Record*, an abstract of which will, we feel sure, interest our readers:—

“The practitioners of homœopathy in Allegheny County having failed to obtain accommodation in the existing hospitals

of the city, for those who preferred this practice (both pay and charity patients), readily secured the sympathy and support of many good citizens, who were of the opinion that in the hour of sickness an invalid should be accorded the right to choose his medical as well as his spiritual adviser. With a view to supplying this deficiency, as well as in the belief that this system offered advantages in the cure of the sick not possessed by older methods of practice, it was determined to establish a hospital and dispensary in which this treatment should prevail, but in which, at the same time, a more liberal policy should be adopted respecting the medical attendance of patients than had hitherto existed in similar institutions, viz.: paying patients, or those not a direct tax on the charity of the hospital, could employ a physician of their choice, not being restricted to any school. Accordingly, late in the year 1865, the grounds and buildings located on Second Avenue, near Smithfield Street, 67 feet front, and running through to First Avenue, with a frontage of 47 feet on the latter, belonging to James B. Murray, were secured by Drs. Marcellin Cote, John C. Burgher, and H. Hofmann, for the sum of \$22,000, and held until a hospital organization was effected. On the 4th April, 1866, a charter was granted by the Legislature of Pennsylvania, naming as corporators a number of citizens who had subscribed liberally toward the establishment of the hospital. On the 9th day of April, 1866, a board of trustees was elected from the corporators, officers chosen, and the work of organizing and equipping the hospital begun, so that by the 1st of August, 1866, with a capacity of 38 beds, the doors were thrown open for the reception and care of patients, with ceremonies appropriate to the occasion, the Hon. Wilson McCandless, Judge of the United States District Court, presiding.

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“During the period of sixteen years, or from the organization to the removal of the old hospital building, 4483 patients have been received and treated in the hospital, with a mortality of 248, or an average death-rate of  $5\frac{4}{10}$  per cent. Of the whole number treated, not more than three-fourths were charity patients. At the dispensary department there were 151,521 attendances, the advice and medicines being furnished free of charge. From the dispensary also 8,086 visits were made to those too ill to apply in person.

“The cost of organizing and maintaining the hospital and dispensary during this period of sixteen years (dating from the beginning until the old building was demolished to give place to the new), was \$193,872.44. This includes the cost of the original ground and buildings.

“That the old building was inadequate, poorly adapted, in

fact, that its soul was too big for its body, had long been a settled conviction of the friends and management.

"It was resolved to erect a building more in keeping with the demands of this large manufacturing city, which should be perfectly adapted to its work, and which would enlist the sympathy and support of the whole community.

"The plans for such a building necessarily occupied the time and thought of the management, medical officers and architect for many months, and finally resulted in this present splendidly arranged and perfectly adapted structure. Every point and appointment has been most carefully considered, so that light, heat, ventilation and furnishment will represent the latest and best development in each particular.

"The hospital has a capacity of 200 beds, and the dispensary facilities will be largely increased over those of the old hospital. Mr. J. U. Barr, of Pittsburgh, has been the architect and superintendent. The construction has been in charge of a building committee appointed from the Board of Trustees, consisting of Dr. J. F. Cooper, Chairman; H. J. Bailey, Dr. J. C. Burgher, William Crawford, Jr., and Joseph D. Weeks, Secretary, with W. H. Barnes, President of the Corporation, and Dr. James H. McClelland, Chairman of the Executive Committee, members *ex officio*.

"The hospital building extends from Second to First Avenue, with a front on each Avenue, the main entrance being on Second Avenue. It has a depth of 160 feet, is four stories high, each story being 16 feet, with a 9-foot basement, is built of brick laid in black mortar, is modern in style, and is most thoroughly and substantially constructed, all the openings being arched through-out.

"The building has two wings and a central or intermediate part. The Second Avenue wing has a frontage of 88 feet, and a depth of 41 feet. This wing contains the general offices of the hospital, reception rooms, private wards, and autopsy rooms. In the central part of this wing, on the second, third and fourth floors, are convalescent and library rooms for the use of private patients. The main entrance is through this wing.

"The First Avenue wing is 87 by 31 feet, and contains the dispensary and eight general medical and surgical wards. The dispensary occupies the basement, and the wards the four floors, each floor being divided into two wards. The wards for the male and female patients have separate entrances, stairs, &c., and have no direct communication with each other, but each has communication with the central part of the building by means of halls, stairways, &c.

"The central building, which connects the two wings, contains the chapel or assembly room, dining rooms, matron's room,



children's wards, lying-in department, convalescent rooms for the general patients, an admirably arranged and lighted operating room, laundries and kitchen, fitted with all modern appliances.

"A portion of the central building is divided into sub-stories in connection with the stairways. In these, and that part of the main story above them, are located the bath and toilet rooms, rooms for the nurses, &c. These are connected with the central building and the First and Second Avenue wings by cross halls and passages.

"The operating room, laundry, and kitchen, are located on the fourth floor, an arrangement adapted to prevent any odours from permeating the wards. This central building contains three dumb-waiters, and one large passenger elevator. Two of these dumb waiters are for the use of the laundry and kitchen, and the other for freight.

"The building is finished throughout with hard wood. In the heating, both the direct and indirect systems have been adopted, and the entire structure is thoroughly ventilated.

"The boilers, engine room, &c., are located in the sub-cellar outside the building. All heating rooms are fire-proof or nearly so, no wood being used in their construction, except the doors, frames, and sashes. \* \* \*

"Although the cost may appear large at first sight, competent judges have asserted that it is the best-built and most complete structure of the kind that has been erected of recent years for the money. The additional ground necessary to give light, air, and side entrances to the building, has been purchased at a cost of \$38,000. The completed building will cost, in round numbers, \$155,000. When furnished and ready for occupancy the grand total cost will not exceed \$200,000. \* \* \*

"Consulting Physician: J. C. Burgher, M.D. Surgical Staff: L. H. Willard, M.D., J. H. McClelland, M.D., C. P. Seip, M.D., W. B. Childs, M.D. Medical Staff: J. S. Rankin, M.D., C. F. Bingaman, M.D., W. J. Martin, M.D., R. E. Caruthers, M.D. Obstetrical Staff: H. Hofmann, M.D., W. F. Edmundson, M.D., J. B. McClelland, M.D. Oculist and Aurist: W. H. Winslow, M.D.

"*Dispensary Department.* — Consulting Physician: J. F. Cooper, M.D. Dispensary Staff: John L. Ferson, M.D., R. Pitcairn, M.D., Chas. H. Hofmann, M.D., L. G. Rousseau, M.D., Charles Gangloff, M.D. Matron: Mrs. S. W. Taylor.

"A powerful auxiliary in the management of the Homoeopathic Hospital has been the Ladies' Association, under whose auspices the House-Warming was held. Much of the success that has attended this endeavour to furnish a refuge for the sick, the maimed, the dying, is due to their constant services and earnest labours. Not only have the members of this faithful

society devoted much time and attention to the supervision of the internal affairs of the hospital, supplying clothing and many needed delicacies to the sick, but by systematic effort they continue to raise large sums of money toward the maintenance of the hospital."

We heartily congratulate our colleagues in Pittsburg—the Wolverhampton of the United States—on the completion of their new hospital, and trust that it may be the scene of as much good work as was the old one; and yet more, that it may excite within the breasts of the citizens of a not far distant city, a determination to be at least *as well* provided with hospital accommodation for homœopathically treated patients as is "Smoky Pittsburg."

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#### THE MASSACHUSETTS HOMŒOPATHIC INSANE ASYLUM.

As our readers are already aware, steps were taken some time ago by our active friends in Boston to obtain grants from the Massachusetts State Legislature for the establishment of a State Lunatic Asylum, to be under the medical direction of homœopathically practising physicians. A petition, introduced by Dr. Talbot, was laid before the Legislative Assembly of the State, and a committee appointed to take evidence, and consider the propriety of granting the request, and to report to the House. From the *Boston Daily Advertiser* of the 19th December, we learn that the report of this Committee has been prepared, and that it is favourable to the granting of the application.

The Committee recommend that a portion of some extensive buildings at Westboro, near Boston, situated on land which to the extent of 275 acres belongs to the State, should be devoted to the asylum. The situation is said to be the most healthy and beautiful in the State. Regarding the asylum, the *Boston Advertiser* says:—

"The new insane hospital is placed in the hands of the homœopathists to be run upon the same financial basis as the other State hospitals, in deference to the repeated petitions of the homœopathic physicians and laymen. It has been urged that there is now no homœopathic asylum in the State and that that school of medicine represents at least one-fourth of the population, and more than that proportion of the wealth of the people. The allopathic physicians made no opposition in the hearings before the committee to the establishment of a homœopathic hospital, and probably will make no serious opposition when the matter comes before the legislature. The hospital is not established because the homœopathists demand it, but as a

new one had to be established in any event, it was thought proper to place it under their management."

That the report of the committee will be accepted by both branches of the State Legislature seems nearly certain, inasmuch as the *Advertiser*, in the article we have quoted from, writes in conclusion:—

"The committee will probably be unanimous in its final report, and as seven of its nine members are members of next years' legislature, the report will have a good chance of adoption. Senators Bruce, Galvin and Loring will be able to defend it in the Senate, and Messrs. Howland, Wright, Davenport and Starbird will be its advocates on the floor of the house."

We congratulate Dr. Talbot and his colleagues on the near approach of the success of their efforts to procure efficient homoeopathic treatment for the insane in the State of Massachusetts, and trust that it will prove as great an advantage to the State, and as great a credit to homoeopathy, as the asylum at Middletown has been found to be to New York State.

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#### POISONING BY BISULPHIDE OF CARBON.

Two cases associated with insanity are published in the *Pacific Medical and Surgical Journal*. The *carbon bisulphide* seems to have been inhaled very slowly; some forty out of fifty pounds having evaporated, but in what space of time we are not told. The two sufferers were brothers, without taint of insanity in the family, and both of them exhibited a form of insanity associated with murderous intent. Dr. Bard, who had charge of the cases, and who advances the theory that the insanity was due to the *bisulphide of carbon*, also states that a manufacturer of the article in Los Angeles also developed similar proclivities.—*American Journal of Pharmacy*.

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#### CALCIUM SULPHIDE IN AURAL DISEASES.

BACON has used the *calcium sulphide* in many cases of acute otitis media with advantage. In several cases, where the membrana tympani was highly congested and bulging, all the inflammation subsided under the use of this remedy, and he believes that it will prevent the formation of many cases if given sufficiently early in the course of the disease. Its most decided action seems to be in those cases of otitis media in which the discharge has already commenced, as well as in cases of furuncles in the external auditory canal, where it will either arrest the inflammation and cause the boil to dry up, or it will promote

suppuration and cut short the disease. The pain so frequent in these diseases, even when the periosteum is involved, is often relieved at once. In diffuse inflammation of the external auditory canal, and in mastoid disease, whether affecting the pneumatic cells or the periosteum and tissues generally, great benefit, according to Bacon, will be obtained from its use.—*Arch. of Otology.*

### TYPHOID FEVER.

In discussing the subject of the abortion of typhoid fever by medicines, it is impossible to *prove* that a case which seems to be typhoid, but which runs a short course under a certain medicine, has been a genuine case of the disease. Those who disbelieve in the possibility of thus cutting short typhoid by *baptisia*, set down cases related as such as mistakes in diagnosis. Bearing, then, on this important question, the following case, reported by Dr. Eustace Smith (*Medical Times and Gazette*, January 5th, 1884) with his remarks, is instructive, and will tend to strengthen the belief of those who maintain the power of *baptisia*, or of *bryonia*, as in a case related by Dr. J. Clarke at the last meeting of the British Homœopathic Society, to cut short a true case of typhoid :—

#### “EAST LONDON HOSPITAL FOR CHILDREN.

#### “ENTERIC FEVER—FALL OF TEMPERATURE ON THE NINTH DAY— RELAPSE—RECOVERY.

(Under the care of Dr. EUSTACE SMITH.)

“A little girl, aged nine years, was perfectly well, on September 14th. On the following day, the 15th, she complained of chilliness and frontal headache. That night the skin was noticed to be hot, and for the next week the child was apathetic, languid and feverish, complaining of headache and abdominal pain. She did not vomit and there was no bleeding from the nose. The child was seen on the 22nd; her temperature was then 102°, and a rose spot was noticed on the abdomen by Mr. Scott Battams, the house surgeon. On the 28rd (ninth day) she was admitted into the hospital. The abdomen was then moderately distended; the spleen could be felt two fingers' breadths below the ribs; no spots were seen; the temperature in the evening was 102·6°.

“After this date the temperature was never higher than 99° and a fraction; the child looked and expressed herself as well; the spleen quickly retired under the ribs; the appetite was good and the patient complained much at being restricted to liquid food. On October 5th, the temperature having been normal for

twelve days (with the exception that on one occasion, in the course of September 27th, it rose to  $11.8^{\circ}$ ) and sub-normal for six, the child was put on ordinary diet. Two days afterwards the temperature rose to  $102^{\circ}$ , the spleen began to enlarge, rose spots appeared upon the abdomen, and the patient passed through a well-marked relapse of typhoid fever, which lasted nine days.

"Remarks:—It is well known that in children enteric fever often assumes a mild type, and soon comes to an end. It is common for the temperature to become normal at the end of the second week; and during the course of the illness, although the fever is high, the general symptoms are insignificant, and little distress is manifested by the patient. It is, however, exceptional for the temperature to fall as early as in the present instance. The pyrexia ceased on the ninth day, and the child seemed so well that a meat diet was allowed, under the idea that our first impression of the disease had been a mistaken one. The prompt occurrence of a typical relapse, however, at once removed our doubts as to the nature of the primary attack."

#### DISPENSARIES.

Poor people require, and have a right, to medical care. The absolutely gratuitous institutions are so overwhelmed with applicants for relief, that prescribing at them is reduced—inevitably reduced—to something near akin to a farce. Those who frequent them are in a considerable proportion of instances able to pay something, not much, it is true, but still something towards the expense of medical provision. If this is so, and numbers of well qualified men are sitting still and doing nothing except waiting for patients, why should they not aid in supplying the wants of these people at a fee which may appear, and really is, trifling to the practitioner, though not to the patient; and at the same time be keeping up and expanding their knowledge of disease, which rusts in idleness until the time arrives when those who are able more adequately to remunerate them are willing and anxious to do so. It is only the well-to-do who sneer at "shilling dispensaries," vote them "low," and threaten to inform "Mrs. Grundy" if they are persisted in. Dispensaries of this kind are especially called for when so much apparent work is done for positively nothing at public charities. If people are able to pay, however small a sum, for the benefits they receive, they are no fit subjects for charity; they are injured in receiving it, and those who provide it are imposed upon—their aid is not required. The following extract bearing on this question, from the *Medical Annual*, is we think, well worth thinking over:—

"Cheap dispensaries conducted by private practitioners are not looked upon favourably by the profession, although, if properly conducted, they are an undoubted boon to the poorer

classes, and serve to counteract the pauperising influence of our great medical charities. A reviewer in the *British Medical Journal* of October 28th, 1883, says: 'The Royal Commissioners have reported that it is in their opinion undesirable to prevent unregistered persons from practising, and there are undoubtedly difficulties connected with such an attempt which all must recognise. One question which would immediately arise is, how are the poor who now go to "medical assistants" and "chemists'" shops, to be attended to. We doubt if two out of every ten practitioners who hold a license from the Hall, would care to open an apothecary's shop, particularly in a poor neighbourhood; but, unless some such facilities were afforded, the public would be very likely to accuse us of acting the part of the dog in the manger. If the Medical Council or the Apothecaries Company can devise a means of supplying this public want, they will confer a real benefit on the better class of poor; but, unless all sides of the question are considered and provided for, we fear we must expect to see a return to the state of things which existed before the Act of 1815.' We think the state of things here spoken of would be removed by cheap paying dispensaries, properly conducted by qualified practitioners. It is very evident that nothing would serve better to put a stop to the prescribing chemist. It is a notable fact that such dispensaries may be made profitable, especially if the confidence of the poorer classes is gained by giving careful attention and good drugs. A young practitioner, with no hospital appointment, can well afford to devote a couple of hours daily to working such a dispensary. If he only paid his expenses, the professional experience thus gained would amply repay him. The editor of *Scribner*, in a memoir of the late Dr. Holland, remarks that "a professional man cannot go carpet-bagging around the country as a writing master to get his bread; he must sit and wait, a much harder thing to do. Energy of character in such circumstances only serves to wear out its possessor. He may starve, but he must make no sign and put forth no effort until he is called." Would our professional honour be injured very much if, instead of our young practitioners 'sitting and waiting,' they were up and doing those services for the poor which unqualified and incapable persons pretend to do. Is it to our professional honour to refuse to serve the poor, and leave them to be preyed upon?"

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**THE BUCHANAN OPHTHALMIC AND COTTAGE  
HOSPITAL, ST. LEONARDS-ON-SEA.**

We have received the following report of this young Institution:—

"For nearly three years a small house in the Southwater Road, St. Leonards, has been occupied as the Buchanan

Ophthalmic and Cottage Hospital for the reception of patients under homœopathic treatment, preference being given to those suffering from injuries to or diseases of the eye. Since the opening of the hospital the beds have been filled, and patients have frequently been refused admission for want of accommodation. By the kindness of a few friends, who contributed at once for this object, a specially-planned and more convenient building has been erected, on a site presented by C. G. Eversfield, Esq., in Springfield Road, Silverhill, St. Leonards-on-Sea, for the future Buchanan Hospital. The cost, including surrounding walls, laying out of approaches, furniture, &c., will be about £3,500. The new hospital will contain seventeen beds, two of the wards being specially adapted for the treatment of diseases of the eye. It will be ready for occupation in January, 1884. As the trustees are most anxious that the building should be opened free from debt, they now appeal for the sum still needed, about £1,800. They are confident there are many who will be found ready and able to assist an institution which is affording surgical and medical aid to seventy patients a year, and is restricted to that number for want of room only. Subscriptions will be thankfully received and acknowledged by the Treasurer, Buchanan Ophthalmic and Cottage Hospital, 24, Southwater Road, St. Leonards-on-Sea; the Manager of the London and County Bank, Hastings; T. Mason, Esq, 108, Marina, St. Leonards-on-Sea; and the Rev. G. A. Foyster, All Saints' Rectory, Hastings.

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#### THE TREATMENT OF BURNS.

In reference to the paragraph on this important subject which appeared in our last number, extracted from the *New England Medical Gazette*, Dr. DUNN of Belgrave Road, St. John's Wood, writes to us to say, that he should regard Dr. Talbot's plan of treatment more especially applicable to burns of the first degree, and while it may be so to others of a more destructive character he has been accustomed to rely in such cases on "whitening" (2 Pb. C. O.), especially when the injury has arisen from molten metal and has caused great destruction of tissue. It has the advantage of being easily obtained, as it is always at hand in foundries—where such injuries mostly occur—and it can be readily procured in private houses. Freely applied to the burn in a thick coating, it allays pain as if by magic. If the patient has to move, either for work or pleasure, sweet or linseed oil may take the place of water in dressing; but he has always found water more agreeable to the patient, though it has the disadvantage of requiring frequent renewal as it speedily evaporates, and patients are awfully impatient.

## NEW ZEALAND.

We have lately received a letter from Dr. Murray Moore, who has for some years past resided at Auckland, New Zealand. We are glad to learn that he is flourishing out there. He has, he tells us, been making a special study of the famous hot sulphur, alkaline and siliceous springs of Rotoxna, and has found great assistance from them in the treatment of disease. The climate, too, is, he assures, well adapted to promote recovery in cases of chronic bronchitis, recurrent sore throat, incipient phthisis and some chronic diseases of the skin.

The scenery in the northern island is unique in its character, rejoicing in geysers and volcanoes, while the southern island affords ample scope for the play of the energies of the members of the Alpine Club, as those who read the Rev. A. S. Green's book on *The Alps of the South Island* will discover.

March, April, May, and November are, it is said, the best months in which to arrive. It is somewhat of a distance to go for an excursion but, at the same time, novelty is by many considered fully to compensate for the inconvenience of long voyages—and when health is the chief object, in search of which the traveller embarks, the time spent at sea is generally well spent.

## FEEDING AND LEARNING.

HOWEVER we may approve of the Education Act of 1870 and its amending Acts, there is no doubt a fair case to be made out against the over-stringency of the revised code. We may take as evidence of this the letter of the National Union of Elementary Teachers to their lordships of the Education Department. The overtaxed child learns like a parrot; the overtaxed child, who is often very poorly fed, learns, we should be inclined to think, not at all. But to feed the unfed children on a large scale on charity would be a gigantic mistake. The struggling housewife would naturally, and so to speak, rightly—as the choice is offered her—send her child to school unfed, and carry the difference to the credit of the week's account for expenditure in some other, perhaps more harmful purpose. The drunken, reckless, and weak would let their children get what they could of others and be thankful; and there are many other reasons. The question is whether by less stringency in the educational requirements the children would not learn more, be educated more, though, perhaps, instructed less; and then, whether simultaneously some plan of feeding those that require food is not possible on an ordinary self-supporting plan. This has



succeeded (less cost of plant and management) out of London ; why should it not be tried here on an entirely self-supporting basis ? At Rousdon, Devon, Sir Henry Peek has arranged, since October, 1876, to provide a school of 79 children. The average of solid food per child was about eight ounces. Ten dinners have cost on an average 1s., including cooking expenses and wear and tear. The girls assisted in the cooking, which was part of the curriculum of the school. The result is reported to have been most satisfactory, physically and educationally. At Farnell, also, a country parish near Brechin, with a population of 600, a hot mid-day meal of pea or potato soup, or Scotch broth, has been provided for six winters. The "plant" was purchased by voluntary subscriptions. The charge is a halfpenny a child, or a penny for two. The supply is not restricted to a single bowlful. There was, at the end of last winter, a balance of 5s. 8½d.; but gifts of vegetables, value £10, were given, and the School Board paid the cost, £8 5s. The results, too, in this experiment, are said to have been very satisfactory. In London the numbers would be larger. The demand for so many scholars' meals per diem would be regular. The *menu* need not be very often altered. A cocoa-house in a by-way, close to the school, might supply the breakfast of hot drink and a slice of bread. If other meals have to be provided, other similar arrangements might be made. Children often take their mid-day meal with them. The most shiftless parents give their offspring a penny or twopence, when to provide the breakfast regularly in comfort and at an early hour would be a moral effort beyond them. Many pennies are wasted in sweets—and worse—that might go in cheap meals, if there were a supply. At least, the experiment is worth trying. Children are over-instructed and often underfed.—*British Medical Journal*.

#### PILL-TAKING.

An evening journal having stated that the French nation take pills freely and frequently, an indignant correspondent has traversed this allegation by citing the example of his "own mother, who was a Frenchwoman." These inductions from the particular to the general do not always count for much, but we think, nevertheless, that this correspondent is right. Pills, and indeed patent medicines generally, are much less used abroad than here, and if we may explain this in the case of the French by saying that their cooking is much lighter than ours, such an argument will not cover the Germans, who burden their digestion with a profusion of sausage, pastry, potato salad, and *café au lait*. Russian food is heavier than German; and the Turks,

with their *pilaus*, their *kabobs* of over-roasted meats, their sweet-meats, their eternal cups of black coffee, and their sedentary habits, live somewhat unwholesomely. Yet neither Russians nor Turks freely patronise those medicines which are vended in this country as specifics for every ailment imaginable. There must be something wrong in this. Colonel Burnaby, in his "Ride to Khiva," testified to the vivifying effect which Mr. Somebody's pills produced upon a Tartar chief, and it may be that this unfortunate man and his tribe would have known of these pills before, and would have been swallowing them ever since, when occasion required, if the inventor had advertised them on the Tartar steppes as enterprisingly as he used to do in London. Let us conclude that it is with Frenchmen and Germans as with the irreclaimable savage, and that they do not appreciate our patent medicines as they would do if these had been properly pushed among them. This is more charitable than to argue that the said medicines would have made their way over the world without any pushing had they been as efficacious as is commonly alleged by those testimonials written in hyperbolic language by gentlemen with obscure names.—*Graphic*.

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### THE SCIENCE OF COOKING.

THE schoolmaster is abroad indeed when even the dread precincts of the kitchen are not safe from his intrusion. The modern race of cooks have traded on the ignorance of their employers till now it is almost impossible for ordinary middle-class people to secure a decently-cooked dinner. When perchance the mistress knows something about the management of her house, and is able to suggest how things should be conducted and controls the little arrangements with regard to perquisites, the cook soon finds it inconvenient to stay. If, on the other hand, the mistress is ignorant, as is often the case, the cook triumphs. The roast joints are dried up before fierce fires; the boiled have all the juices extracted by being placed in cold water, and then boiled to rags; the melted butter becomes a paste; a modicum of soup requires a prodigious quantity of meat before it acquires consistence above mere dish-water; vegetables are served cold and sodden with the water in which they are boiled; and the rasher of bacon for breakfast comes to table defiled with cinders, if not tainted with a *soupgon* of yesterday's fried fish. The lectures on cookery which are now so popular will do much to remedy the present evil; for as the proportion of ignorant and indifferent mistresses becomes less, incompetent cooks will have fewer houses of refuge to fall back upon, and will consequently have to abate their high pretensions. Indeed, when we consider

the prevalence of the complaints and the paramount importance of the subject as a mere question of health, we wonder it has not received earlier attention; but now the movement has commenced, there is no doubt of the success likely to attend it. The digestibility of food depends largely upon its cooking, and when it is once plainly shown that we live not merely to eat, but digest in order to live, reform in the kitchen will speedily follow. We shall be able to do with less food, because, being properly cooked, its nutritive qualities will be preserved and our stomachs will be less burdened. Less vital force will be withdrawn, because the food will be more readily acted on by the digestive secretions, so that a smaller quantity of these will need to be supplied by the glandular organs. Again, the unthrift that goes on below stairs is one of many causes that lead to the impoverishment of the lower and middle classes. Servants brought up accustomed to unchecked waste carry these habits to their homes; whilst many a tradesman or struggling professional man pays a large tax annually in the daily waste that is permitted in his household through ignorance of the most ordinary details of domestic management. It has been clearly demonstrated that a saving of from 25 to 50 per cent. can be effected by conducting culinary operations on a scientific basis.—*Lancet*.

### THE DISEASE OF THE MONEY-COUNTERS.

A Washington correspondent, recently visiting the Treasury Department, noticed that many of the women employed in counting bank notes looked ill and had sores upon their hands or heads. The superintendent gave the following account of the trouble. "Very few," he said, "who spend any considerable time in counting money escape the sores. They generally appear first on their hands, but frequently they break out on the head, and sometimes the eyes are affected. We can do nothing to prevent this. All of the ladies take the greatest care of themselves in their work, but sooner or later they are afflicted with sores. The direct cause of the sores is the arsenic employed in the manufacture of the money. If the skin is the least abraded, and the arsenic gets under the flesh, a sore will appear the next morning. The habit that every one has of putting the hand to the head and face is the way the arsenic-poisoning is carried to those portions of the body. 'See here,' said one of the officials, stopping by the side of a young lady, and picking up a glass vessel containing a sponge, 'the sponge is wet, and is used to moisten the fingers while counting the money. You see how black it is. That is arsenic. Every morning a new piece of sponge is placed on the desk of each *employée*, but before the

day is over it is as black as this. I have known half-a-dozen cases where ladies have been compelled to resign their positions. There are three ladies who were here six years before they were afflicted with sores. About three months ago they were so visited with them that they had to quit their work. They have been away ever since, and the physician's certificate in each case says that their blood is poisoned with arsenic.'—*Medical Record.*

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## CORRESPONDENCE.

### TRAINED NURSING.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Will you permit me at this season to ask the attention of your readers to the special efforts now being made at this hospital to meet the increasing claims of the sick poor upon its resources, and to supply the growing demands of private invalids for carefully trained and efficient nurses. The number of in-patients treated annually in our wards amounts in round figures to 500; the number of out-patients under treatment annually is about 7,000. To remedy the frequent complaints of want of ventilation and space in the out-patients' department, some very extensive structural additions have been made, and these, together with some advantageous improvements in the wards, have entailed a very great expenditure. The demand for the nurses trained at this hospital has also been for some years on the gradual increase, and the board of management, to prevent the constant refusal of applications from medical men for the services of nurses, have erected a new wing for the reception of a larger number of young women to be trained in the wards. Of the great outlay for building thus incurred, only a portion has, up to the present, been specially subscribed. The special expenditure will amount to over £2,500, while the special donations have not yet amounted to more than £700, leaving a large sum to be taken out of the small Endowment Fund of the hospital, unless further generous contributions are received. The board trust, however, that in view of their endeavours to meet on the one hand the demand of the sick poor, and on the other the requirements of the public and the medical profession for trained nurses, the London Homœopathic Hospital will be felt to have a great claim for special support, not only upon that section of the public to whom, as a rule, it must confine its appeals, but also upon all who may be disposed to assist a medical charity working in the midst of a thickly populated poor locality, or who may

feel interested in the progress of the modern system of trained nursing and the appropriate employment of young women. Annual subscriptions are sorely needed, as the last two years a diminution has occurred in this essential item of income; and such aid, as well as donations to the Nursing Institute Extension Fund, may be sent direct to the hospital, or to the hospital bankers, Messrs. Prescott and Co., 62, Threadneedle Street, E.C.

I am, Sir, your obedient servant,

WM. VAUGHAN MORGAN, Treasurer.

London Homœopathic Hospital and Medical School,  
Great Ormond Street, W.C.

January, 1884.

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### THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—It appears that our Pharmacopœia, prophetic-like, is not without honour away from its "own kindred."

After an elaborate course of experiments made by Messrs. Dunstan and Short, of the School of Pharmacy, including many analyses, with the object of ascertaining the most suitable strength of spirit for the preparation of tincture of *nux vomica*, they have arrived at results which prove that the strength directed to be used in the *Homœopathic Pharmacopœia* is the mean of the two strengths which are most appropriate but have advantages in opposite directions, thus confirming the conclusions at which homœopathic pharmacists have arrived.

During the discussion which followed the reading of Messrs. Dunstan and Short's report before the Pharmaceutical Society last month, Mr. Greenish said that "as pharmacists they had been alive to the question of the strength of spirit used in making tinctures. On one occasion, during the Presidency of the late Mr. Haselden, he (Mr. Greenish) had read a paper on this subject, and had suggested that pharmacists would do well to turn their attention to the *Homœopathic Pharmacopœia*, where the relative proportions of spirit and water were suited to the various ingredients."

I learn that two copies of the third edition of our *Pharmacopœia* have been placed in the library of the Pharmaceutical Society.

Yours faithfully,

January 11th, 1884.

X.

## ERRATA.

Page 7, line 6 from the top, for "proposal" read "proposer."

Page 28, line 3 from the top, for "metacarpo-phalangeal" joints read "distal phalanges."

## NOTICES TO CORRESPONDENTS.

\*. \*. *We cannot undertake to return rejected manuscripts.*

PIETERMARITZBURG.—We have been requested to state that there is an excellent opening in this important town in South Africa for a well qualified homœopathic practitioner. Regarding it full particulars may be obtained from MISS TAYLOR, Ackworth School, Pontefract, Yorkshire.

Communications, &c., have been received from Dr. DUNN, Dr. ROTH, Dr. McKECHNIE, Dr. C. L. TUCKEY, Dr. BAYNES, Dr. GOLDSBOROUGH, Major VAUGHAN-MORGAN, Mr. WYBURN and Mr. CROSS (London); Dr. GALLOWAY (Sunderland); Dr. WILDE (Bath); C. K. SHAW, Esq. (St. Leonards); Dr. MURRAY MOORE (Auckland, New Zealand); Dr. PROELL (Nice); Dr. WINTERBURN (New York); Dr. HAYLE (Rochdale).

## BOOKS RECEIVED.

*Transactions of the Hom. Med. Soc. of the State of Pennsylvania.*  
Nineteenth Annual Session, 1883.

*The Medical Annual, 1882-3.* London: H. Kimpton, Holborn, W.C.

*Uterine Therapeutics.* By Henry Minton, M.D. New York.

*Wiesbaden and the Effects of the Mineral Waters in Gout, &c.,* by  
M. F. Kranz, M.D., M.R.C.S. Wiesbaden: Schellenberg.

*The British Journal of Homœopathy.*

*The Homœopathic World.*

*The Students' Journal and Hospital Gazette.*

*The Chemist and Druggist.*

*The Monthly Magazine of Pharmacy.*

*The Calcutta Medical Journal.*

*The New York Medical Times.*

*The American Homœopath.*

*The Hahnemannian Monthly.*

*The New England Medical Gazette.*

*The Medical Advance.*

*The Therapeutic Gazette.*

*L'Art Medicale.*

*Bibliothèque Homœopathique.*

*Revue Homœopathique Belge.*

*Allgemeine Homœopathische Zeitung.*

*Rivista Omiopatica,*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### NURSES AND NURSING INSTITUTES.

MINISTERING to the sick and the afflicted has from time immemorial been regarded as the peculiar province of womankind. Amongst the records of the early Church we find mention of deaconesses and devout women who tended the sick and ministered to the wants of the poor and needy. The attribute of rendering help to those in affliction and suffering is one of the most divine in human nature, and it seems possessed in the greatest degree by womankind. Every man can look back to some day in his life when he lay helpless, perhaps fevered and suffering, and can recall the gentle soothing tones, and soft touch of a woman's loving hand. A good nurse is the physician's right hand, and very often his left hand too; for without a good honest helper how many of us would find our best efforts paralysed, and all our well-directed measures thwarted in many cases? Ignorance, officious interference, direct or covert opposition, misplaced sympathy—all these have to be overcome and kept in check by the medical attendant, and in his absence he should be ably seconded by the nurse. The careful

carrying out of directions, the punctuality in administration of medicine and nourishment, the scrupulous cleanliness of all surroundings, the silent foot-fall, the light, deft hand, will oft-times materially aid the physician in his efforts to turn the scale from death to life. In old times, alas, these qualities were too seldom to be found, save when some sweet gentlewoman, having felt sorrow herself—who could thus the more easily feel for others—went, at the first cry of suffering, to lend her aid. In mediæval times the nuns were trained, so far as knowledge served, in all the various offices of the sick room, and had fair skill, too, many of them, in the compounding of simples. Rare and quaint, too, was the dietary, which in those days was considered conducive to convalescence. But with the exception of Sisters of Mercy, and matrons skilled in tending the sick, the art of nursing, down till very recent years, has been one “not understood of the people.” Nursing has not kept pace with physic. Who of us that has read CHARLES DICKENS can fail to remember with a feeling of disgust the typical nurse of a bygone generation—SAREY GAMP—with her kindly references to her *confrère*, Mr. MOULD, and her more frequent allusions to her inseparable companion, the bottle. Her type now is but a vague memory, gone, we trust, never to return. The modern hospital system, the advance in medical science, the spread of culture and intelligence have combined to call forth a noble band of devoted women, to fulfil, under better surroundings, their divine mission of mercy. Our nurses, nowadays, are of a much higher social standard than formerly, and, taken as a body are deserving of the highest respect and esteem.

Each hospital has been in the habit of training up for its own special service a number of nurses to keep its staff at the right complement. Appointed as probationers they had to pick up the daily routine of ward work, and fit them-



selves to discharge all the duties devolving on them. Gradually it became felt that the nursing in hospital was very much better than the nursing out of hospital, and so medical men oftentimes borrowed a nurse from the hospital for an anxious case. And so it went on until the idea was mooted of forming training schools for nursing—nurseries for nurses. Several of these were formed and affiliated to hospitals, where their probationers were duly instructed by the matrons and surgeons. On their success we need not dwell, as it is now an accomplished fact. One nursing institute alone in London numbers over 300 nurses, and there are several very large ones in the provinces. Such a work has been carried on, but hitherto only on a comparatively small scale, at our own hospital in Great Ormond Street. To the success of the work the demand for nurses will testify, and the urgent messages, to which a refusal has too often to be given, because the supply is so inadequate. Our nurses have gone all over England; and it is greatly to the credit of the staff that rarely, if ever, has one word of complaint been recorded.

So great and constant has been the demand for them, that the Committee some time back decided to take steps to extend the scope of the Nursing Institute. To increase the staff of trained nurses it is necessary to provide a steady stream of learners, and to accommodate these probationers it was incumbent on the Board to provide more house room than the existing building afforded. This was done, as most of our readers know, by taking in an adjacent house, the property of the Hospital, which fell vacant. The necessary structural alterations have now been almost completed, and it is expected that on the 5th of April the new Training Wing will be opened. It is scarcely necessary to dilate to our professional readers on the advantages of having a nurse specially trained in the knowledge of

homœopathy. The mere fact of a nurse being in sympathy with, instead of perhaps indifferent—perhaps opposed—to the form of treatment, is a very important consideration for the practitioner. Fortunately many of the nurses of the various Institutes have at some time or other been brought *en rapport* with homœopathy, so that it is exceptional to find any trouble arising on this ground.

As soon as the Nursing Institute is in full operation, we trust that our colleagues, even at a distance, will find it unnecessary to apply to other institutions for skilled assistance.

We have already mentioned the elevation of the standard and *status* of the modern sick nurse. Scientific training and well-considered routine, operating on a suitable intelligence, have combined to give us a class of nurses totally different from the old type. We have even refinements in nursing—specialists in the craft; medical, surgical, and mental nurses, and that brave band specially devoted to attendance on infectious disease. Then there are nurses whose vocation seems to be specially that of ministering to the little ones. These are born, not made, for there is something very much like animal magnetism—shall we say a tact—required in a children's sick nurse above all others. The little sufferers are quick in discerning those who are in sympathy with them; and a case of illness, all things being equal, will do much better under the care of one of this type than that of any other.

Having regard, then, to the various classes of nurses, it is all important in the formation of a Nursing Institute and Training School that probationers should have ample means of instruction in the various branches of their craft. At the LONDON HOMŒOPATHIC HOSPITAL we are blessed with a Lady Superintendent eminently suited to discharge

the duties of the post, and we feel confident that the routine work and education of the probationers will be vigilantly looked after. But this alone will not turn out a finished nurse; the co-operation of the surgical and medical staff is needed to impart that knowledge of minor surgery, and of dealing with emergencies which is so requisite to render a nurse accomplished. In time we hope to see a regular class, instituted with lectures and a practical course of instruction given, under the supervision of a competent teacher. A class of this nature might easily extend its beneficial operations outside the Nursing Institute. There are many young ladies who have not too much to do, who would gladly receive elementary instruction in nursing, and thus increase their usefulness in home circles. Such a class of lady students would undoubtedly develop into a fine recruiting ground for the regular staff, and so in every way tend to increase the importance and influence of the new enterprise.

Another very important element in sick nursing is invalid dietary and cooking. How few cooks there are who can make half a pint of decent beef tea for an invalid. Still fewer whose minds can carry them beyond beef tea and arrowroot, and suggest anything further. The mysteries of *ptisanes*, *potages*, *bouillons*, *panada*, are a black-letter sealed book to them. And yet how easy, when once properly taught, would it be for our nurses to prepare these nourishing and appetising aids to convalescence. Beef tea is now, alas, too often merely water bewitched, with a little fat floating on it to give it a flavour. A nurse ought to be *au fait* with all the little dainties of invalid diet. So that, to complete the education of a modern hospital nurse, we find three different courses of study are requisite:—1st. Routine of ward work and discipline. 2nd. Elementary instruction in minor surgery, bandaging

and dressing. 3rd. A fair knowledge of cookery, with especial reference to invalid dietary.

We trust that in course of time our Hospital will be able to provide the requisite instruction for a large staff of student nurses and probationers. In the meantime, we hope that all our colleagues will endeavour to forward the good work by every means in their power, and principally by employing, by preference, the nurses trained at our Hospital. We know by experience the good work and widespread influence they have already achieved, and look forward with every confidence to the future of our new Institute.

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## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *BELLADONNA*.

By ALFRED C. POPE, M.D.

Late Lecturer on Materia Medica at the London School of Homœopathy.

### LECTURE I.\*

THE plant from which this valuable remedial agent is derived is the *atropa belladonna*, or deadly night-shade, belonging to the natural order of the *atropaceæ*. It is found in abundance in the South of England, chiefly around old castles and ruins, as well as in Southern Europe and Central Asia.

The tincture is the preparation usually employed in medicine for internal use, and an extract is made for external application. The entire plant, gathered during the summer when it is in full flower, is used in making the tincture, which should correspond in alcoholic strength with dilute alcohol. The amount of moisture present in the plant varies greatly with the character of the season. This will have to be carefully taken into account in the preparation, and the valuable tables in the *British Homœopathic Pharmacopœia*, which direct the pharmacist to the quantity of rectified and dilute alcohol required to be

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\*Delivered at the London School of Homœopathy, Session 1882-3.

used in proportion to the amount of moisture contained in the magma, provide ample information for making a thoroughly good tincture.

The extract, you will rarely have any occasion to employ in the treatment of disease if you carefully search for, and trust to the homœopathically indicated medicine. A *bella-donna* plaster is of service when you wish to obtain the physiological action of the drug; but for curative purposes it is needless, if you examine your *Repertory* and *Materia Medica* fully, and select your medicine under the direction of the law of similars.

The active principle *atropia* is obtained, chiefly, from the root. This and its sulphate are both used in medicine. The former in trituration, the latter in solution in distilled water up to the 1st centesimal dilution; the 3rd decimal is prepared with dilute alcohol, and the higher dilutions with rectified spirit.

As a therapeutic agent *bella-donna* is much more commonly prescribed by the great bulk of medical men than it was thirty years ago, while nearly all the modern uses of it have been derived from the teachings of homœopathy, and the clinical work of physicians practising homœopathically. Thirty, or five and thirty years ago, Christison's *Dispensatory* was the text book of the hour; and though the author did not, it is true, limit his estimate of *bella-donna* in medicine to the power it has of dilating the pupil, and so of preventing the damaging effects of iritis, yet he evidently attached but little importance to any properties it was supposed to possess besides this. How different is the appreciation in which it is held now! Dr. Sidney Ringer (*Handbook of Therapeutics*, 10th edition) directs attention to its power to reduce the glandular congestion which precedes the formation of a mammary abscess; to its remedial efficacy in neuralgia; to the good influence it has in tonsillitis; to a distinct form of dyspepsia in which it is curative; to the striking effects seen from its use in exophthalmic goitre, in which as he, with a boldness which is so rare, that (though really nothing more than simple fairness) we must call it creditable, says "homœopathic doctors have long employed this treatment." In headache, in delirium, in enuresis, and in erysipelas, Dr. Ringer refers to *bella-donna* as a therapeutic agent of great value. In each of these conditions *bella-donna* was in common every day use among homœopathically practising physicians when the late

Sir Robert Christison published his *Dispensatory* five and thirty years ago. Aye! and it had been in equally common use by them in such cases twenty or thirty years before that time! The comparison of the symptoms of each form of disease with those *belladonna* excited in the healthy body, it was that led to these bits of practice; bits of practice which have proved so valuable that men, who find it to their professional interest to sneer at the source whence the knowledge of them was derived, to describe it as an "unscientific dogma," have been unable to resist the temptation to adopt them.

This is but an illustration of one of the several ways in which the therapeutic doctrine taught by Hahnemann has exercised so widely spread and profound an influence over the treatment of disease at the present time, as we have daily evidence that it has done.

We have derived our knowledge of the effects produced by *belladonna* from the experiments of Hahnemann upon himself and his friends (*Materia Medica Pura*, translated by Drs. Dudgeon and Hughes), from his researches into the history of medicine; from a proving made by Dr. Schneller, an Austrian physician, and from very numerous cases of poisoning, the records of which are to be met with in periodical medical literature. These have been collected and arranged according to the Hahnemannian schema in Allen's *Encyclopædia of Pure Materia Medica*. An arrangement made in a much more satisfactory manner has been prepared by Dr. Hughes, and published by the Hahnemann Publishing Society. The sources of all symptoms culled by Hahnemann from medical literature, and by him incorporated in his provings, have been carefully examined by Dr. Hughes, and where necessary corrected; while to each group or category of symptoms, a commentary is added, pointing out its physiological interpretation and the therapeutic inferences thence derivable.

A proving of *atropine* has been made by Dr. E. M. Hale, of Chicago, and published by him in *The Transactions of the New York State Homœopathic Medical Society* for 1868; and one of the *sulphate of atropine* was conducted by Dr. Kafka, of Prague, of which a translation appears in the fifteenth volume of *The British Journal of Homœopathy*.

All these experiments were made, be it remembered, on men and women. To endeavour to discover the action of *belladonna* by dosing the herbivora among the lower animals

with it is useless. Horses, cows, rabbits, &c., will eat the plant greedily and without its exercising any toxic influence upon them. To human beings, on the other hand, every part of the plant is poisonous.

One of the earliest instances of poisoning by *belladonna* is believed to have been recorded by Plutarch, who, when describing the retreat of the troops under Mark Antony from the Parthians, refers to a plant, supposed to be the *atropa belladonna*, as causing insanity and death. He says: "Those who sought for herbs obtained few that they were accustomed to eat; and, in tasting unknown plants, they found one that caused insanity and death. He that had eaten thereof immediately lost all memory and knowledge, but at the same time would busy himself in turning and moving every stone he met with, as if he were engaged in some very important pursuit. The camp was filled with unhappy men bending to the ground and digging up and removing stones, until at last they were carried off by a bilious vomiting, when wine, the only remedy, was not at hand."

In referring to the peculiar feature of the delirium mentioned in this passage, a desire to remove stones, Dr. Thomas, of Llandudno, mentions a case of delirium, in which *belladonna* proved a remedy where the most prominent symptom was a desire to tear away the headstone from the grave of the patient's mother. (*British Journal of Homœopathy*, vol. xvi., p. 324.)

In the consequences of poisonous quantities of *belladonna* and its alkaloid, we see only the general, the rougher and the ultimate effects of the drug; while in experiments made with small and gradually increasing doses, we witness the finer shades of its action, the beginnings, as it were, of what we may term the *belladonna* disease. It is by studying both classes of effects, that we have the fullest opportunity for employing it therapeutically.

The first symptoms of *belladonna* poisoning which are observed, when the dose taken has not been an overwhelming one, are commonly those in the mouth and throat. Here dryness, heat, swelling, and soreness, with difficulty in swallowing and articulating are experienced. Headache, delirium or stupor, with imperfect vision, dilated pupils, conjunctivitis, together with a considerable degree of febrile excitement are usually present. In some instances convulsions ensue.

The skin is frequently covered with a scarlet rash, and in many cases the stomach, kidney, and bladder give evidence of more or less congestion of their structures.

We thus see that scarcely any part of the body escapes the influence of the poison, while it is through the nervous, glandular, cutaneous and mucous structures, that this influence is manifested.

Before entering into a detailed account of the evidence of its action on the several tracts and organs I have named, I wish to refer for a moment to the antidote to this action, viz., *opium*. The one drug was first proposed as an antidote for the other by Mr. Benjamin Bell, of Edinburgh, in the *Edinburgh Monthly Journal of Medical Science*, 1858. Some observers, and notably Dr. John Harley, deny the power of *opium* to counteract the effects of *belladonna* or *atropia* poisoning, or that the latter will neutralise those of the former. The amount of evidence is, however, now so considerable in support of Mr. Bell's original observation that the few and, as Dr. Ringer has pointed out, imperfect experiments which have been made, cannot be regarded as having any weight. You will find numerous cases in support of the antagonistic action of *opium* and *belladonna* in the various medical periodicals of the last five and twenty years.

More striking, as it appears to me, than all these cases, is the evidence of Dr. Johnson, of Shanghai, quoted by Dr. Ringer. After treating upwards of 300 cases of *opium* poisoning in various ways, Dr. Johnson speaks in the strongest terms of the antagonism between *opium* and *belladonna*. "It is, he says," writes Dr. Ringer, "in the worst cases of poisoning that *atropia* displays its wonderful effects; for instance, where the immovable pupils are contracted to a pin's point, the conjunctiva insensible to touch, the face pale, the lips, eyelids, and nails livid, the pulse weak and irregular, the breathing slow and stertorous, the extremities cold; in ten or twenty minutes after the injection of half a grain of *atropia* the pupils begin to slowly dilate, and in an hour or so, the face becomes flushed, the breathing soft, without stertor, and the pulse stronger. If within two hours the dose fails to produce these restoring effects, Dr. Johnson repeats the injection. In less profound coma he first employs a quarter of a grain of *atropia*."—*Op. cit.*, p. 540.



In proportion to the intensity of the toxic symptoms from 10 to 15 drops of the tincture of *opium* are usually given. Much less has, however, sufficed. Thus Dr. Shuldhham reports a case (*Homœopathic Review*, vol. xvii., p. 38) of poisoning from the application of a *belladonna* plaister to a small tumour in the right breast three weeks previously. After wearing it for ten days, symptoms of *belladonna* poisoning, limited, however, to headache, dilatation of the pupils, and erysipelas of the face and neck set in; the cause had not been recognised, and the plaister had not been removed. Dr. Shuldhham ordered the plaister to be taken off, and prescribed *opium* 1 in half drop doses, and within five or six days she was free from all symptoms of the kind she had suffered from. At the Paris Homœopathic Congress (1867), M. le Dr. Teste read a paper on *A Complementary Therapeutic Law to Similia Similibus Curantur*. In doing so, he illustrated the position he sought to maintain by reciting a case of *opium* poisoning, where considerably more than half an ounce of *laudanum* had been swallowed. He did not see the patient for three hours after he had taken this dose. He had, however, had seven cups of coffee in the interval, and had vomited upwards of twenty times. Dr. Teste gave him *bellad.* 6 every quarter of an hour. Within two hours he was much better, and exclaimed, "How much good this medicine does me; every spoonful I take seems to take twenty pounds off my head." In the course of the evening he was pretty well. The vomiting had been so free, and coffee is itself so excellent an aid to neutralising the effects of *opium*, that this case does not count for much. Neither would I advise you to imitate the practice. The larger dose of 8 or 10 drops is perfectly safe, and undoubtedly surer than any dilution can be in such a case.

Let me now proceed to examine the kind of febrile movement excited by *belladonna*, and the types of fever in the treatment of which it is indicated.

With a comparatively slight initiatory chill, the heat which follows is considerable; comparatively little thirst attends it, and but little sweating terminates it. In a proving of the *sulphate of atropia* made by a pupil of Dr. E. M. Hale, the pulse before taking the one-ninth of a grain was 85. In twenty-five minutes, it was 96; in three quarters of an hour, 124; in an hour and ten minutes, 180

not so full, but harder. It now gradually fell, and within twenty-four hours was 86, full and soft.

Dr. John Harley's valuable researches on the action of *belladonna*, details of which are contained in his work entitled *The Old Vegetable Neurotics*, have led him to precisely the same clinical conclusions as those to which Hahnemann and his followers, who, with a contemptibly childish sneer, he describes as having been "blindly led by an unscientific dogma," were by the said "unscientific dogma" drawn some sixty or seventy years ago; conclusions, clinical confirmations of which have been repeatedly published from that time to this, with the result of affording ample material for the would be "original" observers in therapeutics of to-day to pose as discoverers! Dr. Harley, in the book I have mentioned, describes the effect of injecting 1-48th of a grain of *atropine* as follows: "After ten or fifteen minutes an acceleration of the pulse from 20 to 70 beats; no apparent change in volume, but a decided increase in the cardiac contractions and of the arterial tone; a general diffusion of warmth, a slight throbbing or heaving sensation in the carotids, and a feeling of pressure under the parietal bones." With this febrile condition were associated symptoms of cerebral and faucial congestion, and others equally characteristic of *belladonna* poisoning.

The kind of fever here foreshadowed is one which is purely sympathetic. "The similarity," writes Dr. Harley, "of the general phenomena which attend the operation of *belladonna* and those which accompany pneumonia, enteritis, the development of pus in any organs of the body, &c., has already arrested attention." I may add, that attention was "arrested" by this "similarity" seventy years ago; and, moreover, it was so "arrested" through the clinical application of what Dr. Harley affects to regard as an utterly "unscientific dogma!"

Again, "the action of *belladonna* in febrile diseases is," writes Dr. Harley, "frequently attended with results which are not only unexpected"—unexpected, that is, by those who ignore the homœopathic relation subsisting between a disease and its drug remedy—"but exactly the opposite of what is observed in health. Thus," he continues, "it may happen if we give a full dose of *atropia* to a patient with a pulse of 120 and higher, a hard, dry tongue, and pupils 1-6, that after ten, twenty, or thirty minutes, when the action of the *belladonna* is fully

developed, the pulse will be decreased, the tongue moist, and the pupils contracted. Two similar effects, the one arising from a local irritation and the other from the presence of *belladonna*, like spreading circles on a smooth sheet of water interfere with and neutralise each other."

Thus, the febrile movement produced by *belladonna* is less active than that caused by *aconite*, the pulse much less frequent, and it is attended by a great deal less restlessness, depression and anxiety. Bähr has observed that where there is a disposition to perspire, *belladonna* is, *ceteris paribus*, better indicated than *aconite*.

So far, the fever I have described is one sympathetic to local irritation. It is a part of the tonsillitis, of the cerebral congestion, &c., that, as we shall see presently, *belladonna* will excite. But, further, the character of the fever, and of the local congestions of which it is the outcome, has pointed to it as similar to some of the specific fevers in one or other of their stages. Notably is this the case as regards typhus and scarlatina. I will consider its homoeopathicity to the former first. It is not as a specific to the typhus condition as a whole that *belladonna* is to be regarded, indeed no medicine can be looked at in this light, but as a valuable aid in controlling the cerebral excitement which so frequently occurs about the middle or end of the first week of a well developed fever of this type, and adds so much to the patient's danger. In violent delirium, delirium of the maniacal order, when the patient is with difficulty kept in bed, when the pulse is full and quick, the face red and bloated, the mouth, tongue and fauces dry—symptoms all resembling those which *belladonna* is well known to excite—it is better indicated, and more useful in allaying excitement than perhaps any other medicine.

To scarlatina *belladonna* is manifestly homoeopathic. In most well marked cases of poisoning, the febrile heat, the sore throat, the strawberry tongue, the cutaneous rash, and the tendency to cerebral excitement, are all present. When you meet with cases characterised by such phenomena, having the eruption brilliant and well out, *belladonna* will give you all the assistance in helping your patient through his illness that medicine can do.

But you must remember that scarlatina varies much in its type. To give *belladonna* to a patient simply because he has scarlatina is routinism of a dangerous character. To the well marked simple form of the disease, it is

unquestionably homœopathic. To *scarlatina anginosa*, where the brunt of the disease falls upon the throat, and the eruption is imperfectly developed, where there is very considerable tonsillary enlargement, arising from effusion of a low type, rather than exudation, *belladonna* is not indicated. Here *apis mellifica*, *carbonate of ammonia*, or *rhus* will probably be required, according to the circumstances of the case. Still less is there any similarity between the effects of *belladonna* and the symptoms of the malignant form of the fever. Under such circumstances, the administration of *belladonna* is sheer waste of time when every hour is of importance. In these cases, your reliance can be more securely placed upon *ailanthus* than on perhaps any other medicine.

It was through his appreciation of that principle of drug selection which Dr. J. Harley calls an "unscientific dogma," that Hahnemann was led to believe that *belladonna* would prove prophylactic of scarlatina. This was one of the earliest pieces of therapeutic generalisation from the principle of *similars*, that those who denounced it as "a fraud and a sham" seized upon. Hence a very large number of observations have now been made, and we are able to form some estimate of the correctness and value of the deductions.

The late Dr. Black, in a paper published in the first volume of *The British Journal of Homœopathy*, gave a full report of all statistics *pro* and *con* the prophylactic power of *belladonna*, which had been published up to the time he wrote (1843). He collected 3,770 instances of children and adults exposed to the contagion of scarlatina, who received during their exposure a small daily dose of the extract or the tincture; of these 3,675 escaped infection, while in 95 the fever appeared, chiefly in a mild form. On the other hand, five observers had seen no beneficial result follow its use in this way; while another group of five considered its effects uncertain. Of them Dr. Black says:—"The evidence of these latter authorities is not, however, sufficient to outbalance the much more positive results which illustrate the preservative properties of *belladonna*."

Dr. Black concludes: 1st.—That while it has appeared to fail in some instances, yet it has succeeded in so large a proportion of recorded experiments as fully to justify further experiment. 2nd.—That where it fails to protect the individual, the disease runs a milder course than when

*belladonna* has not been given. 3rd.—That when given in the dose prescribed by Hahnemann, or a little stronger, it is attended by no bad effects.

It has also been noticed that, as in the case of small pox, vaccination during the latter half of the period of invasion is ineffectual, so, to commence taking *belladonna* after the contagion of scarlatina has become operative may fail to afford immunity, though it will probably so influence the body as to ensure a mild attack of the fever.

Then, again, it is probable that as it is to epidemics of *scarlatina simplex* that *belladonna* is homœopathic, so it is of this form of the fever only that it is prophylactic. It is very doubtful whether it is capable of protecting a child against the contagious influence of malignant scarlatina.

I think, therefore, that Professor Stillé, of Philadelphia, is fully justified in the conclusion he expresses in the following words: "On a review," he writes, "of the whole subject, we feel bound to express the conviction that the virtues of *belladonna* as a protector against scarlatina are so far proven that it becomes the duty of practitioners to invoke their aid whenever the disease breaks out in a locality where there are persons liable to the contagion."

As a prophylactic a single drop of the 1st centesimal dilution taken morning and evening in a little water is sufficient.

I now pass to the consideration of the action of *belladonna* upon the several systems and organs of the body, and will first draw your attention to the kind of influence it exerts over the nervous system, the morbid conditions it sets up in the brain and spinal cord, and those disorders thereof in which it can be most usefully employed as a medicinal agent.

Sensibility is affected by *belladonna*, as Dr. Hughes has pointed out, differently, according as the stress of the drug's influence falls upon the centre or the periphery. In the former case it is increased, and we have hyperæsthesia; when the peripheral nerves bear the brunt of the poison anæsthesia results. For example, Hahnemann, and, in recent years, Dr. J. Harley, noticed great irritability and impressionableness of the senses; taste and smell were more acute. In a case of poisoning, by a drachm of the extract, when the patient was touched by any person, she jumped as if in great alarm; this was especially noticed when her hair was removed from her face, or her pulse felt.

This condition of hyperæsthesia is present where cerebral excitement is particularly striking, and constitutes an additional reason for prescribing *belladonna* when it is present.

The anæsthesia of peripheral nerves was well marked on the last day of a week's proving of *atropia* by a medical student, the daily dose being on the first two days 1-100th of a grain, on the remainder 1-200th of a grain. The brain had been distinctly congested, but not seriously, and there had been no great excitement, none, indeed, beyond restlessness. On the seventh day, this prover writes, "numbness of the fingers with partial loss of sensation; cannot tell when I am holding small objects in the hands; the hands feel dry and glassy; the pupils are dilated; cannot see to read." These anæsthetic effects are much more marked in the action of *atropia* than they are in that of *belladonna*. It is to produce them that *belladonna* plaisters have usually been applied.

In the motor sphere, we meet with the consequences of central irritation in convulsions of divers kinds, and of depression, as seen in paralysis, more or less complete, of the lower extremities.

The records we have of the effects of *belladonna* when taken in poisonous doses, as well as in such as are experimental, show clearly enough its power to produce, in association with cerebral excitement, spasms—both tonic and clonic—of different groups of muscles. Instances of tonic spasm are seen in such symptoms as the following. "Convulsive closing of the jaws and contraction of the muscles of the face and extremities. Next day, increased convulsive movements, with redness of the face, and profuse perspiration; great rigidity down the spine." (Hughes, *British Journal of Homœopathy*, vol. xx., Case ix.) "She clenched her teeth together so that great force could not open them, with startings in all the limbs, and chilliness." (Hahnemann.) Stiffness of the limbs has been well marked in many cases of poisoning.

These and many similar symptoms suggest the advantage of giving *belladonna* in tetanus, a disease in which drug medication has hitherto not been so successful as to allow of our dispensing with a remedy presenting such strong claims to our confidence as *belladonna* and *atropine* assuredly do. The following case, reported by Dr. Angell, of Boston, is an illustration of the power of *belladonna*,

even in exceedingly minute doses, to prove adequate to the relief of this very formidable disease. Dr. Angell, writing in *The American Journal of Homœopathic Materia Medica*, says—

That he was called to see a freed slave about sixty years of age, who was reported to have lock-jaw. He had, it appeared, stepped upon a nail about a fortnight previously. For three or four days subsequently he had continued at work, only being troubled by an occasional pain, shooting up the leg of the injured foot. The pain increased, until he had what he described as cramps, first of the flexors of both limbs, then the abdominal muscles became involved, until his body approximated in shape to an S or a Z. "At the time of my visit," writes Dr. Angell, "the muscles of mastication and deglutition were also affected, and to such a degree that a sudden noise, a laugh, or an attempt to move or to speak, or to drink, would induce a spasm. His jaws were so firmly and so closely fixed as only to admit a case knife between his teeth, and all nutriment was necessarily taken in a fluid state, and in very small quantities. He was quite restless, anxious, very weak from scanty diet, and almost sleepless. His thirst was considerable, but such was the difficulty of swallowing, that he drank very little. He had very little hope of relief, as some kind friend had informed him that but one man had ever recovered from lock-jaw. Upon an examination I found the wounded foot and limb considerably swollen, the wound healed up, leaving only a dark spot very slightly tender, and upon re-opening it only a few drops of dark blood escaped." Dr. Angell ordered him *belladonna* 30—giving him about a drop every hour. The wound was dressed with a little fat. In the afternoon of the same day he was somewhat more comfortable; on the day following the paroxysms were fewer and shorter, while on the next he received the doctor with a grin to show how loose his jaws were, he was able to get them about a third of an inch apart, and was sleeping well. In two or three days more all trace of the trismus had disappeared.

Now when we consider that almost all cases of traumatic tetanus die, and pay due regard to this man's age, his previous life as a slave, and the state of mental depression in which Dr. Angell found him, it is not a little remarkable that he should have recovered at all. And though we know that some cases will recover under unfavourable circumstances, I think that the instance I have related is sufficiently well marked to induce us to use this drug in cases in which symptoms like those *belladonna* will produce are present.

The late Dr. Ryan, also, has reported (*Homœopathic Review*, vol. ii., p. 747) two cases of traumatic tetanus only slightly less striking than this of Dr. Angell's, in which *belladonna* 3 was given with promptly good results.

Another form of disease characterised by tonic spasm, in the treatment of which medicine has so rarely availed that it is regarded as almost uniformly fatal, is hydrophobia. To the first stage of hydrophobia, *belladonna* exhibits, in its poisonous action, a well marked similarity. This you will see in the following, taken from cases collected by Dr. Hughes, and numbered 709—713 in the Hahnemann Publishing Society's Article *Belladonna*:—

“About the fauces the sensation of dryness was most distressing. It induced a constant attempt at deglutition, and finally excited suffocative spasms of the fauces and glottis, renewed at every attempt to swallow.”

“A constant but unsuccessful attempt at deglutition was observed, and at every renewal of the attempt the muscles of the throat and pharynx would be thrown into violent spasmodic action.”

“Constant urging and wanting to swallow ; it is as if he would choke if he did not swallow.”

“Aversion to all fluids, so that she behaves frightfully at the sight of them. The forcible administration of fluid medicines makes her furious.”

“Marked aversion to all fluids, and spasmodic movements of the pharynx where they are forced to drink.”

These symptoms, together with the character of the delirium, marked as it is by fear, anxiety, illusions and hallucinations, and the chronic spasm to which it gives rise, all point to the homœopathicity of *belladonna* to some cases of hydrophobia.

It is, as I have said, to the disease in its *first stage* that its action bears the closest homœopathic relation. In the second we have greater reasons to look for good results from *hyoscyamus*, and in the third from *stramonium* than from *belladonna*.

That it has been the means of curing and preventing hydrophobia there would seem, as Dr. Hughes has noticed, to be evidence in the writings of Bayle and Youatt. However this may be, where all measures hitherto used have proved fatal, and few have seemed to afford even temporary relief, it would surely be only wise to give a sufferer the chance of obtaining relief, by prescribing a medicine



selected on that therapeutic principle, which has already directed us to so many valuable remedies. No disease can fairly be regarded as beyond the reach of medicine until homœopathy, efficiently carried out, has been frequently tried and uniformly failed.

Another form of disease in which tonic spasm is the prominent feature and the element of danger, to which *belladonna* is homœopathic, and in the treatment of which its administration has proved successful is *laryngismus stridulus*. Here we have a tonic spasm of the laryngeal muscles to deal with, and, unless simply reflex from the presence of ascarides in the rectum, you will find the medicine under consideration frequently useful. The following symptoms, occurring in a case of poisoning in a child between two and three years of age, show that *belladonna* can produce a condition very similar to *laryngismus stridulus*. "The patient's manner," we are told, "was apoplectic, respiration anxious, and attended with the brazen stridulous sound of croup. A constant but unsuccessful attempt at deglutition was observable, and at every renewal of the attempt, the muscles of the throat and pharynx would be thrown into violent spasmodic action." (Hughes, *British Journal of Homœopathy*, vol. xx. p. 77).

In the *New York Homœopathic Times*, November, 1878, Dr. Tilden reports the following case:—

"The patient was a delicate child, aged eight months, artificially fed; his digestion in perfect condition. His paroxysms were always precipitated by crying from anger. They were characterised by a sudden and complete cessation of respiration, as if the rima glottidis were completely closed to the entrance of air, and accompanied by alarming lividity of the face, lasting for from ten to twenty seconds, when the first respiration would be accompanied by a shrill crowing sound almost identical with the characteristic inspiration of whooping cough. After this prolonged inspiration, the breathing would be irregular and sighing, and the discoloured features would be followed by pallor, accompanied with great prostration and cold perspiration lasting for half an hour or more. These alarming attacks occurred at irregular intervals, sometimes daily, often at longer periods. A strict attention to regimen, and abundant out-door recreation were directed, and *belladonna* 1x every two hours while awake. A marked diminution in the severity of the symptoms was at once noted, and after a few days' treatment, the attacks ceased entirely."

Dr. Tilden also reports another case in which the symptoms were similar, but the closure of the rima glottidis somewhat less complete. In this also the action of *belladonna* was prompt and satisfactory.

To some cases of epilepsy, eclampsia, and infantile convulsions, diseases which illustrate those in which spasms of the tonic and clonic order often occur as it were mixed, *belladonna* is strikingly homœopathic. The symptoms of cases of poisoning which illustrate the power of this drug to produce convulsions, and what is of equal importance in prescribing, the kind of convulsions produced, are very numerous. The following must suffice to illustrate this phase of the poisoning:—

“Insensibility, rattling breathing, and convulsive movements in the hands and face. Tremendous spasms, simulating true epilepsy. In the intervals, free from spasms, she uttered the most violent cries as if she were suffering great pain. Epileptic convulsions, followed by an apoplectic condition.”—(*Hahnemann Materia Medica Pura*, Article *Belladonna*, p. 10.)

In each instance here the convulsions depended upon congestion of the nervous centre. Epilepsy, however, arises from divers disordered conditions; it is equally the result of anæmia and of hyperæmia of the brain. It occurs sometimes accidentally, as it were, as the outcome of some other disease, or it may be reflex, as during parturition. It presents itself to us as an acute and a chronic disease, as eclampsia and true epilepsy. It is to the acute form, to that which arises from some cause of cerebral congestion, that *belladonna* is homœopathic. In chronic epilepsy, in such as is hereditary, it is of little or no value; in eclampsia, on the other hand, it is a remedy of great importance.

Dr. Bojanus, a Russian surgeon of considerable repute, has, in his work on operative surgery, recorded notes of all the cases of epilepsy that he has met with. They are very slightly reported, but the two following will give you some idea of the kind of cases in which *belladonna* is curative:—

In the first, the patient was a woman 81 years of age, of good constitution, and without any hereditary predisposition to the disease, neither was any exciting cause ascertainable. Her history was, that, two months after the birth of her fourth child, she had several fits in rapid succession, preceded by an *aura*, characterised by fear and anxiety; during the paroxysm the tongue was bitten, the face was pale; the convulsions were

chiefly in the lower extremities, and were attended by all the symptoms of cerebral hyperæmia. Similar attacks had occurred at intervals during five years and a-half. Dr. Bojanus directed her to take *bell.* 6 x four times daily. A month later she had one fit, and another at the end of six months. The medicine was now given twice a day during alternate weeks. She was under observation for the ensuing three years, and no epileptic fit occurred during that time.

The next case was in a boy, 14 years of age, of a strong constitution, and without any hereditary predisposition to the disease, neither could any exciting cause for its existence be ascertained. The fits had occurred two or three times a month for a year. They were preceded by headache, and during each attack the patient bit his tongue, vomited, and passed a considerable quantity of urine. He received two doses of *belladonna* 6 x *per diem*, during alternate weeks, for three months. One month afterwards he had a fit, and then none at all for two years. At the end of this time he had sudden attacks of headache, but no fit. *Atropine* 4 x was now given twice a day, every alternate week for some time. During the next five years he neither had headache nor fit.

In puerperal convulsions—a form of eclampsia—*belladonna* is of great service, in the larger proportion of cases more useful than any other medicine. The full, red, or livid swollen face, and violent convulsions, with quick pulse, which so generally characterise these cases, closely resemble the effects of *belladonna* in many instances of poisoning by it.

In infantile convulsions, especially as they occur during dentition, *belladonna* is, as the symptoms it produces would suggest, a remedy more frequently called for than perhaps any other. Repeatedly have I seen its almost magical effect. As an illustration of the power of this medicine in cases of the kind, I will quote from the *British Journal of Homœopathy* one reported by Dr. H. Smith, of Ramsgate:—

When practising in Sheffield twenty years ago he was sent for to see an infant four months old, who, he found, had been in convulsions for an hour. The exciting cause was unknown. There was rapid twitching of the muscles of the right side of the face, the mouth was drawn to the right; the right arm and leg twitched violently; the pupils were dilated and insensible to light, the left being the more dilated, and there was loud rattling in the throat. Dr. Smith dropped a single drop of the 2nd centesimal dilution of *belladonna* into its mouth. The convulsions ceased almost instantaneously, and the rattling in the throat, the dilatation and insensibility of the pupils ceased a few minutes subse-

quently. About two hours after Dr. Smith left there was a slighter return of the *subsultus tendinum*, which was at once removed after another dose of *belladonna*.

This is a very striking case, and though *belladonna* does not act in all similar instances with as much rapidity as it did here, nevertheless, infantile convulsions, with marked dilatation of the pupils, are controlled by *belladonna* with a degree of rapidity which will surprise anyone who has never administered this medicine in such a case previously.

Lastly, many of the symptoms of *belladonna* poisoning resemble the purely clonic convulsions of chorea. Spasmodic twitchings of the muscles of the face, jaws and limbs are frequent. In one of Dr. Hale's provers the following symptoms were noted :—

“ Jerking of muscles, particularly those of the legs, arms and face; while attempting to drink from a glass, his arm suddenly contracted and the water was spilled. While walking, the flexor muscles of one or both legs would contract, throwing him to the ground. He did not dare to walk across the room for fear of falling. In another case the prover was awakened several times in the night by spasmodic jerking of the muscles of the legs.”

You will remember that Dr. Hale's experiments were made with *sulphate of atropia*. Then, again, we find in Hahnemann's provings such symptoms as the following :—“ Convulsive, momentary extension of the limbs on awakening out of sleep.” “ The arms and legs were in continual contortions.” All these symptoms direct our attention at once to chorea; and, when this disorder occurs in an acute form, when, that is, it arises somewhat suddenly, its peculiar symptoms being rapidly developed, and associated with headache and heaviness—then you will find that *belladonna* is the best medicine you can prescribe. To the more chronic form of the disease it is less homœopathic, and, as experience has proved, is no more successful than one could reasonably expect it to be.

The paralysis, which occurs in *belladonna* poisoning, depends upon the congestion produced in one or other portion of the spinal cord. Dr. Michen reports (*Gazette des Hôpitaux*, 1861), some experiments made by him with *atropine* upon a number of people. A translation of this paper appears in the *British Journal of Homœopathy*, vol. xx, p. 946. The kind of paralysis engendered by *atropine* is thus described :—

"They could no longer command their organs of locomotion. They felt at intervals, in spite of strong efforts of the will, a staggering in walking, like that of a drunken man, only not in so marked a degree. They could not keep themselves so steady on their legs, nor make use so rapidly and easily of their hands to button their clothes. In a word, they exhibited in the movement of the upper and lower extremities a certain heaviness and helplessness of movement which one observes in the first stages of the progressive paralysis of the insane."

The similarity between such a paralysis as this, and locomotor ataxy in its early stage, is sufficiently clear. Further, as Dr. Hughes has already pointed out, we find, at the same time, in poisoning by *belladonna*, nearly all of those apparently incongruous symptoms which characterise the idiopathic disease. In the eye, it causes the injected conjunctiva, the dilated, sometimes varying pupils; the ptosis, the diplopia, and the amaurosis, so often observed in ataxy. It has the incontinence of urine, and (according to Brown-Sequard) depression of reflex excitability." Given in the earliest stage of the disease, *belladonna* has been found of service. Dr. Hughes has reported one case of well marked incipient locomotor ataxy completely cured by it in the 1st decimal dilution.

The psychical disturbances wrought by *belladonna* now call for our examination.

These I will endeavour to trace from their earliest manifestations to their full development, from the records of cases of poisoning.

In the *Lancet* of the 27th September, 1873, is a full and interesting account by Dr. Ringer of the effects of an accidental poisoning with *atropine*, as exhibited in the person of Dr. Sharpey. In his letter to Dr. Ringer, describing his recollection of his sensations, Dr. Sharpey says: "My sensations were not blunted, but I misinterpreted them." This is a common symptom in the early stage of *atropine* poisoning. Presently all sorts of phantoms are conjured up, and the patient sees ghosts or insects. "Nothing," says Anstie, "could rid my eyes of a multitude of disgusting spectral cockroaches."

Dr. Harley describes the *belladonna* delirium as follows:—

"After 1/82d of a grain of *atropine*, instead of sleep there will be a little meddlesome delirium and he will require attention to prevent him getting out of bed. He will have little or no inclination to sleep and will probably be busily influenced by pleasing

illusions and delusions, meddling with everything in his way, picking at and handling imaginary objects in the air, and accompanying his acts by muttering and smiling or with loud chattering interrupted by subdued laughter."

In another case of poisoning, quoted by Dr. Hughes, the child was wildly delirious but quite fantastic, almost hysterical, laughing, crying and not at all conscious.

But advancing beyond this state, *belladonna* produces a condition resembling acute melancholia, with its anxiety, fear and want of confidence in others. Again we find a resemblance to acute mania in very many of the symptoms it produces. The patient is quarrelsome, sleepless and incoherent. A man who ate 50 berries was, in the evening, seized with delirium so violent that three men were required to hold him. His face was livid; his eyes were injected and protruding; the pupils strongly dilated; the carotids pulsating most violently; a full, hard, and frequent pulse and loss of power to swallow. (Hughes, *British Journal of Homœopathy*, vol. xx., Case xix.) In another case the patient attempted to strike and bite her attendants, broke into fits of laughter and gnashed her teeth. The head was hot, the face red, the look wild and fierce. (Hughes, *ibid*, Case xi.)

In these and many similar symptoms we have clear indications for the use of *belladonna* where cerebral hyperæmia is present, as in some cases of delirium tremens, in the acute delirium developed in the course of some fevers—not the low muttering delirium in the advanced stages of typhus—in acute melancholia and in true mania. You must remember that it is *acute* cases only in which you are warranted in expecting any advantage from prescribing this medicine here. In chronic melancholia and in chronic mania—save in the acute exacerbations which occasionally occur in the latter—*belladonna* is not indicated. In Dr. Worcester's work on *Insanity and its Treatment* the following passage (p. 197) gives the result of the experience of Dr. Talcott, the medical superintendent of the State Homœopathic Insane Asylum at Middletown, N. Y.

"A marked and happy effect," he writes, "will follow the use of *belladonna* in cases where, in addition to the flushed face, dilated pupils and throbbing arteries, we have a mental condition which manifests itself by the most positive ebullition of rage and fury, and when the patient tosses in vague, spasmodic restlessness: attempts to bite, strike, tear clothes, strip herself naked,

and make outrageous exhibitions of her person. While in this state *belladonna* patients are exceedingly fickle, and constantly changing; now dancing, singing, laughing, and now violent with intolerable rage. The speedy disappearance of such a grave and serious train of symptoms after *belladonna* is administered, proclaims its unmistakable power." Again he says: "When you have a patient whose face is flushed to an intense reddish-purple hue, pupils widely dilated, eyes having a fixed, stony stare, and utterly insensible to light; heavy, almost stertorous breathing; stupid, dazed condition of the mind, so that he cannot be roused to speak; inclined to remain quiet, but with occasional tension of all the muscles, then you may give *belladonna* in the confident expectation of reaping good results. The excitable *belladonna* patient requires a *minimum* dose of the drug, while the stupid one is affected most readily by repeated doses of the 1st centesimal or 1st decimal dilution."

These are the teachings of a large experience, and they abundantly confirm the impressions a study of the pathogenetic action of *belladonna* would convey to a physician accustomed to select his medicine according to the principle of *similars* as to the kind of cases of mania in which it would be indicated.

Tunbridge Wells,  
Feb. 1, 1884.

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## ANTIPATHY OR HOMŒOPATHY?

By DR. FENTON CAMERON.

WHILE reading Dr. Pope's article, or rather published lecture, "On the Physiological Action and Therapeutic Uses of *Glonoine* and *Amyl Nitrite*"—article or lecture I call it, because that which is now a paper in the February number of the *Homœopathic Review* was, it is stated, delivered as a lecture during the session of 1882-3 at the "London School of Homœopathy," when Dr. Pope then occupied the chair of *Materia Medica*—I could not but take notice that the author seems to consider the beneficial action of *glonoine* in specified dose as entirely due to the physiological result of its exhibition being opposed or antipathic to the pathological condition existing during an attack of that agonising complaint best known, among many other names, by that of *angina pectoris*—the suffocative breast pang. He seems, indeed, to *recommend* its being given in such cases

in quantity sufficient to ensure the production of its physiological or antipathic action, for he says: "With regard to dose, drop doses of the 3rd decimal or 3rd centesimal are amply sufficient to secure its curative power when prescribed homœopathically. In angina pectoris, on the other hand, where the production of its full physiological action is necessary to obtain relief, two drops of the 1st centesimal form a dose none too large."

That he looks upon the benefit derived from its use as entirely due to what he regards as its antipathic action is manifest from the following extracts from his paper, where he expresses surprise that the action of the drug being the opposite of what he assumes to be the pathological condition of the parts affected, the benefits derived from its exhibition should, in some cases, have proved permanent. His words are these: "The physiological action of the drug relieves the terribly painful spasms of the heart, and though one would, from similar attempts at procuring relief from disease antipathically, expect that the action of the drug having ceased the spasm would return with full force, such has not proved the case. Indeed, in one or two instances, where a patient has on the first perception of the approach of an attack taken a couple of drops of the 1st centesimal dilution for several months, he has entirely lost the tendency to their recurrence."

The foregoing are very remarkable utterances, coming as they now do from the pen of a gentleman who first spoke them to students when he was the professor of *Materia Medica* in the London School of Homœopathy, and who, in another part of the paper, refers to the provings of *glonoine* in Allen's *Encyclopædia of Pure Materia Medica*, where there are many symptoms utterly contradictory of his antipathic theory, of which however he takes no notice. And I would here say that in these days, when the practice of homœopathy, even in high places, is, to say the least of it, very "mixed," it is a matter of grave moment, and one on which both the profession and the homœopathic public have a right to expect explanation, when an lecturer of *Materia Medica*, who still speaks as it were *ex cathedra*, in accounting for relief or cure has recourse not to the homœopathic plan of similars, which in the instance of angina pectoris and *glonoine* is so perfectly applicable, but to the old method of professing to have discovered the internal pathological condition, and applying thereto a



remedy which produces, or is thought to produce, a contrary state—a method which I thought that all who have professed adherence to homœopathy had renounced, having been rationally convinced of its fallacy.

But before I proceed to show the homœopathicity of *glonoine* to angina pectoris, I would remark that it is not at all certain, as Dr. Pope assumes, that the pathological condition of "the systemic arteries which," he says, "are so suddenly and extremely contracted as to prevent the free passage of the blood to the capillaries, damming it up, as it were, in the heart," really exists. If he will read the article "Angina Pectoris" in *Copland's Medical Dictionary*, he will find that many different theories have been advanced to account for the angina, and that, however strongly convinced he may be that the theory which he adopts is correct, there is nothing like certainty in the matter.

But even should Dr. Pope be right in his belief that the angina is due to the condition of the heart and arteries, to which he attributes it, the almost mechanical antipathic relaxing action of *glonoine*, which he credits with the relief afforded, will not on his own showing account for the cure effected in some cases by this therapeutic agent. I think, however, that the reader, after considering the similarity between the phenomena of angina pectoris and some of the recorded provings of *glonoine*, will have no difficulty in acknowledging at least the probability that the cures were in reality wrought by the action of the law of *similia similibus curantur*, and also that Mr. Jameson, of Caistor (who is spoken of in Dr. Pope's article as having prevented all attacks from becoming serious by taking five drops of a "one per cent." solution as soon as premonitory symptoms showed themselves), might have been more permanently benefited had he, instead of taking the medicine in the form of a material solution, used some of its higher dynamisations at more wisely chosen times.

While asserting—and of the truth of my assertion I shall presently present proofs—that *glonoine* is, in some of its effects on the human body, thoroughly homœopathic to many of the symptoms of angina pectoris, I am far from also asserting that it will cure, or even relieve, *all* cases of this ailment any more than *ipécacuanha* will cure or even relieve all cases of vomiting because in every case of disease there is some peculiarity or peculiarities which leads to the preference of one remedy over others, which

one remedy will—while all have a general similarity to the case—succeed in relieving, while the others are comparatively powerless.

But, as stated by Dr. Pope, there *are* some cases that are curable by *glonoine*, and I am inclined to think that few of my readers, when called upon to treat a case of angina pectoris, will neglect to compare its symptoms with the pathogenesis of the drug under discussion, and that should its employment when used be beneficial they will not be in doubt as to *how* the benefit was derived.

Of the value of the therapeutic reasons on which I found my assertion that the cures of which Dr. Pope speaks as wrought by *glonoine*, but for the *modus operandi* of which he does not seek to account, were due to the homœopathic action of that drug, I shall now proceed to enable the reader to judge by placing on one side of the page the symptoms of angina pectoris, extracted verbatim from "Copland's Medical Dictionary," and on the other side those parts of the pathogenesis of *glonoine* which I consider to have affinity for and to be likely to affect beneficially the diseased condition of which "symptoms," subjective and objective, are the mouthpiece and exponent. The reader will by this method of arrangement be enabled to compare the two effectively and without difficulty.

#### SYMPTOMS OF ANGINA PECTORIS.

1. An attack of this disease is often preceded by considerable derangement of the digestive organs, especially by flatulence, acid or acrid eructations, or other symptoms of indigestion, with torpid bowels, pains in the limbs, and occasional spasms about the chest; but it frequently also attacks a patient, particularly when walking or ascending an eminence, without any, or with but slight premonition.

2. In its acute form the patient is seized with a sense of painful constriction of the chest, particularly of the cardiac region, about the lower part of the sternum inclining to the left, and extending to the left, occasionally also to the right arm—at first no further than the insertion of the deltoid muscle; but the pain often successively reaches to the elbows, wrists, and sometimes even to the fingers.

#### PROVINGS OF GLONOINE.

*Glonoine* causes a number of symptoms of deranged digestion. *Eruetation relieves.*

Great anxiety in the precordial region—sensation of feeling about the heart almost increased to pain; it seems as if it would rise to the throat; pulse decreased from 72 to 64. Pressure in the heart as if it were being contracted. Oppression of the heart with heat in the forehead (Allen's *Encyclopædia*). Violent pain in the heart, going through to the back; fulness, weight, pressure, heat, with difficult pulsation—(French Jahr, 1862). All the remaining extracts are from Allen's *Encyclopædia*: Feeling of impending misfortune with the sensations of the chest; fear and terror; great fear, with a sensation as if the chest were screwed together. Though naturally cheerful, she became apprehensive of her approaching death. Indescribable

This is the mildest form of the disease, and soon subsides with the disappearance of its exciting cause.

3. In the more violent form of the attack the pain and sense of constriction in the chest and pain in the left arm, which also frequently extends to the right, amount to excruciating agony. This feeling is accompanied by a sense of syncope, or suffocation, sometimes with suffocative orthopnea, convulsive dyspepsia and palpitations; always with extreme anxiety, and a sense of approaching dissolution. The suffocative sensation is characterised by concomitant tightness and fulness of the chest, and flatulent distension of the stomach, and irritative feeling in this organ which is relieved by eructations. The paroxysm continues from a few minutes to one or more hours, according to the severity and duration of the attack.

4. When the malady has assumed a chronic form, upon the cessation of an attack the patient merely retains a slight feeling of the various symptoms, with numbness of the arms, particularly the left.

5. In some cases the agonising pain extends not only to the arm or arms, but ascends also up to the throat and lower jaw, accompanied by a severe sensation of spastic constriction.

sensation in the chest, as if some misfortune were impending; pain in the chest like tension, and frequent inclination to deep respiration; contraction of the whole chest, as if chains were placed around it and tightened more and more; sensation of constriction and oppression of the chest with perceptible palpitation, compelling to draw the breath deep (after two minutes); a feeling of tightness about the lower part of the chest, as if it were being screwed together; oppression of the chest as if laced together, and no headache, in one who formerly had heart disease.

All the different states of the pulse mentioned by Copland are abundantly exemplified in the very full report of the circulatory symptoms given in "Allen."

The ARM symptoms are not so well marked. There is numbness and a sensation of weariness in the left arm, so that it requires a great effort to raise it; heaviness in the arms as if the circulation were checked; dull pains in the arms as if in the bones; pain in left shoulder; pain across the shoulders which soon extended to the arms, and was especially violent on the back of the right hand at the finger end of third finger-metacarpus.

In the THROAT there is fulness as if swelling; momentary sensation as if the throat were swelling, and fear; a tight and choking feeling about the throat, like strangulation, followed the tensive headache; great fear, with sensation as if the throat were swollen.

In LARYNX.—Constriction at top of larynx; spasmodic constriction of the larynx, and upper portion of trachea.

In JAW.—Pain in the lower jaw, right; mostly in the articulation, or near it; at the same time a sensation of stiffness in both sides of lower jaw for three or four minutes. Tight constrictive sensation down the jaw on either side in the masseter muscles, as if lock-jaw were coming on.

I make no comment on these symptoms of angina pectoris and provings of *glonoine*, but leave the reader to judge between Dr. Pope and me; that is, to decide whether even the simple arrestive action of *glonoine* is due to antipathy or homœopathy, and whether the cures which he mentions as wrought by the large doses in which the modern school delights, but the manner of which he somewhat strangely does not seek to determine, were not due to that long and painfully wrought-out discovery of Samuel Hahnemann, whose name, alas, is not now so much used "to point a moral" as to "adorn a tale," and cover methods of practice which, during his lifetime, he so energetically and vehemently denounced as foreign to, and destructive of, the true nature of homœopathy.

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[NOTE BY DR. POPE.—Whether in lecturing or writing on the therapeutic uses of any substance, I have never wittingly strained facts to fit a theory; neither have I felt myself under any obligation to omit the mention of the *well authenticated* use of a substance in relieving disease, simply because I could not explain its action. *Glonoine* has, on the competent authority of Dr. Murrell, relieved many cases of angina pectoris; used at the right moment it has, he assures us, prevented the occurrence of a threatened paroxysm on numerous occasions, and, in two or three instances, such paroxysms have, after its use for a lengthened period, ceased to recur, and what may be fairly regarded as a cure has resulted.

To have omitted all mention of these observations would have been unfair in the first place; and, in the second, would have rendered my account of the available uses of *glonoine* imperfect.

To have represented its action as homœopathic would, in my opinion, have been incorrect. Had it been homœopathic it would have cured many more of Dr. Murrell's cases than it did, and we should have had reports of cases cured by it in the homœopathic journals, whereas, so far as I am aware, there is not one.

I still think, notwithstanding Dr. Cameron's ingenious adaptation of Allen to Copland, that the relation in which *glonoine* stands to angina pectoris is an antipathic one.

Dr. Cameron objects to the explanation of the pathology of angina pectoris (which, he says, I have assumed), that "many different theories have been advanced to account for the angina," and he refers me to *Copland's Medical Dictionary* for the details of them. I have no doubt at all that Dr. Cameron is quite correct here. At the same time it must be remembered, that the means at our disposal for making accurate observation of the heart's action are much more exact now than they were in the days when

Dr. Copland was an authority, and not only so, but more so than they were when a revised edition of his great work was published some twenty years ago. Nevertheless, while, in the great majority of cases of angina pectoris, the explanation I have given, which by the way is not mine but Dr. Lauder Brunton's,\* is doubtless correct, it is equally true that the essential symptoms which characterise the angina paroxysm may arise from other causes, a fact which is set forth with much clearness by Dr. Moxon, in his third lecture on *The Influence of the Nervous System on the Circulation*. (*Lancet*, April 30, 1881.)

Now what are the *essential* symptoms of a paroxysm of angina pectoris ?

They are, First. Pain, sudden in its onset, rapidly increasing in intensity in the region of the heart, and radiating thence to the left shoulder and down the arm ; stabbing or tearing in character, and attended with a sense of tightness across the chest.

Secondly. The pulse is small, irregular and feeble.

Thirdly. The face is pale and often covered with a cold sweat, while the countenance is anxious and expressive of great terror.

There may or may not be the sickness and other symptoms associated with a paroxysm by Dr. Copland, but the foregoing are those which are typical.

Now, the symptoms arising from taking a full dose of *glonoin* are the precise opposite of these, except the constriction of the chest, which may arise from totally differing conditions of the heart. In poisoning by *glonoin* there is, in the majority of cases, a sense of fulness over the region of the heart, with violent throbbing and increased pulsation.

The pulse is full, rapid and bounding.

The face is flushed and bloated looking. Doubtless there is much anxiety expressed by the countenance, a circumstance which is easily accounted for by the suddenness and violence of the throbbing at the heart, in the neck, and in the temples, and, when the storm subsides and exhaustion from the unwonted efforts of the heart takes place, then an unusual degree of paleness may occur, but this does not constitute similarity to the paleness which sets in *at the outset* of an attack of angina pectoris. The order in which the symptoms occur in it and in *glonoin* poisoning is precisely reversed. Hence, I say that, when *glonoin* is given as a remedy in the paroxysm of angina pectoris its action must needs be antipathic, and being so I, for one, should not expect it to cure it, but nevertheless—*teste* Dr. Murrell—it appears to have done so, and as one who desires to state facts as he finds them I was compelled to say so.

\* *Pharmacology and Therapeutics*, p. 139, et seq.

To really *cure* an angina pectoris is a very rare event, and, when we consider the structural alterations that appear requisite to produce it, we cannot wonder at the powerlessness of medicine in such cases. One such is, however, recorded in the fourth volume of *The Homœopathic Review*, p. 81, by "Dr. C. Hare. Paris,"—the *nom de plume* of one of the most accomplished physicians I have had the pleasure of knowing—when the angina entirely ceased after the use of *arsenic* in the 12th dilution. Here, moreover, it was connected with hypertrophy of the left ventricle, which of course remained.

Entertaining these views, I do not think that my previous "utterances" can be regarded as "very remarkable," and as I have yet to learn that they are erroneous, I adhere to them.]

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## STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

By DR. BERNHARD HIRSCHTEL.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., M.R.C.S., Edin.

SECOND SECTION.

ACONITUM NAPELLUS.\*

Has indeed very pronounced signs of *gastrodynia*, pains in the stomach, distension of the stomach after partaking of food or drink, tension and pressure, as from fulness or a pressing weight, in the epigastrium and in the stomach in paroxysms, with short breathing; pressing weight; feeling as if a cold stone lay on the stomach, after repeated vomiting and frequent going to stool; a binding feeling as from astringent things, hiccough; nausea relieved by eating; changes of taste; retching, vomiting; but in spite of these pronounced signs of *gastrodynia* these symptoms, so connected with material phenomena, which point to an inflammatory or catarrhal affection, gastric inflammation or catarrh, to an affection of the liver, &c., that when we take into consideration the general character of *acon.*, especially its relation to the vascular system, this medicine does not suit *gastrodynia* in a strict sense, not even rheumatic neuralgia, for which the allopath Oebel, and the homœopath Kreussler, recommend it, whose description of it points rather to acute gastric catarrh or to a rheumatic fever.

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\* The small capitals will distinguish the remedies recommended in *gastrodynia*, or clinically employed from the rest.

*Ethusa Cynapium.*

Pathogenetic: violent gastric pains; gastric cramp; tearing pains in the epigastrium to the gullet upwards; empty risings; vomiting, violent, frothy, milk-white masses; greenish; hiccough.

Pathological anatomy: Contraction of the upper orifice of the stomach; brownish serous fluids therein; acts very decidedly on the spinal system. As yet too little proved. Clinically very little employed, in gastrodynia not at all.

*Agaricus muscarius.*

Pathogenetic symptoms: Oppression on the orifice of the stomach in the epigastrium; oppression in the stomach, which, in the afternoon, passes on to digging in the epigastrium, and disappears on passing of wind, spasmodic drawing in the chest upwards; cutting like colic immediately under the ensiform cartilage like violent gastric cramp as far as the vertebræ backwards; empty risings, hiccough; nausea, vomiting, morbid hunger; burning thirst; heartburn.

Pathological anatomy: Traces of inflammation and mortification. A part of these symptoms is the consequence of poisoning and of injurious action on the digestion. The gastric pains are connected with colic and flatulence.

ALUMEN, ALUMINA, (ARGILLA).

Pathogenesis: *Alumen*.—Feeling of contraction in the stomach. Gastrodynia? Retching, vomiting; costiveness.

*Alumina*.—Violent gastric pain as from distension by intestinal gas; cutting increased by external pressure.

Feeling of cold in the stomach; pressure as of a stone, even to the throat, eased by risings; violent constriction as by a cord, and turning mounting up the chest; shooting in the stomach up the chest, with tightness of breathing and anxiety; fulness as from wind; pressive contraction in the stomach, through the chest up to the shoulder; twisting together, twitching in the stomach; creeping; heartburn; hiccough; eructations, empty, bitter, rancid; thirst; collection of saliva and mucus in the mouth, water brash; acid in the stomach; taste sour, sweet, astringent, harsh, insipid, disagreeably insipid, metallic, sourish, salt, bitter, tasteless; loss of appetite; hunger without appetite; nauseous feeling of hunger, emptiness in the stomach, and want of appetite; craving hunger, and trembling from

desire to eat; aversion, especially for meat; nausea and disgust; troubles after eating; failure in the peristaltic movement of the intestines; costiveness; scanty and hard stools.

Pathological anatomy: *Alumen*.—Inflammation of the mucous membrane of the stomach, coloured dark brown, especially towards the fundus; dark red colouring towards the pylorus, and extravasation of blood with thickening and hardness of the gastric walls as if tanned. The old school employed *alum* in schirrhous ventriculi, and commencing induration, *argilla* in weakness of digestion with predominant gastric acidity, in agreement with these physiological results, involuntarily proceeding according to the simile. A look at the very pronounced physical symptoms teaches that no reflection of a pure nervous affection can be found here. Hering's recommendation also "in great weakness of the pit of the stomach," like *dig.\* lycop. Petrol*, which is pointed out with it as a principal indication, speaks rather for dyspepsia, chronic gastric catarrh, than for pure cardialgia as Ruckert thinks. There are no clinical records in existence in homœopathic literature. Hartman,† who has not often used it, styles it a useful medicine, especially when obstinate constipation is associated with gastric troubles.

To this the principal action in gastrodynia proper may be reduced. Success, however, is more probable in chronic gastric catarrh, and in commencing disorganisations (Kreussler), gastric ulcers, induration, for which besides the experiences of the old school, the pathologico-anatomic appearances speak.

#### *Ambra grisea.*

Pathogenetic: Sinking weak feeling in the stomach; compelling recumbency; spasm, tension, ache, and shooting; burning and ache in the stomach and epigastrium.

In spite of the pronounced nervous character of this medicine, its relation to hysteria, to the sympathetic affections of the spinal system—in spite of the allopathic recommendations against "weakness of digestion and nervous dyspepsia" agreeing with the above symptoms, the gastric symptoms of *ambra* are not characteristic enough to warrant its use.

\* N. Arch, 8, 1., 104.

† Ther. II., 489.



AMMONIUM CARBONICUM.

Pathogenetic symptoms: Pain in stomach, preventing sleep at night; severe ache and pressing in the stomach and epigastrium; nausea and vomiting of everything taken, afterwards sour taste after every meal; ache in the morning, with nausea and vomiting; drawn together as with strings; fulness and tenderness even on external pressure; the clothes cannot be borne; aching and constriction in the stomach and chest, as if drawn together; emptiness, pinching, rolling, and gurgling; burning heat in stomach and abdomen; disgust, nausea, vomiting, loss of appetite; morbid craving, easily satisfied; absence of thirst; eructations, heartburn, pyrosis, constipation.

In a proving by Martin, in Jena, and his pupils, the following symptoms presented themselves: Rumbling in the stomach; aching, with a vibrating motion towards the left nipple; inclination to vomit, with headache, sleepiness, weakness, chilliness. (Blaufuss.) Ache in the stomach with heat in the epigastrium. (Hilpert.) Hunger without appetite, with nausea and flatulence. (Horn.) Eructations, coldness in the chest and gastric region; saliva and mucus in the mouth; burning in the throat and gullet. (Martin.)

Here are evidently cardialgic troubles which also the old school unconsciously has empirically found out.

Hahnemann\* recommended it in gastrodynia. With the character of asthenia, increased venosity with atony, the action of *amm. carb.* on the ganglionic and spinal nerves stand in accord the specific-dynamic indications in the sphere of the gastric nerves. We possess only one case of (assumed) cure of gastrodynia through this medicine in homœopathic literature. Hoffrichter† narrates: Samel, Anna, 24 y., complains; for eight days ache in the epigastrium after eating, nausea, pyrosis, vomiting of mucus and food, dry cough, hoarseness, short breath, constipation, heat, headache; while walking, shooting in the left side of the chest on drawing a deep breath; ache in the epigastrium; urine muddy and red. *Acon.* removed the heat, head and chest pain, *amm. carb.* the stomach troubles. The diagnosis in this badly-reported case is not to be referred to with certainty to cardialgia, rather to acute gastric catarrh.

\* *Chron. Krankh.* 1828, ii., 20.

† *All. Hom. Ztg.* Bd. 455, 254.

That *amm. carb.* has not been more frequently recommended in gastrodynia has its precise ground in its action not being lasting enough to warrant a lasting cure.

*Ammonium muriaticum*

The actions of: Ache in the stomach and easy nausea; warmth and weight, afterwards stitches; feeling of fulness; drawing, digging and gnawing, digging, twisting in the stomach, stand so nearly related to decided material symptoms especially belonging to the mucous membrane, that the question is not of gastrodynia. "Cardialgia ex plethorâ ventriculi," which has been attributed to this medicine by Nouak\* and Franks, coincides perhaps with gastric catarrh.

*Anacardium*

Has indeed—aching and tension, slowly intermitting, painful, dull in the stomach and epigastrium, especially after eating, thinking and exertion of intellect; pressive drawing while walking; cutting, gurgling, fermentation in the epigastrium, shaking these on each step, constrictive stitches like needles on ex and inspiration in the epigastrium.

These in themselves very weak symptoms are, however, dyspeptic, and occasioned by flatulence, as they occur in sedentary men, students, hypochondriacs, consequently to be treated rather as accidental and secondary.

*Angustura vera*

Presents us in pains—ache in stomach; cutting pain of soreness at the commencement of eating; crampy, pinching pain under the epigastrium in the evening when sitting; cutting, tearing in the epigastrium after dinner; increased by movement of the trunk.

However the uncertain character of the symptoms on one hand, on the other, the predominance of the dyspeptic troubles cannot encourage us much in its employment in pure gastrodynia. The medicine, however, has a special relation to spinal irritation, yet this expresses itself still more in the motor than in the sensitive sphere.

*Antimonium crudum*

In spite of the symptoms of feeling of fulness after eating, gastric ache with thirst, tight feeling with empty

\* *A. M. L. Bd.*, i., s. 49.

eructations, ache and dull cutting especially on drawing in the stomach, violent cramp in the stomach, and in spite of the recommendation of the old and new school (Kreussler) in "Cardialgia," no one will see anything from it in neurosis.

It is adapted for material, especially for catarrhal states, the *saburra* proper of the ancients, after indigestion and the like, and for states of a similar kind in the direction of inflammation. The pains stand in the second rank and are not important.

Clotar Müller mentions this medicine in his *Vierteljahrsschrift*, Bd. xi., s. 454.

ANTIMONIUM TARTARICUM, TARTARUS EMETICUS, TARTARUS STIBIATUS.

In the foreground of the pathogenetic symptoms stand here—nausea and vomiting; eructations, eructative spasm, pyrosis and other gastric symptoms.

Violent ache in the stomach passing up, lessened by nausea; strong pulsation in the gastric region; sensitive sore feeling as from incarcerated flatulence; shooting on drawing in the abdomen; cutting feeling from the epigastrium upwards (wind); uncomfortable feeling of warmth and burning in the gastric region; congestion of blood to the stomach.

The most acute pains in stomach; the most acute cardialgia bordering on inflammation pathological anatomy indicates; unusual paleness of the gastric mucous membrane (Laennec); filling with blood, redness, swelling, with adhesive coating, and easily removable; mortification of the gastric mucous membrane.

The material action is visible here, especially the action in congestion, inflammation, softening, gangrene. The recommendation of the old school consequently runs upon "obstinate cramp in the stomach," that is, such as have probably an organic basis.

In agreement, the other characters of *tartar emetic* we might recommend, especially at the commencement of organic gastrodynia, and particularly in those lighter forms which are connected with congestion and chronic catarrh, with loosening of the mucous membrane, formation of acids, chemical changes, and dyscrasias in *cardialgiâ venosâ explethorâ abdominali*, in the *cardialgia potatorum arthriticorum*.

The annals of homœopathy on this point refer to nothing reliable. Cl. Müller\* mentions only summarily in his record of the Leipziger Poliklinik that *tart. emetic*, besides being employed in chronic gastric-catarrh, may be also in cardialgia—with what success? In perforating ulcer, among eleven cases one cure by *tart. emetic* is recorded—under what circumstances? and of what duration?

#### ARNICA MONTANA

Is a proof how exactly it must be individualised in the provings, and the clinical element must be taken in aid. Here are, with various catarrhal-gastric troubles, as loss of appetite, coated tongue, anomalies of taste, eructations, eructative spasms, nausea, vomiting, especially hæmatemesis, heartburn, very pronounced gastric pains—shooting, burning, drawing, painful pulsation, pinching, ache (with retching, pyrosis) at the cardia, at the posterior wall of the stomach as if it was pressed with great force on the vertebræ, and as if this place on the spine was made sore; fulness, weight like a stone, with oppression on the chest; distension, pinching, spasmodic scraping, grasping, pricking.

Digging in the epigastrium as if something was rolled up together; digging, unpleasant movement in the stomach with ache at the forehead.

Spasmodic constriction of stomach, eased after eating, violent cramp even to cries, drawing together of the stomach, swelling and distension from flatulence, relieved by eructations.

Nevertheless the connection of the phenomena will teach us that the question is only of secondary pains, connected with congestive, catarrhal, inflammatory and organic affections in consequence of a blow on the epigastrium, and troubles referable to abdominal-plethora, gout. They may also indicate, perhaps, anæmic conditions, occasioned by loss of juices. The hæmatemesis deserves special notice, which, however, is not occasioned by ulcers, but rather by chronic gastritis, after injuries. Neurosis is not the sphere of *arnica*. That all mere symptomatology does not suffice, is shown by homœopathic literature, which up to date contains only a single cure of gastro-

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\* *Hom. Vierteljahrschrift*, Bd. iv. S. 287.

dynia by *arnica*. Gunther, for instance, relates in his *Hausfreund*, 6 Aug., 1855, a cure by *arnica* in a few days, of a case which had lasted twelve years after a heavy lift up to date. We must, however, consider that he cites a great number of pains as suiting *arnica*—pressure as from a stone, feeling of fulness, digging, formation of a ball in the epigastrium, pinching and spasmodic scraping in stomach, shooting in the epigastrium, with pressure as far as the back, constriction of the chest increased by eating, drinking, touch. It would, however, be difficult to find out what was characteristic among such different kinds of pain. We must, however, rely on the general type and on the specific character of the disease. The old school employed *arnica* only in catarrhus ventriculi and hæmatemesis.

#### ARGENTUM.

##### A.—*Argentum metallicum*.

The relation to cardialgia from the imperfection of the provings is not very manifest. Moreover, no clinical experiences exist on this point. More accurately proved and confirmed is on the contrary—

##### B.—*Argentum nitricum*.

We here find the following physiological action: ache and burning in the stomach, like heartburn; pinching all over the stomach and in the left hypochondria; gnawing hunger; unceasing squeamishness and nausea; feeling of inclination to vomit; spasmodic eructation of a bitter, acrid, bad smelling liquor from the stomach as far as the throat; repeated vomiting on going to stool.

The specially rich Vienna proving gave the following gastric symptoms: anxiety and ache in the præcordia; gastric pains; trembling and throbbing in stomach; weight, chill, feeling of wound in the stomach; excitement of the gastric nerves; weight and pressure; drawing down of the stomach, as if it were stuffed up to the gullet; as a weight in stomach; long continued eructation; afterwards searching (suchen) and turning in the stomach, with frequent eructation. Twisting together as far as the abdomen; ache in stomach anxious, and tension, as if filled to bursting; pressure violent, hard on the right portion of the epigastrium, to be felt on deep breath; constriction of the stomach, it can take in less; weakness of the stomach, no digestion; warmth in stomach, with borborygmi and

passage of wind; passing, burning heat; gangrene of the primæ viæ; burning of the stomach upwards; scraping of the stomach, irregular, like hunger, and nausea; scraping and burning like inflammation of the stomach; burning in the stomach and the chest, with disgust and feeling of soreness; cramp in the stomach, with hunger, nausea, pain in the back, flatulence; in the morning with internal chill, with very bad appearance; violent, waking out of sleep; severe stomach-ache; gnawing ache, to the left in stomach; shooting pain of soreness, more violent on deep inspiration and feeling, in the left in stomach, directly under the false ribs; after dinner pain in stomach, as if it was sore; inflammation, suppuration, and loosening of the mucous membrane of stomach, in which the muscular coat is attacked, *gastro-enteritis*; taste, metallic-styptic; inky; constrictive; bitter; sweetish-bitter; pasty; chalky; fatty; tongue thinly coated, white-red, white at the point, yellow at root; desire to eat less; none; unusually increased; appetite for cheese; uncontrollable for sugar; eructation of air; much; with many derangements of digestion; nausea, like hunger, with gurgling noise in the abdomen; proceeding from the stomach, with retching, with chilliness and shivering; stiff feeling in the lower extremities; faint feeling with palpitation, with leaden complexion; disgust constant, with retching; vomiting violent, colouring the bed-linen black; with diarrhœa and colic; mucous vomiting with spasmodic regurgitation and diarrhœa; about midnight waking with an anxious feeling of a heavy lump in the stomach, which tends to vomiting; in the morning vomiting of mucus, glassy, drawing out into strings; in two attacks, whereon the whole forenoon retching, trembling weakness, and screwing together of the head.

These very pronounced gastric affections from *argent. nitricum* have, as well in the old as in the new school, found a brilliant confirmation in practice. Hartmann has made use of it in obstinate cases of gastric cramp, and certainly with the best results in women with irregular menstruation, which, for instance, appear too early and flow too freely, in too high nervous excitability, with appetite, where the violent pains compelled bending forwards, kept to no decided time, in the morning fasting, in the afternoon as well as at night appeared with violent retching and vomiting of an acrid, sour, or bitter as gall, yellow-greenish, viscid mucous moisture. It cured in five

or six doses. These cases demand a long continued use, where there is not such distinct irregularity in menstruation; flowing hæmorrhoids; burning, heat, uncomfortableness in the epigastrium, rising up to the throat, with constriction, nausea, eructations, want of appetite.

Kreussler recommends it as an analogue of *carb. veget.*, when burning pain extends from the stomach backwards to the sacrum, anxiety, coldness of the extremities, cold viscid sweat accompanied it (80 potency). Windmann\* cured a violent scraping, shooting, pinching in the whole epigastric region, with vomiting, thirst, pain on touch even in region of the sternum, tightness of breathing, sweat; the feel of ache stretches to both hips. First 1 gr. in 4  $\frac{3}{4}$  aq., with water, and sweet limed *sacc. liq.* every three hours, one tablespoonful, then 1-12th gr. Cure in 8 days (see Ruckert).

Lane † cured a case in a very emaciated woman, ill for five years with drawing and gnawing in the gastric region. The repeated violent attacks terminated with the getting rid of much clear, salt-tasting water; with this repugnance to food, fulness and weight after eating; expression anxious; pulse small and weak. *Oxyde of silver* for ten days up to 4 gr. Cure. A little relapse after six months was likewise quickly cured (see Ruckert).

Hofrichter‡ describes a gastric cramp, arising after being frozen and former errors in diet, which continue a long time. Distension of stomach and abdomen, drawing about the navel and sacrum, vomiting without nausea, five times shortly after one another, relaxed, nausea, burning of the soles, and gastric cramp. Weakness, nausea, ache of the stomach continued. The last became limited to the small space of the size of a thumb, from thence radiating in all directions. *Argent. nitric.* 1 gr. cure. (In what time? Ulcer of the stomach?)

Prutz relates a very fine cure of a "cardialgia" which did not give way to mineral waters, nor to homœopathic medicines, but to *argent. nitric. crystal.* 4, in the morning and in the evening. 1. Tri—in a short time. The affection must have been purely nervous, for it alternated with megrim. This latter remained for some time after the

\* *Hyg.*, 16, 108.

† *Oesterr. Ztg.* 4, 448.

‡ *Allg. Hom. Z.* Bd. 45. S. 223. Sub. 58.

cure. We miss an exact description. We only hear of continued ache in the epigastrium. Want of appetite, bad digestion, and irregular stools.\*

The best observed case is by Schleicher,† and presents to the author all the signs of a perforating gastric ulcer (great tenderness at a circumscribed spot, vomiting, cachexia, lasting troubles of digestion). *Nitr. argent.*  $\frac{1}{2}$  gr. in six  $\frac{3}{4}$  of distilled water, three times in the day, a tablespoonful. Cure in fourteen days.

Clot. Müller found *argent. nitr.* very active in two cases. In these, with intermittent attacks of violent scraping and turning together gastric pain, a remarkable redness and dryness of the lips and tongue, with prominent and sore papillæ, as well as diarrhœa of mucous and bloody fœces were present.‡

According to Ruckert's retrospect the pain consists in concussion, shortening, pinching, drawing and gnawing, takes in the whole epigastrium and gastric region, extends to the sacrum and region of the pelvis, to the sternum, comes at uncertain times, or towards mornings, is aggravated by touch, compels to bending forwards, which relieves, and is accompanied by anxious features, flatulence, repugnance to food, red tongue, thirst, cold sweat, vomiting of clear salt water, and acrid, sour, bitter, yellowish green, viscid fluid. The dose was in substance up to 4 grs. daily, 1 gr. solution every three hours, 1-12th gr. every four hours, 1-3 trituration every four hours, and the 30 potency.

### THREE CASES OF SKIN-DISEASE AFTER METALLIC POISONING.

BY J. GALLEY BLACKLEY, M.B.

#### CASE I.

*Eczema after exposure to the fumes of osmic acid :*

HENRY B—, aged 38, a platinum-refiner by trade, consulted me on December 13th, 1883, for a troublesome rash of an eczematous character on the face and upper extremities, which had been in existence for three months.

\* *Allg. Hom. Z.* Bd. 54. S. 70.    † *Allg. Hom. Z.* Bd. 58. S. 53.  
‡ *Vierteljahr Schr.* xi., 456.



*History*: Has always enjoyed good health. Never had syphilis. The patient states that he has been following the same occupation for the last five years, during which time he has on several occasions been exposed for lengthened periods to the fumes of osmic acid, which are given off in the process of oxidising the platinum residues for the recovery of the iridium present in them. Remained well until two years ago, when he had a rash on the skin similar to the present one, though less severe, and accompanied by the following symptoms:—

Intense smarting in the eyes (an hour or two after exposure to the fumes), relieved by going into the open air, but leaving the eyes weak for a day or two, so as to prevent his reading; all objects seemed surrounded by a coloured halo; the eyes were red and swollen; severe irritation of the larynx and trachea; tongue furred and sensitive to hot and cold drinks; colicky pains in the abdomen and evanescent attacks of indigestion (to which he had never been accustomed); tendency to piles; pain in loins; acute nephritis, for which he was confined to bed for ten days, the urine being at first scanty and of the colour of porter. Health about this time and since very variable; some days he would feel perfectly well and others very miserable. This attack lasted two months. It may be interesting to note that the patient has four children, of whom the three elder ones are perfectly healthy and free from all skin affections. The youngest, a boy of fifteen months old, is suffering from eczema at the present time.

The *present attack* began three months ago, with redness and swelling of the skin of the hands and arms which showed a crop of small pimples, accompanied by intense itching, becoming gradually vesicular. The rash, which is confined to the face, neck and fore-arms, is seen on examination to consist of numerous isolated patches of vesicles situated upon an elevated base, which latter is hard and brawny and pits slightly on pressure; towards the edges the patches consist of only one or two vesicles on the summit of a large papule. The contents of these vesicles are in all cases watery. There is occasionally cracking of the affected skin, and constant slight oozing. The itching is at times almost unbearable, and causes him to be much more irritable and short-tempered than has been his wont. The eyes are slightly suffused and irritable, and the sight is weak. The tongue is

clean but deeply fissured in places, and in one spot appears denuded of epithelium over a space about one-third of an inch in length, and one-eighth of an inch in breadth.

*Treatment:* At the present date (Feb. 20th, 1884,) after abstinence from exposure as much as possible, and protection of the skin by means of india-rubber gloves, coupled with the internal use of *Tr. Sulp.*  $\phi$ —the patient is slowly recovering.

#### CASE II.

John B., aged 40, a fellow-workman of the last patient, has also been engaged in working on platinum-residues, at intervals, for the last three years. Had always enjoyed good health, and had never had syphilis. This patient, after exposure to the osmic acid fumes, experienced the same effects upon the eyes and larynx, and at times noticed that the skin of the face was red and tender, and covered with "fine pimples with watery heads." The hands and arms remained free until three months ago, when some large pimples showed themselves upon the knuckles, and gradually spread over the hands and arms. At present (February 20th, 1884), the hands and forearms are covered with large circular or elliptical patches, varying in size from that of a sixpence to the size of a florin. The patches are red, slightly raised, and covered with scabs arranged in a concentric manner, resembling the later stages of herpes iris. Most of the patches are deeply fissured. He has also one or two large papules on the neck. The patches are intensely irritable, especially on rising in the morning, and at night on stripping before going to bed. On examining the eyes with the ophthalmoscope, the veins at the fundus are found to be large and tortuous; the retina is otherwise normal. Refraction + 1.5 spherical.

*Remarks:* Since the time of Berzelius, osmic acid has been known to have a powerful irritant effect upon the mucous membranes exposed to its influence, but it is only in the later accounts of this substance that much notice has been taken of its effect upon the skin. Bojanus (*Int. Hom. Presse*, v. 277), in his provings of "the first decimal dilution of the drug," experienced the following: "On the back of the left hand, between the thumb and index finger, appeared small pointed vesicles with red areola, with intolerable itching; vesicles showed themselves at the same time on the ulnar margin of the same hand, from the metacarpal joint to the

phalanges of the little finger, and on the dorsal surface of the wrist joint. On the right hand were no vesicles, only violent itching." Raymond, (*Progrès Médical*, June 27th, 1874), relates a case of poisoning from the fumes of osmic acid in the laboratory of Prof. Sainte-Claire Deville. The exposure commenced at the beginning of December, and "by the end of February the patient exhibited," in addition to other symptoms, "a copious exanthem on the forearm, on the dorsal and palmar surface of the hands, as well as on the cheeks, although less strongly marked." The rest of the skin was hot and dry to the touch. "On closer examination, the skin of the forearm and hands exhibited a mass of red and brown papules, some large, others smaller. The epidermis was desquamating."

These, and the symptoms exhibited by my patients, lead me to hope that we may have in osmic acid, when given in the higher dilutions, a useful ally in the treatment of some of the more intractable forms of eczema, and, possibly, also in the treatment of acute nephritis.

### CASE III.

#### *Saturnine gout, albuminuria, pemphigus; death.*

The following case, recently under my care in the wards of the London Homœopathic Hospital, is perhaps worthy of being placed on record as presenting some features of special interest.

Thos. W—, æt, 68, house-painter, was admitted into "Hahnemann Ward" on July 3rd, 1883, for a copious vesicular eruption accompanied with great prostration. He gave the following account of himself:—

Has followed the occupation of painter from his youth. Has never had syphilis. Married and has six children, all grown up and healthy. Forty years ago had a similar attack to the present one, being covered from head to foot with a copious rash. Has had no recurrence of it until now. During the interval has been laid up for short periods with "gout," and has had cramps and other slight evidence of lead-poisoning. Has been in the habit of drinking two or three pints of malt liquor daily. The present attack commenced about four weeks ago, with slight rash on the chest, which has gradually spread.

On admission, the chest and extremities were found to be covered with bullæ of various sizes, the largest being on the extensor surface of the arms and back of the hands.

The bullæ were situated on an inflamed base\* The patient described the itching as intolerable. The face and palms were quite free from the rash, as were also the buccal cavity and pharynx. No blue line was to be seen upon the gums. Temp. 99; urine, sp. gr. 1018, containing a trace of albumen but no casts. Bowels constipated.

This case formed no exception to the general record of such cases when occurring in the aged, for it ran a downward course from the commencement, in spite of careful diet and treatment consisting of *Kal. hydriod.* *Arsen.* and *Rhus tox.*, with dressings to the skin of iodoform and starch powder. The exudation from the bullæ become more and more fœtid, and the patient gradually sank into a low typhoid condition, and died on the tenth day after his admission.

*Remarks:*—In spite of the absence of a distinct blue line on the gums, I think there can be little doubt that the condition above described was the closing scene of a history of chronic lead-poisoning, the immediate result, in all likelihood, of the inability of the kidneys to perform their natural function. The cutaneous symptoms produced by lead, as given in "Allen," although leaving much to be desired in the matter of definition, are still sufficiently distinct to leave little doubt in one's mind that in some of the cases at least genuine pemphigus was present (*vide* Allen's *Encyclopædia*, article, "Plumbum" symptoms 8971, *et seq.*).

2, Gordon Street, Gordon Square.

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## REVIEWS.

*Hoyne's Annual Directory of Homœopathic Physicians of the Western States for the year 1884.* Chicago.

FROM this Directory we learn that in the State of Illinois there are 540 qualified medical men and women practising homœopathy. In the Chicago list we not only have the name and address of each physician, but his "office hours" and his telephone number. How long will it be before the telephone comes into such general use in this country that every doctor will be a member of a telephone exchange, and receive his summons to a patient through that medium of communication? In the State of Indiana the

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\* The contents were highly alkaline.

number of practitioners is 158 ; in Iowa, 263 ; in Kansas, 149 ; in Missouri, 187 ; in Nebraska, 99 ; in Wisconsin, 181.

This is followed by a "List of Locations," to the extent of between two and three hundred in number, where openings for practitioners are supposed to exist. The populations of these towns vary from 4,000 down to 200. One wonders here how medical men in such comparatively small places manage to thrive. The actual condition of matters may be surmised by the following statement in the *Medical Advance*, for which Dr. C. W. Eaton is responsible :—

"One of our men who is all alone in an Iowa town which the census of '80 put at 3,500 inhabitants, said to me the other day, 'Had I had a competent colleague when I broke down under a practice of one thousand dollars per month for three successive months, the old school would never again have had a smell of practice in this town.' Living and starving, all told, they now have thirteen 'regulars' in that town."

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*The Prevention of Blindness*,—A reprint of a Paper read on the 25th July, 1888, at the Conference in York, by Dr. M. ROTH.

*The Physical Education of the Blind*.—A reprint of a Paper read at the Conference in York, by Dr. M. ROTH.

THESE two papers by Dr. Roth ought to be read by everyone who feels sympathy with the blind. And who does not? If such an one there be, he must indeed have a cold heart, or be entirely forgetful of a too large section of his fellow-creatures who are deprived of the enjoyment of the greater proportion of the pleasures of life, and exposed to a still larger proportion of those ills which attend our progress through this world. They are published by the Society for the Prevention of Blindness, and may be obtained through Dr. Roth, 48, Wimpole Street.

It is to be regretted that an interest in the operations of this Society is not more widely spread than it is. Its object is admirable—the prevention of blindness. The plan pursued by it is, first, to demonstrate, as Dr. Roth has done in the papers before us, that all but a small *per centage* of the cases of blindness now under care in our blind asylums and schools need never have occurred, had only a due knowledge of the measures necessary to preserve the health of the eyes been possessed by those who had the care of these unfortunates in their early years, or by the victims to disease and injury themselves. Sixty per cent. of the cases of blindness in some institutions have arisen from *ophthalmia neonatorum*—a disease which is the product of a mere want of cleanliness! Injuries and diseases—perfectly amenable to treatment—are responsible for a very large proportion of cases.

Such being the fact—and of it Dr. Roth's carefully collected statistics from England and different parts of Europe leave no room for doubt—the Society for the Prevention of Blindness has for its second object the dissemination as widely as possible of information regarding the means necessary to preserve healthy sight.

To induce people in every class of society to read and think about—to learn somewhat of their physiological requirements—is a very tedious up-hill task. But it is only by such knowledge that health can be maintained, and it is only by the circulation of such knowledge that the necessary information can be acquired. We, therefore, heartily re-echo the words of Dr. Campbell, the Principal of the Normal School for the Blind, at Norwood, who, when speaking at the meeting at York, where Dr. Roth read these papers, said:—

“I am myself a subject of blindness, the cause of which might have been prevented, and, therefore, I have good reason to sympathise and to earnestly wish Dr. Roth great success in the effort he is making. I do trust that everybody interested in the cause of the blind will do their utmost to promote the objects of this society, of which Dr. Roth is the moving member. I think it would be an excellent plan if we were all to become members of the society, and do all we possibly can by assisting in distributing pamphlets, and in every other way to promote his work. For one he has my most grateful thanks.”

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## REPORTS.

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### HAHNEMANN CONVALESCENT HOME, BOURNE-MOUTH.

THE annual meeting of the subscribers to this Institution was held on Tuesday, January 22nd, at the Home, West Cliff, the Right Hon. the Earl Cairns presiding, and amongst those also present being Admiral the Hon. George Grey, the Rev. F. E. Toyne, the Rev. R. Colman, the Rev. G. E. F. Masters, Dr. H. Nankivell, Dr. Frost, Dr. W. G. Hardy, and a number of ladies.

The meeting having been opened with the reading of a suitable portion of scripture, and with prayer by the Chaplain (the Rev. G. E. F. Masters)—

The Treasurer (the Rev. R. Colman) presented the financial reports for the past year, observing that he was pleased to say the accounts were this year in a very satisfactory state. They commenced last year with a balance of £182 7s. 1d., and they had received during the year ending 31st December on the

general account, £472 19s. 8d. in subscriptions and donations ; £159 7s. in patients' payments ; £86 0s. 8d. interest on investments ; the total receipts being £850 14s. 5d. The total expenditure had been £814 10s. 11d. (including an item of £368 towards the endowment fund) leaving a balance of £36 3s. 6d.

The Hon. Secretary (Dr. Frost) then presented the report of the Committee, as follows :—

*“ To the Governors and Subscribers.*

“ On presenting to you the fifth annual report, it is with satisfaction your committee is able to state that the home during the ten months it has been opened for the reception of patients, has been well filled. More than ever has the small number of beds, and the consequent refusal of so many applications for admission convinced those interested in this institution that the time has long since come when the building is no longer equal to the demands made upon it. Forty-five patients have been under treatment during the past year, but many applicants for admission have necessarily been refused on account of limited accommodation.

“ The year which has recently terminated has been one of considerable eventfulness in the history of the Hahnemann Convalescent Home. The intention to double the size of the home received an enormous impulse by the munificent donation of £1,000 to the building fund, by Mrs. Rowe. The donation was warmly seconded by the Countess Cairns, who threw such interest and zeal into the work that before the close of the year, the building fund amounted to £1,863 9s. 9d. In the course of the summer the plans for the new wing were drawn up by Messrs. Creeke and Gifford, and the tender of Messrs. Jenkins and Son, amounting to £1,878, was accepted for the completion of the work, which has since progressed very satisfactorily. The late damp weather has somewhat delayed the plastering, and it will be impossible absolutely to complete the building till after the dismissal of the patients, which will take place this year one month earlier than usual.

“ By the time the new wing is completed, and various additional expenses in connection with it have been met, there will be but a very small balance remaining from the building fund ; and as furniture will be required for eighteen new beds, a new sitting room and a dining room, it is earnestly hoped that the friends of the institution will make a strong effort to raise the £600 which will be wanted for this purpose.

“ Another object gained by the enlargement of the building will be the preparation of the basement of the new wing for the

service of the dispensary. The rooms will be excellently adapted for the purposes intended, and for the first time in the history of the dispensary, which now extends over a period of fifteen years, the medical officers will possess all the advantages they require in the examination and treatment of their patients.

"A sum of £200 has been placed for permanent investment in the hands of the treasurer through the liberality of an anonymous friend.

"The finances of the home and dispensary at the close of the year present on the whole a pleasing aspect. A small credit balance of £18 2s. 6d. exists on the dispensary account, and on the housekeeping a credit balance of £36 8s. 6d.

"Since, however, for the future the working expenses of the home will be so much increased, the friends of this institute are earnestly requested to do all that is in their power to augment the number of subscriptions and donations.

(Signed) "GEORGE GREY, Chairman."

Dr. Frost also read the Medical Report as follows:—

*"To the Committee.*

"GENTLEMEN.—During the year 1883 forty-five patients have been under treatment in the Hahnemann Convalescent Home. Of these, nine were in the house at the commencement of the year; eighteen were admitted between this date and the summer closing; and again eighteen more were admitted between the re-opening of the home and the close of the year. Twenty-six were women and nineteen men. Most of the cases were those of phthisis and bronchitis, though others were admitted suffering from ptosis with cerebral congestion, œsophageal stricture, injury to the spine, ague and debility.

"The number of patients treated at the dispensary, or at their own homes, will sufficiently show how this part of the work is appreciated. The poor came in not only from the home district, but also from long distances around, Poole, Christchurch, Kinson, Ringwood, and Wimborne being well represented. There were remaining on books from 1882, 60; admitted during 1883, 750; total, 810. Of these, 62 were treated at their own homes, and 630 visits paid to them. There were 2,240 separate attendances at the dispensary. The following table will show the results of treatment:—Recovered, 290; relieved, 172; unimproved, 83; no report, 195; dead, 4; under treatment, 56: total, 750.

"The cases which died were: (1), woman, æt. 46 years, of bronchitis and Bright's disease; (2), man, æt. 59 years, of rheumatic gout; (3), man, æt. 82 years, of phthisis; (4), man, æt. 41 years, phthisis and bronchitis.



"It must be remembered that though there appears a large percentage under the head of 'No report,' we may safely infer that many were cured after one or two attendances.

"HERBERT NANKIVELL, M.D.

"WILLIAM G. HARDY, M.B.

"GEORGE FROST, L.R.C.P., Lon., M.R.C.S."

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### HORSHAM HOMŒOPATHIC DISPENSARY.

It is with much pleasure that we notice the inauguration of a new dispensary at Horsham, of which Mr. Ockenden, of Brighton, is the medical officer. The first annual report shows that there have been 650 attendances by 110 patients, and that the number is steadily increasing. Mr. Ockenden is doing pioneer work at Horsham, and is evidently doing it well. We wish the dispensary a prosperous future. We feel that every new dispensary, opened as this has been, in a neighbourhood where there is real need for one, is another outwork in the assault on the citadel of public ignorance and professional prejudice.

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### BUCHANAN OPHTHALMIC AND COTTAGE HOSPITAL, ST. LEONARDS-ON-SEA.

The third annual report of this Institution is of a most satisfactory nature. The balance-sheet shows a balance in hand of over £20, on which the Committee are certainly to be congratulated. The cases treated during the year were 80, of whom 87 were ophthalmic cases. The new building in Springfield Road, accommodating seventeen patients, is now ready for opening, and will, doubtless, greatly enhance the usefulness of this well-managed institution.

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### OXFORD HOMŒOPATHIC DISPENSARY.

We have received from Dr. Guinness the eleventh annual report of this dispensary, which seems to be in a very flourishing condition. The number of attendances during the year was 2,841, and 1,190 new patients were admitted. A good point in the report is the number of patients from surrounding towns and villages—451—a fact which very satisfactorily testifies to the success of the institution. We are pleased to learn that the number of patients is steadily increasing.

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### BATH HOMŒOPATHIC HOSPITAL.

It is with genuine satisfaction that we give the following *résumé* of the thirty-fourth annual report of this flourishing institution. Bath seems blessed with more enthusiasm than many cities much

larger than it. We particularly note with pleasure the fact that the Board of Guardians have voted an annual grant of £10 to the funds of the hospital.

The statistics for the year show a remarkable increase in each department. One hundred and fourteen patients were admitted into the wards of the hospital, being an increase of 51 over those of the preceding year. A great variety of diseases have been treated, many of them very acute cases, and the majority have been either cured or much improved. Twelve only were discharged without any visible improvement, and these were principally cases of very advanced phthisis or cancer. There were two deaths during the year in the hospital. The attendance of out-patients has been 6,202, being an increase of 1,909 over that of the preceding year; of these, 1,114 were new cases, being an increase of 279 over the preceding year. One thousand one hundred and nineteen visits were paid to patients at their own homes, and as this was the first year of the institution of this department the return may be considered very satisfactory.

The annual meeting was held in the board room of the hospital on Tuesday, January 22, 1884. The chair was taken by the Mayor, T. Wilton, Esq., who was well supported by subscribers and friends.

The Mayor thanked the committee and hon. sec. for their courtesy in requesting him to preside over that meeting, and he might say that he did so with a great deal of pleasure, for he considered that one of the main duties of the Mayor was to promote in every way that he could every benevolent and charitable institution in this city. He had had the opportunity of reading through the last report, and it occurred to him that the real benefits of this institution were not properly known, or it would be more generally supported. The number of out-patients was numbered by thousands, and upwards of 4,000 were visited or attended at the hospital. There was also a large number—something like 65—in-patients during that year. The statement as to the number of those cured was not given, but, judging from those cured and relieved in the hospital, it must be very large indeed. And he thought that the report to be presented would show a still further number who had been relieved by this institution. Most surely the results proved that the system was worthy of investigation and, he had no doubt, general support.

Mr. Norman then read the reports and the statement of accounts.

The Rev. C. C. Layard moved the adoption of the reports. These were, he said, very encouraging, and there was only one dark spot, and that was the debt, which ought to be paid off in some way or another. If some of them subscribed half-a-sovereign—larger amounts would be acceptable—he thought that it could

soon be paid off. He was an old homœopath, and he could speak with extreme confidence of homœopathy.

Admiral Dunn seconded, and expressed a wish that the two systems—allopathy and homœopathy—might be more amalgamated, as he believed that the result would be very beneficial.

The resolution was carried.

Mr. Jeeves moved that the following gentlemen be the Committee for the ensuing year:—the Rev. J. H. Way, Rev. G. Newnham, Rev. H. Tarrant, Messrs. E. Morgan, A. Stone, C. W. Dymond, and Giles.

Mr. Jennings seconded, and thought that endowed wards might be established in the hospital by those who wished to perpetuate the memory of departed relatives.

The resolution was adopted.

The Rev. G. Newnham moved a vote of thanks to the medical officers and other gentlemen who assisted in the working of the institution.

The Rev. H. Tarrant seconded, and said that the best way to thank the treasurer was to relieve him of the debt.

Dr. Holland returned thanks for the resolution, which was carried unanimously, and spoke of the gradual breaking down of the opposition that they used to meet with from allopaths.

The Rev. J. H. Way said he had been an homœopath for 28 years, and during that time he had known 16 cases given up by others and successfully treated by homœopathy.

Mr. Morgan moved, Mr. Stone seconded, and it was resolved to thank the Ladies' Committee for the good work they had done during the year.

The Rev. G. Newnham proposed a vote of thanks to the Mayor.

The Rev. J. H. Way seconded.

Mr. Theobald supported, and suggested that collections should be made in the churches and chapels on behalf of this hospital as well as others. The Board of Guardians recognised the value of the services rendered by this hospital, and subscribed £10 a year to it.

Dr. Holland thought that a Hospital Sunday should be established in Bath, and he believed that the initiative rested with the Mayor.

The proposition was carried, and

The Mayor, in returning thanks, remarked that he did not know whether the initiative rested with him as to the Hospital Sunday, but he would not lose sight of the suggestion.

At the end of the meeting, which was one of the most successful ever held in connection with the institution, the sum of twelve guineas was collected towards the reduction of the debt.

## BRIGHTON HOMŒOPATHIC DISPENSARY.

From the recently issued report of this institution for the year 1883 we learn that:—

“The Committee of this institution have great pleasure in calling the attention of its subscribers and supporters to the marked increase in the good work accomplished over many preceding years, the number of consultations at the dispensary amounting to no less than 11,955, and the visits paid to poor persons at their homes to 6,083, and the actual number of patients who have received medical assistance is 2,880.

“In Finance there has also been an increase in the amounts received—£378 16s. 8d. in 1883, as against £335 0s. 7d. in 1882, and the 1882 account included a legacy of £50, which was inadvertently placed among the subscriptions instead of being carried to ‘legacy account.’ The marked increase of the receipts under the head of ‘tickets sold’ is the strongest evidence of the increasing regard in which the dispensary is held and of its increasing usefulness. This year the dispensary has received from the Hospital Sunday Fund £27 15s., and from the Military Tournament Fund, £5.”

## NOTABILIA.

## THE LONDON HOMŒOPATHIC HOSPITAL.

We have much pleasure in informing our readers that the new wing of the hospital, which has been built for the accommodation of additional nurses to be trained in the wards, is to be formally opened on Saturday, the 5th of April.

The opening ceremony is to be followed by a *Conversazione*, between the hours of 4 and 8 p.m. During this time selections of orchestral and vocal music will be performed, and many objects of art and of scientific interest, which have been specially lent for the occasion, will be on view. During the afternoon and evening many useful and fancy articles, presented by friends of the hospital, will be offered for sale by the nurses.

We take this opportunity of inviting the co-operation of all who know and have felt the value of homœopathy, in making this effort to advance the interests of the hospital a great success.

They have the opportunity of doing so by their presence, by making purchases at the stalls of the nurses, and also by contributing articles for the sale and by lending objects of an artistic or scientific interest to add to the attractions of the exhibition.

We hope to be able to refer at greater length to this important and interesting occasion in our next number. Meanwhile, we trust that our readers will remember the date—the 5th of April

—and will, as speedily as possible, send to the Secretary at the hospital intimation of their readiness to co-operate with the Board by their contributions, either in money or kind.

We anticipate a most interesting and somewhat novel fête on the day we have named, one rendered all the more attractive by its taking place within the walls of the hospital.

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### THE UNIVERSITY OF BOSTON, U.S.A.

As has been already announced, Dr. HUGHES has, at the request of the Medical Faculty of this University, undertaken to deliver a course of lectures in its Medical School during May. The following are the subjects on which Dr. Hughes proposes to discourse :—

1. The Knowledge of Life.
2. The Knowledge of Health.
3. The Knowledge of Disease.
4. The Knowledge of Medicines.
5. Pyrexia and the Anti-Pyretics.
6. Ibid.
7. Rheumatism and the Anti-Rheumatics.
8. Ibid.
9. Cerebral Localisation and Drug-Action.
10. Ibid.
11. Ibid.
12. The Future of Pharmacodynamics.

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### NEW TEST FOR STRYCHNINE.

THE Russian chemist, R. Mandelin, proposes a solution of one part of vanadate of ammonia in 100 parts of *sulphuric acid* as a valuable reagent for detecting *strychnine*. He says that a trace of this alkaloid on being brought into contact with a few drops of this new reagent upon a watch glass, causes a momentary but splendid blue colouration, which changes very rapidly into violet and vermilion.

In his experiments he has found that the blue colour is evident with one-thousandth part of a milligramme of *strychnine*. If so, the reagent in question possesses a very great degree of sensitiveness.

The author has also found that this reagent is very stable. It is prepared by the trituration of colourless vanadate of ammonia with pure *sulphuric acid* (mono-hydrated). On account of the colourless state of the ingredients composing this reagent, it will probably supersede the ordinary chromic acid test, if the results we have just described be confirmed, of which we have little doubt.—*Burgoyne's Monthly Journal of Pharmacy*.

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### A NEW WORK ON THE PRACTICE OF MEDICINE.

WE learn from a circular received from the Chatterton Publishing Company, New York, that three, or perhaps four, large volumes on the practice of medicine, having its therapeutics based upon homœopathy, are to appear during the ensuing year, under the editorship of Dr. Winterburn, of New York. The articles composing it will be contributed by a hundred and fifty American physicians. Among those engaged as contributors we observe the names of many who have by their published work and high professional character earned a title to have their opinions regarded with the highest respect.

"The object of this work," we are informed in the circular, "is to show the actual opinions and present practice of those who, by common consent, are entitled to be regarded as the exponents of homœopathy in the various sections of the United States. It has been unjustly asserted, with considerable warmth, that homœopathy, whatever it may have been in its inception, is now nothing but a trade mark, which certain members of the medical profession have seized upon for sordid purposes; that the homœopathists do not believe in homœopathy, and have long since abandoned it as an actual basis in prescribing for the sick; and that, while trading upon the title, they practise differently from what they pretend to preach. It is therefore proposed to gather in encyclopædic form (giving to it every advantage which the printer's art can bestow) a series of treatises on practical medicine as known and believed in by homœopathists. That in this way a complete and dignified answer may be returned to the slurs of dishonesty which have been cast upon us, is a motive that has inspired this work; and the editor will garner within its covers the ripened experience of our best men, as a permanent record, for all time, as to what homœopathy really was, and what homœopathists actually practised, in the year of our Lord 1884."

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### MEDICINE AMONG THE MASSES.

AMONG those members of the community who are conveniently designated the "masses," are found the great fields for the energy of young practitioners. The medical student has passed through his dreamy days, and has accomplished his longer or shorter career of rowdysism. In the last year of his curriculum he sets himself more seriously to his work. The mountain before him has come to look steeper and higher, the paths up it more crowded, the baronetcy at the top more difficult of access, and his own genius somewhat less assured than just when he left school. He gains his hard-earned diploma, but he knows now that that is only the pass admitting him to the competition, not

the crown of victory. And he finds out that it is in St. Giles, in Bethnal Green, in Lambeth, or in Westminster, that his most certain chances of employment and experience are to be found. Harley Street must wait. So he settles down. And among the myriads of mothers around him a few are sure to try the new doctor. This is his opportunity. If, as is likely, the baby on which he first experiments has a complaint to which a Greek name can be reasonably attached, and if a bottle or two of "stuff" should bring it round, his fame spreads, and if his clients are sometimes slow in paying they are not slow in praising. No mother in the circle of the first mother's acquaintance will be satisfied until she has had the new doctor in her house, nor until her baby has had a complaint with as long a name as the other mother's baby's. It is hardly recognised, perhaps, how much the doctor's visits are thought of among the poor of London. The interest is far deeper and more real than that created by the curate's visits in the country. The doctor wields a magic power over disease, and to those people both disease and the "stuff" which does battle with it, and so often conquers it, are very distinct entities.

But, from the doctor's own point of view, the associations can hardly be so pleasant. He can hardly help being a man of some culture and refinement, and he can have but rare opportunities to gratify his higher tastes. He gets accustomed no doubt, to suffering and death, but still, the sad dramas of humble life which he is so often witnessing must strain his nervous organisation. Few occupations seem to call for rest and recreation so urgently as his, and none permit such relief so little. Add to this that he is likely to be mocked at by the medical papers for attending his patients so cheaply, or, on the other hand, regarded by dishonourable and drunken customers as a brutal tyrant if he seeks to recover his moderate charges for his services. There are, indeed, few men who better serve their day and generation than many of the unknown medical practitioners of London.—*The Chemist and Druggist*.

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### THE STATE AND THE MEDICAL PROFESSION.

In the last number of *The Nineteenth Century* Professor Huxley has an article upon the kind and degree of control the State should exercise over the medical profession. The following are his conclusions:—"In my judgment," he writes, "the intervention of the State in the affairs of the medical profession is to be justified, not upon any pretence of protecting the public, and still less upon that of protecting the medical profession, but simply and solely upon the ground that the State employs medical men for certain purposes, and, as employers, has a right to define

the conditions on which it will accept service. It is for the interest of the community that no person shall die without there being some official recognition of the cause of his death. It is a matter of the highest importance to the community that in civil and criminal cases the law shall be able to have recourse to persons whose evidence may be taken as that of experts, and it will not be doubted that the State has a right to dictate the conditions under which it will appoint persons to the vast number of naval, military, and civil offices held, directly or indirectly, under the Government. Here, and here only, it appears to me, lies the justification for the intervention of the State in medical affairs. It says, or should say, in my judgment, to the public: 'Practise medicine, if you like; go to be practised upon by anybody;' and to the medical practitioner: 'Have a qualification, or do not have a qualification, if people do not mind it; but if the State is to receive your certificate of death; if the State is to take your evidence as that of an expert; if the State is to give you any kind of civil, or military, or naval appointment, then we call upon you to comply with our conditions, and to produce evidence that you are, in our sense of the word, qualified. Without that we will not place you in that position.' As a matter of fact, that is the relation of the State to the medical profession in this country. For my part, I think it an extremely healthy relation, and it is one that I should be very sorry to see altered, except in so far that it would certainly be better if greater facilities were given for the swift and sharp punishment of those who profess to have the State qualification, when, in fact, they do not possess it. They are simply cheats and swindlers, like other people who profess to be what they are not, and should be punished as such."

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#### EARLY RISING.

THE proper time to rise is when sleep, properly so-called, ends. *Dozing* is not admissible from any reasonable or health point of view. The brain falls into the state we call sleep, and the other organs of the body follow it. True sleep is the aggregate of sleeps. In other words, sleep, which must be a natural function—*i.e.*, physiological instead of pathological, or induced by disease or drugs—is a state which consists in the sleeping or *rest* of all the several parts of the organism. Sometimes one and at other times another part of the body as a whole may be the least fatigued and so the first to awake, or the most exhausted, and therefore the most difficult to arouse. The secret of good sleep is—the physiological conditions of *rest* being established—to so work and weary the several parts of the organism as to give them a proportionally equal need of rest at the same moment.



The cerebrum or mind-organ, the sense organs, the muscular system, and the viscera should be all ready to sleep together, and, so far as may be possible, they should be equally tired. To wake early and feel ready to rise, this fair and equal start of the sleeper should be secured; and the wise self-manager should not allow a drowsy feeling of the consciousness or weary senses, or an exhausted muscular system, to beguile him into the folly of going to sleep again when once his consciousness has been aroused. After a very few days of self-discipline the man who resolves not to "dose"—that is, to allow some still sleepy part of his body to keep him in bed after his brain has once awakened—will find himself, without knowing how, an "early riser."—*Lancet*.

### CHILDREN'S PARTIES.

Our medical contemporaries have not spoken out too soon about the excitement produced on the minds of little boys and girls by children's parties. Children are so easily amused, that the elaborate entertainments which it is now the fashion to provide for them, often fails in the objects proposed, and cause intense agitation rather than healthy enjoyment. What with morning performances at the theatres, fancy-dress balls, private theatricals, and parties offering an ingenious variety of recreations, with a not less stimulating assortment of supper dainties, some of our young people now pass their winter holidays in a round of exhilaration which gives them a distaste for the simple amusements of home. One or two parties and a single visit to the pantomime used formerly to be considered enough for children during the Christmas holidays; but nowadays we meet youngsters who know as much about favourite actors and actresses as their elders, and who in the matter of parties are nicely fastidious, having learned to establish comparisons between hosts who do things "in style" and those who are still so primitive as to treat children like children. We need not trouble ourselves over-much about the boy in his teens, who, after the dissipation of his holidays, quickly gets put to rights by the work, diet, and boyish games of his school; but it has become too common to take out to children's parties little mites of three or four, who are not strong enough to stand the excitement of these revelries, and who, it appears on the evidence of doctors, are often seriously affected by them. Mothers should see to this, and withstand the temptations of showing off the precocious graces of their little ones, even when enticed by those *nouveaux riches* who delight to collect children in crowds round them, and to refresh their jaded taste for novelties by the sight of tiny folk masquerading in the garb of grown-up people.—*Graphic*.

## A DREAM.

THE daily papers tell us that at three o'clock one morning, Dr. Mackey, a prominent physician of Washington, rose suddenly from his bed and began pacing the floor, which, disturbing his wife, she asked what ailed him. He answered that he had had such a horrible and vivid dream that he could not rest after it. He dreamed that his friend, Dr. J. Marion Sims, of New York, appeared to him, with a face like that of a corpse, and said to him: "James the Fourth is dead." Dr. Mackey said to his wife that the dream so depressed him that he would not go back to bed again, so he went down to his office and sat there at work until after daylight.

Before breakfast a telegram was brought him announcing Dr. Sims' death at 8 A.M., exactly the hour when Dr. Mackey, rousing from his dream, had looked at his clock. Looking at it again, he found that it had stopped at three o'clock.

Dr. Sims was in the habit of calling himself "James the Fourth," as he was the fourth of the same name in the family.—*The New York Medical Times.*

## CORRESPONDENCE.

## THE TREATMENT OF BURNS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—The main objects in treating burns are to exclude the air, to protect the injured parts, and to allay pain. Severe burns should be dressed once for all, not constantly exposed for re-dressing. Both dressings, already mentioned in the *Review* in January and February numbers, are excellent, but I would suggest in extensive burns, that is, whenever more than half a limb is injured, artificial heat should be applied over the dressings by hot bricks, bottles, or indiarubber cushions.

I have in my mind three cases of extensive burns which proved fatal, although speedily and effectually dressed with carron oil (oil and whitening) covered with wadding. Very soon after a burn the skin feels remarkably cold, the interior of the body excessively hot, and death is very likely to occur in this stage, especially in children.

Rawtenstall.

WALTER DUNN, B.A. Cantab.

## SCARLATINA.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—It is only by the publication of exceptional cases that we can draw general conclusions from large circles of experience.

In May, 1883, I attended a girl, æt. 8, in a severe attack

of scarlatina; after this she had nephritis and desquamated in due course. All other members of the family were moved, with the exception of the oldest, a brother, *æt.* 19.

During the months of July and August the house was put into the hands of the sanitary authority for disinfection. The whole family again returned in August, and continued well until January, 1884, when the same child, *æt.* 8, was taken with a "feverish cold," and "was as red as a lobster." I was not called in, as the parents felt quite comfortable, inasmuch as it *could* not be scarlet fever again, from the fact she had had it only six months before. They regarded it as roseola. However, ten days later the child seemed so ill they sent for me. I found her temperature 104, pulse 110, face swollen and glands of the neck much enlarged, the throat covered with diphtheritic membrane. I ordered *phytolacca*  $\phi$ , a teaspoonful to a tumbler of water, the throat to be frequently gargled with this as often as every ten to fifteen minutes. Eight hours after, the throat was much better, the pulse and temperature 108 and 100 respectively. During the night it was done three or four times, and the frequency resumed in the morning. In two or three days she was free from danger; and, as if to confirm the nature of the poison, the oldest brother, who had remained in the house during the attack six months earlier, took to his bed with all the conditions of scarlatina in a severe form. Fourteen days after my first seeing the child she began to desquamate, and is now almost finished, the extent of "peeling" equalling that following her attack of six months since.

I have seen one or two cases where scarlatina has occurred a second time in the same individual with some years of interval, and have heard of others, but never before saw it in one individual twice in six months.

Yours obediently,

EUBULUS WILLIAMS.

1, Lansdowne Place, Clifton.

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### "THE CARE OF THE INSANE."

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—I have read with much interest the article "Care of the Insane" in this month's *Homœopathic Review*, and hope that you will now kindly allow me to make a suggestion which may perhaps modify the writer's impression that the investigations before the Select Committee on Lunacy Law of 1877 established the non-occurrence of wrongful incarcerations, by which I especially mean the incarceration of sane persons as lunatics. It is this, that in no single instance was an ex-patient allowed either to cross-examine the medical men who had certified his lunacy, or to refute their testimony by opposing

evidence. No doubt the majority of these witnesses were honourable men, and spoke what they believed to be true, but they were too numerous for the ever-recurring "black sheep" not to find place among them. How fully he distorted himself in the witness's chair the following incident illustrates.

In one of the cases alleged to be of wrongful incarceration, the writer of a singularly feeble certificate was examined as to his grounds for giving it, and stated that the ex-patient had told him that on one occasion a person had been concealed under his bed, and escaped before a light could be procured. The Committee pertinently asked whether this might not have been the case, whereupon the witness declared it to be impossible, and proceeded to give a description of the premises, which certainly showed that no rational person could have entertained such idea. Now, happening to know something of the person and the localities, I doubted the accuracy of the description, and immediately procured a plan of the room and its contents, together with the modes of egress, from a professional surveyor. As I expected, it turned out that abundant facilities existed for the concealment within the room, and facile escape from it, of several persons instead of only one; and that the witness had been mendacious either in asserting his personal inspection of the premises or in describing them. In other instances, I procured from alleged informants written denials of what they were reported by some medical witnesses to have said, and, without entering into further details, I do not hesitate to say that the Select Committee was, in many instances, grossly misled, and that had the evidence been given on oath, and tested by skilled cross-examination, the Committee's report would have been a very different one.

As regards too-prolonged detentions, the statements made to the Committees by official witnesses were very strong. Dr. Mortimer Granville, when acting as a visiting commissioner for the *Lancet*, concluded that in the asylums which he visited one third of the patients were sane, "in the sense that their powers of self-control were equal to those of the average of their class outside asylums, and that they ought to be self-supporting." A Lunacy Commissioner and a Lord Chancellor's visits gave similar testimony regarding both private and Chancery patients. It is, therefore, justifiable to hold that at this moment there are more than 20,000 persons needlessly subjected to that deprivation of liberty which Dr. Lockhart Robertson told the Select Committee "is most abject misery, even under the most favourable circumstances" to everyone capable of appreciating freedom.

At the same time, few will deny that very many persons are at large who should, in the interests of society, be under restraint. Surely the difficulties of dealing with this class—of getting the

cunning lunatic who conceals his symptoms from the medical man, declared insane—would be materially lessened, or even removed, by placing the adjudication of insanity in legal hands—making it a matter to be judicially decided on sworn evidence. There seems no reason why ocular proof should be more essential to a just sentence in alleged insanity than in alleged crime, if only the rules of evidence are equally strict in both cases, and the same penalties attached to falsehood.

On the suggestion of an increase in the number of Commissioners from six to thirty, I desire only to say that the criminal charges which I felt it my duty last year to bring against three of these gentlemen by name in my *Bastilles of England* are still unrefuted, and, fiercely libellous as they are, have entailed no molestation to either author or publisher. In the *Monthly Homœopathic Review* of August, 1888, the reviewer says that I give "too many details as to name, date and locality to leave much doubt" of the truth of what he styles my "pitiless accusations." Far and wide has the press taken the same view, and it may now fairly be held that my worst charges are proved by the tacit confession of inaction. What hope is there, then, that an increase in the number of Commissioners would not engender an increase of existing evils? As Charles Reade truly says—"Justice is the daughter of Publicity."

I am, Gentlemen, Yours faithfully,

29, Fitzroy Square, W.

LOUISA LOWE.

February 10th, 1884.

[The writer of the article to which the foregoing letter refers did not see the review of *The Bastilles of England* until it was published. Neither had he at that time read the book itself. He has since done so. The authoress appears to represent the Commissioners in Lunacy as a band of conspirators, in league with the relatives of people desirous, for pecuniary or other impure motives, to get them out of the way and securely deprived of all control over their property. It is further insinuated that some of the Commissioners are in the receipt of bribes from the proprietors of private asylums—who, by the way, she calls "madness-mongers"—to prevent the discharge of cured patients well able to pay. The only reason he supposes why she has not been prosecuted for libel is that the charges are too monstrous to be credible by people generally. To assume that 20,000 persons are now in asylums, who might with every advantage to themselves and no disadvantage to the public be at large, is also incredible, especially when it is considered how comparatively few are the actions brought for false imprisonment, and how unsuccessful they are when they are tried, except in causing worry and expense to medical men.—ED. M. H. R.]

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

Mr. S. F. MABERLY requests us to state that he has resigned the post of Medical Officer of the Torquay Hydropathic Establishment.

Communications, &c., have been received from Dr. GALLEY BLACKLEY, Dr. BAYNES, Mrs. LOWE (London); Dr. HUGHES, Mr. OCKENDEN (Brighton); Mr. MABERLY (Brixham); Dr. GUINNESS (Oxford); Dr. GALLOWAY (Sunderland); Mr. FROST (BOURNEMOUTH); Mr. KNOX-SHAW (St. Leonard's); Dr. HAYWARD (Liverpool); Dr. WILDE (Bath); Mr. RENDALL (Southampton); Dr. BERRIDGE (London), &c.

## BOOKS RECEIVED.

*A Materia Medica of Differential Potency.* By B. F. Underwood, Ph. D., M.D. New York. A. L. Chatterten, 1884.

*Cough and Expectorant: A Repertorial Index of their Symptoms.* Edited by J. J. Lee, M.D., and G. H. Clenk, M.D. New York. A. L. Chatterten, 1884.

*An Obstetric Mentor: A Handbook of Homœopathic Treatment required during Pregnancy, Parturition, and the Puerperal Season.* By C. M. Conant, M.D. New York. A. L. Chatterten, 1884.

*Health Culture.* By Gustav Jaeger, M.D.

*Lateral Spinal Curvature.* By E. C. Franklin, M.D. St. Louis.

*New Commercial Plants and Drugs.* Christy & Co.

*Compulsory Vaccination in England.* Tebb.

*Intra Cranial Diseases.* By C. P. Hart, M.D. Philadelphia.

*Report of the Bureau of Organisation, Registration and Statistics of the American Institute of Homœopathy.* Pittsburgh.

*Transactions of the American Institute of Homœopathy, 1884.*

*The Homœopathic World.*

*The Students' Journal and Hospital Gazette.*

*The Chemist and Druggist.*

*The Monthly Magazine of Pharmacy.*

*The Calcutta Journal of Medicine.*

*The North American Journal of Homœopathy.* New York.

*The New York Medical Times.* New York.

*The American Homœopath.* New York.

*The Hahnemannian Monthly.* Philadelphia.

*The United States Medical Investigator.* Chicago.

*The Medical Advance.* Ann Arbor, Mich.

*Bibliothèque Homœopathique.* Paris.

*Revue Homœopathique Belge.* Brussels.

*Allgemeine Homœopathische Zeitung.* Leipsic.

*Rivista Omiopatica.* Rome.

*Rivista da Sociedade Homœopathica.* Bahia.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### ON REVISION OF THE MATERIA MEDICA.

THE investigation of the action of drugs, by means of experiments with them upon healthy men and women, though tentatively made by two or three physicians before the time of HAHNEMANN, was first effectually carried out by him. By him alone was such a method of inquiry first regarded as the basis, and the only basis, of all knowledge respecting our medical materials which could be utilised for the cure of disease. The mode in which a drug manifested its influence being ascertained by the symptoms to which it gave rise, the principle of *similars* pointed at once to the case or cases in which it could be so prescribed as to promote, if not ensure the removal of disease.

This, in short, constituted homœopathy. Without the principle of *similars* the experiments in question were of little value. Without such experiments the principle of *similars* could not be applied. Hence, in homœopathic therapeutics, a complete and thoroughly reliable body of experiments made with drugs upon human beings is essential.

Not only, however, are these experiments or "provings" essential, but, to the end that they may be utilised, they must be arranged in such a manner as shall admit of easy reference to them; in such a manner as shall enable us to compare the symptoms of a disease with those produced by a drug with a certain amount of facility. This is especially important, because, in order to find a drug capable of curing a given case, it is not only necessary that it shall be one which in health gives rise to a condition more or less like the disease of which our case is an illustration, but like that which characterises the particular specimen of it before us. Half-a-dozen or a dozen drugs may, in their effects, resemble rheumatism, but it is far from being a matter of indifference which of that dozen we order in a particular instance of rheumatism.

Hence, the accumulation of facts regarding the kind of influence possessed by poisonous substances upon the body has ever been sought after by homœopaths. Experiments have been greedily seized hold of, and hastily incorporated with those which have previously been in our possession, to such an extent that the substances regarding the action of which we have some sort of knowledge, number no less than 770; while the number of experiments (including in these cases of poisoning) regarding some of them are also very numerous. The details of symptoms abound, therefore, in repetitions, uselessly encumbering pages, and confusing the practitioner who refers to them.

Further, in our haste to grow rich in the phenomena of the perturbations excited by drugs many experiments have been admitted into our records which ought never to have been received. The connection between the drug, or supposed drug, taken and the symptoms attributed to it has, in some instances, been too doubtful to admit of our



placing that confidence in the proving which we ought to have when prescribing.

Again, the effects obtained have been, too exclusively, so arranged as to prevent our having the power of studying them in the order of their occurrence. The experiments themselves have been withheld, and the symptoms which characterised them have been catalogued artificially—those produced on the eyes being collected together in one section, those on the head in another, those on the stomach in a third, and so on through the various organs of the body. This is all very well for the purpose of reference to an individual symptom, but we cannot, from such an arrangement, obtain a knowledge of the general action or genius of a drug.

Finally, some of the experiments, or poisonings, which have been pressed into our Materia Medica have been derived from reports in foreign journals, and, unfortunately, have been, in not a few instances, incorrectly translated.

That these several points are blots on the purity of our drug pathogenetic records must be admitted ; though at the same time, imperfect as they render the Materia Medica, its general accuracy has been such as to have enabled those physicians, who have relied upon it for their knowledge of the actions of drugs, to achieve a degree of success in the treatment of disease unknown to all who have superciliously passed it by as a mere product of imagination or a collection of unintelligible phrases.

Practically useful as it has proved, we must still not rest content until we can justify its title of "PURE." This has been the feeling of homoeopathic physicians both in England and the United States of America for many years. Various attempts have from time to time been made to remedy acknowledged defects, but, so far, without any very important results. The work of the HAHNEMANN

PUBLISHING SOCIETY has been attended with the greatest amount of success in this direction. But hitherto only five provings of medicines have been published by it, though we believe that some five or six more are in the Press. This is a degree of progress all too slow for the wants of practitioners. The BRITISH HOMŒOPATHIC SOCIETY, under the inspiration of its secretary, Dr. HUGHES, has made a beginning of a revised work during the last two years; and in 1882 the AMERICAN INSTITUTE OF HOMŒOPATHY appointed a committee to examine the whole subject of Materia Medica revision, and to point out what revising was required and how it was to be accomplished. Dr. DAKE, of Nashville, Tennessee, was the chairman, and at once set to work, with his calm and steady energy, in the accumulation of evidence of what was wanted. For this purpose he distributed among the members of his committee the following circular:—

“ Before proceeding with a revised and somewhat condensed work on Materia Medica, it is necessary to agree upon *principles of sift*.

“ All are agreed, on both sides of the Atlantic, in having the contents of the revised work made up from the original sources and arranged in two grand divisions, the *narrative* and the *schematic*.

“ I. What remedies should be embraced in a revised and somewhat condensed work, say two volumes of 1,200 pages each?

“ Make out and enclose a list.

“ II. In general, what sources shall be drawn upon for the pathogeneses of the remedies to be embraced—

1. The reports of poisonings in lower animals?
2. The reports of poisonings in persons, after the use of antidotes?
3. The reports of drug trials on the sick?
4. The reports of provings in the persons of medical men in active out-door practice?

5. The reports of provings in persons under the influence of tobacco, coffee, or alcoholic stimulants ?
6. The reports of provings of a drug acting simultaneously with other drugs ?
7. The reports of provings made with attenuations above the 6th decimal ?
8. The reports of provings made with attenuations above the 12th decimal ?\*
9. The reports of provings in the person of but one prover ?
10. The reports of provings but once made, and in the person of but one prover ?

“III. How should the drug effects be arranged in the narrative division—

1. The symptoms of large, or of small doses, first ?
2. Functional, or structural, effects first ?
3. Should the order of symptoms be according to time, or of locality ?

“IV. Under what headings, and in what order, should the drug effects be arranged in the scheme ?—

1. The names of tissues, or of organs, or of regions ?
2. In either case, where should the beginning and where the ending be ?
3. How should the conditions of increase or diminution of suffering be noted ?

“V. Should there be incorporated or appended a display of clinical verifications ? If so, how and where should symptoms verified be noted ?

“VI. Should American remedies be worked out by American medical men, and all others by English medical men ?

“VII. Should there be in England a committee of three to make final revision and publication, and to fix upon prices and modes of distribution ?

“VIII. Should the actual expenses of postage, expressage and a reasonable allowance as salary for the committee of final revision

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\* Especially in cases of provers 4 and 5.

sion and publication, be paid out of funds accumulated after the bills for printing are paid ?

“ IX. Should an Anglo-American Association be formed to furnish money and to own the proposed work, say, upon a plan similar to that of the Hahnemann Publishing Society of England ?

“ X. Should the work be issued in quarterly parts, say, eight or ten remedies in each, or in two volumes, one following the other ? ”

From the replies to these questions which were received, the chairman, Dr. Dake, has drawn up the following “ *Rules for Revision*,” which he will submit to the forthcoming meeting of the Institute.

“ Rules recommended to govern the revision and publication of the homœopathic *Materia Medica*.

“ I. The work should be in two parts :

1. A narrative, reciting the positive or pathogenetic effects of each agent in the order of their occurrence.
2. A schematic, exhibiting the symptoms according to regions and functions, chiefly after the manner of Hahnemann.

“ II. The narrative part to be produced mostly by the special committee of the British Homœopathic Society, aided by correspondents in all countries, in accordance with the following system and rules :—

1. Give the scientific name and synonyms of each article.
2. The natural history, class, species or composition, and source of each.
3. The medical history of each, in brief.
4. The pharmacal treatment and portions used in medicine.
5. The symptoms, objective and subjective, clearly attributable to each.

“ Under this rule there should be no effort to reproduce the records as made by all observers and provers, *in extenso* ; but, rather, a succinct narrative, that shall combine and faithfully

represent the positive or sick-making effects mentioned by each, so far as the reports (at least, two of them) may essentially agree.

“ It is considered desirable to have the pathogenesis as full as it may be, after the most thorough sifting, and to let its character for purity depend upon the competency and faithfulness of the revising editors, as must be done in all the text books of science.

“ III. The symptoms, or effects, denoting departures from a state of good health occasioned by each article should be gathered from the following sources :—

1. The most reliable reports of poisonings in the lower animals, which may afford hints as to the deeper influence and organic changes resulting.

“ The drug effects observed in the lower animals should be noted apart from those of the human species, inasmuch as they apply only by analogy.

2. The most reliable reports of poisonings in persons where antidotes essentially varying the conditions, were not employed.

3. The most reliable reports of provings in persons of unimpaired health, excluding those taken from persons under treatment for some existing disease, or at the time under the probable influence of some other medicine, or so affected by other disturbing agencies or emotions, as not to afford a clear reflection of the pathogenic character of the article under consideration.

“ Under this rule, provings made by persons sick, or removed from a normal condition by excessive use of coffee, tobacco, opiates, or alcoholic stimulants, or by disturbing occupations, should be excluded, inasmuch as such persons could not be fairly representative of the generality of mankind. Especially should their reports be excluded when they have been proving drugs in a highly attenuated form.

4. The most reliable reports of provings where the quantity, or attenuation of the drug on trial, is such as to allow

no reasonable doubt as to the actual presence of drug matter in the doses taken by the provers.

“ Under this rule symptoms reported as produced by attenuations above the 12th decimal, should be received with great caution, and only when found in accord with symptoms from the lower attenuations; while those attributed to attenuations above the 30th decimal should be rejected as untrustworthy.

5. The most reliable reports of provings where there is a concurrence of the symptoms in the persons of not less than two provers.

“ Under this rule symptoms occurring in the record of only one prover should not be accepted, inasmuch as there could be no probability that such symptoms were the effects of the article under trial; or, if its effects, that they would ever occur in, or be applicable to, any other person or persons. All such should be allowed to remain in the original reports till experienced by other provers.

“ IV. The drug symptoms accepted should be collated, so that they will show the beginning, progress, and end of the drug affection, in its lighter, as well as deeper impression.

“ Under this rule the compiler should write his narrative, after getting all the accepted symptoms well before him, and clearly in mind, as does the writer of history, in giving the individual acts and achievements of a person, a people, or a country.

“ The symptoms common to the largest number of provers, those most characteristic of the agent, and, therefore, most applicable to the generality of mankind, should be indicated by a special kind of type, or by small numerals, all clinical verifications being noted by an asterisk, or in the *schematic* part alone.

“ A plain statement of facts, without efforts at pathological or therapeutical induction is here required.

“ V. The schematic display of accepted drug symptoms should be arranged essentially after the plan adopted by Hahnemann, beginning with ‘mental’ disturbances, and ending with ‘conditions,’ and should embrace only those set forth in

the narrative work ; and the comparative value of the symptoms embraced should be indicated, as in the narrative display, by different types, figures, &c.

“ VI. The schematic arrangement should be made chiefly under the supervision of the Bureau of Materia Medica and Provings in the American Institute of Homœopathy, aided by workers in all countries.

“ VII. An association, a Materia Medica Union, should be formed, having members in all countries, each paying £2 a year to defray the expenses of the proposed work.

“ VIII. The publication of the new Materia Medica should be made in quarterly numbers, each having from two to three hundred pages, properly indexed and bound in cloth.

“ It is proposed that farther rules, or changes in these, and the necessary details of the work be referred to a joint committee, consisting of three members from each of the national societies named, the committee to meet during the annual session of the American Institute, at Deer Park, Maryland, June, 1884.”

These “ *Rules for Revision* ” have been prepared with very great care ; and, if fully and faithfully carried out, would result in presenting us with a work on *Materia Medica* which we could study with advantage, and always consult, when prescribing, with confidence.

That they, nevertheless, contain some proposals respecting which a difference of opinion will exist, and that in a few points they may be susceptible of amendment and amplification, is true enough. They, however, are not merely worthy of, but demand our most careful consideration, and the most thorough discussion which we can give to them. On this ground, and also in order that Dr. HUGHES (who will represent the BRITISH HOMŒOPATHIC SOCIETY at the next meeting of the AMERICAN INSTITUTE OF HOMŒOPATHY) may be enabled to inform our colleagues on the other side of the Atlantic of the views we entertain

regarding the suggestions of their committee, they will be brought under consideration at the meeting of the BRITISH HOMŒOPATHIC SOCIETY on Thursday evening next, the 3rd instant, in a paper to be read by Dr. POPE.

We hope that the importance of the subject, and the respect with which we ought, at all times, to receive proposals emanating from the AMERICAN INSTITUTE of HOMŒOPATHY, will ensure a large attendance of the Fellows and Members of the society on this occasion, and that a discussion may then take place which will assist our American colleagues in concluding their preliminary arrangements, and in enabling them to put the proposed work in hand without any further delay.

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## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *BELLADONNA*.\*

By ALFRED C. POPE, M.D.

Late Lecturer on Materia Medica at the London School of Homœopathy.

### LECTURE II.

IN my last lecture I brought under your notice several morbid conditions of the nervous centres to which *belladonna* is homœopathic, and in the treatment of which it has proved to be a valuable curative agent. In each instance the pathological state was one of hyperæmia, of active congestion, of determination of blood to the part. The homœopathicity of *belladonna* to such a state is fully confirmed by the *post-mortem* appearances characteristic of poisoning by this plant. The following are those which were found in the case of a boy who had eaten the berries. The details appeared originally in the *Österreichische Medicinische Wochenschrift*, 1848, and were thence conveyed to the pages of the *British Journal of Homœopathy*, vol. ii., p. 292.

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\* Revised from the course of lectures delivered at the London School of Homœopathy, Session 1882-3.



“The cerebral vessels were turgid with blood; the sinuses full of dark blood; the choroid plexus very red and turgid; the vessels of the membranes of the brain likewise turgid. The substance of the cerebrum soft, with many points of blood on its section; the same appearance was observed in the cerebrum and medulla oblongata.”

There is, you will observe, no evidence here of any exudation or effusion having occurred, neither is there any in any published case of poisoning by *belladonna*—so far as my researches have extended. The absence of evidence of the power of *belladonna* to give rise to these morbid products is the basis of Bähr's argument against prescribing it in meningitis. But in simple primary meningitis at any rate—such as is most frequently met with in very young children—there is a period or stage in the disease, where, so far as we can gather from the symptoms, there exists congestion only. The headache is intense, increased by light, by sound, and by movement. “The patient staggers like a person drunk when he attempts to walk, and when confined to bed he is restless, and keeps changing his position. Strabismus, slight twitching of the muscles of the face and limbs, and tonic spasms of those of the neck and back may also be observed.” (Ross, *Diseases of the Nervous System*, vol. ii., p. 779, 1st ed.)

These and other symptoms are sufficiently characteristic to justify the hope that the timely administration of *belladonna*, or rather, as Kafka advises (*British Journal of Homœopathy*, vol. xv., 246), of *atropine*, will check them and prevent the impending exudation on the pia mater or an effusion into the ventricles. Doubtless should disease have advanced so far other medicines, such as *bryonia* or *hellebore*, will be called for. It is in the stage of congestion that acute disease is most readily checked; it is in this stage that *belladonna* is chiefly valuable.

Again, congestion is the primary condition of a cerebral apoplexy. When the premonitions of this disease occur in strong, active persons of a sanguine temperament, with a full circulation, *belladonna* will very commonly be found indicated by the character of the headache, the pulse, &c.

The headache to which *belladonna* gives rise is intense in its characteristic features according to the amount of the poison which has been swallowed. In its severest form it resembles the pain which indicates the presence of the formidable cerebral diseases I have mentioned; when less

fully developed, it finds its *simile* in many cases of congestive headache—cases met with frequently enough. The following is a somewhat characteristic description of a headache which occurred to one of Hahnemann's pupils during a proving of *belladonna* :—

“ Aching headache in the forehead, so bad on moving that it made the eyes close, alleviated when sitting ; he must lie down, whereupon it went off ; on standing up it immediately returned, for two days, not aggravated either by eating or by drinking ; as soon as he goes into the open air he feels as if the forehead would be pressed in, just as if a heavy stone lay upon it ; the third day it went off completely when sitting in a room.”—*Materia Medica Pura*, vol. i., p. 206.

Among other symptoms pointing to the kind of headache in which *belladonna* is useful, the following were experienced by some of Hahnemann's friends in the course of their investigations :—

“ Vertigo, objects seem to sway hither and thither.”

“ Confusion of the head, worse during movement.”

“ Headache, only over the eyes like a weight in the head, in the morning on waking.”

“ Pressure in the head, now here now there.”

“ Violent throbbing in the brain, from before, backwards, and to both sides.”

“ Strong pulsation in the forehead.”

“ Cutting pressure in the temples from within outwards, always becoming more violent, extending through the brain, and then turning into a severe throbbing, continuing in all positions.”

“ Jerking headache, which became extremely violent on walking quickly or going quickly upstairs, and at every step jerked downwards like a weight in the occiput.”

In headaches, then, characterised by vertigo, with pressure and throbbing, especially over the forehead and vertex, with aching eyeballs, rendered worse on any movement, you will oftentimes give speedy relief by the aid of *belladonna*.

Neuralgia, especially of the 5th pair, when it occurs in plethoric subjects, involves one side of the face or gums, is throbbing in character, and generally worse at night, is very amenable to the influence of *belladonna* or *atropine*.

In one of Dr. Hale's provers of the *sulphate of atropia*, neuralgic pains were felt commencing under the left orbit, and running back to the ear. They lasted for perhaps ten minutes at a time, and then disappeared for ten or fifteen minutes. Paroxysms of this kind lasted for several hours.

As illustrating the kind of neuralgia in which this medicine has over and over again proved a remedy, I will quote the notes of two or three cases which have been published in the *British Journal of Homœopathy*. The first is one recorded by the late Dr. Chapman:—

“A lady” he writes, “had severe tic douloureux, especially in the malar bone; it radiated to the ear on one side and to the chin on the other. The pain was of the most violent kind. During his visit she was in an agony—the face was intensely red, large beads of tears were dropping on her cheek. There was no disease of the teeth. A drop of the 3rd centesimal dilution of *belladonna* was given, and a similar dose directed to be taken morning and evening. Relief was afforded, and after a lapse of several years she was able to report that she had had no recurrence of the pain.” (Vol. vii., p. 508.)

Dr. Harmar Smith reports the following in the same *Journal*:—

A man, forty years of age, of a lymphatic, bilious temperament, had suffered from acute facial neuralgia of the left side on alternate days for a month. The pain was throbbing, darting, occasionally gnawing, and very severe. It is described as having a maddening effect, and appears to be seated in, and to follow the course of the branches of the 5th pair of nerves on the left side. All the teeth on this side are affected, and the pain shoots into the temple, across the cheek to the outer canthus of the eye, and into the chin, as far as the mesial line. The pain, however, during a paroxysm is constantly shifting from one part to another, is aggravated by pressure, by a meal, by the recumbent posture is worse also in the night, better in the open air; is momentarily relieved by either hot or cold fluids, but worse afterwards, *i.e.* the primary effect is relief, the secondary aggravation of the symptoms. It is now ten a.m. and he has not had a moment's relief since nine last night. His general health is good. He was ordered one drop of the 1st centesimal dilution of *belladonna* every two hours. Two days later, he reported to Dr. Smith that the pain had been quickly and completely relieved, but there had been a slight return that morning. He received the same medicine, which he was directed to take every four hours. Four days later, he stated that he had been immediately relieved, but that there had been some return that morning after a chill. He was entirely relieved by a repetition of the medicine, and had no relapse.” (Vol. xxv., 627.)

The late Dr. Watzke, of Vienna, reports the following:—

“A delicate, much reduced woman, of 60, had had violent face-ache for a week, after exposure to a draught. The pain is

tearing, shooting, burning; it begins in one point of the upper orbital ridge, and thence radiates over the left side of the face and left cheek. It comes on in fits, worst in the morning, declines towards noon, ceases entirely towards evening, and is absent during the night. Light and noise aggravate. Sleep is good, appetite small. After taking *belladonna* 1st cent. every three hours, the fits were slighter the next morning. On continuing it pain became slighter and slighter every day, and after the sixth day ceased entirely."

The influence which *belladonna* has on sleep varies with the degree to which the cerebral hyperæmia has extended. When this is as considerable as it well can be, complete coma is present; during the delirium which precedes the coma, insomnia forms a part of the excitement. When the congestion is less still, there is great restlessness, with frequent sudden awakenings not uncommonly attended with a start and a scream.

In practice it has been found most useful in the restless sleep of infants during dentition, when a very small dose given just before the child's usual hour for sleeping will generally procure calm and re-invigorating rest.

The action of *belladonna* on the cutaneous system now claims our attention.

Independently of the red, swollen and bloated appearance of the skin of the face, associated with and due to cerebral congestion, *belladonna* gives rise to several degrees of dermatitis. These are represented by the following symptoms:—

"Scarlet suffusion of the skin in young children, and those who have a delicate skin. Generally nothing more than a temporary blush, but in rare cases and in persons who are liable to vascular irritation of the skin, the redness remains, and its disappearance is attended with slight roughness and desquamation." (Harley.)

"Skin hot and pungent." (Sharpey).

"Inflamed and variously shaped patches on the skin; scarlet red spots over the body." (Hahnemann.)

"The whole body is swollen, burning hot and red." (Santer, in *Hufeland's Journal*, vol. xi.)

"In the morning, on awaking, a small bluish red spot on the left cheek, which gradually enlarges until the bluish-red swelling involves the whole cheek, with burning and shooting in the actual red part, and boring and throbbing in the whole cheek, much aggravated by movement; after some days the other cheek

swelled, and the swelling lasted eight days." (Kummer, in Hahnemann's proving.)

"Pustules appear on the nape of the neck, and on the arms, quickly fill with pus, and become covered with a crust." (Hahnemann.)

"The back, especially in the scapular region, is covered with large red pustules; the whole skin looks red, and smarts as if sore when touched, but in the tips of the fingers there is fine shooting." (Wislicenus, in Hahnemann's proving.)

These symptoms point first of all to a similarity existing between them and scarlatina. To this I referred in my last lecture. Further, however, there is a likeness in some of these symptoms to erysipelas, and yet again in others to boils. In erysipelas of the bright, smooth, active, inflammatory type, attended by considerable swelling, tension and heat of skin, together with headache and delirium, especially when the patient is a plethoric subject, *belladonna* checks the progress of disease more rapidly than any other medicine. In erysipelas of a low typhoid type, *rhus*, rather than *belladonna*, is the more hopeful remedy.

In carbuncular swellings, when red, hot, tense and throbbing, *belladonna* modifies the pain in a very satisfactory manner, and when given sufficiently early so checks the inflammatory process as to prevent the occurrence of suppuration.

I now propose to consider the action of *belladonna* upon the tissues of the eyeball.

That *belladonna* dilates the pupil goes without saying. In Dr. Hughes' arrangement of the pathogenetic properties of this drug for the *Hahnemann Publishing Society*, we find the two following paragraphs:—

"489. Next to the influence on the circulation, the most prominent effect of *belladonna* consists in dilatation of the pupils." (Harley.)

"490. Dilated pupils (nearly every prover and every animal experimented upon and human subject poisoned)."

The question of how *belladonna* dilates the pupil—what is the source of the irritation it excites which compels the radiating fibres to contract—has given rise to much discussion, in which Dr. Hughes has taken an active part during the last twenty-five years. (*British Journal of Homoeopathy*, vol. xl. p. 9 et seq.)

"The contraction of the annular fibres whereby the diameter of the pupil is diminished, is effected through the

instrumentality of the third pair of nerves ; the contraction of the radiating fibres whereby the pupil is dilated, is under the government of the cervical portion of the sympathetic, being called forth (as MM. Budge and Waller have shown) by irritation of the trunk of the sympathetic in the neck, or of the lower part of the cervical portion of the spinal cord by the magneto-electric apparatus ; whilst section of the sympathetic produces a permanent contraction of the pupil, the action of the third pair being then no longer antagonised." (Carpenter's *Human Physiology*, 7th ed., p. 701.)

In its action on the cerebrum, the nucleus of origin of the third pair cannot fail to be excited by the tissue irritation produced. Hence we should look for a contracted pupil as an indication of that excitement ; while the pressure of effusion, causing paralysis, it would be that would induce dilatation,—a fact, which indeed accounts for the early occurrence of contraction in a person passing under the influence of *belladonna*. Thus, Dr. J. Harley writes :—"I have now and then been much surprised to find the pupils decidedly smaller than they were under the same circumstances before the injection. This contraction has persisted for several minutes, when all at once the pupil has given way and become broadly dilated." (*Old Vegetable Neurotics*, p. 281.) Hahnemann, in his proving on himself, experienced the following symptoms, "Head-ache, as if the brain would be pressed out in the forehead just above the orbits, which hinders the opening of the eyes and compels lying down, with extreme contraction of the pupils." (*Loc. cit.*, vol. i., p. 206.)

In four of his friends who experimented on *belladonna* with him the pupils were contracted. In one, after being contracted during the whole day they began to dilate in the evening ; in a second, they were contracted in ten minutes ; in a third, in an hour and a-half ; and in the fourth, in two hours and a-half after taking the drug.

These results show that the third nerve is influenced by that cerebral tissue irritation which takes place first of all in *belladonna* poisoning. On the other hand the occurrence of dilatation later, after the drug's influence has become more generally diffused, after all the tissues for which it has an elective affinity have been affected by it shows that its action on the sympathetic is more than sufficient to counterbalance that of the cerebral centre.

"It would seem," says Dr. J. Harley, commenting upon the observation I quoted just now, "as if the third nerve had been roused to unusual exertion just at the time when the increasing influence of the sympathetic began first to be felt, and that the sudden stimulus of light had called forth its opposing energy to such a degree that for a few minutes it was able to repress the rising force of the sympathetic, which a little later on would become overpowering."

Inasmuch, then, as its purely cerebral influence is to cause contraction of the pupil and dilatation, the result of "a local and peripheral action of the drug, and altogether independent of its effect on the central nervous system" (Hughes, *loc. cit.*), the former rather than the latter is a more trustworthy guide to its selection as a remedy where cerebral tissue irritation is present. While, on the other hand, in disease of the eyeball, which is independent of any disturbance in the brain, dilatation is the condition of the iris which indicates the necessity for *belladonna*.

Though the mydriatic power of *belladonna* is almost the only influence on the structures of the eyeball of which the therapeutics of the schools takes any cognisance, it is far otherwise with those physicians who look to the principle of *similia similibus curentur* as their therapeutic indicator. An examination of the effects of this drug upon the healthy human being shows that, while some of the disturbances set up in the tissues of the eyeball and its appendages are due to cerebral congestion, some of them are distinctly local, and furnish us with reliable indications for selecting *belladonna* in some of the morbid conditions we have to encounter in practice.

The tissue irritations shadowed forth by the symptoms arising from *belladonna* both in provings and poisonings are seen in the following extracts from Dr. Hughes' arrangement, to which I have already referred more than once:—

- "467. Eyeballs red and prominent." (*Christison*, p. 768.)
- "468. In the morning the white of the eyeball is streaked with red, with pressive pain." (*Hahnemann*.)
- "478. Pain in the eyeballs, intolerance of light and conjunctival inflammation, followed by dilated pupils and loss of sight permanently." (*Lancet*, 1844, I., 251.)
- "474. Inflammation of the eyes; swelling of the vessels of the sclerotica, with a tickling sensation." (*Hahnemann*.)

"478. Feeling of heat in the eyes; it was as if they were surrounded by a hot vapour."

"484. Feeling of burning dryness in both eyes, more violent alternately in one or the other—seven hours after." (*Möckel*, in *Hahnemann*.)

"488. General pressure in both eyes." (*Langhammer*, in *Hahnemann*.)

"500. Diplopia or slight strabismus."

"502. Deep seated dull pain in the back of the eye." (*Hale*, from *atropine*).

"508. Pain in the eye, as if the eyeballs were being pressed about in every direction." (*Ibid.*)

"The lachrymal apparatus is also the seat of inflammatory action; the gland being excited to increased secretion and the *caruncula lachrymalis* becoming swollen and hot."

Numerous symptoms of indistinctness of vision appear among the effects of *belladonna*.

They show either presbyopia from dilatation of the pupil, or chromatopsia, or photopsia. Images have a reddish tinge about them; when reading the letters shine partly like gold, partly like blue size. Then, again, as illustrating the photopsia, we find that bright flashes of light, bright sparks and flames appear before the eyes.

Then, lastly, Dr. Aldridge, of the West Riding Lunatic Asylum, has reported that in a case where a drachm and a half of the B. Ph. tincture had been taken an hour and a half previously, an ophthalmoscopic examination showed that the optic disc was greatly deepened in tint, while the retinal arteries and veins were much enlarged, especially the latter. It is then, specially in cases where the eyeball feels swollen, dry, hot and painful, where there is great intolerance of light, and the vessels of the conjunctiva and sclerotic are distended, that you will, *cæteris paribus*, find *belladonna* useful in ophthalmic disorders. Hence, in many instances of acute conjunctivitis, scleratitis and retinitis as well as in inflammation of the lachrymal gland, it will be called for.

To exophthalmic goitre, with its throbbing headache, projecting and aching eyeballs, soft and enlarged thyroid—*belladonna* is manifestly homœopathic. Dr. Kidd (*British Journal of Homœopathy*, xxi, p. 188) relates a case which occurred to him in 1850, where a lady had for nearly a year been the subject of this disease, and had fruitlessly taken the iodide of potassium, the iodide of iron, and other



medicines. *Belladonna* 1x was given in five drop doses three times a day, with the result of in five or six weeks relieving her of all distress, though the eyes remained somewhat prominent. Dr. Kidd records it "as an excellent illustration of the power of curing disease which the principle *similia similibus curantur* gives." Mr. Jonathan Hutchinson and Dr. R. P. Smith have also published cases testifying to the control *belladonna* has over "Graves Disease."

In the ear, the tearing, shooting and acute pains noted in the provings of *belladonna*, as occurring in the internal section of that organ, associated as they are with some degree of deafness, have suggested the presence of hyperæmia there also, and the advantage of *belladonna* in the milder forms of otitis has frequently been clinically demonstrated.

We enter now on the consideration of the influence *belladonna* has on the gastro-intestinal tract.

We find that it renders the lips dry, covered with scabs, swollen and sore. The teeth and gums are especially affected by it. The pain in the former is jerking, drawing, burning or throbbing, and is always worse at night; while the gums are swollen and tender. The condition represented by these symptoms is, probably, as Dr. Hughes has suggested, an inflammation of the dental pulp, or even of the periosteum of the socket. *Belladonna* has given abundant clinical proofs of its value in toothache of this character, as it has also in the irritation provoked by dentition in infants, especially when this process gives rise to head symptoms, extending to convulsions. To this I have already referred. Dr. Harmar Smith narrates a case of toothache cured by *belladonna* in the *British Journal of Homœopathy*, vol. xxv., of which, as being a very good illustration of the kind of toothache under the control of this drug, I will here give an outline. The patient was a woman, nursing a child a year old, but who had been menstruating for four months; so that we are fully justified in assuming that she was in a very feeble state of health. Her toothache had existed six weeks, and had been increasing in violence during the few days prior to Dr. Smith seeing her. The pain in the tooth was shooting and throbbing, darted into the ear and down the neck on the side affected, and was accompanied by throbbing in the temple; the pain was present both day and night, but was worse during the day. She had several

carious teeth, and the gums were slightly swollen. The pain was aggravated by hot fluids, and temporarily relieved by such as were cold; it was not influenced by breathing cold air. She could not masticate on the affected side, and the gums were tender to the touch. She was ordered one drop of the 1st cent. dilution of *belladonna* every hour, was entirely relieved of all pain a few hours subsequently; and had no relapse. The symptoms marking this case are precisely those you will generally find relieved by *belladonna*.

The mouth and tongue in *belladonna* poisoning become dry and parched. "Those parts of the mouth," writes Dr. Harley, "which are adjacent to the median plane are so completely parched that they fail to impart the least moisture to a bit of bibulous paper, or sugar, kept in contact with them for several minutes. It is observable that this dryness is greatest along the median line and on either side of it, and that after moderate doses it extends only a short way outwards. Dryness of the lips, the buccal mucous membrane, and the pillars of the fauces only occurs after large doses; but a very moderate dose is required to render the central part of the tongue dry and parched from back to front, and the hard and soft palates and back of the cesophagus as dry and glazed as a piece of paper. . . . After continuing about two hours the dryness of the mouth is suddenly relieved by the appearance of a viscid acid secretion of an offensive odour, like the sweat of the feet. The mouth becomes clammy, and a bitter coppery taste is complained of."

The tongue is generally dry, brown, and hard; but in some instances is coated with a whitish, or yellowish-white, fur. With these additions the quotations from Dr. Harley are sufficiently comprehensive to describe its influence on the buccal cavity. Passing to the throat we find a large number of observations all pointing to the same conclusion, viz., that *belladonna* produces dryness, swelling, soreness, heat, throbbing and burning throughout the fauces with much marked and very constant dysphagia. In acute tonsillitis—and nothing can be more clearly simulated than this disease is by the physiological action of *belladonna*—the drug is, as nearly as possible, a perfect remedy. It is so when the disease is thoroughly acute, when the tonsils are considerably swollen, brilliantly red, so painful as to impede deglutition, when the face is

flushed, and there are headache and fever. Dr. Handfield Jones, of St. Mary's, and Dr. Prosser James, have both got hold of this fact—one distinctly referred to by Hahnemann in his preface to the proving of *belladonna*, published in 1811, and (without any acknowledgment of the source of their information) have made the most of it. The latter, I think, has written a book on enlargement of the tonsils and the value of *belladonna* in its treatment.

In 1856 Dr. Imbert Gourbeyre (who has since that time publicly expressed his conviction of the truth of homœopathy) published a paper in the *Moniteur des Hôpitaux* (vide *British Journal of Homœopathy*, vol. xiv., p. 403), on the treatment of sore throat by means of *mercury*, *belladonna*, and *aconite*, and writes of *belladonna* as follows:—

“The application of this heroic remedy is of pure Hahnemannian origin. It is a most valuable application, and one which eclecticism should take advantage of. No author, as far as I know, spoke of it before Hahnemann, nor has this treatment been adopted by any therapeutic school. I am careful to indicate its origin, for I have a great horror of resembling those medical *condottieri*, who silently cross the Rhine and return primed with discoveries, the publication of which has often caused the foreigner to smile. I should be extremely loth to be confounded with these scientific pirates; I could name more than one of them.” *O! si sic omnes!*

Valuable as it is in cases to which it is homœopathic, it will not cure every instance of tonsillitis that you will meet with. When we find tonsillitis in weak and strumous persons; when the tonsils are pale and flabby-looking or œdematous in appearance; then *belladonna* is not of much service. Here, on the other hand, *apis mellifica* is invaluable. So, too, in dense chronic tonsillary swelling, *belladonna* is of little or no avail, while *baryta carbonica* and *graphites* have both proved serviceable. At the same time, in the frequently-occurring acute congestion from cold in chronic tonsillitis it is as useful as it is in primary attacks.

As showing you how rapidly *belladonna* influences an attack of tonsillitis, I will quote a case reported by Dr. Chalmers, of Sheffield (*Homœopathic Review*, xii., p. 541).

Miss C. R., æt. 29, is complaining of her throat to-night when swallowing; has stiffness of the jaw, headache, and feeling of

general uneasiness ; there is slight fulness and tenderness of the glands below the lower jaw ; face is flushed, and she is a little heated ; pulse 70 ; tongue white, and the papillæ red and very prominent ; throat and tonsils red, dry, and angry looking. *R. Tinct. Bellad.* 1x gtt. i. every hour. On the following day she was easier ; still feels the throat in swallowing ; stiffness of the jaws is gone, and the swelling and tenderness of the glands are diminished ; tonsils are not so red, and considerable free mucus comes from them ; headache gone. The next day she was quite well.

In prescribing *belladonna* in tonsillitis, I would advise you to do so in doses more material than is ordinarily desirable. Disappointment has occasionally been expressed at the results obtained with the third and sixth dilutions. I am tolerably sure that good will be done more rapidly by one or two drop doses of the pure tincture in this form of disease (unless there is any throbbing headache present) than by diluted preparations. If there is a headache like that *belladonna* excites, you must be more wary, and give the first dilution, or, at the most, the first decimal.

Before proceeding to consider the action of *belladonna* upon the stomach, I will here briefly notice the influence it has upon other glands, besides those which are tonsillary.

The arrest of secretion of saliva, with general dryness of the mouth, followed subsequently by a more or less profuse salivation, indicates a congested condition of the salivary glands. The shooting pains recorded by Hahnemann as having been felt in the parotids, suggests the commencement of a similar process there.

In parotitis, in the acute stage thereof that is, *belladonna* has proved a real remedy. Given early the congestion, and with it the pain and swelling, are very generally rapidly relieved. Equally valuable is it in congestion of the cervical, axillary and inguinal glands. Its timely use has frequently prevented the formation of pus in such cases. In each instance it is when the pain is acute and throbbing and the swelling is increasing that it is called for. Beyond this point you will find greater advantage from *hepar sulphuris*, or the *calcium sulphide*, as it is frequently called.

The experiments which have so far been made with it have not, it would seem from the records we have of them, shown it to irritate the mammæ. Led, however, by

analogy, it has been assumed that it does excite the circulation in them. On this hypothesis it has been used with much success in the early stages of threatening mammary abscess, though in late years it has had a formidable rival as a remedy in the *phytolacca decandra*.

The same condition of hyperæmia, which is characteristic of the effects of *belladonna* in the mouth, pervades the mucous membrane of the stomach and intestines, though in a lesser degree.

Among the symptoms produced by it we find repeated instances of the following:—Loss of appetite, or thirst (except when fever runs high); taste is bitter, salty, and insipid; putrid eructations, eructations tasting of the food; much nausea, some vomiting, more after *atropia* than *belladonna*. Hiccough; a sense of emptiness; pressure in the stomach, with spasm after taking a small quantity of food. From taking the 1-60th of a grain of *sulphate of atropia*, Dr. Kafka felt “an uneasy sensation in the stomach, accompanied by frequent empty eructations, affording no relief. The uneasiness, which gradually became associated with nausea and retching, increased to a pressing, sticking, and contractive pain, accompanied with frequent empty eructations. This spasm of the stomach, which was attended by paleness of the face, slight perspiration, singing in his ears, and an aching pain in the forehead, lasted two hours.”

In most *post-mortem* examinations of cases of poisoning the mucous membrane of the stomach has been found to be congested.

Less used, probably, than it deserves to be, such symptoms indicate it as a remedy in some cases of catarrhal congestion, especially as it appears in persons of a plethoric habit, and in gastrodynia. The following case, reported by Dr. Veit Meyer (*British Journal of Homeopathy*, vol. xviii., p. 267), is an excellent illustration of the type of gastric disturbance in which *belladonna* is a rapidly successful remedy.

“A full blooded young man complained of violent shooting in the stomach, which was much aggravated by taking the smallest quantity of food; sometimes there occurred vomiting of the ingesta; with very violent pains in the scrobiculus cordis, which were much increased by the slightest pressure on the stomach. The tongue was furred; the appetite bad; stool

normal ; pulse rapid and full ; head confused. In this case there was undoubtedly an inflammatory state of the stomach. *Belladonna* 6 removed all the sufferings in a few days."

In the upper part of the intestinal tract *belladonna* gives rise to symptoms resembling states of congestion, and in the lower portion to a condition of spasm.

Of the former, the following symptoms are, I think, indications :—Heat, followed by nausea, with great anxiety ; long lasting painfulness of the whole abdomen, as if it were all sore and raw ; tenderness on even slight pressure all over the abdomen ; tumefaction of the abdomen, which was very tender to the touch ; constipation ; and weak pulse.

Göckel also records the poisoning of a child of five years, in whom the duodenum was, on *post-mortem* examination, found to be inflamed.

These symptoms are thoroughly suggestive of that state of hyperæmia of the serous and mucous surfaces of the intestines, which constitute the earliest stage of peritonitis and enteritis respectively. In such cases *belladonna* has repeatedly so controlled the congestion as to have prevented the development of the exudation, which requires *bryonia* to remedy it.

The following case, reported by Dr. Chapman (*Homœopathic Review*, vol. ii., p. 212), illustrates the kind of case of this order which so rapidly yields to *belladonna* :—

The patient was a lady, æt. 26, who was confined with her third child on the 12th October, 1857, when she was attended by a surgeon. Dr. Chapman was sent for on the night of the 15th.

"She was much excited, but incapable of moving from intense pain. She had severe headache ; the pupils of the eyes were much dilated ; the cheeks were excessively flushed ; there was a very anxious expression of countenance. There had been no milk secreted ; the lochial discharge was suppressed. The abdomen was tumid, and exquisitely sensitive over the whole surface. The patient could hardly bear a sheet over her ; she could not endure the slightest touch. Bearing down pain ; great distress of mind and body ; pulse 120 ; no sleep.

"I prescribed for her *belladonna* of the third dilution, the sixth part of a drop every hour until relieved, then every three hours.

"Oct. 16th.—Very much relieved. Pulse 100. The milk has begun to flow ; the lochial discharge has been restored. Slept several hours. The abdomen still tumid, and very painful ;

no headache ; the distress of countenance has ceased. Continue the medicine every three hours.

"Oct. 17th.—Much better still. Able to nurse her child freely. The lochial discharge is abundant. She slept last night eight hours without interruption. She can now bear pressure freely over the abdomen, except in the left iliac and hypogastric regions. Continue medicine every six hours.

"Oct. 18th.—Scarcely any pain. She craves for food. The functions all natural. Continue medicine every six hours.

"Oct. 19th.—The patient is convalescent. All the functions right. Improved diet. No more medicine."

No one who has been engaged in obstetric practice can fail to see that this patient presented, when Dr. Chapman saw her, every indication of being attacked by one of the most formidable diseases to which women are exposed in connection with parturition. By *belladonna* it was completely blighted ; and I will venture to say that no other medicine or remedy would, or could, have had the same effect—one both prompt and thorough.

The following symptoms, caused by *belladonna*, show its correspondence to some forms of colic :—The pain felt is described as like colic. It occurs with great frequency in the course of the proving, and is very various in its manifestations. It is likened to a spot in the abdomen being seized by the nails—"a griping, clutching, clawing." "Pinching, griping, pressing colic, as from a heavy weight pressing only when walking and standing, disappearing every time he sat down," are also marked effects.

The late Dr. Marston, in a paper entitled "Notes of Cases of Indigestion" (*Homœopathic Review*, xi., 614), mentions the case of a woman, aged 58, in whom the following were the prominent symptoms :—"For some months she has suffered from abdominal pain, extending from the umbilicus to the lumbar region ; flatulence and distension of the abdomen, causing a pad-like swelling of the transverse colon." This woman received *belladonna*, and, on the next occasion of her visiting the dispensary, was quite well. The colic pain caused by *belladonna* is almost always below the umbilicus.

The action of *belladonna* upon the kidney has not been greatly relied upon in the treatment of disease. Here, as elsewhere, the pathological process which it sets up is one of congestion. When the dose taken is large and well nigh overwhelming, the result of the sudden and extreme

determination of blood to the Malpighian tufts is seen in suppression of urine. When, on the other hand, the dose taken is no more than sufficient to stimulate the Malpighian circulation, diuresis occurs. The kidney, indeed, would seem to be the natural emunctory of the *belladonna* poison. Of these two opposite conditions, the following cases are illustrations:—

Christison, in his *Treatise on Poisons*, Second Edition, p. 728, quotes a case related by M. Jolly (*Nouvelle Biblioth. Méd.*, 1828, iii.), in which 46 grains of the extract had been taken in mistake for *jalap*. Suppression of urine and hæmaturia, together with delirium, coma, and redness of the throat, with burning along the whole alimentary canal, occurred.

On the other hand, Dr. Gray, of New York (*North American Journal of Homœopathy*, vol. i., p. 509, and *British Journal of Homœopathy*, xx., p. 79), who, within an hour, had taken 8 or 10 grains of the extract, says that "its power over the secretion of urine seems to be very great. I am confident that I passed, in the course of an hour, three pints of urine, accompanied with slight strangury at the neck of the bladder."

It is, then, in cases of slight congestion of the kidney, such as Dr. Hughes has suggested may well be supposed to exist at the commencement of diabetes insipidus, and not in the similar, but more intense condition which is most surely relieved by turpentine, that you will find *belladonna* useful, unless, indeed, you have at the same time symptoms of cerebral or throat disturbance such as I have already pointed out as being under the control of *belladonna*. Then, a highly congested kidney with suppression of urine would be an additional reason for trusting to *belladonna*.

Dr. John Harley reports having witnessed great advantage from *belladonna* in albuminuria. Albumen has never, so far, been detected in the urine, the alteration in which consists of a large increase in the phosphates and sulphates, an increase in the urea and uric acid, and a diminution in the chlorine. Nevertheless, as Dr. Hughes has remarked, Dr. Harley's "statements as to its effects on the quantity of albumen poured out in these cases evidence its homœopathicity to albuminuria from renal congestion, though it has not hitherto produced that symptom in the healthy subject." Dr. Harley writes:—



"If the dose be administered when the exudation of *albumen* is at its minimum, the first effect will usually be a slight increase, unless the dose be a very small one; and if the dose be excessive the *albumen* will be increased to the maximum amount. If the dose be not excessive, the *albumen* begins to decrease as the symptoms of the *belladonna* action decline, and after a few hours the beneficial influence of the drug becomes apparent. . . . In using *belladonna* in renal disease we must be careful to avoid large doses." Loc. cit. p. 253.

In the bladder the irritation caused by *belladonna* is much more definite. The kind of irritation will be most clearly recognised by citing a few characteristic of some five-and-twenty symptoms taken from poisonings and provings, and arranged by Dr. Hughes in his article on *Belladonna*, issued by The Hahnemann Publishing Society:—

"987. Two hours after he was affected with extreme desire to micturate, though he could only pass a few drops of perfectly colourless urine. From this time till he lost consciousness, his desire to pass urine was constant; whenever he could retire, he did so, but succeeded in expelling from the bladder, with considerable effort, only a few drops of colourless fluid."

"991. He expressed a constant desire to pass water, but did not succeed in doing so. The bladder was found empty on percussing the abdomen."

"992. Violent strangury."

"995. Retention of urine almost invariably occurs during the action of a full dose of *belladonna*. We may encourage a patient to make prolonged efforts to pass urine when fully under the influence of the drug, and he will either fail altogether, or only pass a few drachms, and this not in little jerks, which indicate spasm, but in weak driblets. Indeed, the absence of spasm is readily determined. If a full-sized catheter be passed under these circumstances, it meets with no opposition, but passes readily into the bladder, and the urine flows as sluggishly as from the bladder of a patient afflicted with paraplegia."

"998. His urine escaped from him during a deep sleep in the day-time."

"1001. Involuntary micturition in three children."

These symptoms portray, first, irritability of the bladder; and, *secondly*, paralysis, with, ultimately, and in comatose states, paralysis of the sphincter vesicæ. In proportion as the dose of *belladonna* or *atropia* taken is large—so the greater or less completeness of the ultimate exhaustion of the organ. The conditions in which, therefore, you will

find *belladonna* useful are, a weak, irritable state of the bladder, more especially in plethoric subjects; in *post partum* paralysis of the bladder; and in some cases where this condition proceeds from spinal hyperæmia. In the nocturnal enuresis of children it has a very variable reputation, the truth being that no one medicine will cure all cases, and here, as elsewhere, you must be guided, not by one symptom only, but by the *totality*. Where, however, *belladonna* has succeeded here, it has generally done so when given in tolerably material doses, the dilutions having proved to be of comparatively little service.

Upon the genital organs, the action of *belladonna*, whether sought out by provings or studied from cases of poisoning, has not been found to be considerable. The little that has been gathered in this way has, however, been very successfully made a great deal of.

Beyond shooting pains in the testicle and along the spermatic cord, no indications of *belladonna* influencing the male genitals have presented themselves. Its power, however, to congest glandular structure has led to its use in acute orchitis, at least, in its earliest stage, and this with good results in some instances.

With regard to uterine disorders, two or three symptoms have suggested its use in some instances with great advantage. In one of Hahnemann's provers we find the following symptoms:—"In the morning, a pressing as if all would be forced out at the genitals (with distension of the abdomen); after the pressing the abdomen contracted, and white mucus escaped from the vagina."

Another from Ever's *Berliner Sammlungen* iv., quoted by Hahnemann, is "offensive metorrhagia."

The former indication has led to the use of *belladonna* in prolapsus uteri dependant on a congested and irritable condition of that organ. The other symptom induced Dr. Carroll Dunham to prescribe *belladonna* with success in cases where, while menstruation was in every other respect perfectly normal, the discharge was extremely offensive. A similar odour, he adds, has been observed in the lochial discharge on the fourth or fifth day after delivery, and has likewise been removed by *belladonna*.

That menstrual discharge is increased in quantity, there is also a fair amount of evidence, and during the period a cramp-like tearing, now here and there, in the back, and also in the arms, has been observed. In the cramp-like

pains which sometimes precede and accompany menstruation *belladonna* is a very efficient medicine. Dr. Dunham relates that, in cases of dysmenorrhœa depending on a congested, or inflamed ovary, and characterised by a dragging and pressing downwards, with cutting pains from behind forward, or *vice versa*, and passing through the horizontal diameter of the pelvis, and not around its circumference, preceding the appearance of the menses by from six to twenty-four hours, he has found *belladonna*, persisted in for many consecutive months, just before each menstrual epoch, suffices to overcome all tendency to a recurrence of these attacks.

The following indications for *belladonna* given by Dr. Schron, of Hof, in Bavaria, were published in *Hygea*, vol. v., and translated in the *British Journal of Homœopathy*, vol. xvi., p. 489, and I have seen them repeatedly verified in practice :—

“That form of menstrual colic which commences shortly before the appearance of the catamenia, and continues generally for the first day, consisting in a drawing pain proceeding from the small of the back, and descending like labour pains into the thighs, and in a twisting feeling under the navel, with a pressure towards the genitals, as if everything would be forced out. Such cases were generally cured by a drop of *belladonna* 12; but only in a palliative manner for each attack of spasm returned with the next period.”

In such cases I have generally given the first dilution, and have often seen them radically cured.

Dr. Dyce Brown, at the International Homœopathic Convention, held in London in 1881, gave a very excellent summary of the indications for the use of *belladonna* in uterine disease.

He said, “From our knowledge of the power of *belladonna* over the inflammatory process in the production of engorgement of every organ of the body, with corresponding inflammatory fever, and in the cure of the same, we would anticipate analogically that it would be of marked service in uterine cervicitis. We know, moreover, what a special elective affinity *belladonna* has for mucous membrane in general in causing acute, or sub-acute, catarrh, in almost every part of the mucous tract in the body. Hence, this is just such a medicine as we should expect to be of service to us in inflammatory states of an organ like the uterus, consisting of muscular tissue, vessels and nerves, and lined by a sensitive mucous membrane. But besides these general considerations, we find, in looking at the pathogenesis, clear ground

for the choice of this medicine in almost all forms of uterine congestion. We find it causes pain in the hypogastrium of a cutting and pressing character, a sensation of great downward pressure, as if everything would be forced out of the vagina; there is tenderness on pressure in the lower abdomen, and in the ovarian regions, with a burning pain there. One prover says, 'There was at every step violent shooting in the genital region, as if in the internal sexual organs; and then burning, pressing uneasiness and weight in the uterine region.' Then at the catamenial period the discharge is generally increased in quantity, accompanied by much forcing downwards, and with leucorrhœa in the intervals. Next, we find pain in the lower part of the back, of an aching, or burning, or down-bearing character; irritation of the bladder, with pain in micturition, and frequent desire; sensation of tenesmus in the rectum, sometimes constipation, sometimes the reverse. We, likewise, keep in view, as collateral symptoms of *belladonna*, the full throbbing headache, the flushed face, the neuralgic pains on one side of the head, the restlessness or sleeplessness at night, and the general over sensitive state of the whole nervous system. This," adds Dr. Brown, "indicates the use of *belladonna* in various inflammatory states of the uterus."\*

Leaving the abdomen, we must now devote our attention to the consideration of the action of *belladonna* upon the tissues of the air passages.

On the mucous membrane of the nose it excites dryness and a sense of tickling and sneezing.

The same dryness we remarked as being produced in the fauces, is felt in the larynx and trachea. It gives rise to tickling, provoking a short dry cough, which is difficult to suppress, and is much felt on lying down at night. The voice is hoarse and rough, and, in some cases, quite extinguished.

I have already referred to a viscid mucous secretion as following the dryness in the mouth and throat; the same phenomenon occurs in the larynx; thick, tough mucus succeeds prolonged dry coughing. Dr. Dunham gives the following description of the cough of which *belladonna* is remedial.

"The cough," he says, "is dry, or, if there be any sputa, it is only after long coughing, and then consists often of mucus tinged with blood. It occurs, and is much aggravated in the

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\* Transactions of the International Homoeopathic Convention, 1881, part iv., p. 237.

evening and early night, more particularly just after lying down. It comes on in paroxysms. It is accompanied by heat and great redness of the face, sparkling eyes, and full hard pulse. It is provoked by a tickling in the larynx, as if dust were in the back part of the larynx, which compels a dry, hard cough. It is induced by exertion, by lying down, and by very deep inspiration. It is accompanied by a feeling of soreness in the larynx, as if internally hot and sore; this soreness is felt when pressing the larynx externally. It is also accompanied by oppression of the chest, heat in the chest, dyspnoea, &c."

The dry cough caused by *lachesis* is excited by tickling lower down in the trachea, it occurs chiefly on waking, and is more chronic in its character. The dry cough of *phosphorus* is excited by tickling still lower, and attended with soreness and rawness, extending into the chest. Of *causticum*, again, the dry cough, with tickling high up in the trachea, occurs in long paroxysms; the trachea is sore, but not the chest, as with *phosphorus*. Again, *rumex crispus* produces a dry cough, which is a constant hack, and seems to have its starting point in the supra-sternal fossa.

In the bronchi we have evidence of congestion in the pressing pain, tightness, burning, and hurried respiration noticed by provers. *Post-mortem* appearances have, in some instances, shown congestion of the lung. In utilising these symptoms for clinical purposes we must bear in mind the constitution of the patient. In the plethoric, and especially where head symptoms accompany an acute catarrhal bronchitis, or pulmonary congestion, we shall find a remedy in *belladonna*, or otherwise *phosphorus*,  *Bryonia*, or *tartar emetic* will probably be more useful.

The late First-Class Veterinary Surgeon, Lord, in a paper contributed by him to the *British Journal of Homoeopathy*, vol. xxvii., p. 311, says that *belladonna* is homoeopathic to those coughs (in horses) of a hard spasmodic character, whether proceeding from dentition or from derangements in the pneumo-gastric nerve. In laryngeal coughs, with a dry state of the membrane, *belladonna* is principally indicated, and if it is unaccompanied by nasal discharge we may safely prognosticate a speedy cure." He then gives brief notes of several cases occurring in the stables of the Royal Horse Guards, and concludes by saying:—"In veterinary practice we find that *belladonna* is the most valuable of all cough medicines, because that nearly three-

fourths of all the equine coughs are laryngeal, while in man I believe about the same proportion would be bronchial." He gave from one to ten drops of the pure tincture four or five times a day.

Over the extremities experiments with *belladonna* have not given evidence of much direct influence. The symptoms referring to the upper and lower limbs recorded by Hahnemann chiefly show more or less loss of power arising from the influence the drug exerts in the spinal cord. In the joints, however, are indications of more or less acute pains, which have suggested it in the early stages of acute synovitis, especially of the knee, and it has often been given him with much relief to the patient. In acute rheumatism also, particularly when head symptoms are present, it is occasionally preferable to *bryonia*—the prince of remedies in this form of disease. Of the kind of cases of rheumatic fever in which *belladonna* is necessary to promote a rapid recovery, Dr. Yeldham gives, in the *Homœopathic Review*, vol. xx., p. 224, one of the best illustrations with which I am acquainted. The patient was a young gentleman, æt 14, growing rapidly, of a delicate constitution, who had, at the age of seven, a protracted attack of rheumatic fever (treated traditionally), which had left behind a loud bellows murmur. He consulted Dr. Yeldham on account of large painful bullæ on the feet, and the general ill-health, of which there were the outward and visible sign. A fortnight later he presented himself, "with all the symptoms of the accession of a smart attack of acute rheumatism, viz.: painfulness and swelling of the wrists, knees and ankles (the latter being the most prominently affected), quick pulse, hot skin, thirst, and loss of appetite." He was ordered to go home, and to bed, and to take *aconite* and *bryonia* alternately. Two days later Dr. Yeldham visited him, and "found the disease fully developed. The pulse was quick, skin hot and dry, the joints were more swollen, and the inner side of each ankle was covered with a bright red blush, and the same condition, only less pronounced, existed on the backs of the wrists. To take *belladonna*  $\phi$  three drops every three hours, and two doses of *aconite* 2x, during the night. To lie between blankets and have the affected joints enveloped in wadding." From this time he daily improved, and Dr. Yeldham was able to leave him convalescent, and without any addition to the existing

heart mischief, on the eleventh day from his first seeing him.

I conclude with a few words on the most suitable dose. Excellent results have been achieved, in a large variety of disorders, by exhibiting *belladonna* in dilutions up to the 30th. While this is incontestable, it must be admitted that the most uniformly advantageous doses are such as are much larger. You may get all you desire from the 30th, but you are much more likely to obtain it from the 1st dilution, and in many cases you must give the pure tincture.

I believe that the large majority of physicians who have used *belladonna* homœopathically would endorse the dictum of the late Dr. Clotar Müller, of Leipsic, regarding *belladonna*:—"This is, above all, the remedy from which I believe I have seen the greatest number of decided and quite indubitable effects, and the most splendid cures; and that, too, mostly in strong doses, and very low dilutions." While this is perfectly true, at least, in my experience, you must, nevertheless, be discriminating in your selection of a dose. Thus, in nervous disorders and in eye diseases, in which you may be led to select *belladonna* as the homœopathically indicated remedy, the first centesimal, or the third decimal, is an amply sufficient strength from which to administer a drop or two as a dose. In throat cases, and still more in enuresis nocturna, I would advise you to resort to drop, or from that to five drop doses of the pure tincture. On this matter I have endeavoured, as I have gone along, to point the most suitable dose in each class of disease.

Tunbridge Wells,  
February 9th, 1884.

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## ON WIESBADEN AND THE THERAPEUTIC INFLUENCE OF ITS MINERAL WATERS.

By M. KRANZ, M.D., M.R.C.S., Eng.

"Curæ vacuum hunc adeas locum  
Ut morborum vacuum abire queas,  
Non enim hic curatur, qui curat."

THESE are the words which the Romans wrote over the gates of their baths at home, and also at Wiesbaden. The headquarters of the Roman legions of Upper Germany were at that time at the neighbouring *Mogantiacum* (Mainz),

and their fortified castles were built on the hills and heights of the Taunus mountain, around the warm springs of *Mattiacum* (now Wiesbaden), the chief place in the country of the old German tribe, the "Katten," or "Chatten" people. There are to this day found the remains of their baths and temples and magnificent walls of their camp on the so-called Heidenberg, built and defended by the Fourteenth Legion and auxiliaries, surrounded by twenty-eight to thirty Roman towers. Next to the most powerful spring there is still the "Römerbad," close to the Kranzplatz, which was also the centre of the Roman Wiesbaden. About the *fontes Mattiaci* we find already Plinius, Ammion, and Celerius writing, the name having been given after the original inhabitants, the *Mattiaci*, the chief place of the above-mentioned Chatten tribe. After the Romans followed the Allemannic and Franconian period, about the fifth century, which were Roman-Christian times, as certain inscriptions and sarcophagi prove. For another period the place was the so-called *Reichsgau*, the meeting place for the German emperors from Otto I. 960 till Heinrich V. 1123. But it is generally supposed that the baths were neglected after the Roman times of Cæsar, when the Roman ladies had already "Mattiacan soap" balls made from the staglatites of our springs to dye their hair red!

About the eleventh century the *fontes Mattiaci* were transferred as a possession to the Counts (now Dukes) of Nassau, after which the baths increased in reputation, and have grown steadily into a world-renowned and international *rendezvous* for all nations of the globe. Lately, in 1866, it was with Hesse annexed to Prussia, and the whole country now forms the province of Hesse-Nassau. For Wiesbaden there then began quite a new era—because Prussia did not recognise the license of gambling of the former Government. Prussia passed a law abrogating licensed gambling, and put it in force a few years after the annexation.

The green-table establishment was thrown out into the streets and sold to the old-furniture brokers. One director took it so to heart that he soon died. Some of the hotel-keepers in consequence became insolvent; all the shop-keepers, especially the jewellers, who were at the same time grand noble pawnbrokers, all the dealers in articles of luxury and fancy, had been losing, of course, by the



change; but most of that class of inhabitants had profited so much at former times that they could live on their income. Still these people will continue to complain about the loss of business, *i.e.*, of coin which in former "Ducal" times was thrown into their pockets from the glittering purses and pawned jewels and estates of noble abundance. The aristocratic attendants of fortune, after the cry of the croupiers, "Faites vos jeux, messieurs—le deuxième dernier—le dernier," had been stopped for ever at the Kursaal, the spendthrifts, have entirely dispersed since that time, mostly reformed, in some exceptional cases going direct to some other lost paradise, or better—paradise of loss. But Wiesbaden has profited by it, and grown virtuous and reformed. The *fontes Mattiaci* of the Romans are now the most respectable of all German bathing-places, the *German Spa par excellence*.

The city itself is now beautiful, regularly and well built, with all modern sanitary arrangements. The old town lies enclosed within some lofty streets planted with green trees, almost in a large square; while outside of that green quadrangle, on the hills and in the valleys all around, more villas and handsome mansions and high architectural buildings present a view as lovely as it is gay and animated. The peculiar situation of Wiesbaden at the foot of lofty hills, belonging to the Taunus at the north of it, about one mile distant from the Rhine, sheltered against the direct chilly north winds on all sides, and only open to the gentle south winds, is eminently favourable to all delicate convalescents and others, more so than Italy and southern France, both of which showed even severer weather charts during the last few winter seasons, and offer less comfort at all times.

On a good geographical map one can see at a glance the great mountain chain, extending from North-Western Germany to the north-east of France, of which one branch is intersected by the Rhine, the Main, and the Lahn (old German, pronounced as in English), which constitutes the so-called Taunus, situated about from  $25^{\circ}$  to  $26\frac{1}{2}^{\circ}$  E., and from  $50^{\circ}$  to  $51^{\circ}$  N. The Taunus mountain chain, which slopes down gradually to Wiesbaden, and thence to the banks of the Rhine, contains a great deal of ore and very rich deposits of antediluvial remains. Almost at the foot of one of the hills of the Taunus, of the so-called *Geisberg*, bubbling out of peculiar beds of rocks, bright greyish-

green with dark points, smooth, coloured green stones, dark red and blue coloured slates, mixed with sericit, albite, and quartz—the *fontes Mattiaci*, the Kochbrunnen springs from time immemorial. The position of the rocks is at an angle of about  $3^{\circ}$  to  $5^{\circ}$ , and they incline in some places  $60^{\circ}$  to  $80^{\circ}$  to the north. In these slate rocks originate the Wiesbaden springs, perhaps many thousand feet in the depth of the earth.

If we remember the analysis of slate, it is about 70 per cent. silicic acid, 15 per cent. alumina, 10 per cent. oxides of iron, and about 7 to 8 per cent. alkalis; some of the slate contains more lime, and certain compounds of chlorine, especially muriate of soda; and if we compare with this also the analysis of sericit, we come to the conclusion that the waters take their mineral ingredients from those rocks. Sericit contains, according to the analysis of our best authorities in chemistry and mineralogy, about 50 per cent. silicic acid, 23 per cent. alumina, 10 per cent. potash, 8 per cent. oxides of iron, 1 per cent. silica fluoride, 1 per cent. magnesia, 1 per cent. soda, and 3 per cent. water.

The Wiesbaden mineral waters, the "Kochbrunnen," contain in 16 ounces chiefly:

Muriate of soda, or chloride of sodium, Natrum muriatic	52.49779	grains.
Chloride of calcium	... 3.61720	"
Calcareo carbonica ...	... 3.21055	"
Chlor. magnesium ...	... 1.56663	"
Chlor. of potassium	... 1.11974	"
Chlor. of ammonia ...	... 0.12841	"
Brom. magnesium ...	... 1.56603	"
Sulphate of lime ...	... 0.69289	"
Phosphate of lime ...	... 0.00299	"
Arsenate of lime ...	... 0.00115	"
Magnesia carbonica	... 0.07979	"
Carbonate of iron ...	... 0.04339	"
Carbonate of manganese	... 0.00453	"
Chloride of lithium	... 0.00138	"
Carb. of baryta and strontia	traces.	
Silica	... 0.46018	"
Alumina silicate	... 0.00392	"
and		
Free carbonic acid gas	... 6.416	cubic inches.
Nitrogen gas	... 0.103	" "

The temperature of this principal fountain, the "Kochbrunnen," is  $155.75^{\circ}$  F., and has been as invariable as the quantity and composition of the fluid. Besides this "Kochbrunnen," there are more than twenty smaller mineral springs of nearly the same constituents, but of lower temperature. From the main spring, the "Kochbrunnen," are ejected about 15 cubic feet, and from all the fountains together no less than 61 cubic feet every minute, and as far as history goes always the very same quantity which contains within twenty-four hours the above-mentioned *muriate of soda*.

About the temperature, by some called the specific heat of these mineral waters, Plinius already says, "Quorum haustus tridus fervet." However, this specific heat is natural to all similar mineral waters, which, in accordance with their capacity of heat and radiation, cool more slowly and are more difficult to heat than common water.

By artificial evaporation, as well as by common exposure to the atmosphere near the places of the fountains, we find some precipitates, the *sinter*, a reddish solid residue composed of about 90 per cent. carbonate of lime, 4 to 5 per cent. oxides of iron, 6 per cent. arsenious acid, 1 per cent. silicic acid, besides traces of alumina, manganese, magnesia, and organic substances. These latter, the traces of organic substances, again consist of pure vegetable bodies, chiefly "gallionella ferruginea," forming that flocky reddish deposit in considerable quantity at the fountains—easily separated from the mineral constituents.

Invariable as are the temperature and the quantity and the constituents in general of the "Kochbrunnen," so also has the taste been from time immemorial. It tastes like "bouillon," weak chicken or meat broth, with just sufficient salt to make it palatable. In fact, any observant traveller may see the poor journeymen come to the fountain during the cold season and drink this mineral water as their frugal breakfast, like the English would take their ale and porter. According to this observation, it appears that this beverage, like "bouillon," with the people's bread and food gives some satisfaction, and also that the constituents of the waters support the human system, and compensate in some way for the loss by labour and toil of some of the constituents of our body.

The Wiesbaden water appears nearly colourless in a glass, but in a larger quantity is more like the whey of sweet

milk, its odour very slightly like fresh and soft-boiled new-laid eggs. On a large surface of the water, in a bath, there gradually appears, after some time, a many-coloured, changing, dull lustrous, whitish-greyish to orange-reddish film—the accumulation simply of carbonate of lime on the surface from the evaporation of carbonic acid, freely contained in the Wiesbaden waters.

It yet remains to be explained, and may, perhaps, never be found out how great the depth, and by what causes these waters do take their rise, whether carbonic acid in the greatest point towards the interior earth does or does not cause these springs to bubble up in a ceaseless and ever equal stream, changeless in temperature both by day and by night, in summer and winter, and also in their abundance of water, and with regard to their healing properties.

Regarding the constant components, this Kochbrunnen surpasses all warm springs hitherto known, even the Karlsbad springs in Bohemia. History has shown us that the Romans of old already appreciated the healing properties of the "fontes Mattiaci." They sent their wounded militia invalids to these springs, and fortified the place with strong walls and castle towers, the remains of which are yet to be seen in our museum.

The old warriors experienced in their wounds great benefit from bathing in the waters. We read also that the Roman ladies found relief from innumerable complaints new and old, also that bathing in these waters kept them young and beautiful. With the above-mentioned red deposit—the so-called sinter—they are said to have dyed their dark hair a brilliant auburn or red, according to the fashion at that time to dye the hair as fair and red as possible, after the natural manner of the Germanic natives wives' and daughters' hair.

Modern history teaches that the baths have been very much frequented by the invalided and wounded warriors of our century, especially after the Franco-European wars (Napoleon I.), after the different revolutions 1832-48, and after the wars of 1854, 1866, and 1870, with most excellent results. The wounds appear to get into a healing process, by which ulceration of a pernicious kind is changed into healthy granulations. Island-like formations of newly created epithelium spring up everywhere, and enlarge their courses towards each other till the whole surface, formerly

raw, is invested with a new covering, a new skin, shiny and almost transparent at first, but gradually thickening to the normal tissues. In a like manner are fistulæ remaining from gunshot wounds, and compound fractures cured by the use of the baths.

To the *healthy* skin the bath produces a comfortable warmth, followed sometimes by a little shivering, and then returning warmth by degrees, a feeling of thickness, and roughness of the tissues, and a little wrinkling. After the bath, directly the skin feels soft and cool, the palms of the hands and soles of the feet are covered with visible perspiration, the hair appears wet, though not moistened by the water. By rubbing the body the skin peels off the feet and back, gradually all over the body; warts disappear, also corns; the growth of the nails, the hair and skin, is very much strengthened after a course of bathing.

After many baths and longer use of the water, the feeling in the skin is more like itching, crawling, or creeping, with profuse perspiration, but slowly decreasing and disappearing, sometimes with slight stings, as from tiny needles, followed by little red blotches, pimples or pustules, even small boils and yellow spots on the chest, back, and forehead, disappearing afterwards again; sometimes the hair will fall out and grow quickly again, but of a little darker colour.

The *complexion* does not suffer from the bath; *au contraire*, it becomes softer and more delicate after a long-continued course of bathing. The secretion of the eyes and nose is increased at first, but after a few baths lessened to the normal again. Sometimes there is an inclination of the nose to bleeding, also the eyelashes may fall out, but soon grow again. On the neck are observed some feeling of stiffness and slight swelling of the submaxillary glands.

The muscular system of the whole body feels wearied, dull, sometimes with a tearing sensation and fatigued, wanting rest during the first few weeks, but after that time come certain comfort and strength. The bath taken immediately after some real fatigue, or a journey, has a different effect, bringing on a comfortable feeling directly, and thus strengthening at once.

The action of the heart is in the beginning of the bath somewhat accelerated, later lessened, sometimes again pulsating, not only to the feeling of the bather, but also to the applied stethoscope, especially after a long bathing

time; soon after it again becomes normal. Accordingly the pulse is accelerated at first, then more quiet again, and after a great many baths the pulse may be about 95-100 directly after it, but decreasing to the normal by next morning.

These are the general symptoms after the bath to the external body, and they are increased by *drinking* the Koehbrunnen. The following observations show the effect of the water on the internal organs of the human body. There are after drinking the water *warm*, at about 90° to 100° F., generally some feeling of comfortable warmth in the region of the stomach, gradually extending down to the very feet, rumbling in the abdomen, eructation of gas (carbonic) from the stomach, and after some hours even a healthy evacuation.

After some days' continued drinking (one or two cups early morning), the tongue usually appears somewhat coated, its blood-vessels turgescient, the appetite increased, and according to the individual constitution, sometimes diarrhoea will set in for a few days, but in others the evacuations are simply regulated; in others, again the stools become more bilious and constipated as an exception.

The respiration is accelerated in the bath at first, decreasing, however, even to 3-4 respirations less every minute. After longer use of the baths the respirations are increased sometimes to 4-5 more every minute. Smokers and chronic bronchial sufferers are alleviated by the bath and by drinking; expectorating easier, while the mucous membranes of the gums and palate get slightly irritated and tickling.

Regarding the *uro-genital system*, we observe, in general, copious urination, and frequently with a cloudy deposit after many baths, an acid (uric acid) reaction, darker colour; later, some yellowish-greyish sediment, followed sometimes by the feeling of oppression in the region of the kidneys, and after that the urine is clearer again, less acid and more alkalescent. In the sexual system the organs appear turgescient, seminal secretion more strong, the menses more copious; at climacteric times sometimes menses will flow again after longer or shorter cessation, and with great relief to the general constitution. The kidney symptoms appear exceptionally somewhat later with the urinal sediment, when the urine is of a pungent odour,

and of frequent emission, and likewise with a kind of fine yellowish-reddish gravel.

Drinking Kochbrunnen water *cold* or cooled down causes, generally, fulness of the stomach, rumbling in the intestinal tract, after four to ten hours' simple evacuation, even diarrhoea after frequent and continued use, while the appetite increases, and the above-mentioned sediment continues, notwithstanding the diarrhoea.

If we persist in taking the waters and bathing for some time, we shall find that the body is diminishing in corpulence, the fat, especially if in the abdomen, will disappear, the muscles become more apparent, and the movements will be more free and easy. Digestion and nutrition are regulated and more complete, respiration more easy, circulation of the blood more active, complexion clearer, humour and wit more sprightly. If the drinking and bathing are continued over the time of six or eight weeks, sooner or later there appears a time of saturation. A certain aversion to the water is experienced, and all the favourable symptoms are reversed; and if still longer continued, these reverse symptoms will end in a regular disgust of the water, a yellowish-coated tongue, a flabby perspiring skin, congestions to the chest and head, nervousness, home-sickness, and melancholy, even a feverish state will set in. Yet these symptoms will disappear as soon as the water is discontinued, only appearing again as the secondary symptoms and consequence of the curative treatment for some months under the influence of insignificant occasional causes.

After enumerating all these symptoms, the field of operation of the Wiesbaden waters may be described as a general constitutional one, dissolving and discharging any stagnated or collected and morbid matter, afterwards strengthening the organism by constantly expelling pathological products and so liberating the whole system and causing a thorough healthy reaction.

"But they say—what do they say?—let them say"—some of our regular foster-brothers will say frequently, that these mineral waters have no effect whatever—that all is faith! They will deny the curative influence entirely, and will set it down as due to the change of air, of scenery, of diet, of temperature, and probably the hopeful confidence in that remedy which is "*to make oneself whole*" again. But we may only call to witness the thousands,

nay, millions, of invalids who have better personal experience, who will certainly say that all things must work together; but that they found themselves restored to health by drinking and bathing in the Kochbrunnen waters, after having tried all other cures and the above-mentioned changes and niceties—in vain. The term “faith” should rather be applied only to the one thing needful—to the Gospel—from the beginning to the end of our lives.

On the other side we sometimes do read of general superlaudations about the miraculous effect of our mineral waters for *all* possible and impossible complaints of mankind. This seems almost sounding like universal quackery, and is injurious to the reputation of the curative properties, and may lead, in consequence of its failure in incurable cases, to entire scepticism.

If we hold our review according to the golden rule, in the middle between such extremes, and more to the point of scientific research, we shall find, above all, that the constituents of the rocks are represented in the waters gushing out of the depth, dissolved, free, or bound in certain conditions and proportions.

We are not justified in calling the chemical composition of our mineral water, the Kochbrunnen, simply a mixture of solutions of different salts, and particularly of chloride of sodium 6·8 + chloride of potass 0·14 + chloride of lithium 0·00018 + chloride of calcium 0·0016, &c., or the result of a mixture of alkaline salts, earthy salts, metallic salts, and gases. We can only truly and scientifically say, that if we treat 1,000 parts by weight of Kochbrunnen in this or that manner of chemical analysis, we shall obtain so much chloride of sodium, lithium, calcium, potassium, &c. It is not only probable, but certain, that all the constituents of the water stand in a proportional relation to each other, and do constitute “a whole” through this intimate relation.

The result of spectrum analysis of the Kochbrunnen water with Bunsen's spectroscope was the following spectrum:—One extremely intense line of *sodium*  $n. 50$ ; one less intense but strong line of lithium  $l\alpha$ , one very clear line of *calcium*, with the characteristics of  $\alpha$  and  $\beta$ ; while strontium and barium lines were visible, but not so clear, on account of the brilliancy of sodium and calcium. (Fresenius, Quantitative Analyses, Vorwort von Justus von Liebig.)



Thus it seems evident from every analysis that sodium, i.e., chloride of sodium, our "*Natrum Muriaticum*," is the chief and predominant ingredient, and, we may add, also the healing principle *par excellence*. *Plinius* says already, "*Sale delectantur et ejus usus bene se habent*" of his time and his people. According to *Nasse* it is confirmed that chloride of sodium penetrates the stomach and enters directly into the blood, principally by means of the chyloferous and capillary vessels. After being taken up in the blood it diminishes in volume the blood globules, prevents their agglutination, and contributes in the blood to dissolve and liquefy the combinations of fibrin and albumen. According to *Vierordt's* experiments after injecting chloride of sodium into the blood, this liquid exhibited after a lapse of five to fifteen minutes an insignificant increase of chloride of sodium, while, on the other hand, there was found afterwards the fifth or sixthfold increase in the "urine." And the very latest physiological experiments showed that dogs which had been brought to the point of starvation revived again after some injections of chloride of sodium solution had been effected into their blood-vessels. After passing through the circulation of the blood, it appears that in the kidneys and in the bladder the same sodium holds the urate of ammonia in solution, and thereby is, indeed, hindering the formation of the precipitates of uric acid.

The *homœopathic* provings of *Natrum Muriaticum* (i.e., chloride of sodium) now appear as a crown to all these experiments. They are, unlike the chemical laboratory, the proofs of effects on the *sound living human organism*:— "Pains of all muscular parts of the body, as if the flesh was beaten; spasmodic numbness in the limbs especially in the hands; stiffness in the shoulders and hip-joints; beginning, increasing, or reappearing of pain on lying down; easily taking cold; restlessness in the body, with chilliness; excitement, pulsating, heaving, or waving in the body; nervous complaints, spasms in the arms and legs; indigestion, lassitude of mind and body, together with a good appetite; weakness; eruptions of the skin; dirty, sallow, or pallid complexion; irritability; much urination; a great deal of thirst; heartburn or waterbrash; sometimes voracious hunger; repugnance to fat and rich food; flatulency; increased and copious menstruation, whites between the periods; stronger seminality; profuse secretion of the eyes; eyelids red or inflamed; nose dry, some-

times sore and bleeding ; loss of hair, and fast reproduction of hair afterwards ; pains in the joints and across the hips and the back ; sometimes, not always, irregular agitation of the heart, temporary intermittency of pulse"—these are the main points of symptoms elicited by Hahnemann and his disciples' proving societies.

Accordingly we find by experience, very nearly of a thousand years, that our *Natrum Muriaticum* is especially beneficial in chronic and habitual derangements of the spleen and liver, of digestion, of exhaustion of the system from excesses (in venere, &c.), chronic affections of the skin, of the muscular system of the joints, &c. Taking it for granted that most of the other and minor ingredients, or only traces of the above-mentioned constituents of the Kochbrunnen, are by no means antagonistic or neutralising, but by their free suspension in the water only supporting the effects of the *Natrum Muriaticum*, we find by experiment, experience and comparison, that the Kochbrunnen is a "unicum," one grand homœopathic remedy for *gout, rheumatism, chronic derangements of the liver and spleen, for piles and uro-genital disorders, torpidity of all kinds.*

"*L'homœopathie ne consiste pas dans les globules, il n'y a que les ignorants qui disent cela.*" This motto of our famous Granier, and of many others, could find no better application. The cure, effected by the solution or suspension of 50 per mille of *Natrum Muriaticum*, is effected homœopathically without any injurious secondary symptoms, unless abused. As much as suffices for the cure passes the tissues of the stomach, the hurtful overplus is rendered harmless by the secretions of that organ, and is afterwards expelled. We may well here remember that every medicinal agent or drug shows a definite or specific affinity to certain organ or organs of our body, while the same may be disregarded, or even thrust off, by other organs ; that wherever this affinity, better called elective affinity, does come into action, the drug taken by the special organ will be attracted only in certain quantities, while the superfluous is extruded as *débris*.

Regarding the chlorides of calcium, magnesium, lithium, the carbonates of lime, iron, and manganum, as well as the smallest traces of silicate of aluminium, of arsenicum, of strontium, they are decidedly of secondary consideration.

Although the law of elective affinity does not exclude one of them from taking effect in a pertinent case, still it is more to reason that these are all more or less only supporters of the one great remedy, the above-called "unicum," assisting in the grand effect of vivifying the blood and all secretions of the organism. Just as certain it is that the intensity or modification of the effect is dependent on the degree of temperature at which the Kochbrunnen water is administered or employed. It is quite evident that these waters at a temperature of about 100° F. do contain all ingredients dissolved, and will be easily absorbed by the glands of the stomach. The lower the temperature the less resorption, and, when the waters are taken quite cold, the laxative effect will be found increasing till the purgative property of the water predominates, and the greater quantity is discharged by the stools.

Since Baron von Liebig's time the resorption has been explained, less or more, by the physical laws of endosmosis and exosmosis. The blood, according to analysis physiologically, containing about 6.87 of salts, takes up almost the whole of the Kochbrunnen water salts into its normal constitution to saturation, in its pathological state much more to a certain degree. The degree of *temperature* may be accountable also for the different effects of the *external* employment of the water in the way of bathing or douching, or both combined. Here, on the other hand, the healing property of the Kochbrunnen chlorides, as well as that of the carbonic gases, has yet to be duly estimated.

After this short scrutinising *résumé* in the crucial test of the homœopathic law of specific elective affinity, we are warranted in prescribing *Wiesbaden* for all chronic anomalies of the digestion, as dyspepsia, catarrh, &c.; abdominal plethora, with or without piles; for gout and rheumatism, above all, with its legion train of complaints; for chronic ulcers, badly healed wounds, fistulæ from gunshot wounds, fractures and scars. Liver complaints are also benefited so much that Wiesbaden has from ancient times been called the hospital for invalids from the tropics: the *German Nizza*, the central refuge in winter time, which season sets in milder and four weeks later, while spring comes on four weeks sooner than in Berlin, Paris, or Vienna. Since the Roman Julius Cæsar, since Otto I., thousands—nay, millions—of gouty, rheumatic, and other patients have here found health and happiness again; and

the great age of our present dear old Emperor, who, with the imperial family and the adored Crown Princess (Victoria), take up their residence here every year, may be partly ascribed to Wiesbaden.

“Wanderer aus allen Zonen rühmen deiner Zauber Pracht,  
Träger stolzer Fürstenkronen, Pilger in bescheid'ner Tracht  
Kranke tragen als Gesunde, und verjungt der alte Greis,  
Deiner Wunderquellen Kunde, bis zum fernsten Erdenkreis.”

Wiesbaden, January, 1884.

### CASES OF CHOREA.\*

By DR. A. VON SZONTAGH.

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I UNDERSTAND by St. Vitus's dance, movements of the voluntary muscles, objectless, involuntary, and not under the control of the will, which appear independently, or as concomitants of intentional actions, during perfect or slightly disturbed consciousness. This disease of the nervous centres is not frequent with us. I have not, in a private practice of twenty-seven years, and a dispensary practice of seven years, treated more than eight cases, of which the following were the last, be it observed, and most recently recorded:—

1. N. N., shoemaker's apprentice, appeared in company with his master in November, 1870, at the homœopathic dispensary in Pesth; aged 15 years, was well developed, spoke somewhat hesitatingly, still sufficiently distinctly to be understood, was in other respects healthy, only he could not control the restlessness of his arms and legs, so that he was unfit for any work, and indeed scarcely able to walk. According to his account he had always been healthy, until two months previously, when tearing pains, resembling those of rheumatism, appeared in the extremities, which were followed by the outbreak of the present disease in from eight to ten days.

As I remembered having on one occasion observed in a similar case decided improvement of the spasms to have followed the administration of *ignatia*, I prescribed this remedy in the 3rd dilution, with instructions to take a few

\* Translated from the *Allgem. Hom. Zeitung*, by Dr. Galloway, of Sunderland.

globules in water, four times a day. As, however, no improvement took place in a week, I set to with my books, compared the remedies recommended for chorea, and also those I had myself applied in former cases, in respect to their power of exciting spasms, and considered also the cases of disease having similar relations, stored up in Rückert's *Clinical Experiences*, 1861, with the following result:—

Involuntary movements of voluntary muscles—spasms—may be induced by numberless remedies, and there is scarcely a case of poisoning, wherein more or less developed spasms do not occur, even if only shortly before death. Such spasms, however, which characterise chorea, are not produced by many remedies, and those which do so are chiefly: *agaricus*, *belladonna*, *causticum*, *cicuta*, *cina*, *caprum*, *hyoscyamus*, *ignatia*, *nux vomica*, and *stramonium*. Supposed or real cures in Rückert's cases are only those printed in *italics*, and, besides these, there are *calc. carb.*, *crocus*, *cocculus*, *natrum mur.*, and *sepia* to be noted.

If we examine the foregoing medicines and the cures ascribed to them separately, we arrive at the following results: *Agaricus* in its pathogenesis has certainly many indications of disturbance of and loss of consciousness; yet phenomena, belonging also to unmixed chorea, were frequently observed, especially by Vadrot, after its administration.

It has proved useful in practice in three cases communicated to the *Austrian Journal of Homœopathy* by Dr. William Huber, in which improvement occurred within six days, cure in twelve to fifteen days.

*Belladonna*. The spasms which it produces are always accompanied with abnormal phenomena occurring in the brain and circulation, on which account it, as well as its alkaloid *atropia*, is more applicable in cases of epilepsy, and has already proved itself frequently of value in the latter. An unmistakable cure of real chorea by *belladonna* is not recorded, for that related by Winter in the *Hygeia*, in a rhapsodical manner, is not clear, that related by Jones was only cured in three months, and that by Meyer, in the *Quarterly Journal*, was not chorea at all.

*Causticum* has given rise to only a few symptoms of spasms and convulsions, but effected alone two brilliant cures described in the *Allg. Hom. Zeitung* by Ehrhardt and Schwenke.

In two other cases *causticum* was given by Schulz, sen., and Gross, with apparently good results, after the fruitless application of several other remedies.

*Cicuta* and *hyoscyamus* cause spasms and convulsions, which are always accompanied by unconsciousness and confusion of mind, consequently they are better adapted to epilepsy and cases of mental disease. There are no cures of undoubted chorea recorded from their use.

*Cina* in its pathogenesis points to epileptic convulsions, and also to slighter startings and contortions of the limbs, with retention of consciousness, and accomplished alone a cure in the case cursorily reported by Walz, and, in that fully described by Hamilton, after the exhibition of *cuprum*.

*Cuprum*—which is, according to Bähr, the polychrest in chorea—has indeed clearly marked, and it would appear idiopathic attacks of spasms, with loss of consciousness, indicated in its pathogenesis. Consequently it has proved itself in practice of manifold use in the treatment of epilepsy, chorea and other spasmodic conditions, and in Rückert, also, we find reports of several brilliant cures effected with it.

*Ignatia*, according to general acceptation, has a direct action on the spinal cord, without essentially affecting the brain; it must, therefore, appear to those who hold the seat of chorea to be in the spinal cord, to belong to the first rank in remedies for this disease. It has, therefore, been frequently prescribed, and several cases of chorea cured by it have been published.

*Nux vomica*, much better proved and observed than the previous remedy, has numberless spasmodic symptoms to show, and yet has been seldom given in chorea, because it was assumed, and not without reason, that the *nux vomica* spasms were of a reflex nature, and, as they appear in paroxysms and are especially of a tonic kind, differ in form from the clonic muscular movements of chorea. Also, we find but one single cure indicated under the head of *nux vomica*, and even in this case it is doubtful whether the symptoms removed were really choreic.

*Stramonium*, similar in its action to *belladonna*, excites the motor centres of the brain more violently than the latter, and can produce in the healthy the different spasms and convulsions, and likewise those characteristic of St.

Vitus's dance, in consequence of which *stramonium* is frequently indicated in this disease.

Aegidi accomplished with it a rapid and brilliant cure of a case of chorea. Bicking cured one of chorea major, accompanied with somnambulism, with it, and Gross a similar one, complicated with mental disorder and hallucinations.

Hirschleger also professes to have cured St. Vitus's dance with *stramonium*, but does not describe the disease, and Bethmann himself designates the one cured by him as clonic spasms.

*Calcarea carbonica* causes, idiopathically, no spasms whatever, and could not be selected in such conditions had there not been an epileptic paroxysm recorded in Hahnemann's *Chronic Diseases*, under the symptoms of *calc. carb.*

In chorea, *calc. carb.* has been frequently prescribed, still not one single undoubted cure has occurred in consequence, for, in the one so rhapsodically related by Rummel, the diagnosis is uncertain, and likewise in that described by Rückert, which, moreover, was not accomplished under four weeks, and after the practice of river bathing.

Tietze also saw a cure result where *calcarea* had been given, but not until three months after taking it.

The assumed three cures of chorea by *crocus* allow of reasonable doubt as to the correctness of the diagnosis. The same must be said of the cures ascribed to *natrum muriaticum*.

*Sepia* has, among its pathogenetic actions, attacks of fainting, but no spasmodic conditions to point to. Nevertheless, it is said to have cured a clearly marked case of chorea, after the application of several other homœopathic remedies, in the course of a few hours.

The practical result of my study of the above was, that I determined to give the shoemaker's apprentice, subject to chorea, *agaricus* in the 3rd decimal dilution, with the instruction to take one drop of it in water four times a day. The consequence was highly satisfactory, for in a few days the muscular restlessness abated; in three weeks the boy was able to perform any duty, and in three weeks more the remainder of the disease, as indicated by occasional, solitary spasms, had totally and permanently disappeared.

(To be continued.)

In the treatment of typhoid fever among the so-called regular physicians, quinine is largely employed. In a clinical lecture at St. Louis recently, an allopathic professor told his class that he had frequently given as much as fifteen or sixteen hundred grains of the drug during the course of a case of typhoid fever, and that the patients recovered. The only strange point about it is, that his patients did not succumb under such heroic treatment. But probably we may find a solution of the causes of the high death rate in the disease if we consider the effects of the ponderous doses of the drug in question. Those who do recover after this sort of treatment remain in ill-health for months and years, or eventually succumb to some secondary disease, due, without doubt, to the mal-treatment during the attack of typhoid. These instances might be multiplied; but the preceding is enough to indicate the reckless and unscientific manner in which quinine is used by the medical profession. And, with such abuse by the medical profession, can we wonder that those who are unlearned in medicine regard it as a universal and harmless cure-all? We see the evil effects of this baneful practice. The quinine-taking community develops aggravated cases of chronic gastritis, intestinal catarrh, hepatic and splenic derangements, and, as a consequence of the defective nutrition incident to these disorders, pulmonary consumption and Bright's disease. The history of the majority of cases of pulmonary disease in the malarious zone shows a preliminary dyspepsia, which, in numberless cases, has its origin in the misuse of quinine. We would not detract from sulphate of quinine the honour due to it in its power over intermittents; but even in the treatment of this disease the homœopathic physician does not need its aid. Present pathological research has entirely upset the theories of the unity of disease, and it is high time that such a dogma was rooted from the profession. The early homœopaths fought calomel and the lancet, which, happily, live only in the history of the past; and if we would be true to our faith, and true to the best interests of humanity, we would raise our voices against this widespread abuse of quinine.—*The American Homœopath.*



## REVIEWS.

*Cough and Expectoration.*—A Repertorial Index of their Symptoms. Edited by E. JENNINGS LEE, M.D., assisted by GEORGE H. CLARK, M.D. New York: A. L. Chatterton Publishing Co., 106, Greenwich Street, 1884.

THIS volume is one of a class well calculated to aid the physician in exact prescribing, and as such we welcome it. It is, moreover, one so purely mechanical in its construction, that it must needs have been heavy, wearisome labour to have produced it, and hence we ought to be grateful to anyone who has undertaken and gone through with it.

Used aright, a repertory is invaluable. By it we are oftentimes directed to the medicine we are in search of; but the repertory alone can never be depended upon. The practitioner ought, in every instance, to test the accuracy of his repertory by a reference to the *Materia Medica*. This, we apprehend, will be especially necessary in consulting the one before us. The list of authorities from whose observations the symptoms have been derived contains the names of several who have placed, as we think, undue reliance upon what are termed "clinical symptoms"—upon symptoms, that is, which have not been observed to have arisen in a healthy person taking the drug, but such as have disappeared in a case of disease while the patient was taking it. To trust to symptoms of this kind in selecting a medicine is nothing else than empiricism, and is tolerably sure to give rise to disappointment. We cannot too closely adhere to the resolution to discard, as pathogenetic effects of a drug, all symptoms which have not arisen as its direct consequences.

Bearing this caution in mind, therefore, and always going from the repertory to the *Materia Medica*, and ascertaining from the latter whether the drug to which the former has referred us has been found to have produced the symptoms we are in search of, and has done so with the concomitants and conditions with which it is associated in our patient, the work of Dr. Lee will prove a useful addition to our means of prescribing correctly, or, in other words, homœopathically.

*An Obstetric Mentor.*—A Handbook of Homœopathic treatment required during Pregnancy, Parturition, and the Puerperal Season. By Clarence M. Conant, M.D. New York: A. L. Chatterton Publishing Co., New York, 1884.

THIS little book contains a reference to medicines which, there is more or less reason to believe, will be useful in nearly every ailment, in meeting nearly every symptom of disordered health, occurring during the periods to which it refers.

Necessarily, it is largely clinical. The experiments with drugs hitherto made upon women are comparatively few, and we have, therefore, in prescribing for disorders peculiar to women, been obliged to fall back in no small measure upon analogy. This has been done with very great success, and Dr. Conant has, in the volume before us, collected together a large number of observations of this kind, which will prove serviceable at the bedside.

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## NOTABILIA.

### THE LONDON HOMŒOPATHIC HOSPITAL.

ON Saturday next the new wing of the hospital will be formally opened. The alterations and additions which have been made are very extensive, and will prove, we have no doubt, of the greatest advantage to the future prosperity of the institution.

They comprise the incorporation with the hospital of an adjoining house, the enlargement of the out-patient department, and the improvement of some of the wards. The chief object held in view by the board in undertaking this work has been to provide room for an additional number of nurses to be trained in the wards, and through this training to be rendered available to nurse sick people in private families. The nurses who have been sent out from the hospital during the last fifteen years have, we believe, given full satisfaction to those on whom they have attended—a satisfaction which has occasionally found expression in a handsome donation to the institution which educated them. The public calls upon the nurses have, during the last few years, frequently been greater than the hospital could meet. And it is on this ground, chiefly, that the additions we have referred to have been made. The board will now be able to receive and train some thirty nurses—a number considerably in excess of their requirements for the due service of the wards; and those not required will, after a course of practical instruction, be available for private families.

The ceremony of opening the new wing, which will take place at 8 o'clock, will be followed by a *conversazione* and general entertainment. At 5 o'clock a promenade concert, comprising selections of vocal and orchestral music, will commence. An exhibition will be held of works of art and objects of scientific interest lent for the occasion. Besides some valuable pictures and a great variety of microscopical objects, an electrical department will include displays of the most recent inventions in electrical science, telephonic and telegraphic communications, an apparatus for magnifying sounds, and illustrations of electric lighting. At the same time the nurses of the hospital will

conduct a bazaar when a number of useful and fancy articles will be offered for sale.

As an additional attraction, Mr. Priddy will exhibit the "living waxwork troupe," giving wonderful performances at intervals.

Finally, tea, coffee, and light refreshments will be provided at the buffet.

The expenditure in the erection of the new wing, with the necessary and advantageous out-patient improvements, has been over £2,000, of which only £700 has been received up to the present time. It is earnestly hoped that, by means of the conversations on the opening day, and by the spontaneous generosity of many friends, a sufficient sum may be realised to meet the demands incurred by this great and desirable improvement.

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#### THE PREVENTION OF BLINDNESS.

THE readers of this *Review* are familiar with the efforts made by Dr. ROTH during the last five or six years to draw public attention to the fact, that a very large proportion of persons, now in Blind Asylums, have lost their sight through causes which are entirely preventable. At the *Société d'Hygiène* in Paris, Dr. Roth read a paper on this subject in April, 1880. He has since done so at several foreign congresses, while his researches in, and contributions to sanitary science have received acknowledgment from different Continental societies of high rank. His last papers on this question were read at York in 1883, and were noticed in our last number. He is the founder of a society established for the purpose of distributing information among the poor, attention to which would lead to the prevention of blindness occurring at all in a very large proportion of instances where, from want of such knowledge, it now happens. Many thousands of such tracts have been distributed. The statistics Dr. Roth has collected on this subject are on a large scale, and of the greatest value in treating of it.

We desire to call attention to this work of Dr. Roth, because we notice that, at the last meeting of the Ophthalmological Society (March 18th), the question of the *Prevention of Blindness* was brought under notice in a paper by Dr. McKeown, of Belfast. Beyond the statement that a "voluntary association, the London Society for the Prevention of Blindness, had indeed, actually prepared for popular distribution, a statement pointing out the dangers of ophthalmia neonatorum, and giving detailed instructions for treatment until the services of a doctor were available. But the evil was far too vast to be grappled with by any such society"—beyond this, no reference whatever was made to the work accomplished by Dr. Roth; neither did

Mr. Tweedy, who spoke after the paper was read, notice it! A committee was appointed to enquire into the subject.

While Continental societies eagerly acknowledge the great services rendered by our colleague, the chief Ophthalmological Society in the land of his adoption, the country where he has lived and practised for forty years, takes no notice of them whatever, but coolly adopts the results of his researches, and regrets that the paper, which appears to have absorbed them, "had not appeared sooner!"

Five-and-twenty years ago Dr. Roth established *The Ladies' Sanitary Association*, a society which has been the means of doing a large amount of useful work. This we believe was, after its success had been proved, adopted by some one desirous of easily obtained notoriety, and the work Dr. Roth had done passed silently over.

All this is painfully discreditable. That the Ophthalmological Society, with its resources and political influence, should take up the subject, to draw attention to which Dr. Roth has laboured so long and so industriously, would, we feel sure, give greater pleasure to no one than to him. But to ignore his work altogether, or refer to it only with a sneer, is, to say the least of it, an act of gross injustice.

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### THE NATIONAL PHARMACOPŒIA OF THE UNITED STATES OF AMERICA.

THE resolution with which our colleagues on the other side of the Atlantic set themselves to break down every possible monopoly of privilege belonging to the adherents of traditional medicine is worthy of all praise. The following "Whereases" and resolution deal with a bill now before Congress, to prepare a National Pharmacopœia at the national expense. With so large a proportion of the population preferring homœopathy, as exists in the United States, this appropriation of national funds for a sectarian purpose is not likely to meet with general approval, and we have no doubt but that, unless Congress should agree to the proposals made by the members of the Homœopathic Medical Society of the County of Philadelphia, by whom this resolution, proposed by Dr. Mohr, was adopted at a recent meeting, a serious and probably fatal opposition will be made to Mr. Randall's bill. Certain it is that the days of an exclusive Pharmacopœia in the United States are numbered.

"Whereas, A bill to prepare and publish a Pharmacopœia, to be known as the *National Pharmacopœia of the United States of America*, has been presented in Congress by the Hon. Samuel J. Randall, in which provision is made for the appointment of committees by the American Medical Association and by the American

Pharmaceutical Association to coöperate with the medical officers appointed by the Secretaries of the Treasury, War, and Navy, in the preparation of the said Pharmacopœia: and

"Whereas, As this Pharmacopœia, if published by the government, shall be, as the bill declares, 'for the benefit of the medical and pharmaceutical professions, and of the community at large,' it is only just that the Homœopathic profession and laity (representing millions of the community) shall have a proper representation: therefore,

*Resolved.* That the standing Committee on Organization, Medical Education, Statistics, and Legislation, be requested to use every honourable means to induce Congress to so amend the bill as to include provision for incorporating in the proposed Pharmacopœia, the medicines and processes peculiar to homœopathic pharmacy, and for the appointing of a committee by the American Institute of Homœopathy, with like powers granted in said bill to the committee appointed by the American Medical Association."

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### ODE TO THE BACILLUS.

By W. TOD HELMUTH, M.D.

Oh, powerful bacillus,  
With wonder how you fill us,  
    Every day!  
While medical detectives,  
With powerful objectives,  
    Watch your play.  
In epidemic glanders,  
In certain forms of "janders,"  
    You delight.  
E'en to the fifteenth culture,  
Voracious as a vulture,  
    You can bite.  
Koch and Spina, growing splenic,  
O'er your power septicæmic,  
    Rant and roar.  
Schmidt says when pus grows rotten  
Only then you are begotten,  
    Not before.  
In lung tubercnolosis,  
In skin necrobiosis  
    How you squirm!  
While gonorrhœal burning  
Is caused by sporules turning,  
    Some affirm.

'Tis said a crypto-coccus  
Will very often choke us,  
If we fail  
To drop the acid phenic,—  
Which is antisepticæmic,—  
On its tail.

Frier says in fever yellow  
He finds a little fellow  
Breeding pest.  
Gregg swears, do what he will, he  
Sees nothing but fibrilli,  
By his test.

In atmosphere mephitic,  
In poison diphtheritic,  
How you revel!  
In earth and air and ocean  
You keep disease in motion,  
Like a devil.

But bacillus, oh! bacillus,  
You try in vain to kill us,  
Yet we thrive.  
And though you try to blind us,  
Next year I hope you'll find us  
Quite alive.

*Hahnemannian Monthly.*

#### HOMŒOPATHY IN NEW YORK.

WE have frequently referred to the determination with which all the more eminent of the physicians and surgeons of New York have resolved, once and for ever, to expunge from the so called ethical laws of their State Society that which prohibits its members from meeting in consultation physicians who practise homœopathy. The opponents of this proposal have been twice out-voted and, not being satisfied, have again put the question to the test and with the same result. The following extract from *The New England Medical Gazette* details the circumstances and their consequences.

“The New York State Medical Society held its seventy-eighth annual meeting in Albany, Feb. 5, 6 and 7. During its session, the subject of the Code of Ethics came up once more, and for the third time the adherents of the new code were victorious. This year the vote stood, for the new code 125, against 105 for the old code. This vote was cast in face of the threat that a new State organisation would be formed unless the present State society repented of its past rebellious action, and readopted the national code. In accordance with this threat, the adherents of

the old code met on the day following their defeat, and organised the New York State Medical Association, electing the usual officers, and deciding to hold their next meeting in New York City the third Tuesday of November. Thus, in the opinion of the "stalwarts," is the dignity of the profession upheld, and medical science and art made stronger to cope with the ills of humanity."

We congratulate the more liberal minded members of the profession in New York on their victory, and not only so, but on their having got rid of the incubus of prejudiced, ignorant tyranny. Henceforth, we doubt not but that the New York State Medical Society will be a more active and useful body than it has ever been before.

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#### A SOURCE OF ALBUMEN.

M. LEWIN asserts that when a patient is taking *copaivi balsam*, the urine produces a precipitate, by the addition of nitric acid, which may be mistaken for albumen. This precipitate, he says, is formed of *copaivic acid*. Now, this cause of error in the clinical testing of urine was discovered a number of years ago, and M. Lewin has only re-discovered what has been known to the general practitioner for nearly half-a-century. The reason we call attention here to the fact is that it reminds us how little chemists of the present day pay attention to what has been achieved by their predecessors, and how much time and trouble would be saved if young men studied a little more before they rushed into print.—*Monthly Magazine of Pharmacy*, March.

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#### THE DWELLINGS OF THE POOR.

THIS subject has long been, and will be for years yet to come, in the front rank of importance. It has, however, been too much the fashion to suppose that London is worse off in the provision made for the poorer of its citizens than other large towns. We doubt this. Paris is, we believe, worse; so, too, is New York; and from the account given in the *American Observer*, Chicago, the most modern of cities, is equally behind what is required in its dwellings for the poor. Thus we are told that, "according to the recent report of the Special Committee of the Citizens' Association of Chicago, it has been discovered that 40,000 Scandinavians are crowded into one portion of the city, 15,000 Poles and 20,000 Bohemians into another, and 4,500 Italians live in absolute filth. Their food is of the worst description. The Americans, Germans, English, and Irish, as a rule, were found living in comfortable and clean apartments. The committee is of the opinion that large six and seven-story tenement houses, perfect in their sanitary management, should be constructed by large business firms for the use of their employes."

The remedy proposed is that which has been carried out for years past by landed proprietors ; it is that which the Marquis of Salisbury proposed that the Government should do for their workpeople, and manufacturers for theirs ; and it was exactly this plan that the President of the Board of Trade ridiculed !

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## OBITUARY.

### HENRY RIDEWOOD MADDEN, M.D.

MANY of the readers of this *Review* will remember the genuine sorrow which was expressed in various ways when it became known that Dr. MADDEN, The President elect of the British Homœopathic Congress of 1871, had a fortnight previously to its assembling, had an attack of cerebral hæmorrhage followed by paralysis of the right side. It is now our sad office to record his death, which took place at his residence, near Bath, on the 29th of February. For a year or two past he has suffered from organic disease of the heart, developing occasional attacks of angina pectoris. A fortnight previously to his death acute pneumonia set in. His heart was unequal to the strain put upon it by impaired pulmonary power, and he died somewhat suddenly on the morning of the 29th of February. He was attended during his last and several previous illnesses by Mr. Norman, of Bath. His funeral took place at the Abbey Cemetery, on the 4th ult., when his remains were followed to the grave by all the medical men practising homœopathy in Bath, except Dr. Newman, whose ill health alone prevented his appearance on this occasion, Mr. Capper and several old friends.

Dr. Madden was the son of Major Monson Molesworth Madden, and was born at Devizes, on the 10th of March, 1818. He received his early education at the Leeds Grammar School. His family removed to Edinburgh in 1838, where he was apprenticed to the late Sir George Ballingall, the Professor of Military Surgery in the University, and at once commenced attendance in the medical classes. During his career as a student, he manifested that taste for the study of chemistry, which grew with his growth and never left him. In the University, he took the Hope Medal in Chemistry, together with several class prizes. He graduated as a doctor of medicine in 1839, and soon afterwards took a country practice at Penicuik, near Edinburgh, which had been formed by his elder brother Dr. William Herries Madden, whose failing health compelled him to seek the warmer climate of Torquay, where for many years he was a leading physician.

His practical experience of the therapeutics he had been taught was fraught with disappointment. The uselessness, the



often injurious character of drug medication, and the inadequacy of the remedial measures which were in vogue at the time, nearly led to his giving up the practice of medicine altogether. Bringing his difficulties and disappointments under the notice of the late Professor Henderson, he was persuaded to examine the claims of homœopathy, and put it to the only test by which the worth of a therapeutic method can be estimated—the clinical. While doing so, he continued for some time in general practice at Penicuik, giving his medicines disguised in water coloured with burnt sugar, &c. The alteration which now appeared in his power of control over acute disease was very gratifying, and he once more resolved to remain in the profession he had contemplated abandoning in disgust. That he might become proficient in the new therapeutic method, he gave up his country practice and went to Vienna, where he studied at Fleischmann's Hospital.

On his return to England in 1846, he settled in Brighton, where he succeeded the late Dr. Fearon on his removal to Birmingham.

In January of that year, appeared Sir John Forbes' article *Homœopathy, Allopathy and Young Physic*, which created so considerable a sensation throughout the profession. The appearance of this paper suggested to Dr. Madden his first work on homœopathy, entitled *Homœopathy Viewed in Connexion with Medical Reform*. The "Reform" he advocated was no mere alteration in imperial legislation, but a reform of infinitely greater moment to the sick than any "Medical Act;" a reform in the therapeutic matters of the profession. It was an excellent defence of homœopathy and exposition of its truth, and met with a good deal of attention at the time it was published.

From this time forth until the day when illness prevented any additional work for his profession Dr Madden, though eminently successful in practice and possessing the friendship and confidence of an unusually large *clientèle*, was no mere practitioner of medicine. While doing his duty to his patients, he never forgot that which he owed to his profession. Through the pages of the *British Journal of Homœopathy*, at the British Homœopathic Society, and in this *Review*, numerous essays of great practical value, papers showing real scientific thought and an earnest devotion to the search after truth, were presented to his medical brethren by Dr. Madden. His writings were ever clear and thoughtful, the fruit of a wide and carefully studied experience, tempered by diligent research and a large acquaintance with current medical literature.

Thus he worked for 17 or 18 years when his health showed indications of a coming breakdown, symptoms of Bright's disease were manifested, his power of thought was somewhat impaired,

professional work became irksome, and for reading or writing he was almost incapacitated. Rest and a sea voyage were advised, and, having transferred his patients to the care of Dr. Hughes, he sailed with his family to Melbourne. During the voyage he rapidly regained his former vigour, and on arriving at his destination felt quite restored. He at once engaged in practice at Melbourne, and ere long had a large and lucrative practice amongst the most influential portion of the population. Three years' residence in Melbourne having seriously impaired his wife's health, he returned to England. In 1866 he commenced practice in London as a consulting physician, and once more devoted himself to medical literature. On his first appearance at the British Homœopathic Society after his return, he read an admirable paper *On the Influence of the Climate of Victoria (Australia) in Health and Disease*. This very practical essay was published in the fifth volume of *The Annals of the Society*, and presents as clear an account of the advantages and disadvantages of the climate it describes as any contribution to medical topography with which we are acquainted. Early in the year after his return, Dr. Madden read an important paper *On the Urgent Need of a New Pharmacopœia*, and in so doing inaugurated the movement which led to the publication by the society of the first edition of the present pharmacopœia. A committee was appointed to undertake the work, of which he was the chairman, and, we may add, chief worker. The pharmacopœia, of which he was the editor, may indeed be said to have been Dr. Madden's, so largely was it the result of his personal efforts. This volume appeared in 1870.

In October, 1867, Dr. Madden became one of the editors of this *Review* and thereafter contributed many valuable articles to its pages. Two years later he retired from this position and was elected physician to the London Homœopathic Hospital. He looked forward, we well remember, with much pleasure to the prospect this post offered him of clinically teaching homœopathy. What an excellent teacher he would have made was recognised by all who are desirous of extending a knowledge of homœopathy. Alas! his hopes were not to be realised! At the Congress, held in Birmingham, in 1870, Dr. Madden was appointed president of that to be held in 1871, at Oxford. The preparation of the *Address* he proposed to deliver on that occasion was the last work he was permitted to perform for medicine. On returning home from town during the evening of the 18th of September, he fell just as he entered his house, and unconscious and paralysed was conveyed to bed. He ultimately recovered power in the affected side, but was never again able to engage in practice or take any part in the development of scientific therapeutics.

The address, which was read for him by Dr. Hughes at the Congress, on the 27th of September, was then, and still remains,

the most thoroughly scientific address with which the proceedings of any *British Homœopathic Congress* have been opened. Its title was *On the Relation of Therapeutics to Modern Physiology*, and consisted in a clear and forcible demonstration of the scientific basis of homœopathy.

Since his comparative recovery Dr. Madden resided for some years in the neighbourhood of Exeter, and only two or three years ago removed to that of Bath. Though quite incapacitated for medical pursuits, his scientific instincts and love of research and observation have led him into other departments of study, and in entomology and botany especially he has found much pleasure.

It was not, however, by his professional ability alone—great as it was—that Dr. Madden won the confidence, both of his patients and his professional brethren. His sympathy with suffering was great and could not be concealed, while his tact in dealing with individuals, though less prominent than in most successful men, was, nevertheless, considerable.

Few men during their days of health and vigour have done sounder or more successful work for therapeutics than he did, and none have been more regretted, both by colleagues and patients, than when, compelled by physical inability to abandon work, he was driven to retire from the field he so long, so earnestly, and so successfully had cultivated.

Dr. Madden was twice married and had fourteen children, all of whom, with one exception, are still living. His son, Dr. Edward Monson Madden, is now a well-known practitioner in Birmingham.

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#### C. FABRE TONNERRE, M.D.

We regret to have to announce the death at Sidmouth, on the 20th of February, of Dr. Tonnerre, who many years ago was a well-known practitioner of homœopathy in Calcutta.

Dr. Tonnerre was originally a surgeon in the French Navy, and on retiring settled in Calcutta. Here he was one of, if not the earliest members of the medical profession to adopt homœopathy into his practice. In 1851 he established a native Homœopathic Hospital which continued in useful operation for several years. Dr. Tonnerre's appointment as Medical Officer of Health for Calcutta by Sir John Hunter Littler, G.C.B., Deputy Governor of Bengal and President of the Council of India, raised a perfect storm amongst the allopathic practitioners of Calcutta. He however retained his position, and did much useful work for the city of his adoption, until ill-health, arising from sewage poisoning to which he was exposed during his official duties, compelled him to retire. On leaving India he went to Périgeux, in the South of France (his native town), and after

residing there for some time, settled in Sidmouth about three years ago. Towards the end of last year he took cold, and bronchitis and nephritis ensued. On the 1st of February, acute laryngitis set in, and advanced rapidly—the breath having a gangrenous odour. On the 14th he spat up a quantity of blood and thick mucus, in which came up the left arytenoid cartilage, ossified and eroded on one side. No more blood followed, but dysphagia and dyspnoea increased, and he gradually sank, dying on the 20th in the 67th year of his age. He was attended in his last illness by Dr. Stokes, of Sidmouth.

Dr. Tonnerre was loved and respected by a large and good circle of friends and patients among both Europeans and natives in Calcutta. Three of the leading newspapers, two English and one native, have noticed his death, and deeply deplored his loss.

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## NOTICES TO CORRESPONDENTS.

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\*. We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. BAYNES, Mr. CROSS (London); Mr. NORMAN (Bath); Dr. E. M. MADDEN (Birmingham); Dr. HAYWARD (Liverpool); Dr. STOKES (Sidmouth); Dr. GALLOWAY (Sunderland).

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## BOOKS RECEIVED.

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*The Homœopathic World.* London.—*The Students' Journal.* London.—*The Chemist and Druggist.* London.—*The Monthly Magazine of Pharmacy.* London.—*The Medical Times.* New York.—*The New England Medical Gazette.* Boston.—*The American Homœopath.* New York.—*The Hahnemannian Monthly.* Philadelphia.—*The Medical Advance.* Ann Arbor, Mich.—*The American Observer.* Pontiac, Mich.—*The St. Louis Clinical Review.* St. Louis.—*The Therapeutic Gazette.* Detroit, Mich.—*Bœricke and Tafel's Bulletin.*—*Bibliothèque Homœopathique.* Paris.—*Allgemeine Hom. Zeitung.* Leipsic.—*Rivista Omiopatica.* Rome.—*Traité Élémentaire de Matière Médicale, &c., 2 vols.* Par le Dr. P. Jousset, Paris: Baillière et fils.—*The Homœopathic Journal of Obstetrics.* Chicago.—*The Calcutta Journal of Medicine.*—*Hoyne's Annual Directory of Homœopathic Physicians, 1884.* Chicago.—*South Australian Register.* Adelaide.—*Bulletin de la Société Médicale de France.*—*Notes on Dental Practice.* H. C. Quinby. London: J. A. Churchill.—*El Criterio Medico.* Madrid.—*United States Medical Investigator.* Chicago.—*The Distribution, Nature and Causes of Cancer, &c.* By R. S. Gutteridge, M.D.—*Plain Facts about Arkansas and Texas.*—*A Treatise on Intra-Cranial Diseases.* C. P. Hart, M.D. F. E. Bœricke, Philadelphia.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 18, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to MESSRS. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE MEDICAL FAITH OF EMINENT PUBLIC MEN.

Few circumstances, in connection with the progress which homœopathy has made throughout the world in the confidence of mankind, have given rise to more frequent outbursts of "envy, hatred, and malice," on the part of its opponents in the profession of medicine, than has the reliance placed upon its avowed practitioners in the time of serious illness by men known to everyone as persons remarkable for their general information, their independence of thought, and shrewdness of character. And when such individuals have displayed this confidence through a long series of years, in spite of the repeated protestations, the prophecies of evil, and the affected contempt of the medical press, the feelings it excites have not unfrequently been passionately expressed.

In America it is well known and generally admitted, that the wealthiest and best informed citizens of such places as New York, Boston, Philadelphia, Chicago, Cleveland, St. Louis, Pittsburgh, &c., invariably resort to homœopathy during serious illness. The fact is indis-

putable and, in proportion as it is so, is it unpalatable to those, among the men of medicine, who never weary of displaying their ignorance by decrying this therapeutic method as a "superstition!"

In England, from the day when the late Dr. QUIN commenced practice in London until now, many of the most brilliant thinkers our generation has seen have examined the evidence, upon which we believe that homœopathy presents us with the soundest basis for the selection of remedies, and have, as a consequence, invariably trusted themselves and their families to the care of homœopathic physicians in times of sickness. Among those who might be mentioned the late Archbishop WHATELY occurs to us as a well known instance. How in consequence he was sneered at and reviled by the *Dublin Medical Press* and the *Lancet* in years gone by, will be within the memory of some of us.

As it was in the past, so it is now. Not a few of the most eminent of our public men are, from personal enquiry, in the first instance, and personal experience, in the second, staunch believers in the truth of homœopathy. That they are so is well known, and the consciousness that such men have "solemnly expressed their belief by the most tangible tokens" is one of the most difficult points for the allopathic medical journalist to overcome in his efforts to persuade his readers that homœopathy is "the most baseless superstition that ever found a following!"

A writer of "Editorial Notes" in the *Medical Times* of the 12th ult., deplors the fact we have been dwelling upon in the following terms:—

"Mr. Bright has been ill, and is recovering under the innocent ministrations of a homœopath. A few months ago Sir William Siemens was attended in his last moments by a homœopath. A few years ago the unhappy circumstances attending the death of Lord Beaconsfield called general attention to the fact that for

years the brilliant statesman had reposed his confidence in a homœopath. His able lieutenant, too, Earl Cairns, the papers tell us, is attended in his illnesses by a member of the same fraternity. Here we have four of the ablest men that this century has produced all giving in their adhesion to homœopathy—four men, too, of such diverse character that it is difficult to find in them a single point of resemblance except this, that they solemnly expressed their belief by most tangible tokens in one of the most baseless superstitions that has ever found a following. It is futile for the regular practitioner to console himself with a sneer, and explain the apparent infatuation of these celebrities on the principle, *Similes similibus curantur*. Homœopathy is a superstition, and its followers are happy in holding tenets without a rag of evidence to support them. But it would be absurd to credit men like the late Lord Beaconsfield and Sir W. Siemens with a similar kink in their brains.

“In the old days it was the habit of orthodox believers to account for schism by assuming innate wickedness in the schismatics, or else to attribute it to the machinations of the Evil One. Modern enquirers, with more reasonableness, prefer to explain it as the result of some imperfection in the orthodox creed or its ministers. So in this matter of homœopathy, is it not quite as reasonable to suppose, that the defection of these four celebrities from medical orthodoxy is due to faults on the part of the orthodox, as that it is to a result of the overwhelming attractions of the homœopathic belief, or of the imbecility of the schismatics? At any rate, we ought not to rest until we have assured ourselves that there is no fault in us. Can we assure ourselves that the trades-unionism, which is so manifest in our ranks, that the sacrifice of patients' interests to an effete etiquette, that disloyalty to our consciences, and lapses into quackery have had nothing to do with that disgust with the orthodox profession which is seen in the rebellion of such minds as those of Lord Beaconsfield, Sir W. Siemens, and John Bright? If we can, well and good; if not, then it is high time that we mended our ways. Let us mend them!”

These passages fill us with wonder as to who and what manner of man can possibly have written them !

“Mr. BRIGHT has been ill and is recovering under the innocent ministrations of a homœopath.” Most people, we imagine, will think that Mr. BRIGHT is to be congratulated, *first*, on the fact of his recovery ; and, *secondly*, that he has recovered under ministrations which are “innocent.” How many of the patients of those who are here referred to as “regular practitioners” escape from the effects of illness through “ministrations” which can be termed “innocent ?” With the *penchant* which prevails for prescribing “active principles,” for the free use of morphia, of chloral, and such like drugs, the number of those who are so fortunate cannot be very great.

Mr. BRIGHT, however widely people may and do differ from him on political matters, is universally regarded as one of the best read men in English literature, one of the most thoughtful, the most practical, and one of the keenest intellects of the day. He and his family have uniformly been under the care of homœopathically practising physicians during illness, for, we believe, the last five and thirty years. He is not a likely man to trust his life to a physician “holding tenets” which, he has any reason to believe, are “without a rag of evidence to support them.” He is one of the last men to believe anything without having examined the facts regarding it for himself. A hard-headed Lancashire man of business is not prone to pin his faith to a “baseless superstition.”

Earl CAIRNS, a trained and successful lawyer, one whose whole life has been devoted to the sifting of evidence, is not exactly the man to speak thoughtlessly, or without ample information obtained from reliable sources, on any subject, and certainly not on one which so nearly concerns health and life as does therapeutics. Here is what he said when



opening the Hahnemann Convalescent Home at Bourne-mouth in 1878 :—

“ I well know the prejudice there was against Dr. Hahnemann, the almost persecution which he endured during his lifetime ; but he survived it, and, in the direct benefit which his system has contributed, and in the indirect benefit it has conferred in correcting the work of other systems, he will be looked upon hereafter as one of the greatest benefactors we ever had.”

In adhering to homœopathy Lord CAIRNS knows perfectly well what he is about. He understands what it means, he is familiar with the evidence adduced in support of it, and personal experience of its value in illness has assured him of its truth. Painfully conscious of all this, the editor of *The Medical Times* finds himself sorely pressed in his desire to offer consolation to that object of his regard—“ the regular practitioner.” He admits at once that a sneer is worthless, and that a bad pun\*—a miserable “vericide,” as OLIVER WENDELL HOLMES calls it—or an attempt at one, is “ futile,” and, having dismissed as absurd the crediting of men like the late Lord BEACONSFIELD and Sir W. SIEMENS with believing in homœopathy, he proceeds to explain. That “ four of the ablest men that this century has produced,”—should “ have solemnly expressed their belief by most tangible tokens in one of the most baseless superstitions that ever found a following,” is, we are told “ the result of some imperfection in the orthodox creed or its ministers.”

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\* So obscure and laboured is this effort at humour that some persons have been unable to discover any ! They have gone so far as to write to the Editor and ask him to explain it ! (*Medical Times*, April 19, p. 529). He does so as follows :—“ Similes, similibus curantur is a medical rendering of the well-known proverb ‘ Birds of a feather, &c.’ ; ‘ Like doctor like patient’ ; ‘ Fools go to fools to be cured, &c.’ The fools brought forward to illustrate the appositeness of this proverbial philosophy being, on his own showing, “ four of the ablest men this century has produced.”

Rather cold comfort this for the JENNERS and CLARKS, the GULLS and the QUAINS of our time! These are the men who are looked up to as the "ministers" of that which, on, we presume, the *lucus a non lucendo* principle\* (for verily there is none other) is termed the "orthodox creed." Are they "imperfect"? Is their practice so far behind their preaching as to have provoked "the disgust with the orthodox profession which is seen in the rebellion of such minds as those of Lord BEACONSFIELD, Sir W. SIEMENS, and JOHN BRIGHT?"

"Can we assure ourselves," writes this editorial administrator of consolation, "can we assure ourselves that the trades-unionism, which is too manifest in our ranks, that the sacrifice of patients' interests to an *effete etiquette*, that disloyalty to our consciences and lapses into quackery have had nothing to do with that disgust with the orthodox profession, which is seen in the rebellion of such minds as those of Lord BEACONSFIELD, Sir W. SIEMENS and JOHN BRIGHT? If we can, well and good; if not, then it is high time that we mended our ways. Let us mend them!" The physicians professing what is here termed the "orthodox creed," whatever that may mean, who are ordinarily consulted by gentlemen moving in the circle of society which numbers among its members persons of distinction like the late Lord BEACONSFIELD and Sir W. SIEMENS, like Lord

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\* Professor W. T. GAIRDNER, when opening the medical session at the University of Glasgow a few years ago, said: "The day of orthodoxies is over, the day of real science is only just dawning. It is no longer possible to condemn a man, even by implication, for having ceased to believe what our fathers believed; but it is extremely difficult to state in general terms what we believe ourselves, and still more difficult to forecast the future, and to lay the foundations of the faith of our successors. . . . We have well ascertained and assured beliefs, founded upon exact researches, chiefly of the last century, and practically undisputed. But though true and assured beliefs, these things are not *orthodoxies*, because no one has a title to say to any one else, I insist that you believe so and so, or I will disown you as a professional brother."

CAIRNS and Mr. BRIGHT, are not usually supposed, at any rate by the editors of medical [papers, to be suspected of "trades-unionism," of the "sacrifice of patients' interests to an *effete etiquette*," of "disloyalty to their consciences," or of "lapses into quackery!" If they are not chargeable with all this, what possible connection can suggesting that the great body of the profession may be so have to do with Lord CAIRNS and Mr. BRIGHT sending for homœopathically practising physicians when they are ill?

Of all the many ridiculous reasons we have from time to time seen put forth to explain the fact of people of the highest intelligence consulting homœopathic practitioners, we never remember seeing one more utterly absurd or inconsequential than this!

It would seem, however, that if this is not the real cause, "then it is high time that we mended our ways." About the propriety of the "ministers" of the "orthodox creed" mending their ways, there cannot, we think, be two opinions. We hope that they will listen to the appeal of one who seems anxious to put them in the way of hearing "tidings of comfort," even though unable to supply them with any of "joy," and "mend them."

How are they to "mend their ways?" This is an interesting and suggestive enquiry, on which we will venture to give our friends a few hints.

In the *first* place, they must mend their ways by increasing their knowledge. It is simply impossible that anyone, who had any, even the most limited acquaintance with homœopathy, could, without a reckless disregard of all moral obligations, have declared it to be "a superstition and its followers happy in holding tenets without a rag of evidence to support them." The present editor of the *Medical Times* is, we have understood, a new man, who has only recently been appointed to his office, and it may be

that he has not yet had time "to post" himself in the details of the various controversies of the day with which he is called upon to deal. But for this, we confess that it would be with the greatest difficulty that, with the utmost desire to be in perfect charity with all men, we could bring ourselves to believe that he was not wilfully circulating that which he knew to be untrue. We advise him to procure from our publishers a little book entitled *Homœopathy, its Principle, Method and Future*; we name this as being the most recent exposition of homœopathy with which we are acquainted. Let him read it, think it over, and endeavour to prove that its facts are unreliable and its conclusions erroneous. Failing to do this, he should obtain HUGHES' *Pharmacodynamics*, and put into practice at the bedside, the suggestions, derived from homœopathy, which it sets forth. After a really honest study of these two books, and an equally honest clinical investigation of the facts alleged in them, he will be in a position to express an opinion upon a subject regarding which he is now utterly ignorant.

We commend to the thoughtful attention of the editor of the *Medical Times* the following extract from *The Philanthropist* for last November.

"The public mind having been long disturbed by the contentions in the medical profession, and the injustice arising from the determination of the prevailing school of medicine to allow neither fair play nor quarter to the other, has come to the conclusion that the pretensions of the homœopaths, backed as they are by statistics, by a growing development of their system in Europe, and its general ascendancy among the acute and practical people of the American Continents, ought no longer to be burked, especially as the system has survived the time when impostures die out and disappear."

This is the kind of feeling with which the opponent of

homœopathy has to deal, and to do so with any measure of success he must know something about the subject.

*Secondly.* Our medical brethren must mend their ways by looking facts fairly in the face. There is, as we have shown, and as the editor of the *Medical Times* has admitted, no disputing the fact that men of the highest intelligence, in all parts of the world, prefer to seek relief from suffering by consulting known homœopathic physicians, rather than put themselves under the care of others, even though they be men of the highest standing at the Royal College of Physicians. Is it reasonable to suppose that they would do so on any other ground than that they have been convinced by the strongest evidence that the former are more likely to do them good than the latter? There is no object to be gained by resorting to homœopathy, except that of personal advantage. Health is too precious a possession to be trifled with. None are more fully aware that it is so than the class of persons we have named. It is the shortest, safest, and pleasantest road to health that they are seeking for, when they go to a homœopathist for assistance. Their reading, observation, and experience have alike shown them that the so-called "orthodox creed" offers at the best a very roundabout, and somewhat hazardous, route to the goal they are endeavouring to reach, and they avoid the "ministers" of this creed accordingly. But worse still, they have done this persistently during a long series of years! Is their having done so consistent with the assumption that homœopathy is "a baseless superstition?" Is there any parallel case in history, any illustration of a large number of men of high intellectual power, of men distinguished by the possession of a large share of that invaluable commodity, common sense, tenaciously adhering, during a long lifetime, to the use of measures for the relief of sickness which have been dic-

tated by "tenets without a rag of evidence to support them"? We all know that there is not.

*Thirdly.* The "ministers" of the "orthodox creed" may, with every advantage to themselves, to their reputation as men of honour, and to their influence with the public, mend their ways by desisting from plagiarism. It has long been known to many, and is now more widely known than ever, that not a few of the uses of drugs met with in the ordinary practice of the day have been filched from homœopathy. This has been the source of more than one reputation or notoriety. Homœopathy, such people will tell one, is a "baseless superstition;" but, nevertheless, they go to books like HUGHES' *Pharmacodynamics*, and seeing there that such and such a medicine has been shown, *through homœopathy*, to be frequently useful in such and such a form of disease, they forthwith put the observation to the test, and finding it corroborated by their experience, they speedily publish the fact as an original observation! As a something discovered by themselves! Homœopathy is never alluded to, indeed they profess to abhor it as much as does SIR WILLIAM JENNER.

Is this honourable? Unhappily, it is quite consistent with the code of medical ethics of the British Medical Association. But it has its Nemesis, like all other wrong doing. Lord LYTTON has truly said, that the homœopathic has so largely leavened the allopathic practice, that the public have a shrewd suspicion that they are treated homœopathically in a surreptitious way. If our medical brethren propose to set about mending their ways, we suggest to them that they pay especial attention to the rehabilitation of their sense of honour, the decay of which would seem, from plagiarism of this kind, and the making out of it of reputations for being original observers, to be going on somewhat rapidly.

There is no doubt but that the trades-unionism which is pre-eminently characteristic of the British Medical Association is exceedingly offensive to persons whose sense of justice is unimpaired. It is quite true that the "effete etiquette" which will not allow a hospital physician, a surgeon or obstetrician to meet a physician practising homœopathy in consultation, and to assist him in his endeavours to save life, is "a sacrifice of patients' interests" which has produced a feeling of disgust in the minds of all humane and properly educated persons. And it is quite certain that the "lapses into quackery" which Dr. RUSSELL REYNOLDS denounced so forcibly a year or two ago, and to which Dr. CLIFFORD ALLBUTT drew attention at the College of Physicians a few weeks since, have shaken public confidence in the medical profession. Doubtless, too, these circumstances have drawn a certain amount of attention to homœopathy, have made intelligent people ask themselves what it means, have induced them to think about it, and led them to enquire into its results. But they are quite inadequate to have inspired them with that confidence in it during a time of sickness which is necessary to impel them to call in a homœopathic physician year after year whenever they are ill.

In these directions our friends may well mend their ways. Let medical men who acknowledge the truth of homœopathy be freely admitted to all medical societies; let the doctrine of homœopathy be fully discussed at their meetings; let the clinical results of applied homœopathy be thoroughly investigated; let all artificial barriers which now separate those physicians who practise homœopathy from those who know nothing about it be withdrawn; let the public understand that the "ministers" of the "orthodox creed" are not afraid of the effect of the "overwhelming attractions of the homœopathic belief," that they really do care more for the

interests of their patients than for the maintenance of a foregone conclusion, and the medical profession will stand far higher in popular esteem than it does now or ever has done.

These devices may have prevented many medical men from studying homœopathy, and may have so far tended to keep them in ignorance of much that would have increased their powers of usefulness, but they have not been uniformly successful. They have given rise to a class of practitioners, a class daily growing numerically stronger, who do study homœopathy, do practise homœopathically—but who nevertheless dare not say so, and in not a few instances deny that they do so altogether. They have the shelves of their surgeries filled with bottles containing variously coloured fluids and solids, but it is not from these that the phials filled with medicines sent out by them are supplied! It is from the “case” in the private room that the “mixtures” are made up; it is from the burnt sugar or the liquorice water that they derive that colour which is to lead patients and professional brethren to suppose that the dispensers of them are “ministers” of the “orthodox creed!”

So that the restrictions against the practice of homœopathy, which in order to discredit an avowed homœopath with the public and to render his life uncomfortable, have resulted, on the one hand, in committing the interests of this important therapeutic truth to men of independent thought, men of high moral courage and determination of character; and, on the other, in more or less demoralising a rapidly increasing number of medical men, who, in deference to what they conceive to be their personal interests, either deny the truth of homœopathy altogether, or studiously abstain from any reference to it, and never acknowledge the source of their therapeutic knowledge, though all the time their anxiety for the welfare



of their patients, and the real desire they have to do all in their power to promote their recovery, compel them to treat them homœopathically.

Such mending of ways, as we have now described, would greatly tend to restore that public confidence in the profession which, it is clearly felt by the editor of the *Medical Times*, has been in some measure lost. We are fully assured that the influence which would result from an increased knowledge of homœopathy by medical men, from a careful examination by them of all facts bearing upon it, from an honourable admission of the homœopathic origin of many of the more recent applications of drugs, from a free intercourse, both socially and professionally, between those who practise homœopathically and those who do not, and from a candid avowal of the truth of homœopathy by all who feel it, would lead to a general recognition of its value, not only by some of "the ablest men that this century has produced" outside the ranks of the medical profession, but also by most of the men of eminence within its pale.

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## ON THE REVISION OF THE MATERIA MEDICA.\*

By ALFRED C. POPE, M.D.,

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Materia Medica at the London School of Homœopathy.

To the physician practising homœopathically, the study of the effects of drugs upon the healthy human being is one of supreme importance. He does not, as some have told us that they do, regard such substances as mere "aids to faith in the weary time." On the contrary, it is upon the influence which, through them, he is able to exert upon the diseased organism, that he chiefly depends for the success of his efforts to restore health.

He does not, indeed, make light of the therapeutic value of suitable diet, careful nursing, appropriate hygienic

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\* Read at a meeting of the British Homœopathic Society, April 8, 1884.

influences or any other means within his reach, whereby he may control the functions of the body. He appreciates their importance as highly, and avails himself of their aid as much, as any physician can or ought to do. He fully recognises the fact, that without taking them into consideration in the treatment of a patient his prescriptions are but too likely to be of little service.

At the same time, it is perfectly true that he regards the utility of drug influence as of greater consequence than do those physicians who, from whatever cause, do not take advantage of that principle of drug selection which manifold experience has taught him constitutes the basis of drug therapeutics. His confidence in the efficacy of drug medication is, indeed, oftentimes a source of much self-complacent amusement to those who know nothing, or, what comes to the same thing, have no practical experience of homœopathy—but only to such.

The *Materia Medica* with which we have to do consists of those drugs with which Hahnemann and others, following his instructions, have made experiments upon themselves and their friends. The observations upon the action of these drugs, which have been recorded, have—under the guidance of the law of *similars*—enabled homœopathic physicians during the last eighty years to control disease with a rapidity and a success which are unknown to those who regard them as of no more value than a collection of old wives' fables. While this is perfectly true, none know better than those who have been long in the habit of studying this *Materia Medica*, that it is susceptible of improvement, that it can be rendered more trustworthy, be made more intelligible, that its details can be brought within a more reasonable compass, and that some plan is required, which shall enable the practitioner to refer to isolated facts contained in it with greater facility than he can do at present.

The completion of Dr. Allen's *Encyclopædia of Pure Materia Medica* demonstrated, with a fulness that rendered further illustration needless, that improvements in these directions were required.

These ten volumes contain lists of symptoms of disordered health, presumed to represent the effects of between seven and eight hundred substances, taken in doses varying from such as have proved fatal, to a quantity the exiguity of which is indicated by the letters "C. M."

The very magnitude of this work has warranted the enquiry—"Is all this necessary for the practice of homœopathy?" Then, again, a little investigation showed that the recorded effects of a considerable proportion of the *Materia*, supposed to have been proved, came with but very imperfect titles to the confidence of the practitioner. The experiments from which the symptoms were drawn in these instances were found to be faulty in several respects. They were, in some cases, too slight to be reliable for any practical purpose; in others, they were the reputed result of taking a medicine in quantities so infinitesimal as to render a special degree of sensitiveness necessary in the prover in order to admit of their producing any effect at all. Such a degree of sensitiveness as is rarely met with, save as a consequence of disease, and then only of a disease to which the medicine is homœopathic. In not a few of the symptoms attributed to the action of high dilutions, there is no reason to regard them as anything else than merely so many *post hoc*s. One example of this occurs among the details of *hydrastis canadensis*. In this instance, the prover took a drop of the ten thousandth dilution on a Monday. On the Tuesday morning he sat in a cold draught, and, during the afternoon of the same day, he had an attack of facial neuralgia. The symptoms which indicated it are set down as the effect of the ten thousandth dilution of *hydrastis*. The current of cold air, which had, according to the original narrative, played upon the cheek—for anything that appears in the *Encyclopædia*, had nothing at all to do with the neuralgia!

Further enquiry showed that erroneous translations, especially in reports of provings and poisonings from the German journals, were both frequent and serious.

Imperfect as it is, the *Encyclopædia* possessed one great advantage over every previous collection of drug pathogenesies, in its giving the source of nearly every symptom, referring the reader to the book containing the details of the original provings or poisonings, whence each had been extracted, and in a very large proportion of instances the dose credited with having produced each symptom.

We thus possess in the *Encyclopædia* the fullest bibliography of drug provings, poisonings and experiments it is possible to have at the present time. This alone renders the work one of great value to the student of *Materia Medica*. Its defects set our colleagues across the Atlantic

enquiring how our drug-pathogenesies could best be laid before the profession; how they could be displayed so as to fulfil the essential requirements of such a work, viz.: reliability as to facts; an intelligent account of them in the order of their occurrence; and an arrangement of them in such a manner as to render reference to them sufficiently simple and complete to meet the wants of the busy practitioner.

The enquiries necessary to the preparation of a work of the kind were instituted in 1882 by the *Bureau of Materia Medica* of the American Institute of Homœopathy, presided over by Dr. Dake, of Nashville—than whom no physician in the United States of America, or elsewhere, possesses higher qualifications for superintending such an investigation.

Meanwhile, our own Society, thanks to the energy-inspiring influence of its Secretary, Dr. Hughes, took the question up, discussing it at several meetings, appointing a Committee to prepare specimen plans of how the work ought to be done, and publishing their proposals in the *Annals*.

It was, I think, the general, if not the unanimous, feeling of the Society that before any satisfactory arrangement or schema of a drug could be made, we must have before us, in *extenso*, the experiments made with it so related as to show, not only the symptoms, but the order in which they arose. The first effort of the Committee resulted in a presentment of the pathogenetic effects of *aconitina*. We then had the details of provings of *aloes*. In the latter the number of symptoms attributed to it in Allen's *Encyclopædia* was reduced by one-fourth. Nevertheless of many of those that were regarded by the Committee as apparently reliable, there was not, in the opinion of many members of the Society, sufficient evidence to prove that they were the genuine effects of the drug.

The Committee then received instructions to set in order the results of provings and poisonings with ten acids, viz., *acetic, benzoic, carbolic, fluoric, hydrocyanic, muriatic, nitric, oxalic, phosphoric and sulphuric acids*. The records of the pathogenetic effects of these preparations appears in the *Annals* of the Society issued in February, 1883, and occupies 104 octavo pages. The matter here collected is very valuable, and received much careful scrutiny and criticism during its preparation for presentation to the Society.

The arrangement of two of these acids suggests one or two thoughts which it may, perchance, be useful to dwell upon here for a minute or two.

First, with regard to *carbolic acid*. The provings and poisonings by this substance occupy 24 pages. The length to which the details were protracted, if indulged in with regard to all other medicinal substances, would, it is obvious, result in a series of volumes far too numerous and bulky for general use. They would indeed be of great value to the lecturer on, or student of *Materia Medica*; but, by the general practitioner, they would most certainly be passed by as impracticable. This, I think, was felt by the Society, and their condensation was requested. Accordingly a *resumé* of the facts was drawn up and published in *The Monthly Homœopathic Review* for April, 1883. This appears to me to be amply sufficient for the purpose of studying the *modus operandi* of the drug.

Then, *secondly*, I would ask you to look at the proving of *nitric acid* as it appears in this collection. It consists of four observations only. These show that *nitric acid* produces a kind of dysentery, and tenderness of the gums with salivation—and that is all. Hahnemann's proving is rejected *in toto*, because, it is stated, that the symptoms detailed in it were "observed in patients taking the drug for other maladies." Here, I would ask you to notice that if in the past we had had no other source of knowledge of the pathogenetic effects of *nitric acid* than that to which I have referred—if, in short, we had not had Hahnemann's proving—we should never have had any reason for supposing it to possess any control over some diseases of the rectum, over nocturnal sweatings, or over some forms of laryngeal cough: and yet, in these conditions, it has, probably, been more frequently and more usefully prescribed than in any other.

Dr. Hughes has submitted the sources whence the symptoms attributed to drugs, the pathogenesies of which appear in *The Chronic Diseases*, were derived, to a very searching, and, I may say, ingenious criticism; the practical outcome of which is that these symptoms "are not to be relied on as the genuine physiological effects of the drugs. They may be such," he adds, "but we have no means of knowing that they are, and here pathogenetic verification—the reproduction of the same symptoms on the healthy—is required ere we can use them with any

confidence in working the rule *similia similibus*." Now, assuming the correctness of Dr. Hughes' conclusion as to the sources of these drug-pathogenesies—and I am not in a position to dispute it—his criticism and its inference are, from an *a priori* point of view, incontestable. But supposing that this criticism and this inference had been published and accepted fifty-four years ago, all the cases cured during this time by *calcareo*, *graphites*, *lycopodium*, *natrum muriaticum*, *sepia*, *silica*, *platina*, *zinc*, and some others must needs have remained uncured! If these substances have proved remedies in the hands of our predecessors and ourselves, I would beg you to remember that it is through the provings of Hahnemann, which we are advised to set aside as "not to be relied on as the genuine physiological effects of the drugs," that they have done so. What other sources of knowledge of their pathogenetic properties have we had, wherewith successfully to work the rule *similia similibus*?

However, then, or whencesoever, Hahnemann collected the symptoms he has ascribed to the effects of these drugs on human beings—he did, most assuredly, bring together a number of phenomena, which, having successfully stood the test of clinical application by hundreds of medical men in all parts of the world for over half a century, we may reasonably regard as *facts*.

Have we then, any right to ignore the existence of such a record in *A Revised Materia Medica*? Should we not, by refusing it recognition, be depriving our medical brethren of all knowledge of a most important, well tested source of drug-healing power?

The method which Dr. Hughes *thinks* that Hahnemann adopted is one directly opposed to the instructions for proving contained in the *Organon*;\* one against the

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\* I referred here especially to paragraphs cv.—cxli. § cvii. reads as follows: "If in order to ascertain this" (the whole pathogenetic power of the several medicines described in § cvi.) "medicines be given to sick persons only, even though they be administered singly and alone, then little or nothing of a decided character is seen of their pure effects, as those peculiar alterations of the health to be expected from the medicine are mixed up with the symptoms of disease, and can seldom be distinctly observed."

The only paragraph in which symptoms observed on the sick are held to be legitimate effects of a medicine is the following:—

§ cxlii.—"But how the symptoms" (symptoms which during the whole course of the disease might have been observed only a long time previously, or never before—consequently new ones belonging to the

adoption of which, we should, at all times, protest; and one, the results attributed to which, by any who might think fit to pursue it, we should refuse to recognise. But so far as Hahnemann is concerned, of this one thing I am sure, viz., that by whatever method he obtained the knowledge of the effects of those substances, the provings of which he has given us in *The Chronic Diseases*, experience has abundantly testified that the symptoms ascribed therein to such drugs as I have named may be safely relied on as their genuine physiological effects. If a horse has proved his capacity to gallop faster and to stay longer than his contemporaries, his pedigree becomes a matter of secondary consideration to a buyer. And so here, these medicines have proved their capacity to cure disease when prescribed homeopathically, on the indications given by HAHNEMANN, and they have done so so generally, and during such a long series of years, that there is no practical necessity for us to enquire how the said indications for using them were begotten.

Then comes the question, how are we to present them? We cannot arrange them in a narrative form: The original observations, which alone would enable us to show the order in which the symptoms occurred, do not, I have understood, exist, at any rate they are not available. If I might be allowed to offer a suggestion as to our manner of dealing with the provings in the *Chronic Diseases* it would be that we should publish a translation of them from the latest edition; and that the translation of the effects of such medicine should be preceded by a commentary derived from a careful study of it, both from a physiological and a clinical point of view.

Allow Hahnemann's classical works to remain as he left them; where revision is possible, revise: where it is impossible, admit the impossibility, but let the text alone, or at the most, supplement it in appendices by the addition of such observations as have been made since his time.

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medicines) "of the simple medicine employed for a curative purpose can be discovered, even amid the symptoms of the original malady in diseases, especially in those of a chronic character that usually remain unaltered, is a subject for the exercise of the higher order of inductive minds, and must be left solely to masters in observation."

This *dictam* is obviously only intended to apply very exceptionally indeed, and refers rather to occasional symptoms, and not to an entire proving.—A. C. P.

For example, the illustrations of *nitric acid* poisoning collected by our Committee might, with every advantage, appear as an appendix to Hahnemann's proving of that drug, but as a substitute for it they would be found to be very inadequate.

We have already published a revised translation of the *Materia Medica Pura*, and were we to issue one of the *Chronic Diseases*, we might quite well restrict the proposed *Revised Materia Medica* to medicines not contained in either of these volumes.

So far, then, the conclusion which we, as a Society, have arrived at on the subject under consideration is this.—We have endorsed, with the emphasis of practical illustration, the need of narrative provings, and details of cases of poisoning. We have decided that these must be revised, before any schema of their effects can be prepared.

I return now to consider the work of the *American Institute of Homœopathy*.

At the meeting of the Institute in 1882, Dr. Dake was, as I have said, appointed Chairman of the Bureau of *Materia Medica*. The special subject to which, acting under his direction, the members of the Bureau resolved to devote their attention during the year which would elapse ere the members of the Institute reassembled, was "*A Model for Materia Medica*." In the consideration of this subject "it was first of all intended," says the Chairman in his report to the meeting in 1883, "to draw out the views of leading thinkers and workers on *Materia Medica* as to the feasibility of abbreviating or condensing our display of drug effects." Then, "in the next place it was intended to draw out illustrations of different methods of culling, from our vast displays of drug symptoms, the characteristic and most important; and hence the proposition to bring the pathogenesis of each drug on an average down to five pages in the making of one convenient volume. And, lastly, the members of the Bureau were requested to prepare *nux vomica* and *kali bichrom.* in a manner corresponding with these two propositions."

Each member of the Bureau was requested, or, rather, "expected to prepare such an exhibit," of these two drugs, "as, in his judgment, the present provings and clinical records will allow, and in such form as may best suit the purpose of the homœopathic student and practitioner (the



exhibit of each drug not making more than five pages octavo of brevier type, leaded)."

The response to this circular was a perfect illustration of the adage, *tot homines, tot sententiæ*. Each plan proposed essentially differed from every other. The most practical, and, to my thinking, the most useful, is that of which Dr. C. Weselhœft, of Boston, is the author, one which is, to a great extent, drawn on the lines of one of two proposed by the late Dr. Hirschel, of Dresden, in his *Grundriss der Homœopathis*, a portion of which was translated, nearly twenty years ago, by Dr. Hayle, of Rochdale.

After critically noticing each of the proposed plans, Dr. Dake concluded by saying, that he is unable to present such a close comparison of views upon the best method for the condensation of our *Materia Medica* as he had intended, because the members had evidently not all been looking or aiming at the same points, Some had proposed measures called for only in making a complete *Materia Medica*; some had embraced the reproving of the drugs, and some had brought forward pharmacy as well as pathogenesis.

Dr. Dake then adds, what it is important for this Society to bear in mind, as showing what is expected of us by our Trans-Atlantic colleagues—"In view of what is being done." I beg you to remark that Dr. Dake does not say what *has been done*—but "in view of what *is being done* in Great Britain toward the production of a revised text, a genuine and intelligible display of drug effects in the healthy human organism, and in view of the necessity of such a text, *before any abbreviation can be safely and properly made*, I would urge upon the Institute the immediate duty of co-operating with our able and earnest brethren across the sea." The "able and earnest brethren" referred to are, I would remind you, the Fellows and Members of the British Homœopathic Society! I would only add that I hope we may prove deserving of the compliment.

After the reading of the report certain resolutions were adopted, and the members of the Bureau were re-appointed.

In carrying out their instructions, a series of questions bearing upon those sources of drug action which should be regarded as sufficiently reliable for clinical purposes, the mode in which narrative accounts of the effects of drugs should be arranged, and the method to be adopted in making out the schema, together with one or two other points bearing upon the revision of the *Materia Medica*,

were circulated by the Chairman among the members of the Bureau.

The replies to these were duly sent in to him, and he has, from them as a basis, drawn out a complete plan of revision. I had intended reading this before commenting upon it. It has, however, been read to you already, and, besides, your attention has been drawn to it in the *Homœopathic Review* just published, so reproducing it here is, I think, needless, and I will therefore at once proceed to make a few comments upon it. I do so—and this indeed is the *raison d'être* of my appearing before you to night—I do so in the hope that a very full and free discussion of the principles which should guide us in revising our *Materia Medica* may take place. It is very desirable, on every ground, that such a discussion should occur here, but it is especially desirable that we should have it now, inasmuch our Secretary, Dr. Hughes, will represent this Society at the forthcoming meeting of the Institute, when the report of the Bureau of *Materia Medica* will be laid before the members, and it is important that he should be in a position to communicate the views of this Society to our American colleagues.

The first point that strikes us is that the work is advised to be in two parts, the narrative and the schematic. About the advantage of this there can be no doubt. So far as the narrative is concerned, the Society has, as I have already stated, expressed its sense of the necessity for this part of the work. Neither can I believe that any one can afford to do without the schematic. At the British Homœopathic Congress held at Leeds, in 1882, opinion was equally divided on the question of publishing a schema at all. For my part, I think that without a schema the narrative would be of comparatively small value, and reliance upon it alone would, in practice, often lead to very careless prescribing. The want of a schema would tend to make a practitioner depend too much upon his knowledge of the general actions of a drug, and be an inducement to him to shirk the necessity of individualising. Without a schema individualisation in prescribing would often be impossible, and without individualisation in prescribing the practice of homœopathy is so imperfect as to be well nigh worthless. In fact, the practice which ensues from its neglect is not homœopathy at all—but simply empiricism derived from homœopathy. Hence, I think, we should endorse the resolution of the

Bureau to furnish a schema. The schema is the repertory in detail. It is that from which the *Repertory* must be compiled. And no man's memory is equal to doing without the *Repertory*.

We now pass on to consider the details of the construction of the narrative. The fifth part, "the symptoms, objective, and subjective, clearly attributable to each" medicine, need alone detain us.

It has been proposed, and is strenuously urged by Dr. Hayward, of Liverpool, that every case of poisoning that can be discovered, and every proving that has been made of each medicine should be published *in extenso*. This, gentlemen, I think you will admit is both impracticable and unnecessary. Take, for example, the case of *opium*. In Allen's *Materia Medica*, no less than 350 provings and cases of poisoning are cited. Each of these given at length would, we may well suppose, occupy three-quarters of a page or a whole page. So presented, *opium* would require a volume to itself! Surely it is not necessary to wade through an entire volume to learn the kind of cases in which *opium* is required! *Opium* is a drug with a comparatively restricted sphere of action, and one that is homœopathically indicated in but comparatively few diseases or cases of disease. *Arsenic*, *belladonna*, *mercury*, and other medicines more generally needed have also been the source of numerous poisonings — and the space their complete recital would occupy would be simply too, too, enormous!

Such a plan, then, is one that must be set aside on the mere ground of impracticability. Further, it is unnecessary. A few typical cases are all that we require; and at the same time "a succinct narrative" (here I am quoting Dr. Dake) "that shall combine and faithfully represent the positive or sick-making effects so far as the reports (at least two of them may essentially agree)."

Such a work as this, it will be apparent to everyone, must be individual, and the value of the narrative will necessarily depend upon the competency and skill of the gentleman who undertakes it, and the opportunities of access to records that may be within his reach. This the Chairman of the Bureau saw clearly, and consequently he added to the definitions I have cited "it is considered desirable to have the pathogenesis as full as it may be after the most thorough sifting, and to let its character for

purity depend upon the competency and faithfulness of the revising editors, as must be done in all the text books of science."

In the *Transactions of the American Institute of Homœopathy*, a contribution by Dr. C. Weselhœft shows at once the value and the imperfection of a narrative of this kind. He gives one of the effects of *nux vomica*, one sufficiently full to enable a physician to understand the general action of the drug, and he does this in four pages. But when he comes to the formation of his schema, he does not draw upon his narrative for his materials, but upon Allen's *Encyclopædia*! This, as we shall see presently, is not what is required. The schema ought to be framed from the narrative. But on the other hand such a narrative, as is alone practicable, is inadequate for the preparation of a clinically useful schema. At the same time, if it is prepared from any other source, we have no means of gauging the value of the symptoms detailed in it—we do not know how or whence they were derived. The schema adopted by Dr. Weselhœft is, as I have said, that of Dr. Hirschel, and one which in practical utility is, I think, second only to that of Dr. Drysdale in his arrangement of *kali bichromicum*. But, if we are to have a *pure* Materia Medica, we must know where to look for the original source of the symptom given in the schema. And this is incompatible with a condensed narrative, such as Dr. Weselhœft has given, and such as the Chairman of the Bureau has described as sufficient.

You see, gentlemen, how difficult a matter it is, in a work of this kind, to combine the practicable and the essential.

*Thirdly.*—From what sources should the symptoms be gathered. In the rules for revision to which I am drawing your attention, reliable reports of poisoning in the lower animals are held to be admissible; but, it is added, that they should be noted apart from those of the human species. I would suggest that any reports of this kind should appear as an appendix, and further, without *post-mortem* examinations I think that poisonings of this kind would have but small value, while carefully conducted, gradual poisoning unto death of carnivorous animals would, by the *post-mortem* examination, assist considerably in rightly understanding the *modus operandi* of a drug.

The next point referred to in relation to poisonings is one that is very important, one too which, it has frequently

struck me, has not been sufficiently considered. We are instructed to utilise cases of poisoning only where antidotes, *essentially varying the conditions, were not employed*. If all cases of poisoning, where efforts to save life by means of antidotes, were omitted, very few would remain for reporting. And yet when once the antidote has been given, how are we to know to which drug we are to attribute the symptoms? We protest against complex prescriptions as unscientific, and as teaching nothing—but are we to depend upon, to receive as genuine drug effects the results of complex poisonings? We have done so too much, I fear, for the purity of our *Materia Medica* in times past.

The following rule excludes provings made on persons not in sound health. This, of course, must be taken relatively and not absolutely; for, I presume, that a rigid examination of most persons would detect a "screw loose" somewhere. But there can be no doubt that the presence of manifest disease in any person should render his experiments unworthy of record.

Then, again, we are to exclude all provings made by persons "removed from a normal condition by excessive use of coffee, tobacco, opiates or alcoholic stimulants, or by disturbing occupations." Here we have to decide the question, What is "excessive" in the use of coffee, tobacco, opiates or alcohol? A person who is accustomed to a daily allowance of coffee, or tobacco, or wine, would, for a time, be in, to him at any rate, a more or less abnormal condition by total abstinence from his accustomed indulgence. While to meet with a prover who either does not take coffee, or does not smoke a pipe, or does not drink a glass or two of beer or wine now and again would not be so easy a matter. Hence, here I think, a good deal of discretion must be allowed.

The next question—How far provings made with dilutions may be trusted?—is a very difficult one. The power of a drug in a state of dilution to influence a disease the like of which it will produce is comprehensible. The very tissues the drug is known to modify the health of are rendered especially sensitive to its action by disease. But in health there is no such special sensibility, and yet, if you examine the provings of *sulphur*, you will find that symptoms are described as arising from high dilutions, which are precisely similar to those attributed to tolerably material doses. Watzke, too, when proving *natrum muriaticum* admitted—

and, moreover, acknowledged that he did so with regret—that he felt more decided effects from the 30th dilution than he did from grosser quantities. Dr. Dake draws the line at the 12th decimal dilution. For my part I do not know where to draw it. I would, however, be inclined to insist on symptoms attributed to any dilution being produced in three or four provers before accepting them as genuine drug effects.

All symptoms only occurring in one person the proposed rules would disregard. Here, however, some discretion must also be allowed, and their acceptance should be determined by the number of provers engaged in experimenting with a drug.

The following rule is a very important instruction to the gentlemen entrusted with preparing narratives, and, carried out, should, I think, with one exception (to which I will allude presently), receive our hearty commendation. It is:—

“The drug symptoms accepted, should be collated so that they will show the beginning, progress and end of the drug affection, in its lighter as well as deeper impression.

“Under this rule the compiler should write his narrative, after getting all the accepted symptoms well before him and clearly in mind, as does the writer of history, in giving the individual acts and achievements of a person, a people, or a country.

“The symptoms common to the largest number of provers, those most characteristic of the agent and therefore most applicable to the generality of mankind, should be indicated by a special kind of type, or by small numerals, all clinical verifications being noted by an asterisk, or in the *schematic* part alone.

“A plain statement of facts, without efforts at pathological or therapeutical induction, is here required.”

Nothing, to my thinking, could give one a clearer or more accurate conception of the *modus operandi* of a drug than the arrangement of its physiological effects, after the manner proposed in the paragraphs I have just read. I must confess, however, that I am somewhat afraid, that the length of time and the amount of research necessary to put the instructions they contain into practice would deter many from undertaking a share in the work.

The only point here to which I desire to raise an objection is the proposal to insert “clinical verifications.” These are often most misleading. The *post hoc* is so often mistaken for the *propter hoc*, that unless the particulars of

a quoted case are before us, it is impossible to conclude how far the supposed observation is a "clinical verification," or merely one of those happy eventualities which, now and again, occur, and bring the practitioner a good deal more credit than is his due. But, independently of this objection, I think that a work of the kind proposed by our American colleagues should rigidly adhere to being a record of drug effects on healthy people. It is to be a work on the positive effects of the individual constituents of what is called *Materia Medica*—not one setting forth the therapeutic sphere of each. It is a text book, not a series of lectures. It is a volume containing a body of facts, to the profitable use of which no other guide is necessary than the principle *similia similibus curentur*. Anything of the nature of clinical verification or clinical illustration would, I think, be out of place in, tend to impair the usefulness of, and needlessly extend the work.

We now come to consider the proposals for the carrying out of the schema.

It is suggested that "the accepted drug symptoms should be arranged essentially after the plan adopted by Hahnemann, beginning with 'mental disturbances' and ending with 'conditions;' and should embrace only those set forth in the narrative work."

The first question to be considered here is, whether the primary divisions should be anatomical or regional. Personally, I do not regard this as a matter of much importance, provided we understand what the basis of arrangement is. On the whole, however, I incline to the regional arrangement, as illustrated in the article *Belladonna* by Dr. Hughes, in the Hahnemann *Materia Medica*, and that in *Gelsemium*, as set forth by the Hughes Club, of Boston. But whichever plan is adopted, its details should be carried out after the plan of Dr. Hirschel—that proposed by Dr. Weselhoeft. To have the symptoms arranged so that you can see, at a glance, the symptom, its locality, its time of occurrence, and conditions, is a very great help in studying a medicine, or in referring to it. Some twenty years ago, I arranged *lycopodium* in this manner from the proving in *The Chronic Diseases*, and mainly from that analysis prepared a study of the medicine, which appeared in the *British Journal of Homœopathy* (vol. xvii.) It is a great labour to do this, but it is worth all the trouble it takes.

The indicating the comparative value of the symptoms

by their being displayed in different kinds of type would, I apprehend, add much to the cost of the volume, without increasing its usefulness in any proportionate degree. If the symptom recorded is a genuine one—and the great object of those interested in undertaking the work is that none but such as are genuine shall be admitted—it will be found clinically useful. The figures and types of different orders would seem to indicate different degrees of genuineness. Now a symptom is either genuine, that is, a direct effect of a drug, or it is not; and, therefore, I cannot see how there can be different degrees of genuineness. All symptoms, therefore, I would suggest should stand, as it were, on the same level.

Such, then, Gentlemen, are the proposals of the Bureau of Materia Medica of the American Institute of Homœopathy. Whatever views you may take of them in detail, I am sure you will cordially join with me in expressing a sense of the very great care with which they have been drawn, and a full appreciation of the anxiety they display to ensure accuracy in observation, and to render what is offered to the practitioner, as a groundwork for his prescriptions, nothing but what is as nearly absolutely reliable as anything can be that thoroughly conscientious men would set before him.

The chief point of difficulty, as it seems to me, consists in the narrative not being sufficiently full for the purposes of the schema. Only symptoms set forth in the narrative work are to be embraced in the schema. This I am sure, if the latter is to be as useful as it may be made, will lead to the former being more bulky than is necessary.

The method of overcoming this difficulty, which I would offer as a suggestion is, that in addition to, and immediately following the narrative, there should be a bibliography of provings and poisonings, somewhat similar to that given by Dr. Hughes in his article on *belladonna*; and that every symptom in the schema, should indicate, by a number, the case or proving from which it was derived. This has been done in Dr. Allen's *Encyclopædia*, and I look upon this, and have felt it to be, one of the chief advantages of that herculean labour. By adopting a plan of this kind, the schema would be a full one, and the narrative no longer than is sufficient for its purpose.

The idea of presenting the effects of a drug by synthesis, and by analysis is an excellent one: and I am disposed to



believe that the plan I have commented upon, with the object of eliciting your opinions regarding it, is, with an adequate supply of ability and earnestness, a practicable one—one, moreover, which would place within our reach a means of studying and consulting our pathogenetic drug records that would prove eminently useful. Nevertheless, it does not approach in completeness the method adopted by *The Hahnemann Publishing Society*. Nothing yet done in the way of setting forth the pathogenetic properties of a drug has equalled Dr. Drysdale's *kali bichromicum*. Life, however, is I suppose too short for us to wait for a couple of hundred drugs displayed in this manner. The labourers capable of performing the work are either too few, or too busy in other directions. At the same time, while I hope that this proposed work will be forthwith taken in hand and carried through as speedily as is consistent with thoroughness and accuracy, I also hope that the Hahnemann Publishing Society will continue to present us at intervals of, say, five or ten years or so, with one or two drugs arranged either on the plan of Dr. Drysdale or Dr. Hughes.

Gentlemen, I now leave the proposals I have reviewed for your criticism, as our Secretary is soon about to visit the authors of them. I would, in conclusion, beg leave to move—

“That the thanks of the British Homœopathic Society be presented to the Bureau of Materia Medica of the American Institute of Homœopathy for the zeal with which they have entered upon the work of revising the Materia Medica, and the ingenuity and care they have bestowed upon the proposals they have drawn up for carrying it out. And that they assure the Bureau of their readiness to co-operate with them in the preparation of the work as far as it may be in their power to do.”

I propose this resolution, because I am strongly of opinion that we are much indebted to our American colleagues for these suggested rules of revision, and in this I feel sure that no one here will differ from me. I think also that we are doing no more than an act of simple courtesy in communicating to them, through our Secretary, the sense we have of our obligations to them as well as of our willingness to help them.

[A letter from Dr. Gibbs Blake, of Birmingham, on the subject, was here read by Dr. Pope.]

## DISCUSSION.

Dr. DUDGSON, while highly appreciating Dr. Pope's paper, could not agree with him in questioning the correctness of Dr. Hughes' description of the pathogenesies of the *Chronic Diseases*. Hahnemann avowed in the *Organon* that he thought the sick justifiable sources of symptoms, only restricting this field to "masters in observation." He (Dr. D.) was very averse to any substitution of a "succinct narrative" for the detailed records of provings and poisonings. He had much pleasure in seconding the resolution Dr. Pope had proposed.

Dr. COOPER felt the question of the sources of our *Materia Medica* a very difficult one. When the specimen "*Aloe*" had been presented, one of the symptoms had been severely criticised; but this very one had led him to the drug in a case of severe coccygodynia he was treating, and with entire success—other remedies having been given in vain. Symptoms occurring in sensitive patients while taking medicines were often genuine. He had noted the appearance of styes on the eyelids while *ferrum phosphoricum* was being taken, and this hint he had lately utilised with great advantage in a case of tarsal tumour. The provings of the *Chronic Diseases* had, for him, always rewarded patient study. He would name, as an instance, those of *manganum*.

Dr. MACKECHNIE would be content to leave the whole subject to their delegate's discretion.

Dr. CLARKE agreed with Dr. Cooper as to not rejecting patients as sources of symptoms. He thought that the "*Carbolic Acid*," in its condensed form, was the kind of *Materia Medica* which was wanted; and he would have no "clinical verifications," or such like extraneous material, mingled with it.

Dr. KENNEDY urged that typical cases of poisoning only should be selected.

Dr. COOKE of Buffalo, U.S.A. (visitor) expressed thanks on behalf of his countrymen for the resolution which had been taken. He felt how difficult it was to please everybody in this matter of *Materia Medica*, and mentioned that the variations in type, which Dr. Pope deprecated, had proved very useful to him—he understanding them simply as denoting how often a given symptom had been observed.

Dr. HUGHES apologised for occupying the meeting at some length, as the subject was one in which he was much interested. He thought Dr. Pope's paper an excellent setting-forth of the subject, and was glad to be able to agree with him on almost every point, the only real exception being that he could not see the use of a schema as coming between the detailed provings and their repertorial index. He was especially glad to hear empha-

sised our absolute need of the original narratives of provings and poisonings; while also agreeing, as against Dr. Hayward, that all extant records of the latter need not be included, and with Dr. Clarke, that they should be condensed. As regards the pathogenesises of the *Chronic Diseases*, his point had been that they consisted mainly of symptoms occurring in patients taking high dilutions, and therefore needed "pathogenetic verification." He could not accept clinical verification as warranting their soundness, since, containing—each and all—nearly every possible variation from health, any success obtained with these drugs would find reflection in their course. Nor could he allow that our successful use of these drugs was drawn from their pathogenesis. It was mostly traditional and empirical. *Natrum muriaticum*, with its 1345 symptoms, had become an important remedy, while *natrum carbonicum*, with its 1080, was almost unused. Dr. Cooper found *manganum*, which had 435 symptoms, a useful drug; but who ever gave *nitrum*, which had 710? He would—as he had always advocated—have the *Chronic Diseases* translated as it stands, just as the *Reine Arzneimittellehre* had been; and would let both stand on their own merits, compiling the new *Materia Medica* independently of them. As regards this, he could not agree with his friend Dr. Dake in substituting a "succinct narrative" of the total effects of a drug for the detailed reports of its action on individuals. These last were the foundation of the *Materia Medica*, and a foundation that ought to be visible, in order that all might build upon it for themselves. Dr. Dake had proposed to publish rather a digest of the records; but who were to be the digesters? where were they to get their materials? and who were those who would accept their work when done? We want it for enquirers and critics of the old school as well as for our own students; and how are they to accept it without the original authorities being given? If these are to be given, and to be collated by the workers, why not take the opportunity of exhibiting them, that those who (wisely) prefer it may digest them on their own account? Such a work as Dr. Dake proposes would correspond to a treatise on the Practice of Physic, while the individual records would answer to a series of clinical cases; and we need not argue which was most in accord with the genius of homoeopathy. It would be as if the late Revising Committee had given us a statement of the doctrines and precepts of the New Testament instead of a new text and translation. As regards the materials of the work, he must confess he thought the proposed rules rather too rigid. Observations on the sick, and provings with potencies, must be selected or rejected on their own distinctive merits, and not on any hard and fast *a priori* determinations.

Dr. DYCE BROWN (Vice-President, in the chair), agreeing that the pathogenesises themselves should be presented, thought there

were three courses open to us—1st, to relate them all at length ; 2nd, to give all condensed ; 3rd (which he favoured) to have a few typical cases in full, and the rest only in reference. Then in the schema, which he thought all were in favour of, he would include symptoms from the sources referred to as well as from the detailed narratives. Here Hahnemann's symptoms would come in, and he would embrace those of the *Chronic Diseases*, only denoting them in some way. For this and other purposes he favoured distinctions in type. He quite agreed about the reality of certain symptoms observed in the sick, instancing a peculiar dream which a patient of his has whenever he gives her *gelsemium*, even as high as the 3rd dilution.

Dr. POPE (in reply) thought that the suggestion of Dr. Kennedy was an excellent one, but was capable of being pushed further than he seemed to imply. We did not require six or seven cases of poisoning, all showing the same phenomena,—two, with references to others, would be sufficient—but cases illustrating the action of a drug on the different tracts and organs through which its poisonous influence was exerted. This, followed by a succinct narrative, next a bibliography of poisoning and provings, and then a schema after the manner of Dr. Wesselhœft would, he thought, give them as useful and workable a form of *Materia Medica* as they could obtain. He could not go so far as some speakers had done with regard to the admission of symptoms observed on the sick. These, if admitted, would require a different kind of type as indicating their somewhat questionable origin ; while those attributed to dilutions required high qualities on the part of the observer. With regard to the distinctive types, for which Dr. Cooke had pleaded, he had so often been misled when trusting to them that he had almost come to regard them as will o' th' wisps, and therefore he thought them useless. Dr. Pope was not aware that Dr. Hughes had advocated a re-translation of the *Chronic Diseases*—for having written of them as containing symptoms “not to be relied on as the genuine physiological effects of the drugs”—he supposed that he regarded them as worthless (Dr. Hughes, No, no). He hoped, in conclusion, that the work would now be set a-going, and that the members of the British Homœopathic Society would do their share of it.

[A question having been raised as to whether the chairman was correct in representing the meeting as almost unanimous in favour of a schema, a vote was taken, when—of those members then present—6 were found against it and 4 in its favour.]

The resolution proposed by Dr. POPE, and seconded by Dr. DUDGEON, was then put from the chair, and carried unanimously.

STOMACH PAINS, ESPECIALLY CALLED CRAMP  
IN THE STOMACH, GASTRODYNIA, ALSO  
CARDIALGIA.

By DR. BERNHARD HIRSCHTEL.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., L.R.C.S., Edin.

(Continued from page 170.)

ARSENICUM ALBUM.

THIS polychrest in cardialgia has given the following physiological symptoms:—

Hard, distended stomach; painfulness in the region of the stomach; tenderness of the stomach; pains, as if the stomach in its whole extent would be forcibly torn asunder and expanded; great troubles in the stomach, as if dependent on wind; at the commencement perceptibly eased by vomiting and diarrhoea, but the more aggravated afterwards.

Comfortable warmth in stomach; distension and greater warmth than in the rest of the body; heat; hot feeling in the præcordia; coldness in the upper abdomen.

Frightful burning, as if dependent on fire; incessant and violent anxiety and tightness in the region of stomach and chest.

Shooting and burning in the stomach; pressive weight in stomach.

Aching pain; weight, as from a stone in the anterior gastric region on speaking. Pressure on the heart after eating, especially at the cardiac orifice, and in the throat, as if the food stuck there.

Gastric pains exciting nausea; enormous gastric pains; intolerable pains in the epigastrium (inflammation).

Painful constriction of the stomach and throat; violent cramps in the stomach and bowels; violent cardialgia with thirst.

Cramp in the stomach; chronic, violent, with fainting; severe belly-ache, vomiting and diarrhoea coming on periodically.

Sharp, shooting, *gnawing*, boring, cutting and eating gastric pains.

Hard, aching and burning over, in, and about the epigastrium; fulness of stomach after eating.

Drawing pain from the epigastrium upwards under the left ribs, round about as if something was being torn away.

Dull tearing diagonally above the region of the stomach on walking; gnawing, fine and acute throbbing (plucking) pain in the epigastrium, with feeling of tension.

Anxious feeling at epigastrium, rising up, the night through. . Great anxiety and pressure in the præcordia, unspeakable.

Body bent, unable to walk; the abdominal walls drawn against the vertebræ; pain of soreness in the epigastrium on speaking, breathing and movement, in the morning; pain under the epigastrium, which takes away the breath.

The intensity of the gastric signs corresponds with these very sharply and decidedly pronounced important pains.

Taste putrid, stinking, bitter even into the throat after eating; sour, salt, rough, as if the tongue had been burnt dead and were without feeling; tasteless, flat, wooden, dry, unspeakably disgusting, sweet, flow of saliva, bitter saliva.

Thirst increased, violent, unceasing, strong, without gratification by drinking; choking, unquenchable; burning, diminished, with repugnance to drinking and spasm in the swallowing apparatus; after drinking disgust with shuddering, chilliness, renewal of diarrhœa and vomiting.

Loss of appetite, failure of hunger and desire to eat, intolerance of the smell of cooked meat, appetite quickly disappearing, longing greater than need; great aversion to food, especially butter; great longing for beer, milk, water, acids, brandy and coffee; sick after eating; yawning, weakness, torpidity of the body, ache in the stomach; nausea, empty and acid risings, distension of the abdomen; headache.

Insuperable disgust for all food and nausea at the very thought of it; nausea going away on sitting, on walking, or with sweetish taste in the mouth and retching, compelling to lie down; with anxiety long continued, like faintness, with strong spasmodic choking and vomiting afterwards with pyrosis; acrid fluid comes into mouth.

Eruotations of wind, continual, abortive, sour, bitter, empty and especially increased after eating and drinking; hiccough frequent, violent, long-continued convulsive.

Retching, in sitting, on rising up and in the open air; spasmodic retching, continual, violent, empty; the most extremely violent attempts at retching.

Continual irritation to vomit and real frothy vomiting.

Vomiting, strong, ceaseless, immense, with great weakness, anxiety, and fear of death; painful, chronic, after the

slightest overloading of stomach, continuous, strong, as if the stomach and bowels would be torn out with tongs; continuing day and night, with horrible shrieks; forcible, with internal mortification, thirst and heat; vomiting of frothy, bilious masses; of bile and green mucus; of thick, glassy mucus, of food and drink, violent, frequent, constant soon after eating and drinking; of yellowish green, dirty yellow, brown, black, bloody substances; of blood, of mucus mixed with blood. After vomiting exhaustion, sleep, discharge of blood from above and below, diarrhoea and vomiting on remission of the fainting, violent vomiting, diarrhoea and death.

*Symptoms of a Case of Arsenical Poisoning.*

Dr. Buchmann's wife, in Alvensleben, had, by mistake, swallowed a glassful of fly poison. Among signs of poison those relating to the stomach are as follows:—nausea, waterbrash, eructations of wind; taste sour; want of appetite, disgust, vomiting, as if all the bowels would be torn out, afterwards exhaustion, sleep; bitter, strong, sour, burning in the chest and epigastrium, violent stomach-ache; pinching in the epigastrium, towards the right side, compelling her to stoop; pain of soreness on speaking, fetching the breath and movement in the epigastrium; thirst with heat mounting up from stomach.

Frightful anxiety and oppression with the stomach pains, fainting, icy coldness, and heat; convulsions.\*

Stens has related, by way of discussion, an epidemic stomach disease with costiveness, urine troubles, flatulence, eructations, pale, yellowish coloured face. The pains were worst at night, burning, aching. One dose of *arsenic* cured. Only rarely afterwards had a dose of *lyc.*, and then again a dose of *arsenic* to be given.†

H. G. Schneider was called to a lady who, strongly built, suffered much from nervous attacks, at last from megrim. For three hours she had a pain burning, as if torn to pieces, and sore, constrictive, and working oppressively on the chest, in the præcordia, which alternated with a burning pain, which had begun with boring in the shoulders, and was accompanied with great anxiety and restlessness. *Arsenic* iv. in globules, in one teaspoonful of water, gave relief in 10 minutes.‡

\* *Hom. Vj.*, Schr. x. 119. † *Allg. H. Ztg.*, bd. 42, s. 185.

‡ *Allg. H. Z.*, bd. 43, s. 162.

Hofrichter's\* case, after long nursing, is not clearly pronounced as cardialgia.

Pain in the stomach, water causes aching, burning in the chest, and ache in the region of the heart, palpitation and diarrhoea were removed by *arsen.* in three weeks.

That *arsen.* is peculiarly adapted for the organic forms and procures rest even in such cases for a long time is proved by Hofrichter, who in a case of schirrous thickening of the pylorus and secondary dilatation with fever, with loss of appetite, constipation, but no pain, removed the whole state with it alone in fourteen days.†

An equally favourable result was the case with A. R. in D., in which, after cramp in the stomach constant for twelve years, an anxious, blackish vomiting, the greatest aggravation of pain, and hippocratic countenance came on, and the examination led to schirrhus. *Ars.* § glob. 6 gave relief after four days, and the patient remained for a year nearly quite free from pain.‡

Bahr cured a case of gastralgia complicated with chlorosis. He removed pains burning, or oppressive, combined with vomiting, called out by food, which had continued for six weeks with great emaciation and tendency to fainting, by *arsen.* 4 four times a day to 2 drop, within eight days.§

Altschul proves by a parallel of physiological *arsen.* symptoms, as well as by pathological data, that *arsen.* is especially suited to organic cardialgia, ulcers of stomach, and erosions, and in this respect is not inferior to *arg. nit.* and others||.

Haas relates a case well observed, and through the cure speaking brilliantly for homœopathy, of gastric ulceration, in which things were brought to great prostration and to vomiting of chocolate coloured matters mixed with blood and cellular tissue. *Ars.* 4. centes. dilution four times daily to 3 drops, after some days to the 3rd dilution, perfectly set the patient on her legs, who showed herself later on as perfectly well¶.

Among the anti-cardialgiacs Cl. Müller enumerates *ars.* Out of eleven cases of perforating gastric ulcer a cure followed in two cases from *ars.*\*\* , and in the following year,

\* *Allg. H. Z.*, bd. 45, s. 240.

† *Allg. H. Z.*, bd. 45, s. 345.

‡ *Allg. H. Z.*, bd. 47, s. 82.

§ *Zeitschr. F. H.*, kl. iii., s. 100.

|| *Prag. Monatschr.*, iii., s. 83.

¶ *Prag. Monatschr.*, vi., s. 48.

\*\* *Viertelj. Schr.* iv. 281.



out of three gastric ulcers, one by means of *N. vom.*, *ars.* and *carb. veg.*, the other two remained away\*.

Meyert says *ars.* is suitable for chronic, desperate, severe cases of cardialgia. The pains are violent even to despair, fainting, burning like red hot coals, passing into gnawing, and cutting, or with ache, also ache alone; external cold, violent thirst; only small quantities of drink can be borne; the stomach as if distended and enlarged; the pain spreads upwards, exciting anxiety, to the abdomen on back, the vertebrae are often sensitive; vomiting of food is constant, or of thick yellowish green, gelatinous slime, somewhat mingled with blood; the pains continue even after the vomiting has been removed by *nux. vom.*; eructations loud, hiccoughy; after eating or drinking, soon or later, or even at midnight cramp comes on; after lasting a long time cachectic appearance, chronic catarrh of stomach, diarrhoea, exhaustion. In such case suspicion rests on organic causes. The composer relates in fact one case of perforating gastric ulcer in which, after *phosph.* had been of the principal service, *arsen.* perfectly removed the pains. In one case, after *phosph.* and *arsen.*, *atropin* had to be given afterwards. That hæmatemesis is a weighty indication for *arsen.* several cases teach, which are indicated by Rückert under this head, Cap. 42. They fall peculiarly within our sphere. Thus Case 2, where burning in stomach; Case 3, where ache, and painful constriction, digging; Case 4, where ache in stomach, anxiety in that region; Case 5, where throbbing in the epigastrium; Case 6, where fulness in the epigastrium were present. But the hæmatemesis was so decidedly the predominant symptom as to justify Rückert's arrangement.

Kreussler says: "Great tenderness by the slightest touch of the gastric region, burning, sometimes gnawing pain even, with general heat and great restlessness, much thirst, speak clearly for *arsen.*" †

Under the "general remarks" of Rückert figures stomach-cramp not less than organic degeneration, especially the schirrous form. For the first Kreussler gives as indications—great tenderness, even by the slightest touch, burning, sometimes gnawing pain in the stomach, with general heat, great restlessness, thirst.

\* Ebendas. v. 241. Compare also in the same journ. vii. 247.

† Viertelj. Schr. ix. 445. ‡ Viertelj. Schrif. s. 451.

Schelling\* calls *arsen.* the chief remedy in neuralgia of the stomach and in neuralgia cœliaca for the relief of pain, when *calc.* did the rest.

Diez† found *ars.* as suitable in cardialgia as in the later stages of disorganisation. G. Müller‡ praises it, especially in an endemic schirrhous pylori.

Rückert enumerates eighteen cases observed by Messerschmidt, Diez, Elwert, Knorre, Schelling, Arnold, Stapf, Krämer, Schubert, Nehrer, &c. Unfortunately the most of these belong to the not well; Nos. 4, 7, 10, 11, 13, 17b, indeed, to the badly observed. They have, perhaps, the neuralgic character, as far as can be ascertained from the imperfect observations, as Nos. 3, 4, 5, 9, 10, 11, 13, 16f, 17; partly to the chronic inflammatory, with and without organic change, as Nos. c, d, 6, 8, 18, 17b, to which class also Nos. 12, 14, and 15 may belong. Predominant, is burning pain seventeen times out of twenty-one, even like red hot coals; three times in stomach, epigastrium, and in back. Then follow next, aches, ten times; spasmodic contraction and constriction, five times; shooting, four times. Besides feeling of cold, throbbing, gnawing, cutting, as of soreness; twisting, as if without feeling; ulcerated. The epigastrium was tender to touch. The pain extended to the abdomen, shoulder blades, the back, upwards to the chest, appears periodically in fits at different times, or is continuous. Among the accompanying troubles stands vomiting in the foreground, consisting of things eaten soon, or more frequently later, after eating, ten times, of acid, acrid, watery vomiting, four times, of bitter, bilious mucus, four times, is putrid (e), of an adhesive, nasty smell (e), or milky, cheesy, bloody. Also violent spasmodic choking occurs. Other troubles are: Thirst, deeply red tongue, tasteless, acid eructations, diarrhœa, constipation, anxiety and restlessness, fainting, anxious, frightful dreams, emaciation.

Countenance suffering, earthy, downhearted; disposition anxious, irritable, lachrymose, timid.

The sufferings are aggravated by pressure, light touch, taking food, vomiting, cough, laughing, cold draught; are lessened by emission and discharge of flatus, bending the

\* Hyg. 16, 1, 46. Hyg. 17, 353.

† Hyg. 17, 343.

‡ Hyg. 18, 446.

body forwards, slow movement, external warmth, towards morning.

The dose was 2, 3, 4, 18, 25, 80, 400, 800. The greater number of the troubles were chronic, even four to fifteen years. The cure followed from fourteen days to at latest three months. Hartmann's\* statements agree with the above, only that he expressly counsels *ars.* for the organic form, induration, schirrhus, cancer, where burning, corrosive, gnawing pains alternate with cutting and tearing to pieces with anxiety, prostration, fainting. Sometimes *mez.* and *plumb.* concurred.

*Arum Maculatum.*

We find given in this fragmentary proving with inflammation of the stomach, vomiting, hæmatemesis.

Burning, constrictive pain, cardialgia.

To these no further indications are attached. We must not overlook that *A.* appears to have a very near relation to chronic catarrhs.

*To be continued.*

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ENCYSTED TUMOUR OF EYE-LID.

BY ROBERT T. COOPER, M.A., M.D. (Dublin.)

A FEW years ago there attended at a local dispensary with which I was then connected, a man aged about 85, with an ordinary encysted tumour of the right upper eye-lid.

I prescribed *calc. carb.* 3rd dec., and ordered an ointment of *scrophularia nodosa*. The *calcarea* was followed by other remedies, among them the third decimal of *soda chlorate* (the *hypochlorite of soda*). The effect of this treatment was that the swelling inflamed, pointed, and in a short time discharged its contents.

About the same time, a gentleman consulted me regarding weak eyelids, and amongst other things mentioned that he had recently been operated upon for an encysted tumour of the eyelid by Mr. Lawson. On his making this statement, I requested, if ever such a thing occurred again to let me treat him.

Four or five months ago he turned up with a large encysted tumour midway above the margin of the left upper eyelid, and close underneath the skin.

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\* *Ther.* 11, 435.

I plied him, as I had the former patient, but without effect; it did not move, though it certainly assumed an angry look as if going to suppurate. It did not, however, and as the thing was very unsightly, I was on the point of anticipating what I felt to be his wish and recommending removal.

Before doing so, it struck me how like a sty it looked, and this brought *iron* to my recollection, the *phosphate* of which I had observed to produce a sty in this position. Instead, however, of giving *iron* in the form of *phosphate*, I gave small doses of Flitwick water.

The effect of the Flitwick water was to remove a good deal of the irritation that existed in the eyelid, but otherwise it left the tumour as it was.

I then gave 10 grs. of *ferr. phos.* 1x in 6 ounces of water, and ordered a teaspoonful to be taken three times a day.

When I saw the patient four days ago, the tumour had begun discharging its contents and was rapidly disappearing.\*

My reason for reporting this is that I may have to refer to it in some forthcoming remarks upon other topics.

## CASES OF CHOREA.

By DR. A. VON SZONTAGH,

Mem. of Board of Health, Budapest.

(Continued from page 241.)

2. Rosa von Sz, æt. eleven years, the daughter of a landowner in the County of Gömörer, already somewhat spoiled by the parents, was placed under the care of a governess in the summer of 1872, who is understood not to have been very gentle with the child. During November, especially in the morning hours, startings in the arms and twisting of the trunk made their appearance at times along with which were associated coldness of the hands and feet, redness and heat of the face and ears, and frightful visions. She was given by her allopathic family doctor, quinine in tolerably large doses, whereupon the attacks of spasms, which had been increasing, gradually occurred less frequently, and in January ceased altogether. A month later she was brought into a provincial town to

\* It is now quite gone (25th April, 1884).

learn dancing, and now a disease developed itself which, according to the description and the diagnosis of the physicians consulted, was unmistakably chorea, and to such a degree that the poor child tossed about the whole day in bed and at night her sleep was broken by the frequent spasmodic movements.

In the meanwhile the patient is said to have had, a few times, positive attacks of fever. The medical attendants now prescribed quinine, various narcotics, mustard poultices on the back, cold douches and lastly ether sprays down the spine, with the result that the convulsions certainly became weaker and ultimately almost ceased; but instead of them, *inability to stand or walk* set in. In this state the heart-broken father brought his only child into the city, consulted there several professors, and as their advice did not satisfy him he came to me.

I found (26th May, 1873) the following condition:—The child is well nourished, has a blooming complexion, yet the muscles are flabby; all the vegetative functions are normal; intelligence accords with her age; speech distinct and intelligible. While seated on the chair the child seems healthy; abnormal movements are only here and there perceptible in slight startings of the arms and almost unnoticeable twistings of the trunk. She is able to move and control the arms freely, only the movements are somewhat awkward and not so methodical as in other children. In sitting she is able to stretch the legs from the knees outwards, even if unsteadily, and not always after one another. In attempting to stand, however, the knees double under her, and she remains then generally kneeling, a position in which she is able to glide or even move continuously forward. When I made the attempt to induce her to walk with the aid of my assistance, she extended her half-bent legs and feet one before the other hesitatingly, and at the same time was seized with such convulsions of the whole body that we had the picture of St. Vitus's dance suddenly produced before our eyes.

After these verifications I could not doubt that the semi-paralytic condition of the extensor muscles, usually noticed separately, still depended on the same abnormal state of the central nervous system as those involuntary and irregular contractions of the voluntary muscles which appeared earlier among the phenomena, and which showed themselves now particularly only on an energetic impulse.

of the will, and that the original disease, although present in an altered external form, still continued in its essential nature unchanged.

Knowing how obstinately such abnormal conditions often retain their hold on the nervous system, and considering that during the six months the disease had lasted the heroic attacks made on it by my allopathic colleagues had probably aggravated these irregularities, and certainly had not made them more amenable to treatment, I gave a somewhat unfavourable prognosis, at the same time not denying the possibility that the patient might in a few weeks or months be completely restored to health.

For a remedy I chose *cuprum metall.*, of which, along with other preparations, I possessed the 24th dec. dilution made by the Sisters of Mercy of the Homœopathic Hospital, in the Leopoldstadt, Vienna. With this I thoroughly moistened a medium-sized tube of globules, and gave it to the parents with the direction to give their child 5 or 6 globules dissolved in distilled water on the evening of every second day and the following morning. At the same time I recommended that she should be put through certain gymnastic exercises, avoiding fatigue or excitement.

For some time I neither saw nor heard anything of my patient, as she had been taken back to her home, when on the 16th of June, that is, three weeks from the commencement of the treatment, I received the following letter from her father:—

“With great joy I am able to inform you that this morning, as I placed our patient on her legs, she commenced to walk, and now goes about freely, only that her legs are rather unsteady as yet.”

On June 21st I had an opportunity of visiting the child at her own home. She was quite well. This cure made a great stir in the whole neighbourhood, and won over many supporters to the cause of homœopathy.

3. Bertha P., æt. 8 years, the daughter of a bookseller, a gentle, intelligent, well-fed child, was seized in September, 1882, with intermittent fever, whose paroxysms ran a regular course daily, appearing in the afternoon and ending in the night with sweats. After the duration of a week the disease disappeared, but returned again in the middle of October, when every five days gradually decreasing paroxysms were noticed. Shortly before the

cessation of these attacks the parents remarked unusual movements and a particular uneasiness in the child, who otherwise was well-behaved and quiet.

These symptoms increased day by day, and ultimately induced them to call in my professional aid. I found the little patient walking about the room. The lower extremities being less affected by the jerkings and incoordinated movements than the trunk and the arms, she was quite able to walk, but incapable of sitting still and employing her hands. Pains were not present, neither was there sensitiveness of any part of the spinal column; consciousness was undisturbed; speech intelligible; appetite and vegetative functions normal; in sleep the jerkings ceased altogether.

On Nov. 11th I gave her *ignatia* 4th in globules, a few every three hours, and as no improvement ensued, the condition on the contrary being so much aggravated that she was no longer able to walk and was forced to remain in bed, I gave her *ignatia* 5 in tincture. This also failed to check the further development of the disease, and on November 25th the spasms had become so strong and frequent that she could no longer speak, or indeed scarcely swallow, and even the sleep was frequently broken by jerkings. I now gave *cuprum met.* 12 four times a day, and observed during the next few days a slight diminution of the muscular spasms. Still the improvement made no progress, on which account I felt induced on December 7th to order *cuprum* in the sixth decimal trituration.

The improvement now went on rapidly for a week, when it again came to a standstill. I gave, therefore, on December 18th, *cuprum met.* 4th trituration likewise four times a day, and so far with advantage on January 4th, 1883, she was not only able to sit, but also to stand, and with a little support, even to walk. The latter, however, on account of the great weakness of the legs, she was obliged soon to give up, and, as in the meanwhile even with *cuprum* 3 I could not bring about any further cessation of the widely diffused and serious, though now much reduced, jerkings, I selected (led by the report of the intelligent patient herself, that she felt a constant pressure at the root of the nose, on which account she very frequently touched this part with the back of the hand), *zincum met.* 6th trituration. This preparation contributed a good deal to the improvement, and in the beginning of February,

one could detect only very occasional solitary jerkings of the arms and turnings of the head, so that she was now able to occupy herself the whole day with games and drawing. The walking, however, was very limited, on account of the great weakness of the legs. *Zincum* 3rd trituration completed the cure, and in the beginning of March, the little patient was able to return to school.

A relapse occurred in June of the same year, and was removed within three weeks with *cuprum met.* 3, and *zincum* 3.

4. Iolanthe, V. S., æt. 16 years, the well-developed daughter of a local wholesale dealer, whom I have known and treated from her birth, had in her fourteenth year suffered from a slight attack of chlorosis, and in her fifteenth from broncho-pneumonia, but in 1879, up till November, was quite well, and of good complexion and disposition.

On November 12th, 1879, she was attacked with fever, which, however, within two days, was completely removed by *aconite*, 3. After its disappearance, irregular and unpremeditated movements here and there, which had been noticed for some days previously, became more distinctly marked, and rapidly increased to a considerable degree. The immediate cause, however, for my being called in was an attack of fainting, with which she was seized early on the morning of November 15th, directly after rising from bed, during which she is reported to have become deadly pale, unconscious, and to have trembled and jerked slightly. The fainting lasted only a few minutes, subsequent to which, however, she was unable to perform with ease the intentional and usual movements of the body, or to control the jerkings and contortions of her limbs and face, which now frequently occurred. Gradually she lost the power to write or play the piano, and at a later period to walk or speak distinctly, and she was compelled to keep her bed for several weeks, where, during her waking hours, she was in constant though not violent motion, and only during deep sleep was she able to lie quietly. Repeated attempts to rise and remain up cost her each time attacks of fainting similar to the first. All this time her appetite and assimilation suffered considerably; stool was seldom and hard; urine scanty, concentrated and free from albumen; menses appeared a week too soon, moderate and of short duration; countenance sunken, lips and mucous membrane pale.



In the middle of December improvement first appeared, and at Christmas she was able to leave her bed without inconvenience. In January, 1880, there were no more abnormal muscular contractions to be observed and she appeared for two months quite well, but subsequently fell into a chlorotic condition of varying intensity and long continuance.

The curative remedies which I administered in this case, and which may assuredly be classed as such in consideration of the rapid improvement and cure, were *ignatia* 4th dilution and *calcareæ carb.* 4th trituration. The first five days I gave *ignatia* alone, four times a-day; and subsequently to the premature appearance of the catamenia and the second epileptiform seizure, *calcareæ carbonica* alone. But from December 1st both remedies in daily alternation, four times, thrice and twice a-day. In January she took only *calcareæ* and for one week *ferrum phosph.* 3.

## HOMŒOPATHY IN SPAIN.\*

BY DR. A. LAMBRECHTS, Jun.

THE rapid, and we may say marvellous, spread of homœopathy in all the countries of the civilised world, is a characteristic phenomenon, and one well fitted to furnish food for reflection to its bigoted adversaries. To refer only to Europe, there is no nation which has not favourably received the medical reform which we owe to the immortal Hahnemann, and that does not number in its midst homœopaths at once profoundly scientific and of undoubted skill. About the year 1830 a celebrated member of the medical faculty in London, while addressing a numerous and attentive audience, made the following allusion to homœopathy, then beginning to spread in England:—"Gentlemen," he exclaimed, "a new error has appeared on the horizon; this, like all the rest, will have its season of fashion and enthusiasm, but it will end by falling some day into oblivion, and 50 years hence you will hear not a word of homœopathy or homœopaths." We know after what fashion this prophecy has been fulfilled, since homœopathy in England is in actual possession of its school, its hospitals, its literature, and its thousands of adherents.

\* For the translation of this interesting paper, from the *Revue Homœopathique Belge*, we are indebted to Dr. F. W. Giles, of Turbridge Wells.

And if the doctrine of Hahnemann, giving battle to the ideas and theories which have been the most widely accepted up to the present time, has thus been able to clear for itself a road through all the countries of the universe; if, in spite of the obstinacy and the perseverance with which it has been combated, it has succeeded in maintaining its *prestige*, and in rallying around it innumerable partisans, it is because it contains truths that are incontestable, and because it has furnished in practice results more manifest and more brilliant than those of which the old school can boast; this I shall prove in the case of Spain in particular, by comparing together the statistics of the hospitals of Madrid.

The history of homœopathy in Spain dates from the year 1829. About that time a Spanish merchant, who had been cured homœopathically in Germany, brought back to his own country some copies of Hahnemann's works. These were distributed among several medical men, who, after studying them and testing the remedies in their private practice, embraced this medical reform, and set themselves to spreading it through every province of the Peninsula. This was, so to speak, the seed time. Next was formed the Homœopathic Medical Society of Madrid, and from that moment the progress of homœopathy in Spain became day by day more rapid and decided. But the man who laboured with the greatest zeal and ardour in the propagation of the new doctrine, and who did not hesitate to place his talents and his fortune at the disposal of so noble and so humane a cause, was Dr., and afterwards the Marquis of Nunez. He took for his motto, "The Government ought either to forbid the practice of homœopathy in Spain, or it ought to make the study of it compulsory." Death snatched him, alas, too early! from the work which he pursued with so much perseverance; but in dying he had at least the consolation of seeing a great part of his most cherished hopes realised. Thanks to his efforts, there actually exists in Madrid a chair of homœopathy, founded and endowed by the Spanish Government. And if, as is often happening, enemies who are ill informed, or who want to appear so, still cast in our teeth that instruction in the doctrines of homœopathy has not received official sanction in any European State, we can point proudly in answer to Madrid and Buda-Pesth.

The instruction in homœopathy comprises four courses, two theoretical, and two practical.

The 1st theoretical course, given by Dr. Garcia Lopez, has for its object the unfolding of the homœopathic doctrine from the historical, philosophical, pathological, and therapeutic points of view.

The 2nd theoretical course, delivered by Dr. Vincent Vignau, includes homœopathic materia medica, and therapeutics. Lastly, two clinical lectures, one on the male, and the other on the female side, are given daily by Drs. Pellicer and Alvarez.

These courses are optional, and are attended this year by 39 students. The number of students enrolled was 22 in 1880-1881, and 44 in 1881-82. In addition, the Spanish Government gives evidence of an impartiality, too rarely met with, by awarding a certain number of prizes to the students attending the institute, who have distinguished themselves in the special annual examinations.

The Homœopathic Hospital of St. Joseph was founded in 1878 by Dr. Nunez. Situated a little outside the City, it affords the advantage of being surrounded by a pure and wholesome atmosphere, and of combining, thanks to its special mode of construction, all the most favourable hygienic conditions. This hospital contains about 70 beds, placed in spacious wards, well lighted, well ventilated, and exquisitely clean. It contains, in addition, a recreation room, a chapel, and a pharmaceutical laboratory, in which the students practise, under the eye of the professor, the preparation of homœopathic medicines. Besides the clinical professors, three doctors attend, each at stated hours, on the patients.

Though only a few years in working order, the Madrid Homœopathic Hospital has already rendered immense services from a scientific, as well as from a practical and beneficent point of view, as the following figures prove:—

In 1878, commencing with the month of February, at which date the hospital was opened, there were 155 admissions, 9 deaths, 138 recoveries; 8 patients remained under treatment at the commencement of the following year. This gives a mortality of 6 per cent. In 1879 there were 332 admissions, 16 deaths, 292 recoveries; 24 patients remained under treatment. Mortality about 5 per cent. In 1880, 366 admissions, 23 deaths, and 338

recoveries. Mortality, 6½ per cent. Lastly, in 1881, 425 admissions, 24 deaths, and 388 recoveries. Mortality 5½ per cent.

Now, if we examine the statistics of the other hospitals in Madrid, which are best off as regards hygienic conditions and medical talent, we find that in the corresponding years the mortality was never below 14 per cent., and that, according to the *Madrid Gazette*, it even rose in 1878 to the rate of 20 per cent.

These results are too significant to call for comment, particularly if one bears in mind the fact that St. Joseph's Hospital, having for its first object the instruction of pupils, receives only patients suffering from acute affections, in which the mortality is of necessity more considerable than in chronic cases. They prove once more the superiority of the homœopathic method over that of the old school, and constitute an unanswerable argument in its favour, of which the adversaries seek in vain to weaken the significance by impugning the accuracy of the statistics collected in homœopathic hospitals.

In a building contiguous to the hospital is a room for gratuitous consultations. This charitable institution, directed by the prizemen of the homœopathic institute, has rendered not less conspicuous service to the poor and the working classes of the town, since in the course of last year 3,080 patients availed themselves of that assistance which their condition required.

The Homœopathic Society of Madrid has a large number of members. Its meetings possess an interest which is unique from the fact that they are public, and that allopaths can take part in the debates. Add to this circumstance the ardour and impetuosity of the Spanish character, and some idea will be obtained of the vivacity of the discussions which arise in this novel sort of *Cortes*, where three sharply defined parties, the pure Hahnemannians, the dissenting homœopaths, and the allopaths, are constantly contending for the possession of the field. As for the number of homœopathic medical men practising in Spain, we may estimate it at 300; Madrid alone numbers 70, all enjoying a great reputation, and possessing a numerous and select *clientèle* in the best classes of society. Here, as in Austria, the homœopathic physician has the option of dispensing his own drugs, which constitutes not a privilege, but a necessary

safeguard, a precaution which has besides been fully justified by a decree of the Spanish Tribunals, when called upon to decide on this question, in consequence of the demands of a large number of chemists. Three homœopathic journals are published in Spain—two in Madrid, and one in Barcelona. These are—

*El Criterio Medico*, the organ of the Homœopathic Society of Madrid.

*El Boletino Clínico*, the official organ of the Homœopathic Institute, which has quite recently been replaced by the *Revista Hahnemanniana*.

The *Revista Homœopathica Catalonia*, published in Barcelona.

From the few facts which I have briefly narrated, it is easy to see that homœopathy in Spain is in a most prosperous and flourishing position. We do not find here that systematic opposition, that implacable animosity, which in the different countries of Central Europe places so many fetters on the development of the teaching of Hahnemann, and renders its practice sometimes so difficult and so discouraging, since the homœopathic physician, whatever his talents and his knowledge, sees the portals of the Academy, of the Universities, and of the Hospitals closed against him. But the Spanish Government, to whose justice and impartiality we must here do homage, has known how to set a right value on the immense services rendered by the new doctrine, and has been pleased to favour its propagation by wise and praiseworthy measures. For instance, to give some examples, everyone thinks it natural that Dr. Ariza, a distinguished homœopath, and a learned specialist in affections of the larynx and ear, should practise homœopathy in one of the hospitals of the city, side by side with his allopathic colleagues, and that the Academy of Medicine of Madrid should have awarded its prize to the treatise on mineral waters by Dr. Garcia Lopez, Professor at the Institute of Homœopathy, to the exclusion of all the other works sent in by a large number of allopaths. All honour, then, to these doughty homœopathic physicians of Spain, who, by their constant exertions, have succeeded in making the immortal principles of Hahnemann respected in their land. They have deserved well of science and humanity.

## REVIEWS.

*A Materia Medica of Differential Potency*, by B. F. UNDERWOOD, Ph.D., M.D., New York, Chatterton Publishing Co., 1884.

THE difficulty of choosing the exactly appropriate dose or attenuation of a medicine is one that was felt by Hahnemann, has been experienced by every physician who has endeavoured to carry homœopathy into practice since his time, and is one which still confronts us. We all know that there are cases which will only yield to a somewhat material dose of the homœopathically selected remedy, and others that will do so only when such a medicine is given in a somewhat high attenuation. While this conclusion has been drawn by many physicians of large experience and careful observation, it is equally true that, in the large majority of instances, the lower dilutions contain sufficient medicinal matter to exert a curative influence, without possessing so much as to cause an increased development of the symptoms which characterise the disease—and hence are those which are most generally employed.

To ascertain whether there is not some law or general principle, guided by which we can, in all cases, define the exact dose, has been the endeavour of many an earnest student of therapeutics. This Gordian knot has never yet been untied. Hahnemann endeavoured to cut it by declaring dogmatically that the 80th dilution was the one to be used in all cases. This has not stood the test of experience. Various "rules of dose" have been proposed from time to time, but not one has, so far, been generally accepted. When we take into consideration the widely differing circumstances under which disease occurs, differences of climate, and of epidemic influence, difference of age, sex, temperament, and previous mode of living, as well as differences in the qualities of the substances used as drugs, we can scarcely wonder at the variety of opinions resulting from the consideration of the dose question. Nevertheless, the difficulties which beset the path of the enquirer into its conditions, so far from hindering investigation ought rather to stimulate it. It is a question which has to be settled. There is something regarding it which has yet to be discovered, and therefore every contribution towards the accomplishment of this end must be welcomed.

In the volume before us Dr. Underwood offers us "a contribution towards the vexed question of the dose." As a result of his study, "the conclusion was drawn that the symptoms indicating a remedy might be grouped into two general classes. Those resulting from the action of the medicine, the pathogenetic symptoms, such as the thirst of *natrum muriaticum*, or the

nausea and vomiting of *ipœcacuanha*, which were curable by the vital or individual action of the remedy; and those which were clinical or empirical, and curable by the drug action, as the fever symptoms of *aconite* or the atonic symptoms of *cinchona*. The action of *aconite* in the reduction of fever being," he continues, "the direct drug action, and not homœopathic, or in virtue of the law *similia similibus curantur*." This assertion is said to be grounded on "a careful study of *aconite* in the various recorded cases of poisoning or provings of that drug failing to show the development of the inflammations or inflammatory fever, for which *aconite* is specific." In other words, Dr. Underwood does not regard *aconite* as being homœopathic to inflammatory fever. Now, if there is one fact which has been more strikingly elicited by provings and poisonings than another, it is that *aconite* does develop all the phenomena of inflammatory fever. The experiments of Reisinger and Schwarz, of Vienna, have especially demonstrated this. These are quoted on p. 144 of the last (xvii) volume of this *Review*. A very brief examination of Dr. Dudgeon's article *Aconite*, in the *Hahnemann Materia Medica*, will suffice to show that chill, rigor, heat of skin, thirst, quickened pulse, and finally perspiration, have repeatedly occurred in true pathological sequence from over-dosing with it. That it does not give rise to true inflammatory products we know, and we also know that it does not cure or tend to remove such products. Beyond a certain degree of congestion in mucous tracts, the action of *aconite* does not go. Hence, while to inflammatory fever it is homœopathic, to inflammatory exudations it is *not* so; and therefore, in the latter, we have no reason to expect advantage from prescribing it in any dose, whether large or small, material or infinitesimal.

If then Dr. Underwood's selection of certain indications as "clinical or empirical" have no better foundation in the other sixty-nine medicines, the effects of which he divides into two classes—"pathogenetic or drug symptom" and "clinical and empirical," than they have in that which he puts forward as an illustration, we are afraid that his basis for the decision of the suitable dose is far from being a sound and reliable one.

Given in whatever dose, a medicine which cannot produce symptoms similar to those of the disease in which it is prescribed, a medicine whose pathogenetic effects do not resemble the pathological state it is proposed to cure by it, is not a homœopathic one. It is the correct dose, the right attenuation of a homœopathically indicated medicine, concerning which we desire more precise knowledge—not that of one which is merely empirical.

We, therefore, cannot look upon Dr. Underwood's very praiseworthy efforts as having advanced the solution of the question he has endeavoured to handle.

## NOTABILIA.

THE LONDON HOMŒOPATHIC HOSPITAL NURSING  
INSTITUTE.

On Saturday, April 5th, the new wing in Powis Place, built for the accommodation of additional nurses for training in the wards and nursing invalids at their residences, was formally opened by Lady Ebury, in the presence of a distinguished assembly of ladies and gentlemen, including Lord Ebury, General Sir James and Miss Alexander, Major and Mrs. Vaughan Morgan, Mr. and Mrs. Alan E. Chambre, Mr. A. R. Pite, Mr. W. H. Trapmann, Dr. Yeldham, Dr. Blackley, Dr. Jagielski, Dr. Dyce Brown, Mr. G. A. Cross (secretary), and a very considerable number of the supporters of the Charity.

The Chaplain (the Rev. D. Craven) commenced the proceedings by prayer.

Major Vaughan Morgan (the treasurer) then said: My Lady Ebury, before I refer to the particular object of our meeting, perhaps it would be appropriate if I said a word or two with respect to the melancholy death which has taken place this week. Some of our friends thought that another day ought to have been appropriated for the opening of the new wing, but they would have thought otherwise had they known what I know of the vast amount of organisation, time, and expense which have been necessary to get up this commemoration. They would certainly have thought differently if I had told them that if we had postponed it to-day we could not have held it for another month, and during the whole of that time we should have been in a state of disorganisation, and the nurses who came from the country, and who were spared for the day from their patients would have suffered very considerably. In point of fact, if it had been decided not to have had the inauguration to-day, as originally proposed, it is impossible to say whether it would have been held at all. Many events have been postponed on account of the death of the Duke of Albany. Major Morgan then read some observations of the Lord Chief Justice on the previous day, who, when notifying that the Courts would be open as usual, said that his own opinion was that the proper way of paying respect to the Crown was to do the duty of the Crown to the subjects of the Crown. I wish, therefore, my lady, continued Major Morgan, to express publicly that it is not from any want of sympathy with the bereaved mother or the widowed wife that we have met to-day. (Hear, hear.) This occasion is by no means a festivity. We hope to make your visit agreeable, and that you will profit by it. But we really want to get some profit from you, and not for you. Our object is for the benefit of the poor patients, and



if there is any object that would justify the meeting being held to-day, it is such an one as that. (Cheers.) My Lady Ebury, as I happen to hold the office of treasurer of this hospital at the present moment, I have been requested to say a few explanatory words on this occasion. Some years ago the freehold land on which we now stand was offered to the hospital, together with a rickety building. Freeholds being scarce in London, and our honorary architect reporting that the property was well worth the price asked, it was decided to employ some of the reserve funds in its purchase. Last year the house became so dilapidated that the question arose whether it should be rebuilt as a dwelling-house, or added to the hospital. Now, although homeopathy had, in the meantime, expanded considerably, it had done so somewhat laterally. It had largely permeated general practice; but, strictly as homeopathy, it had not been credited with its real results, and the funds of the hospital, although considerably increased, had not done so in sufficient force to justify its enlargement. Too many of the modern school, while using the knowledge acquired from Hahnemann, failed in the necessary courage and honesty to acknowledge their source of inspiration. (Hear, hear.) From this and other causes when the question of utilising this space came before us last year it was not considered that the time had arrived for increasing the wards of the hospital. At this moment a happy thought occurred to some of us, which was immediately hailed as an inspiration and adopted. This hospital is fortunate in the possession of a very able and energetic lady superintendent, Miss Brew; and the success which has attended the nursing of the hospital has been so marked, and the demands upon it so great, that it was decided to utilise the space at our command by erecting a Nursing Institute. (Hear, hear.) In pursuance of this object, the original intention of eventually enlarging the hospital has not been lost sight of. Our able and indefatigable honorary architect, Mr. Pite, has designed the building so that it can at any time be added to, and become an integral part of the existing hospital without the slightest alteration. (Hear, hear.) Hitherto we have been obliged to confine our staff of out-door nurses, which commenced with two or three to ten; the number is now rapidly being increased, and eventually we hope to be able to supply at least sixty; but, of course, it will take some time to instruct and make perfectly competent so large a number, because our lady superintendent is very particular on this question of competency, to which fact is doubtless attributable much of her great success. Now, my lady, it is to open this nursing institute that your ladyship has kindly consented to be present to-day, and I hope that it will increase the pleasure with which you will perform that ceremony, if I can show that

while we are alleviating suffering, and providing employment of a suitable and sympathetic nature for highly-deserving women, we are at the same time by this organisation spreading a knowledge of homeopathy, and adding to the resources of the charity. (Applause.) Experience has shown that ten nurses, well drilled and efficient, can earn a profit of £300 per annum; therefore, if you multiply that sum by six, you arrive at a sum of £1,800, which we hope and believe will be the future income from this source. (Hear, hear.) With this sum, and the amount to be raised by the new system of *mutually endowed beds*, to which I would desire to direct special attention, we hope very shortly to be able to fill the ward in which we are now assembled, and which for want of funds cannot at present be utilised. As this building, including the freehold, has cost £4,000, it will be seen that an annual income of £1,800, or even half that sum, will prove to be by no means a bad investment, looked at simply from the financial point of view. But I am happy to add that there is every probability of our expenditure on this institute being largely recouped. We have received donations already to the amount of £1,000, and we trust that the proceedings of to-day, and the publicity given to the hospital, will result in such increased subscriptions and donations as will cover, or nearly so, the whole outlay. (Applause.) It will be in the memory of many here how great a change has come over the system of nursing. The system exemplified in the character of the immortal Sairy Gamp has almost ceased to exist, and we may soon say of those ladies what her friend, Betsy Prigg, said of Mrs. Harris, that "We don't believe there ain't no such a person." (Laughter.) Your ladyship knows very well, from your constant visits to this hospital, the kind of nurses Miss Brew trains, but those who are not familiar with them can hardly realise the difference between those of the old school, and the nurses to-day—possessing a genuine love for their calling, sympathetic, tender, gentle, well instructed in the art of nursing, skilled to be of service in emergencies, angels of mercy, ministering, as only women can, to the needs of the sick. (Applause.) In conclusion, I wish to say that those interested in this hospital, firmly believe in the usefulness of their labour; we know all cannot be heroic and fill the public eye, but we also know that every one can do something to improve the lot of humanity, and we bear in mind those beautiful words of Longfellow—

"Lives of great men all remind us,  
We can make our lives sublime;  
And, departing, leave behind us  
Footsteps on the sands of time." (Applause.)

Lady Ebury then arose and said:—I have much pleasure in declaring this institution to be open to the public. (Great applause.)

The Chaplain having pronounced the benediction,

Major Vaughan Morgan invited the numerous visitors to inspect the hospital, and also to assist its funds by purchasing some of the useful and fancy articles presented by friends and offered at a sale, which, as far as possible, was conducted by the nurses. In addition to the sale there were attractive flower stalls, general artistic and scientific and fancy fine art exhibitions, a department illustrating recent inventions in electrical science, and an amusing living waxwork troupe. A high-class promenade concert, which was greatly appreciated by the company, was given by the following artistes:—Miss Clara Reed, Miss Kate Bentley, Miss Navarre, Mdlle. Eugenie Bernard, Miss Jeannie Rosse, and Messrs. Charles Mason, Munkettrich, Walter Clifford, and Alan E. Chambre, and the accompanists were Signor Romili, Messrs. Ernest Ford, Ernest Kiver, and Alfred Allen.

We regret that the pressure upon our space precludes anything like a critical notice of the performance. We can only say that Miss Reed's solo on the pianoforte was well executed, and that of Mdlle. Bernard was remarkably brilliant, and when her youth is considered, really wonderful. Miss Bentley sang "Only for One" in fine style, and Miss Jeannie Rosse's splendid contralto voice showed extraordinary compass. Mr. Clifford was in admirable force with "Simon the Cellarer." The accompanists rendered very efficient services. The whole was eminently gratifying to the audience and to the Board of Management. A notice of the concert given to the nurses and their friends on the 26th ult. we must defer until our next number.

#### LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

The summer session at this Institution will commence on Thursday, the 1st of May, when Dr. Burnett will begin a course of lectures on "Materia Medica," at 4 o'clock, and continue them each Monday and Thursday at the same hour until the end of July. On Friday, the 2nd, Dr. Dyce Brown will continue his lectures on the "Practice of Medicine," at 5 o'clock, lecturing each Tuesday and Friday at the same hour. Full information regarding the lectures may be obtained from Mr. Cross, the secretary to the hospital, every day from 10 to 4 o'clock, and from Dr. Tuckey, the hon. secretary to the Medical School, at 14, Green Street, Grosvenor Square, daily between the hours of 12 and 2 p.m.

#### MR. SIMS REEVES ON HOMŒOPATHY.

The *Pall Mall Gazette* has lately adopted the American system of gratifying the curiosity of the public respecting the private lives of some of those whose names are ever before them, by

despatching a reporter to cross-examine a celebrity as to what he eats, drinks, and avoids; what he wears, what he reads, and to ascertain whether he goes to church or chapel, or stays at home, or takes a walk on Sunday. Among recent victims of the "Interviewer" is Mr. Sims Reeves. As Mr. Reeves is well known to have a very delicate larynx, and to have devoted a great deal of time and thought to keeping it in health, the *Pall Mall* inquisitor naturally concluded that the many admirers of his marvellous voice would like to know how he kept it in order. While endeavouring to draw him out, the reporter happened to mention some remarkably hideous diagrams, showing the working of the vocal chords, and the general structure of the organs used in voice production, which were seen at a very interesting lecture recently given by a great authority. "Well, I must confess," said Mr. Reeves, laughing heartily, "that I avoid reading throat literature; and as for the diagrams, why, they would give me perpetual nightmare. No, I think as little about the evils that surround me as possible. I follow the homœopathic method, and use homœopathic medicines."

We wonder to what cause the editor of *The Medical Times* would wish us to attribute Mr. Sims Reeves' preference for homœopathy. Is it from some imaginary trades unionism on the part of the president of the College of Physicians, some hypothetical regard for an "effete etiquette" on that of the censors, a disloyalty to conscience supposed to have shown itself in the treasurer, or a lapse into quackery by the hall porter; or has it been from personal experience of the relative advantages of homœopathy and traditional medicine?

*Propos* of the same subject, the Editor of *Figaro* (April 19th) in noticing Mr. Bright's recent illness, gives a sketch portrait of Dr. Dudgeon, the physician who has been in attendance on the right honourable gentleman, and adds the following remarks:—"Mr. Bright, I believe, is not by any means the only member of Parliament who, when he is ill, prefers the advice of a homœopathic physician. Homœopathy, in spite of bigotry on the part of men who ought to welcome the achievements of medical science, whatever form they assume, has during the last decade made considerable progress."

#### OPENING OF THE BUCHANAN OPHTHALMIC AND COTTAGE HOSPITAL, ST. LEONARDS.

THE building which has recently been erected at St. Leonards to fulfil the purposes of an Ophthalmic and Cottage Hospital, was opened, or we might say consecrated, on Thursday the 27th of March, by the Rev. Canon Kingsbury. The hospital is situated on high ground at the junction of the London and Springfield roads, and is a very pretty Elizabethan structure capable of

accommodating from 15 to 20 patients. At the opening ceremony a large and fashionable company was present. The service consisted of prayer, readings from Holy Scripture and singing of hymns, in conducting which the Rev. Canon Kingsbury, the Rev. Mr. Hughes and the Rev. E. Venables took part. This was followed by an excellent address from Canon Kingsbury. In the course of it he gave the following account of the rise and progress of the institution, which we extract from *The Hastings and St. Leonards Times*, containing a full report of the proceedings.

"This hospital owes its origin to the fact that at the close of the year 1880, a large donation was given by a lady in order that some rooms might be taken where patients could be nursed who needed operations on the eye, and who would be under homoeopathic treatment. Various friends, hearing of this, were anxious to join in the good work, and subscriptions and donations were immediately freely and kindly offered, and it was thought desirable that a small house should be taken, a thoroughly trained nurse engaged, and patients received who were suffering from any acute medical or surgical disease. Thus the work was commenced on a larger scale than was at first anticipated. Miss Mirrlees kindly consented to act as treasurer and lady manager, and Mr. Knox Shaw as medical officer of the institution. On the 11th of April, 1881, a small house in Southwater Road was opened as the 'Buchanan Cottage Hospital,' the dedication service being conducted by the late Venerable Archdeacon Huxtable. Hopes were then expressed that in the course of two or three years a proper building, perfectly adapted for a cottage hospital, would be constructed. Mr. Eversfield gave the piece of land, help was promised for the building fund, and the work, which we see this day completed, was begun. During the past three years 197 patients have been admitted, and many have been reluctantly refused for want of room. This building offers accommodation for a much larger number of patients, and is in every respect most suitable for its purpose. The substantial help given by Miss Mirrlees at first has been increased, and I have the happy news to give you to-day that the treasurer most nobly cancels the remainder of the debt due to her, and I rejoice to declare that this building is opened free from debt. The offertory to-day and all donations and subscriptions will now be devoted to defraying the general expenses, which will be greatly increased by the necessary employment of a larger nursing and domestic staff, and it is confidently hoped that a number of new subscribers will kindly help the managers to meet this outlay. The secretaries, who are now here, will be very happy to receive the names of any subscribers. One feature of the hospital to be particularly noticed is the opening of private wards for 'pay patients,' where those willing and anxious to pay a sufficient sum

for proper hospital nursing and attendance will be received. These rooms you will see upstairs when you go over the building after this service. Those who have had the arrangement and management thus far desire to express their warmest thanks for the kind aid they have received from so many helpers who have given so willingly and heartily to this institution."

After a few more remarks, Canon Kingsbury declared the hospital open in the following words :

"This House, built for the honour and service of Almighty God, in the comfort and healing of His suffering poor, and henceforth to be called the Buchanan Ophthalmic and Cottage Hospital, I now declare to be opened, and dedicated for these holy uses, in the Name of the Father, and of the Son, and of the Holy Ghost. Amen."

A hymn was afterwards sung, and the offertory having been taken, the Rev. H. J. Jones officiated in the concluding part of the service, which was brought to a close with the Benediction.

The hospital was then thrown open for inspection, and the opportunity was taken advantage of by almost all present. The offertory amounted to £58 8s. 10d.

#### WHAT QUACK MEANS.

QUACK has so long been the medical slang-word for whatever was envied or hated, that its meaning has been forgotten. It is a German adjective; quick, living, alive. The quack is the live doctor, all the rest being only dead-lived. It is, therefore, common for old-school physicians to apply it as a nickname to all that have more success than themselves.—*American Homoeopath.*

#### A SEDUCTIVE DRUG.

DR. G. WINTERBURN, of New York, has an interesting article on opium poisoning under the title a "Seductive Drug," in *The American Homoeopath*, from which we make the following extracts:—

"I do not propose to occupy time relating instances of the opium habit. There is not a physician in active practice in any part of the country who has not abundant opportunity for personal investigation of these effects. There is not a physician but who finds his efforts to cure chronic disease constantly baffled by the effects of opium upon the system. For it is not alone those who are degraded to inebriety that feel the baneful effects of this drug. It is its nature to interfere with the action of every other remedy, to make chronic diseases more obstinate, to stand between patient and physician as an obstacle to cure. This is the case not only when taken in the immense doses of the confirmed inebriate, but also when given in what are called moderate and safe dosage.

"While it is harmful to all it is infinitely more so to the young."

Dr. Winterburn then refers to three well-known secret preparations sold under titles well calculated to arrest the attention of ignorant mothers worried with sickly and irritable infants. He describes them as "a triad of infant murderers," and numerous coroner's inquests in this country endorse this definition. One of them is said to contain a grain of *sulphate of morphia* to the ounce!

Dr. W. goes on to say "Many a little sufferer whose demise is chronicled in the records of the Board of Health as from meningitis, marasmus, dysentery, or fever was killed by the slow undermining of the constitution by one of these opiated preparations.

"These mixtures are used, in a vast majority of cases, because they are supposed to be harmless. Many do not know that paregoric contains opium, and many a mother who would look upon a doctor who gave her baby morphine as a very bad man, gives that same baby paregoric by the teaspoonful. The remedy would be to require every bottle containing any preparation of opium to have affixed thereto a label stating the fact, and a caution against large doses or habitual use. Or better still, prevent the sale of opiated mixtures except on a physician's prescription.

"One instance will illustrate this observation. A very intelligent woman, the daughter of a well-to-do farmer, and the wife of a boss painter, living in comfortable circumstances, and the mother of two lovely children, told me a few days since how fond her baby—four months old—was of Mrs. Winslow's Syrup. 'Why,' said she, 'she will get so mad if I don't give it to her, and scream and kick all the morning.' I suggested that perhaps she was in pain. 'Oh, no, she ain't; it's just temper, she likes the syrup so much.' Inquiry developed the fact that when the child was about two weeks old it was troubled with insomnia, and the mother gave the syrup, to make it sleep, supposing it was harmless. Now, so used had it become to its effects that one teaspoonful simply made it good-natured, and it would take two or even three (morphine gr.  $\frac{1}{4}$ ) teaspoonfuls to make it sleep. What would be the chances for a child so habituated to the use of opium, if ever seized with cholera infantum or pneumonia? On explaining to the mother the peril she was incurring for her child, and the nature of the drug she was using, she promised to wean it from it—as soon as the house-cleaning was through with."

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DR. E. C. HOLLAND, OF BATH.

We have heard, with much surprise and regret, that a report has obtained currency that our excellent and energetic friend,

Dr. Holland, of Bath, has been incapacitated by ill-health from performing his professional duties. We desire, as prominently as possible, to assure Dr. Holland's many professional friends that he is as well able to conduct his practice as ever he was, and that he is daily and actively engaged in visiting patients. The report has possibly arisen from Dr. Holland having been confined to the house for a few weeks last autumn by an attack of pulmonary congestion, the effects of which have long since passed off.

A report of this kind regarding a physician practising in a city like Bath—a much frequented health resort—is apt to have serious consequences. Independently of this, however, we are especially glad to know that our colleague is perfectly well, and are sure that his many friends will be equally gratified by hearing that he is so. We hope to have the pleasure of meeting him at the Congress at Cambridge in September.

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#### OUR "REVIEW."

WE regret to have to announce that Dr. Kennedy, of Blackheath, who has, for rather more than two years, rendered very efficient aid in conducting this *Review*, has, in consequence of the delicate state of his health, felt obliged to retire from its management. We trust that freedom from editorial responsibility will assist in promoting his recovery, and that with renewed health he will be as able, as we are sure he is willing, to again contribute to our pages.

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#### CORRESPONDENCE.

##### THE *MEDICAL TIMES* AND HOMŒOPATHY.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—The following letter was addressed by me to the editor of the *Medical Times*. Up to the present it has not received insertion. I, therefore, send it to you in case you may be able, and think it advisable, to insert it in your next issue.

I am, Gentlemen,

Your obedient servant,

April 21st.

JOHN H. CLARKE.

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##### GREAT INTELLECTS AND HOMŒOPATHY.

*To the Editor of the Medical Times.*

SIR,—Whilst cordially agreeing with your suggestion that some of the ways of the orthodox in medicine—the exhibition of trades-unionism, the sacrifice of patients' interests to an effete etiquette, disloyalty to conscience, and lapses into quackery—



may have had a large share in disgusting keen-witted and right thinking men with the orthodox medicine (whatever that may be); and whilst fully endorsing your concluding pious ejaculation in reference to those ways—"Let us mend them!"—still, I cannot think you do justice to the great minds whose inner workings you seek to interpret when you hint that they have no stronger reason than this for putting their trust in homœopathy in matters of life and death.

You say, "Homœopathy is a superstition, and its followers are happy in holding tenets without a rag of evidence to support them. But it would be absurd to credit men like the late Lord Beaconsfield and Sir W. Siemens with a similar kink in their brains." To a simple-minded reader like myself the second of these sentences seems, in a strange way, to contradict the first; but, if you will allow me, I think I shall be able, by disposing of the first, to show more satisfactorily than the writer of the paragraphs has been able to do that the "kink in the brain" hypothesis is unnecessary. The proof of the pudding is in the eating; and the proof of homœopathy is in the trying. The question of the value of the rule *similia similibus cur e ntur* (let likes be treated by likes)—not *similes similibus cur e ntur* (which it is no concern of mine to translate) cannot be settled by *a priori* reasoning, or scientific theorizing; it is a question of fact.

I will say nothing of the opportunities the great men in question may have had of observing the effects of homœopathic treatment in their own families and persons, and of comparing it with treatment of other kinds. I will take an instance about which there can be no question. It will not be denied that cholera is a very real disease, and one that is not altogether amenable to treatment directed solely to the imagination. In the cholera epidemic of 1854, the Homœopathic Hospital, then situated in Golden Square, was cleared for the reception of cholera cases only. A Government Inspector (Dr. Macloughlin) was appointed to report on the treatment. Dr. Macloughlin belonged to the dominant school, and brought his prejudices with him to the work of inspection; but his candour and generosity were greater than his prejudices. Writing to Mr. Cameron, one of the medical officers of the hospital, he said: "All I saw were two cases of cholera, in the various stages of the disease; and I saw several which did well under your treatment, which I have no hesitation in saying, would have sunk under any other." The mortality, according to Dr. Macloughlin's return, was 16.4 per cent.; the mortality in the other hospitals was 51.8 per cent.

Again, when the cholera broke out in Vienna, in 1836, the homœopathic hospital was converted, by the municipal govern-

ment, into a cholera hospital, and placed under the care of Dr. Fleischmann, a celebrated homœopathic practitioner. 782 cases were treated with a mortality of 88 per cent.; the mortality in the ordinary hospitals being 66 per cent. The success of homœopathic treatment in this instance, led to the repeal of the laws against homœopathy in Austria.

Here, then, are two "rags of evidence" in support of what you are pleased to term a superstition. They are *mere* rags compared with the great body of evidence that might be adduced, but they have this advantage, that their genuineness is attested by the Government stamp, and, in the one case,\* by the additional voucher of an inspector, a scientific expert, prejudiced against the treatment he was appointed to inspect. I submit, then, that the difficulty experienced by the writer of the paragraphs in understanding how homœopathy could win the confidence of such men as John Bright, Lord Beaconsfield, Lord Cairns, and Sir W. Siemens—he might have increased and diversified his list by adding the names of Archbishop Whately, Indian heroes and general officers by the dozen, the present Lord Chancellor, and the chief of the Italian Opera—is not so very great after all. Homœopathy has positive attractions, as well as the negative one of the sympathy excited by the treatment it has received at the hands of the orthodox.

At the same time I do not deny that the overbearing conduct of the orthodox has played its part, and I will conclude this letter by quoting an instance. At least one of the four celebrities mentioned, remembers an incident that occurred in Parliament, relative to the before-mentioned cholera returns. A committee, presided over by Dr. Paris, president of the College of Physicians, was appointed by the Board of Health to report to Parliament on the results of the various methods of treating cholera pursued in the different institutions, and this committee refused to take any notice of the results of the treatment at the Homœopathic Hospital, though these were reported by their own inspector. This high-handed and unfair treatment, was censured in Parliament; and the report of the Homœopathic Hospital, was ordered to be printed in a Blue Book, where it may now be found.

I am, Sir,

Your obedient servant,

JOHN H. CLARKE, M.D. Edin.

15, St. George's Terrace, Gloucester Road,

April 14th.

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\* I find I have here understated the matter. In both cases the statistics were vouched for by allopathic medical inspectors, those of Vienna by three instead of one.

MEDICINES AT CO-OPERATIVE STORES.

To the Editor of the "Homœopathic Review."

GENTLEMEN,—Within the last few days we have received the following communication, names only being omitted as non-essential, which shows a state of affairs that ought not to be permitted, and is contrary to law as it now exists.

You are at liberty to make what use you please of this information, the truth of which has been verified to us by an examination of the contents of the box spoken of in what follows.

We are, Sir,

Yours respectfully,

WALKER & MARTEN.

55, Maddox Street, Bond Street, W.,  
April 9th, 1884.

GENTLEMEN,—I am sure that it would be right to put before you a case which ought to be inquired into, for the safety of people ignorant about medicine, and for the good of homœopathy also.

I had believed that the practice of selling deadly poisons was entirely prohibited by law (excepting on certain conditions), yet a lady, a few days ago, bought a box of, so called, "Homœopathic Medicines," at "The ——— Stores," which were all, with the exception of three (four *W. & M.*), in the "mother tinctures."

*Aconite*, *arsenic* (No. 1 *W. & M.*), *belladonna*, *bryonia*, *nuv v.*, *pulsatilla*, and others—all in the "mother tinctures"—marked  $\phi$  (*hepar 6*, and *mercurius viv. 5*, and *sulphur 1*).

The box was one of ———'s, marked with ———'s name. The book of directions was ———, but there were no labels of any chemists' names on the bottles.

The lady who bought these dangerous "medicines" was not aware of their nature, yet, as she thought them "rather strong," she did not, fortunately, follow the directions in the book, but she herself, and another lady, were made ill by taking them.

Least others should be subject to such a wicked and dangerous practice as this sale of poisons, I am sure you will do your best to put it before medical men—especially homœopathic medical men, and it is to be hoped that a stop may be put to it, or great mischief may be done.

I am, Gentlemen,

Yours faithfully,

\* \* \*

April 8rd.

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

LAUNCESTON, TASMANIA.—We have been requested to state that Dr. SAMUEL BROWN, who left Chester in a serious state of ill-health about a year-and-a-half ago, has happily recovered, and has now settled in practice at Launceston, Tasmania, where a physician conversant with homœopathy has long been wanted.

A HOMŒOPATH (Calcutta).—Your letter arrived too late to appear in this number, but shall do so in our next.

HAHNEMANN.—We regret to say that no number of this Indian journal has hitherto reached us.

Communications, &c., have been received from Dr. YELDHAM, Dr. HAMILTON, Dr. MOIR, Dr. BAYNES, Dr. COOPER, Dr. GOLDSBORO, Dr. CLARKE, Mr. CROSS, Mrs. Lowe, Messrs. LOEFLUND & Co. (London); Dr. Giles (Tunbridge Wells); Dr. HUGHES (Brighton); Dr. DAURY (Bournemouth); Dr. HAYWARD (Liverpool); Dr. HOLLAND (Bath); Messrs. WASTALL & Co. (Ramsgate); Dr. LAMBERTS, Jun. (Antwerp), &c.

## BOOKS RECEIVED.

*The Prophylactic Power of Copper in Epidemic Cholera.* By A. de Noë Walker. M.D. London: Austin, Fulham Road.—*On the Value of Phosphated Milk.* By Alfred Drysdale, M.D., &c., Mentone.—*On the Distribution, Nature, Causes and Successful Treatment of Cancer.* By R. S. Gutteridge, M.D. London: Kirby & Endean, Oxford Street.—*New Commercial Plants and Drugs, No. 2.* By T. Christy, F.L.S., &c. London: Christy & Co., Fenchurch Street.—*The House of Lords.* An Address by Sir John Bennett. London: Bogue, St. Martin's Place.—*The British Journal of Homœopathy.* London: Turner & Co., Fleet Street.—*The Homœopathic World.* London: Homœopathic Publishing Company, Warwick Lane, E.C.—*The Students' Journal and Hospital Gazette.* London: Baillière & Co.—*The Chemist and Druggist.* London.—*The Monthly Magazine of Pharmacy.* London: Burgoyne & Co., Coleman Street.—*The Calcutta Journal of Medicine.*—*The Indian Nation.* Calcutta, March 17, 1884.—*The New York Medical Times.*—*The American Homœopath.* New York.—*The New England Medical Gazette.*—*The Hahnemannian Monthly.* Philadelphia.—*The United States Medical Investigator,* Chicago.—*The Medical Advance.* Ann Arbor, Mich.—*The American Observer.* Pontiao, Mich.—*The St. Louis Periscope and Clinical Review.*—*Fourteenth Annual Report of the Massachusetts Homœopathic Hospital.*—*Bibliothèque Homœopathique.* Paris.—*Revue Homœopathique Belge.* Brussels.—*Bulletin de la Société Homœopathique de France.*—*Allgemeine Hom. Zeitung.* Leipsic.—*El Criterio Medico.* Madrid.—*Revista da Sociedade Homœopathica Bahiana.* Bahia.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYON BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE LONDON HOMŒOPATHIC HOSPITAL.

THE thirty-fourth annual meeting of the Governors and Subscribers of the London Homœopathic Hospital was held a few weeks ago, and a report of the proceedings thereat appears in another part of our present number.

We desire here to draw the attention of all interested in homœopathy to the very gratifying progress which the report presented by the Board shows has been made during the past year in the development of this Institution, and towards placing it upon a still firmer basis. While it is true that the annual subscriptions made to the support of a public charity of this kind must ever be its backbone, nevertheless, the more considerably its permanent endowments increase, the more certainly is its future assured, the more confidently can a Board of Management undertake work which is essential to add to its usefulness. It is in additions of this kind to its resources that what we may term "the feature" of the past year in the history of the Hospital consists. The reserve fund—that money which is invested, and from the interest of which investments no small proportion of its annual income is derived—has

increased during the year by no less a sum than seven thousand pounds. Legacies and munificent donations have been the sources of this very gratifying addition. We trust that in the ensuing year a similar manifestation of interest in the Institution may be displayed, and that the Board of Management may see in an ever increasing stream of generous support some acknowledgment of their untiring efforts to render the Hospital as advantageous to the sick as such an institution can be made.

All charities have felt more or less severely the depression in trade and the depreciation in the value of land which have, during the last four years, deprived so many generous-hearted people of the means they formerly possessed of gratifying their benevolent feelings. To avert the injury which would naturally ensue from this cause, various plans have been devised and successfully carried out by the Board for supplementing the income of our Hospital. Of these the chief is the enlargement of the Nursing Institute. As our readers are aware, the object of this department of hospital work is the training of nurses, the educating young women with a natural taste and aptitude for that most useful, honourable, and self-denying vocation—nursing the sick. After a thorough tuition in the wards, under the direction of the LADY SUPERINTENDENT, these nurses are sent to take charge of patients in private families. How much their services have been appreciated is evidenced by the largely increased receipts from this source of income. During 1882-3 these amounted to £632 8s. 0d. During 1883-4 the sum received on this account was no less than £1,124 14s. 6d. The alterations and additions recently made at the Hospital will now admit of a staff of 60 nurses being maintained, and the Board look forward to a return of £1,800 per annum from their work. The opening of the new wing, which is for the present to be devoted to the nurses, was a remarkable

success, as the few details we were able to give last month would show. It is estimated that some 1,500 persons visited the Hospital on that day, and a very considerable sum was collected. When we consider that the day on which the *Conversazione* was held was that on which the funeral of the DUKE OF ALBANY took place, a circumstance which must have prevented many being present who would otherwise have assisted on the occasion, the results testify very strongly to the widely spread interest in the Hospital. Major VAUGHAN-MORGAN showed in his speech that, while it could not but be a matter of regret on every ground that the *Conversazione* should be held on that day, yet the arrangements which had been made many weeks before were of such a character that postponement was simply impracticable. That so much success should have followed the *Conversazione*, in spite of circumstances so adverse, is, we think, a matter for much congratulation.

Another scheme for promoting the prosperity of the Hospital which has been adopted during the year, with every prospect of advantage, has been one which gives to the subscriber or subscribers a personal interest in a particular bed. A subscriber or body of subscribers undertaking to provide annually a sum of £35 has a bed named after him or them, the name of the subscriber or subscribers being placed at its head. In this way eleven adult beds and two cots in the "Barton" or Children's Ward are now supported. It is an excellent plan, providing an assured income for the Hospital, giving the subscribers an opportunity of seeing a very definite return for their money, and at the same time enabling the occupant of the bed to feel that some one outside the Hospital, some one hitherto unknown to him, has a personal interest in his welfare.

The first beds of this kind were, we believe, those now known as the "Durning Beds." These were endowed by Miss

DURNING SMITH, who undertook to contribute £200 a year to their support on the understanding that they were occupied by poor people suffering from chronic disease or from some disorder which had been deemed incurable, a class of cases not usually admitted into a general hospital. How valuable and useful this arrangement has proved is seen from the following extract from the report of the late house-surgeon, Mr. WESTON :—

“During 1888,” he writes, “the number of patients who have obtained treatment in the ‘Durning Beds’ has been much larger than during any previous year since the foundation of this useful charity.

“Providing, as the endowment does, for a class of cases not admissible under the ordinary resources and regulations of any general hospital, it has been an unexpected blessing to the many suffering ones who would otherwise have been unable to participate in the privileges of such an institution.

“It has proved a generous help in extremity, and a source of comfort and good for the poor patients, to an extent that cannot be brought out in a report of this description.

“Subjoined is a list of the 77 patients admitted this year to the ‘Durning Beds,’ with some mention of the results of treatment. It will be seen by this account, that of the whole number,

- “ 26 went out completely cured,
- “ 8 showed little change,
- “ 8 died,
- “ 18 were *improved*,
- “ 25 were *very much improved*, and
- “ 6 are still *under treatment*.

“But such a method of describing results—although the usual one, and perhaps the only practicable one in a brief report, must fail in important respects to convey an adequate idea of the actual good achieved in the respective cases.

“Taking into account the nature of the cases usually occupying the ‘Durning Beds,’ one must be struck with the fact that 26



instances of complete cure represents a very great amount of relief to suffering and helplessness.

“And from an abstract point of view, even the number must be considered exceedingly satisfactory. It is obvious that the proportion of the absolutely ‘cured’ could not be very large where the cases are—according to the very terms of the charity—generally selected on account of some very chronic or incurable element in the disease.

“But it is when we come to the expressions ‘improved’ and ‘much improved’ that the description fails.

“These terms scarcely do more than compare the present state of a *diseased organ* (say the heart) with its condition previous to treatment in the Hospital, they hardly suggest even to the uninitiated any comparison of the *patients’ general condition* with what it would probably have been but for such kind assistance and care as the Durning gift affords.

“Several of the cases marked ‘improved’ in the following report, are patients with *incurable* diseases, but who have really been rescued from some lingering and painful mode of dying, possibly in the roughness and unhomely atmosphere of a Work-house Infirmary—or in some squalid room, amidst distracting noise and dirt, with utterly unsuitable food, and no gentle and skilled hand to assist them.

“These poor invalids have not only been saved from the impending death, and present pain, but amidst comforts, under tender care, and the very eyes of the physician, have recovered sufficient health and strength to go out (not ‘cured,’ for that was impossible, but at least able to take up some light occupation) and to find some pleasure in the life still granted them.

“Such patients have much reason to be thankful for the institution of the ‘Durning Beds’ and, as a rule, they show themselves very grateful.

“A pleasant feature in connection with the Durning Patients is that they come to look back upon this Hospital life with fond and grateful memories, and after they leave the greater number keep up some communication with us,—and many of the pleased

faces at such *réunions* as our Christmas Trees, &c., belong to former occupants of 'Durning Beds.' In this way we are often able to watch the *subsequent progress* of the cases and to see extended good results that do not appear in the Hospital Reports."

Such a report as this must have been eminently gratifying to the benevolent lady, who has rendered it possible for so much excellent work to have been accomplished. The contribution which hitherto has been contingent upon her life, has now been rendered permanent by her having given the principal to the Hospital. For the support of these beds, she has placed in the hands of trustees the munificent sum of £5,000 in Four-and-a-Half per Cent. Debentures of the Baltimore and Ohio Railway, producing annually £225. It may be well to remark here (in consequence of the recent depreciation in American Railway Securities) that the line in which the money is invested is one of the best and soundest in the United States. We should be glad to hear that Miss DURNING SMITH had many imitators of her philanthropic deeds.

The ward which now bears the name of our lamented colleague, Dr. BAYES, has an endowment of £1,440—a sum which is, of course, inadequate to maintain all the beds it contains, and therefore one which the Board will be glad to have additions made to. Dr. BAYES was ever a generous and energetic friend to the Hospital, and during his active life was the direct means of raising much money in its support. It is therefore a fitting remembrance of his great services that one of the wards should bear his name, while it is equally appropriate that the inmates of it should enjoy their privileges through the contributions of those who hold his memory very dear to them.

The alterations and improvements in the building which have been made during the past year are both numerous

and important. In addition to the building of the new wing the following are mentioned in the report:—

“The Out-Patient Department has been very materially enlarged and improved in point of lighting, ventilation, and indeed in every way. The Dispensary has been enlarged and rendered better adapted for the work required to be done.

“The ‘Hahnemann’ Ward has been transferred to the old Board Room, and will thus become one of the finest and most commodious wards in the Hospital. While the old ‘Hahnemann’ Ward has been converted into a Board Room, not so large as the old one, but, in all respects, well suited to the requirements of the case.

“Finally, among many minor improvements, such as a glass covered way across the yard to the outer kitchen door, an enlargement of the officers’ dining room, &c., a large ornamental stove has been provided in the central hall of the Hospital.”

These changes are all of a substantial character and have involved considerable outlay. In an old structure, such as is the building occupied by our Hospital, repairs and alterations must ever be going on. Hence, though a great deal of skill and ingenuity have been displayed in all that has been done, and though the work has been good and useful we cannot help wishing that some benevolent person would hand over £25,000 to the Board to be expended in the erection of an entirely new hospital, fitted *ab initio* with every appliance for such an institution which modern science and recent investigation have shown to be possible and advantageous.

The building operations which have been going forward during nearly the whole year have necessarily restricted the accommodation for in-patients, so that we are in no way surprised to learn that the admissions were only 543 against 586 during the preceding year. On the contrary we think that considerable ingenuity has been shown in providing

for so many, and in preventing the decrease being no more than 48. In the out-patient department the increase in the attendance has been nearly 2,000, the numbers being 8,404 as against 6,414 in 1882-88.

Of the devotion of the members of the Board of Management to the interests of the Hospital it is impossible to speak too highly. Such work as has been accomplished during the past year could not have been carried out without very much thought, very much trouble, and very much anxiety, and to those through whom it has been effected the thanks of all interested in homœopathy, of all interested in hospital work, are eminently due.

It was very gratifying to see the venerable Lord EBURY in the chair at the last annual meeting. During the entire history of the Hospital he has been at its head and has presided at nearly every annual meeting, a position which the infirmities incident to the great age to which his Lordship has attained are powerless to prevent his occupying. "It was extremely doubtful," his Lordship said, in moving the adoption of the Report, "that he would be able to be present on that occasion; but, seeing that on the printed notices he was announced to preside, he felt it his duty to do his best." That he did so, not only at some personal inconvenience, but at personal risk, was evident from the astonishment expressed by his physician, Dr. DUDGON, at finding his Lordship in the chair, and the assurance he gave that, had he been consulted on the point, he would not have permitted him to have incurred the risk of going to the meeting. Such an effort is the best possible evidence of the deep interest Lord EBURY feels in the Hospital. To Major VAUGHAN-MORGAN, Mr. PITE, Mr. CHAMBRÉ, Mr. TRAPPMANN and other members of the Board our thanks are especially due for the security of its financial position, its careful adaptation to the work it is designed to accom-

plish, and for the success with which the efforts made to sustain it have been followed.

We do trust that with such clear evidence of its stability as a public institution, of the good work it has done and is doing, and of its great importance to the spread of homœopathy, it will not only continue to receive the same amount of support hitherto accorded to it, but that this support will be largely increased by efforts on the part of our medical brethren to interest their friends on its behalf. A well organised, well managed, and successfully conducted hospital is an institution of first-rate importance in making known the truth and value of homœopathy. Such an institution we possess in Great Ormond Street—and, consequently, we claim for it an active interest in its welfare from every medical man who knows and feels that his power of doing good to the sick is in direct proportion to his power to practise homœopathically.

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### SOME ACCOUNT OF THE BATHS OF BADEN IN AARGAU, SWITZERLAND.

By EDWARD HAMILTON, M.D., F.L.S., &c.

SOME of the mineral waters of Switzerland are but little known to the English public, and not appreciated as they ought to be by the medical profession in general. This applies more especially to the thermal waters of Baden, in Aargau, famed in earlier times for the relief and cure of gout, rheumatism and many other affections.

This reputation is still kept up amongst many of the continental nations, but hitherto it has not in any great degree extended to this country.

Having been a sufferer from what is usually termed chronic rheumatic gout in rather an aggravated form, and the usual remedies having failed to give me permanent relief, I was led to study the merits of the different health resorts, so as to combine my annual holiday with a course of baths, and, if possible, effect a cure.

The analyses of the various German baths, according to Sutro (*Lectures on the German Mineral Waters*), did not appear to suit my case. The waters of Aix-les-Bains, in Savoy, were strongly recommended, but the enervating climate would, from my own experience of that place, counteract the good effect of the baths. I then, happily for myself, recollected that some twenty years ago I passed through the town of Baden, in Switzerland, and heard that it contained a bathing establishment, renowned in that country for the cure of rheumatism and gout, and finding that sulphur in various combinations was the chief ingredient in these waters, which rose to the surface at a high temperature, I determined to try them, although I could get no information here beyond a slight notice in some of the guide books, and the analysis of the waters in Sutro's book, which, on further investigation, I found to be incorrect. The result in my case was most satisfactory, the affection of my right arm and wrist-joint, from which I had been suffering for some months, was completely relieved, and still remains so after three years. I therefore am desirous to make these thermal springs better known, and strongly to recommend them to those suffering from different forms of gout and rheumatism in a chronic state, more particularly in rheumatic gout, especially when, as is often the case, it is accompanied by gouty eczema. There are also many other complaints for which these waters are eminently useful, which will be noticed further on, such as hæmorrhoidal affections, also some chronic follicular affections of the pharynx, on which the inhalation of the gaseous vapours has a most beneficial effect.

Baden, in the Canton Aargau, Switzerland, is a very picturesque town, beautifully situated some 1,600 feet above the level of the sea, with the River Limmat forming a half circle round it and flowing with great rapidity.

The town itself is on the left bank, and contains about 4,000 inhabitants; and being a first-class station on the Bâle and Zurich Railway, and also from its close proximity to the latter city, is a thriving well-to-do town, and during the season of the baths, which extends from May to October, is crowded with visitors. There are many objects of interest in the neighbourhood, and the walks and views are numerous and beautiful—from the surrounding hills, many of them easy of access, the various snowy ranges of the Alps are visible, and from the Baldegg, a most delightful

excursion either on foot or by carriage, the whole range of the Bernese Oberland makes a most magnificent panorama.

As a health resort, Baden is one of the most ancient in Europe, and was much frequented by the Romans. Tacitus calls it *Thermæ Helveticæ*, and says it was much visited on account of the salubrity of its waters. From the inscriptions on stones, &c., which have from time to time been dug up with other relics of that age, it appears that it was a station of the tenth legion; and amongst other notables of those days, the Emperors Vespasian and Titus resorted to these baths.

In the mediæval days, from the 14th to the 17th century, no baths were so well known as these; during this long period, crowds of visitors assembled from all the countries of Europe, of all grades, religious and secular. Each one could find there means of amusement according to his peculiar position and fortune. During the 14th and 15th centuries the Dukes of Austria and other nobles, great and small, and their numerous followers were frequent visitors. Every year from 1424 the Diet of the Confederated States was regularly held here. On these occasions, each endeavoured to outvie the other in splendour and lavishness. In 1474, Hans de Waldheim remained four weeks at the baths, and gives a glowing description of the society he found there. Towards the beginning of the 15th century the Papal secretary, Poggio, who had left for a time the religious disputes of the Council of Constance, and had come to seek distraction at Baden, impressed with the magnificence he saw there, wrote to a friend—"Everything at Baden has so great a charm that sometimes I fancy Venus herself with all that earth possesses of enchanting, is assembled at these baths." Again, in the last century, it became a place of great resort, and much frequented, and the mode of living and taking the baths created much scandal. The baths then were chiefly in the open air, and both sexes bathed in common. Old engravings are still extant in which this practice is shown.

Now-a-days things are very different, fine hotels have been built, and the bathing establishments are equal in every respect to the most noted in Europe.

The chief hotels are all situated on the left bank of the river, near the sources of the thermal waters, each having their own special spring (although all arise from the same

source), and each have their own bath establishment, situated in the hotel itself.

The Grand Hotel, Neue Kur-Anstalt, which combines the Hinterhof and Staadhof, was built in 1875, is a vast establishment with 100 baths, most admirably conducted, beautifully situated on the borders of the Limmat, with large garden and shady walks, and is indeed one of the best hotels in Switzerland, and well worth a visit even from those not requiring the aid of the baths. The director—Mr. R. B. Saft—is one of the most obliging of men and master of many languages, he never ceases to look after the comforts and interests of his guests, always planning something for the amusement, not only of those who come for health, but for those who accompany the invalids or resort to the hotel for other purposes.

On the right bank of the river, communicating by a bridge, is another establishment of baths called Ennett Baden. The hotels on this side are chiefly, if not wholly, frequented by the middle class of Swiss and Germans. There is also a very fine international establishment for the poor of all nations, for the cure of rheumatism, &c., where, on the payment of a small weekly sum, the poorer classes have every benefit which these thermal waters give to the more wealthy, and have the advantage of being placed under the medical care of my most excellent friend, Dr. Albert Minnich, one of the physicians of the baths, and the special physician to this establishment.

The season commences in May and ends usually in October, but many remain much later, and some, indeed, those suffering from chronic affections of the bronchial tubes and affection of the throat, and some poitrinaires, remain the winter through for the benefit of the inhalation, and some of the hotels, especially the Grand Hotel and Verenhof, are built with long corridors so that healthy exercise can be taken without exposure.

Situated, as I have previously stated, on the Bâle and Zurich line, these baths are easily accessible from London by the new route—*via* Calais, Rheims, and Bâle—only taking some 22 to 23 hours. During the season the hotels are generally very full, so that it would always be better to write beforehand to secure rooms, particularly for those visiting the baths in search of health.

The following observations are mainly derived from a



pamphlet, written by Dr. Aloise Minnich, the former physician to the baths,<sup>1</sup> and father of Dr. A. Minnich, to which I have added my own remarks and experience.

The thermal waters of Baden rise from a number of springs, all from the same general source, situated at the bottom of a shallow valley in the lateral chain of the Jura mountains—the Lägern. In this locality the river Limmat, issuing from the Lake of Zurich, has hollowed out for itself a deep channel, traversing a bed of alluvium, and extending down to the subjacent oolitic strata. The springs rise from both banks of the river and also from the bed of the river itself. The waters escape by means of a fault which penetrates the unpraised triassic limestone, the borders of which, formed by the erect strata of lias overlying the gypsum, serve as a prop to the layers of the other strata of the Jurassic formation. These different Jurassic layers, placed nearly perpendicular, form a sort of great basin in which the baths are situated. Above and around these sources, in digging new wells, or, on sinking the old springs, a thick layer of 10 to 15 feet, composed of marl and argillaceous clay, containing small fragments of the subjacent Jurassic limestone, is exposed to view in certain places. This bed is mixed with sand and gravel.

It may be presumed that the fault through which the waters issue not only traverses all the deeper Jurassic beds but, to judge from the very high degree of temperature and from the abundant production of gases, it must be apparent that the crevice penetrates to the greater depths of the earth's crust, and that the water is raised to the surface by the force of the expansion of the absorbed heat, and by the gas so abundantly developed. It is also worthy of remark that electric tension has a powerful effect on these waters; when the atmosphere is charged with electricity, particularly on the approach of a great thunderstorm and even in other changes of the atmosphere, the water from the different sources collected in a mass becomes of a transparent opal, and often has a bluish colour. It is not precisely known if this condition depends on atmospheric electricity or is produced by the reflection of the luminous rays upon the vapours which form, and which, not being sufficiently absorbed, accumulate in excessive proportions on the surface of the water. The thermal water is generally clear, without any colour, of a peculiarly saltish taste (like broth a little salted), and in close proximity to the

source there is a considerable odour and taste of sulphuretted hydrogen.

The temperature of the water at the source is very high, from 37° to 40° Reaumur (116° to 122° Fahr.). The temperature varies in the different seasons. In March and April, 37° to 40° R. (116° to 122° Fahr.). In May, 37° to 38° R. (116° to 118° Fahr.). In the autumn, 38° to 40° R. (118° to 122° Fahr.), and occasionally as high as 48° (140° Fahr.). In November, 36° to 37° R. (118° to 116° Fahr.).

The water, therefore, before being employed for bathing purposes must be considerably lowered in temperature.

It is also observed that in certain springs of a lower temperature where the gas is produced in jets and then in more abundance the thermometer is momentarily elevated during this emission, the gas being much hotter than the water and at times of a temperature quite unsupportable. The temperature of the gas is probably the same at all the springs, but the lower temperature of the water in some springs is probably due to a mixture of water which has by some means or other been cooled.

#### *Chemical Analysis.*

(Lœwig's analysis) from Dr. J. Aloise Minnich's pamphlet gives the following composition of these waters:—

Sulp. of Lime	...	...	1.41418
„ Soda	...	...	0.29800
„ Magnesia	...	...	0.81800
Chlorid. of Sodium	...	...	1.69820
Potassium	...	...	0.09262
Calcium	...	...	0.09862
Magnesium	...	...	0.07365
Carb. of Soda	...	...	0.88854
Magnesia	...	...	0.01992
Fluoride of Calcium.	...	...	0.00209
Carbonate of Strontium	...	...	0.00066
Phosphate of Aluminum	...	...	0.00086
Silica	...	...	0.00096

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4.35140

The specific gravity varies from 1.0042 to 1.0045.

Bauhof gives the analysis of the source, St. Verene, as follows, 300 ounces of the water contained:—

18 CC. of Carbonic Acid.		
Sulphuretted Hydrogen, small quantity.		
Sulphate of Lime ...	...	233 grains.
Chloride of Sodium ...	...	136
Chloride of Magnesium ...	...	51
Sulphate of Soda ...	...	48
Carbonate of Soda ...	...	36
Sulphate of Magnesia ...	...	31
Carbonate of Magnesia ...	...	11
Extractive matter ...	...	3
Oxide of Iron ...	...	1

Dr. Sigismund Sutro—*Lectures on the German Mineral Waters, &c.*—gives the following, but both in the temperature of the waters and the ingredients it materially differs from the analysis taken on the spot:—

Temperature 146° F. 51 R.		
Carbonic Acid, 32 cub. in.		
Sum total of constituents, 33.40 gr.		
Sulp. of Soda ...	...	2.23
Magnesia ...	...	2.44
Lime ...	...	10.86
Ch. of Sodium ...	...	13.04
Magnesium ...	...	0.86
Calcium ...	...	0.71
Carb. of Soda		
Magnesia ...	...	0.15
Lime ...	...	2.60

Another analysis gives the following, in 100 parts of the water:—

Sulphate of Potass ...	...	0.1273
Sulphate of Soda ...	...	1.8427
Chlor. of Sodium ...	...	0.3204
Chlor. of Lithium ...	...	0.0238
Chlor. of Calcium ...	...	1.3453
Acet. Magnes. Bicarb. ...	...	0.3544

Dr. Christian Müller, from the source of the Verena-hof, 1869, 1,000 parts contain in grammes :—

Sulphate of Potass	...	...	0·1278
Soda	...	...	1·8427
Chlor. of Sodium	...	...	0·3204
Lithium	...	...	0·0288
Calcium	...	...	1·3458
Strontium	...	...	0·0105
Magnesium	...	...	0·0163
Iod. of Calcium	...	...	0·0016
Bromine de Calcium	...	...	0·0067
Fluoride of Calcium	...	...	25
Bicarbonate of Magnesia	...	...	0·3546
Phosphate of Aluminium	...	...	42
Silica	...	...	4·65

Azote 14·7 C. C. per pint.

Sulphuretted hydrogen 0·00105 to 0·00269 grammes per litre, oxygen traces.

#### THE GASES EVOLVED FROM THE SOURCES.

Numerous bubbles of gas are continually being emitted at the different springs, not only in a constant stream, but also by jets, giving an appearance of continual ebullition. The gas evolved is always colourless, and gives out an odour of sulphuretted hydrogen. Læwig found that 100 volumes of gas at a temperature of 87 F. contains :—

Carbonic Acid	33·33
Azote	66·38
Oxygen	00·32

This varies in a very slight degree at other springs.

Müller gives the following as his analysis of the gases in April, 1868. In 100 volumes :—

	Source de Paradis.	Source de St. Verene.
Carbonic Acid	32·766	34·089
Azote	67·150	65·346
Sulphuretted Hydrogen	60·084	80·065
Oxygen	traces	traces

As regards the sulphuretted hydrogen gas, Müller has determined that not only does it exist as a free gas, but that it is also combined with other ingredients in the water itself.

The solutions of the salt of lead and silver produce instantly brown precipitates, which only become white when the great quantities of sulphates and chlorides disguise the primitive reaction.

The sulphuretted hydrogen is less fixed in the warm springs, on account of their temperature, than in the cold; but experience has shown that a bath prepared and ready for use only uses a third part of the sulphuretted hydrogen contained in the reservoir of the springs.

Thus the Baden waters may be placed in the same category as those of Aix and other sulphur baths, only in the case of Baden the sulphur is in a greater proportion.

When the water is placed in pans for the purpose of evaporation, a film is formed on the surface, produced by substances dissolved in the water being set free. When free the carbonic acid is evaporated into the air.

The composition of this film is as follows :—

Carbonate of Lime ...	...	96·170
Sulphate of Lime ...	...	2·350
Carbonate of Magnesia ...	...	traces
Carbonate of Strontium ...	...	0·190
Fluoride of Calcium ...	...	0·600
Phosphate of Aluminum ...	...	0·250
Water ...	...	0·450

100

The thermal water, when allowed to flow slowly for some time at a lower temperature over any substances covers them with a coat of whitish incrustation. The hotter the water, or the quicker the flow, the less abundant is the incrustation and its texture is less compact. The filaments produced by still lower temperature and trickling of the water are impregnated with different colours, yellow, green, red or brown. The concretions formed in the conduits are of a scaly structure, generally of a whitish yellow from the depositions, more or less abundant of barègine and of broken filaments of an alga—*Beggiotoa nivea*.

The texture of these concretions is very variable, sometimes crystalline, dense and glossy, resembling limestone, or it is fibrous. The specific gravity of the for. 2·634, of the friable variety 2·325 to 2·594.

*On the presence of Barègine\* and other organic substances in the waters of Baden.*

\* The product of *Algæ* found growing in mineral springs, especially those of a sulphuric nature. The result is a mucous-like deposit resembling white of egg. This deposit is very abundant in the hot springs of Barèges—hence its name.

In 1782 Scheuchzer drew attention to a thick mucous substance which, when dried and ignited, gave out an odour of sulphur. Bauhof speaks also of this substance, which takes on the form of white mucous fibrous flocks—which, when dried and ignited, gave out an odour of sulphurous acid—when left moist it passes into a putrid fermentation and becomes extremely fetid.

Gimbernat met with this substance in the heated fumes of many of the mineral sources, as well as in the vapours which escape from Vesuvius and the Solfaterra at Pozzuoli. He found it the same in the water of Baden, and gave it the name of Zoogene-thermal (so as to characterise it as of an animal nature), he considered it as an organic substance having the character of oscillaria.

Longchamp directed special attention to the origin and different forms of this substance and named it Barègine, and the substance found in the Aix waters is exactly similar to that found at Baden. It is, in fact, a constant companion in most of the sulphurous waters.

At first sight it appears to be an amorphous muco-gelatinous substance, sometimes soft, at another more compact. It is found at the bottom of the deep shafts and on their sides, and it appears also to exist in the fissures of the hardened conglomerate through which the sources spout up.

One cannot say for certain that this muco-gelatinous substance is the production of the alga (*Beggiotoa nivea*) as it has been met with in depths where no algæ existed. To this organic matter must also be attributed the mucous deposit which forms after a few hours in the baths, and the peculiar more or less soapy feeling which is experienced in these waters.

A true organic form of a flocculent appearance and of extraordinary delicacy is found attached to the sides of the wells. This is the white alga, *Beggiotoa nivea*, as above, (*Nevisan*); *Leptomena sulphuraria* of De Kützing; *Leptomena nivea* of Rabenhorst; and *Oscillaria alba* of older observers.

In approaching the surface of the water this organism changes its character, and when the atmosphere penetrates it appears in the form of long grey penniform tufts composed of bundles of tubes kept together by a band of gelatinous substance. These filaments attach themselves to the places where they are developed and float on the surface

of the water in great bundles. They are of a semi-transparent whitish colour, constantly agitated by the ebullition of the gases. Their diameter is about  $1/200$  of a line.

*The different modes of applying these thermal waters are:—*

- 1.—The Baths.
- 2.—Douches, external and internal.
- 3.—Fomentations.
- 4.—By the application of the free gases in the form of vapour baths, or by inhalation.
- 5.—By drinking the waters.

All these may have to be employed, or the cure may be restricted to one or two.

The temperature of the ordinary bath varies, according to the individual necessity, from 25 to 29 degrees *Reaumur*, or from 89 to 98 *Fahrenheit*. Higher temperature is only applied in isolated cases under the form of *local baths*.

A thermal bath at a temperature of 26 R. (95 F.), produces the effect of an ordinary bath at 30 R. (100 F.) or more. This effect may be attributed to the gas contained in the thermal water, which increases the sensibility by a more rapid absorption. It is a fact that a bath of the thermal water at 25 R. (89 Fahr.), is comparatively cold; at 26 R. (91 Fahr.), is tepid, and at 27 R. (93 F.), it is sensibly warm, and above 28 R. (95 Fahr.), very hot.

The sensations on the bather of a bath comparatively cold, say 25 R. (89 F.), are a slight feeling of shuddering over the whole body on first entering—sensation of cold over the parts of the skin which touch the surface of the water, the pulse becomes more feeble, but hard, and the number of pulsations are fewer than ordinary; the skin becomes soft, the urinary secretion slightly augmented, and there is a feeling of slight contraction of the bladder; a few gaseous bubbles are seen on the skin, and the hairs on the epidermis stand erect. The heat of the body is sensibly lowered, and the skin appears colder than the surrounding water. If the bath is continued for some time, heaviness of the head, much oppression, nausea, and violent rigors ensue. The skin becomes livid, as well as the lips and nails, and ends of the fingers.

After the bath, when taken for a short time, the skin becomes rapidly turgescient; the slight cutaneous rigor is replaced by an agreeable sensation of warmth—the body

gains an elasticity, and appears to have acquired more vitality, with a pleasant sensation of alertness and vigour. The appetite also is increased.

The hot gases which pervade the bath room give a soft warmth, and produce a very agreeable effect on emerging from the bath, and exercise a powerful action on the skin, and on the vitality of the nerves.

The bath, when taken tepid, gives a much more agreeable sensation. The freshness of the water is perceived when first entering, and putting it in movement, but is replaced by a most pleasant warmth on becoming calm. The slight shiver is not felt as in the former case—the secretion of the urine is not spasmodic, but more abundant. There is evidently more water absorbed by the skin than in the colder bath, and the changes are more rapid. The pulse is not much acted on; perhaps after remaining in the bath 20 to 30 minutes it will decline from four to six pulsations, and later, if remaining for a long time more full. The mind remains free, and there is a desire to remain for a long time in the water. The urinary secretion continues more abundant after the bath. The temperature of the skin is equal, and the transpiration agreeable.

At a temperature of 27° R. (93° F.) the water feels hot on entering and is not altered by movement. The urinary secretion is increased. There is a slight turgescence of the skin, which is elastic, and soft to the touch. Temperature appears normal. The skin is covered with gaseous bubbles like small pearls. The pulse becomes gradually fuller but slower, and it remains soft. If the bath is continued for a long time (say two hours) there comes on a tendency to sleep which becomes stronger the longer one remains. When this tendency is overcome it is replaced by an intellectual excitement which is of no positive character but more like a waking dream. After the bath there is no feeling of weakness, the urinary secretion remains more abundant, but if the bath is prolonged it will generally produce an alvine evacuation of the consistence of broth. The cutaneous transpiration is more abundant than from the tepid bath and makes itself apparent immediately on coming out of the bath.

When the temperature of the bath exceeds 28° R. (95.6° Fah.) the heat feels excessive on entering and appears to be always increasing. The skin becomes more and more hot and unpleasantly turgescient, the face becomes red and



covered with perspiration, the pulse increases 10 or 12 pulsations, a feeling of excitement comes on, the sexual appetite is developed, vertigo more or less strong, sleepiness, thirst, a want of appetite; and if the bath is still further prolonged the pulse becomes accelerated and irregular, accompanied with palpitations, indistinctness of sight, vomiting, &c.

It is evident that these thermal waters do not act solely in augmenting the activity of the skin, the intestines and the urinary organs, but exercise also a much deeper effect. They provoke and favour the excretion of pathological products—*e.g.*, the urates and phosphates, by the urine, and also the bilious and viscous secretions of the portal system.

*Indications and Contra-indications* as to the use of these Baths—

They have been employed with success on the following affections:—

*Gout*—Both to prevent the disease or to expel the products from the system.

*Rheumatism* in its different degrees and in its consequences. *Sciatica, Rheumatic Gout, &c.* (acute inflammatory rheumatism excepted).

*Neuralgia*—Both in its excited form as well as in that of a torpid nature.

*Paralysis*—Either direct or reflexed, particularly when arising from the secondary effects of arsenic, lead, mercury or iodine.

*Debility*, or anomalous activity of the organs of digestion, more particularly when caused by engorgement of the portal system, hæmorrhoids, &c.

*Chronic catarrh of the pharynx, the stomach, bladder and respiratory organs.*

*Dysmenorrhœa, leucorrhœa, &c.*

*Oseous swellings*—*Contraction and rigidity* of the articulations and of the muscles and tendons, which are produced by different diseases or by external causes; *articular exudations* after the inflammatory symptoms have subsided.

*Cutaneous affections* which are occasioned more particularly from derangement of the abdominal functions.\*

\* The neighbouring baths of Schinznach are particularly applicable in different cutaneous diseases.

*The contra-indications* are—all diseases accompanied by fever.

All those with inflammatory action (even rheumatism and gout during their acute stage).

All active congestions, particularly those which affect the cerebral system, the heart or the lungs.

True syphilis (in opposition to those produced by mercury, iodine, &c.); carcinomatous degeneration of the stomach; cancer, or ulceration of the glands or of the uterus.

Morbid affections which decompose the tissues: *e.g.* suppuration of the lungs and larynx; of the bones and of the articulations; anæmia; atrophy, &c.

In the process of taking the baths, about the 7th to the 10th bath (in many cases but not always), or even later, a reaction takes place, more or less evident, characterised by a coating of the tongue, a tendency to constipation, and by abundant bilious evacuations. The appetite diminishes, there is an alteration in the general sensibility, restless sleep, slight fever, sedimentary urine, and at times an acid fetid sweat. The various morbid states of the different patients as rheumatism, gout, neuralgia, &c., are for a time increased, and pains which have disappeared for some time recur, even wounds which have healed become again very sensitive. These conditions will sometimes last three or four days, and will disappear just as suddenly as they came on. This is termed the crisis, and upon which is founded the proverb of the place—*Ce que le bain produit, il le detruit aussi.*

Another effect which characterises the action of these thermal waters is the production of a cutaneous miliary eruption, which appears generally about the 21st day, associated with other thermal symptoms. This eruption is produced when the baths are taken at a high temperature and prolonged for some hours. The saliva often the first days of taking the baths has a saltish taste, and it is to be noticed that during the taking of the baths the patient becomes more sensible to the electric variations of the atmosphere.

After the too prolonged bath, the skin is very red, there is a sense of exhaustion, with a desire to sleep, but an inability to do so, and when sleep does come it is troubled with dreams, heaviness of the head on awaking, with

headache, and an abundant perspiration pervades the whole body. The pulse does not become regular for some time, and often gastric symptoms develop themselves, accompanied by constipation.

The vapour from the bath and the free gases heat the bath chamber generally, to 18° R. (78° Fahr.) The influence of the gas on the skin is so considerable that one feels the heat out of the bath much more than in the water at 27° R., (99° Fahr.) The skin will become congested in a very short time in the bath chamber; it is not astonishing, therefore, that excitable individuals find the head congested when the heat is too strong whilst the water of the bath being cooler than the blood increases the heat of those parts of the body in the bath. Measures of precaution are therefore necessary to prevent accidents by airing the cabinet before entering, &c.

Taking into consideration all these phenomena it is evident that strict attention must be paid to the temperature of the bath not only according to the individual patient but also on account of the special form of the disease to be treated.

*Of the different modes of applying these thermal waters.*

The Baths are used in various degrees of temperature and time, dependent on the orders of the physician, with other regulations as to diet, &c.

The Douche either in conjunction with the baths or alone.—The douche has a very powerful action and it is necessary that this mode should only be used under the direction of the physician as regards the time, force, temperature, &c. It holds a very important position as a means of cure in local affections of the joints, &c.

The Vapour Baths.—A chamber for this purpose is a part of the establishment of the different bath houses (which are in the different hotels), and these baths are taken with the body quite nude so as to allow a free influence on the skin. On first entering the bath a slight sense of oppression of breathing occurs but this soon passes off. The temperature of 28° R. (95° Fah.) produces an impression of great heat, but this feeling decreases after a short time, and in certain diseases a feeling of coldness instead of heat supervenes, such as in some cases of neuralgia or rheumatic neuralgia, and this sensation is often confined to the parts affected; this cold is often so sensible that on the applica-

tion of a thermometer a difference of  $1\frac{1}{2}$  degree is perceptible. This condition disappears after a few baths. The ingredients of the gaseous vapour in the bath was determined by the Chevalier de Gimbernat to be composed of azote? with a small proportion of carbonic acid and a sulphurous gas, probably sulphuretted hydrogen. But he thinks also that the sulphur is not in any way combined with the thermal waters, but dissolved in a very soluble gas—that the greater part of the elastic fluid developed at the *sources* of the waters is a gas analogous to azote, but which he calls *zoogène thermale*. The sulphurous gas is easily decomposed when in contact with atmospheric air. These thermal vapours, although saturated with sulphur, are different in their nature to those sulphur vapours produced artificially. The first he considers as alkaline, the second as acid. He thinks also that the thermal gases are organic principles analogous to animal substances and apt to be absorbed by the skin and by the lungs.

By Inhalation—1. Moist inhalation. 2. Dry inhalation. 1.—The moist inhalation: The gases and vapour which escape from the sources mixed with atmospheric air, are employed as curative means—as an inhalation cure—in different diseases of the respiratory organs. 2.—The dry inhalation is particularly applicable in affections of the throat, pharynx and larynx, and is very quick and remarkable in its curative action.

By drinking the Water—Internal cure: Ordinarily, one drinks the water fasting before entering the bath; taken at its natural temperature in the open air, one commences with a glass containing about seven ounces, and increasing daily to a glass every seven or fifteen minutes, till a certain quantity is taken, determined by the circumstances of the case.

The results from various observations prove that the water taken in the form of drinking acts not only as a stimulant on the three principal secretions, but it acts also more deeply on the diseased organisms. It also acts on the biliary and mucous secretions which it increases. Internal parasites are often expelled during the cure.

In certain maladies of the stomach, cardialgia, debility, and general weakness of the digestive organs, small quantities of a quarter to half a glass, taken at intervals during the day, have a very decided and beneficial effect, and often

a small dose taken immediately before a repast improves the digestion.

It is curious that the water taken at 98 R., *i.e.* 118 Fahr., produces no sensation of great heat or irritation in the mouth, nor in the throat, or in the stomach, while the same applied to the skin would produce a feeling of heat nearly insupportable.

In the process of the treatment the water appears to stimulate the activity of the *vis medicatrix nature*, which endeavours by herself, so to speak, to lead to a successful termination the process of cure already commenced by the baths; at other times it appears to rouse up this *vis medicatrix* which has remained latent or too feeble. The continuation of the process of cure commenced by the baths may be considered *the consecutive effects*. In some cases a complete cure is at once effected. In many cases, however, one course of these waters is not sufficient to effect a complete cure. The disease and the particular idiosyncrasies of the patient in a great measure account for this difference of action.

Experience furnishes us with the following:—

1.—The effects are much the more favourable and permanent when amelioration, more or less distinct, has already set in during the process of cure.

2.—An apparent aggravation of the disease when it is produced by violent reaction does not impede the favourable result.

3.—When during the cure, although pushed energetically, there is no reaction we must not hope for a consecutive effect. This is not always the case, as "perfect cure" has been effected without any exacerbation or reaction.

For the beneficial effects of these waters to manifest themselves quickly it is very important that on first commencing taking the baths both mind and body should be in a state of comparative repose. Therefore, after arriving, a day or two should be allowed to elapse before commencing the treatment. The physician of the baths will have to be consulted and the ways of the establishment understood. As a rule it is best to conform at once to these ways for although we English do not prefer making our principal meal at mid-day yet it is the best time for doing so during the course of treatment. I will give an instance of this mode of cure as it occurred in my own case. Rose at 6.45 to 7 a.m., descended to the baths which are situated

in the basement of the hotel (Neue Kur-Anstalt) where the bath was already prepared at a temperature of 25°-6° Reaumur, 89°-91° Fahr.; remained in this for twenty minutes, was then enveloped in hot sheets and, when thoroughly dry, conveyed by the lift to my chamber and went to bed for thirty or thirty-five minutes, taking care not to fall asleep. Then dressed and descended to the *Speise saal* for breakfast, which consisted of either a cup of café au lait or tea, with rolls and butter, and, if necessary, an egg or some fish. Afterwards a walk or lounge in the gardens, read the journals, &c. At one o'clock the bell rings for the mid-day meal, which was abundant and excellently cooked. Those who take wine should drink the *Vin du Pays* which is excellent and pure and conforms with the cure. All foreign wines should be avoided, particularly the effervescing; many whilst taking the baths can drink the excellent pure beer of the country. An hour or so after dinner, when the weather is favourable, the majority of those who are able to do so either take a drive or a walk, or stroll up the town to listen to the band of the *Kürsaal*. At 7.30 a light supper is served and at 10.30 almost every one has retired to his or her chamber. This is the daily routine; the duration of the bath is increased every day some five minutes till it reaches 45; there it usually stops, but some take it for even an hour. About the seventh bath I felt some slight aggravation of my symptoms, which soon passed away. After the eighth I began the *douche* for five minutes whilst in the bath and I found that the two combined had a better effect than when taken singly. The water of the *douche* is of a slight degree more cool than the temperature of the bath water. About the twelfth bath I began to feel considerably better and before I had finished the course of twenty-one baths and twelve *douches* my arm and wrist were completely free from pain and have so continued.

In some cases more than one bath daily is necessary, this is regulated by the physician in attendance, also the daily baths may be prolonged, as in my case, in the first year, when I took 25—the usual number being 21.

A few words about the International Hospital for the poorer classes. The *Armen Bad* is a most excellent and commodious building, with a large promenade, house for wet or cold weather, and everything in the most perfect order and most scrupulously clean. Two large baths, one

for each sex, capable of containing about 40, with douches, vapour baths, inhalators, &c. The better class of patients able to pay about two francs a-day have separate baths, and for a little more, separate sleeping apartments. There are three meals a-day.

Breakfast.—Coffee and milk and bread.

Dinner.—Soup, meat and vegetables, and half-a-pint of wine.

Supper.—Soup and bread.

I saw many extremely interesting cases in the process of cure, particularly of articular contractions from rheumatism; and the accommodation is in every way most excellent.

Finally, as regards my own experience, the curative effects of these waters has been most satisfactory, and from many and various cases I have watched during my sojourn whilst taking the baths for the last three years, not only in rheumatic, but also in many other affections, I can place these waters amongst those of the most noted in Europe, for the same affections, and with this addition that the air of the place is neither too relaxing or too stimulating, but a happy medium of the two.

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## DISPENSARY CASES.

By GILES F. GOLDSBROUGH, M.D.

(Continued from p. 105, February, 1884.)

### CASE X.

Threatening Abscess. C.C., æt. 12, a scrofulous looking child, came on January 18, 1883. Had an abscess in thigh two years ago. For six months has had a hard swelling the size of an egg just above the right *trochanter major*; it is slightly tender, but no sense of fluctuation; slight tenderness in region of hip joint and tapping the heel jars the hip but no other sign of *morbus coxæ*. Patient complains of headache in the forehead and vertex, a very poor appetite, and great languor; tongue slightly coated, bowels regular; a very quick child but not excitable; the swelling was painted once with *tinct. iodine* and *calc. carb.*, 6c. gtt. ij. om., 8 hor., ordered as medicine.

Jan. 20. The swelling is much less and softer; general health much better, appetite improved; headache gone. Continue *calc. carb.* Patient did not return.

It might be objected that the improvement in this case was due to the counter irritation produced by the *iodine*, and not to the action of infinitesimal doses of *calc. carb.*, but it is not apparent that had this been the case the patient's health would at the same time have improved, and a complete cure have resulted in so short a time.

## CASE XI.

Periodical Catarrh. A.G., æt. 32, pawnbroker, came on January 19, 1883. Subject to hay fever (?) seven or eight years. Until lately he has never had his attacks in winter, but now he wakes up every morning at four o'clock with violent sneezing which shakes his head very much, followed by fluent coryza, a hacking cough, asthmatic breathing and subsequent slight expectoration. The attack passes nearly away in about twenty minutes, but some slight symptoms remain throughout the day. He complains of languor, low spirits, dryness of mouth, loss of appetite, thirst, tongue coated, yellow at back, white in front; his food disagrees, and has much flatulence; bowels regular; pulse 80, regular, *Ars. iod.* 3x. gr. iv. nocte-maneque was prescribed.

Jan. 26. The attacks are much later in the morning, not so severe, and patient is much better in other respects. Continue.

Feb. 2. Only one attack during the week, but general health not quite so good; cough more troublesome; throbbing in temples, and depression of spirits. *Nux vom.* 2c. gtt. iv. nocte-maneque was ordered. No further report.

The provings of *arsenicum iodidum*, as given in Allen, are very scanty, but an abundant clinical experience with the drug in cases similar to the above is recorded by Dr. E. M. Hale, in his "New Remedies" (*Special Therapeutics*, pp. 341, 342). The case above given could not be described as hay asthma, or epidemic catarrh, in which Dr. Hale recommends *ars. iod.*, but its use seemed to be specially pointed to by the acuteness of the attack, its periodicity, and subsequent prostration. Most of the general symptoms are found prominent under *nux vomica*, and this medicine followed as an excellent homoeopathic "tonic." I have since heard that though not absolutely free from his attacks, the patient has never had them so severe since he was treated as above.



CASE XII.

Angina Faucium. A. O., 16, dressmaker, came on Jan. 24, 1883, complaining that for some months she has had a disagreeable sensation of lump in the throat when swallowing, with a cutting pain in both tonsils, and dryness of throat. There is external tenderness, but no abnormal appearance, internal or external. General health very good. Patient is not hysterical or nervous. Menstruation regular. *Baryta carb.* 6c. gtt. j. om. 3 hor.

Feb. 2. Throat much relieved in every respect. Nearly well. Continue.

Patient did not return, but a report of cure was subsequently received from her mother,

As a contrast to the use of *baryta carb.* in the treatment of throat affections, characterised by purely subjective symptoms, *ignatia* would be called for when the symptoms are manifested under exactly the opposite condition, viz., better when swallowing. With *baryta carb.* the affection is aggravated or felt only when swallowing. The homoeopathicity of the latter drug to the above case may be seen on reference to Allen's *Encyclopædia*, vol. ii., p. 54.

CASE XIII.

Neuralgia of face. Feb. 17, 1883. Miss G. S., æt. 25, dark, sallow complexion. For seven days has had neuralgia of right side of her face, consisting of paroxysms of sharp, cutting pains in the malar bone, extending upwards to the head, and downwards to the jaw. Appetite not good. Disagreeable taste in her mouth. Tongue moist, slightly coated. Bowels and menstruation regular. *Chelidonium maj.*  $\phi$  gtt. ij. om. 8 hors. was ordered.

Feb. 19. Only very slight pain since taking the medicine. Otherwise better. Continue.

A report was received in July that there had been no return of the pain.

*Chelidan.* is a well known remedy for neuralgia of the right side of the face, but it might be doubly indicated where there was some probable derangement of liver and stomach secretions. On reference to the provings it will be noticed that the neuralgic pains of *chelidon.* have a great tendency to spread to the jaws and teeth, as well as up to the head.

## CASE XIV.

Dyspepsia. J. F., æt. 21, butcher. On July 11, 1883, had had for seven months, sometimes sharp and sometimes dull pain in the umbilical region, not aggravated by taking food, but worse if exposed to damp weather. There is slight tenderness in the region of the pain. Mouth often very dry, and tongue coated yellow in the morning. Bowels sometimes confined, sometimes relaxed. Urine clear. *Kali bichrom.* 3c. gtt. ij. om. 3 hors. was ordered.

July 18. No pain since taking medicine, and otherwise much better. Bowels regular. Slight cough and expectoration. *Nux vom.* 1c. in dose as above.

July 25. No return of pain, but bowels irregular as at first. Tongue slightly coated white, with red papillæ, Return to *kali bichrom.* 3.

August 1. Much improved, nearly well, continue.

The choice of *kali bichrom.* is here decided by the yellow coating of the tongue, and evident tendency to slight catarrh of the intestinal tract, and, doubtless, it should have been continued throughout the treatment, the *nux vom.* having been administered in a routine manner and with negative effect.

## CASE XV.

Dyspepsia. Mrs. C., age 70, a thin, spare woman, on August 20, 1883, complained that for some weeks she had been suffering off and on from a severe aching in the epigastrium, sometimes, but not usually, affected by eating; it often extends through the left shoulder-blade, and accompanied by slight flatulence and slight frontal headache. No nausea, poor appetite, tongue clean, bowels regular but stool lumpy. *Bryonia alb.* gtt.  $\phi$  j. om. 3 hors. was ordered. The patient returned on October 27th for help respecting a bronchial catarrh, and reported that she had been cured of her dyspepsia after a few doses of the medicine. Comment on the indication of the medicine is here unnecessary, but, notwithstanding the dose employed, its prompt action can only be explained on the homœopathic principle. It may be added that this was the first occasion on which homœopathic medicine had been administered to the patient, and so struck was she with the result that on being attacked with pneumonia in December she had no hesitation in again resorting to it, and with the same happy result.

CASE XV.

Eustachian Deafness. Feb. 16, 1883, E. O., age 18, dark florid complexion, has suffered for some months from attacks of dulness of hearing which comes on suddenly on catching cold, which she does very easily and frequently. The hearing often varies much during the day, and is always improved by blowing the nose. No abnormal appearance about the meatus or tympanum; tonsils swollen but not congested; patient can hear watch R. 12 in. L. 5 in; general health very good. *Trit. merc. sol.*, 3 gr. ij. every three hours.

Feb. 23. Hearing much better all the week; can hear watch both ears 25 in. Continue.

Dec. 17. Has been quite well up to the present time.

Difficulty of hearing is a prominent effect of the continued administration of mercury, and its affinity for the mucous membrane of the nose and throat needs no repeated verification, but the case is an excellent example of the simplicity, rapidity, and completeness of the action of the single remedy, especially when contrasted with the disagreeable operation of removing the obstruction mechanically.

CASE XVI.

Noises in ear. Mrs. C., age 74. On March 21, 1883, stated that she had been deaf since childhood, totally with the right ear, partially with the left, but of late complained much of noise in the latter (there being no sensation whatever in the former); it is like the sound of roaring wind, and sometimes a seething. She is always worse on lying down, and the noises interfere very much with the hearing. General health very good. *Sulphur* 6c gtt. ij. om. 3 hors. was ordered.

April 3. No effect while taking the medicine, but on leaving it off the noise became much less, not so continuous and not so loud. Patient seems to feel the cold very much in the ear (? caused by *sulph.*) To take *sulph.* 30c. for three days.

April 30. Been quite free from noise until this morning, when there was a slight return. Repeat *sulph.* 30c. as before.

Patient has not since returned.

*Sulphur* was here indicated, both from a pathological and symptomatological point of view. The chronic nature of the ailment, its occurrence in old age, and probable dependence on want of tone in the capillaries, might form

one picture, while in the symptoms caused by *sulphur* we have roaring in the ears, worse on lying down, with likewise the chronic ailment in an elderly person, to complete the other.

#### CASE XVII.

Deafness following scarlet fever. Sept. 8, 1883. M. A. D., 16. Domestic servant. Fair complexion, has been afflicted with deafness for several years, caused by scarlet fever. It is constant, and often accompanied by singing noise in ears. General health very good. Patient has never menstruated. She can hear watch, R. 6 in., L. 2 in. To take *pulsatilla* 12c gtt. ij. om. 8 hors.

Sept. 15. Can hear watch, R. 9 in., L. 7 in. Patient states that her alarm sounds much louder. Continue *puls. nocte-maneque*.

Sept. 22. Can hear watch, R. 18 in., L. 11 in., and ordinary speaking easily. Continue. There was no further report owing to patient's leaving the neighbourhood.

*Pulsatilla* was prescribed in this instance on purely general indications, these being its affinity for the ear, patient's fair complexion, and the fact that she had never menstruated, though past the usual period for the commencement of that function. Some might urge that the result was *post* and not *propter hoc*, but if so, it was a remarkable coincidence, after so long a period of suffering, and, notwithstanding such an objection, it could be fairly urged had she continued under treatment she might have been completely cured.

50, Coid Harbour Lane, S.E.

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### STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

By DR. BERNHARD HIRSCHL.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., L.R.C.S., Edin.

(Continued from page 295.)

ASAFCETIDA.

We have here signs of plethora abdominalis, chronic gastric catarrh, and gastritis chronica, hyperæmia of the

liver and spleen, which often occasion gastric pains, but also signs of pure, especially hysteric gastrodynia. They are :

Fulness in stomach. Feeling of bruise.

Cutting and burning in stomach and region of diaphragm.

Warmth in stomach up to chest. Burning in the throat and gullet.

Ache, with mounting up in gullet, as of a foreign body (*globus hystericus*?) drawing, as if in fainting; ache passing into drawing and tension, extending to the liver and spleen in the neighbourhood of the cardiac orifice, aggravated by depression of the diaphragm, outward touch; also continued ache and tension as far as the spleen.

Spasmodic contraction of the stomach, alternating with rising up disgust and retching; pains like cramp of the stomach, appearing intermittently, outwardly; taste insipid, fatty, bitter, rancid; eructations, disgust, nausea, waterbrash; much distension from flatulence.

The old school confessedly employs this medicine without distinction. The nervous and venous-hæmorrhoidal element appears to be its chief sphere. In homœopathic literature only one case detailed at length exists.

Dr. V. Villers\* relates a very interesting case of gastrodynia in a functionary very much given to wine, who had used many allopathic remedies without success. The gastric region was sore to the touch, distended meteorically. Ache intermittent, tension, shooting, burning, cutting there, especially in an empty stomach. Tongue coated thickly, shiny, yellow; empty belching, with bad taste; painful spasmodic choking and regurgitation of rancid, mingled with remains of food, acrid fluid; irregular appetite, without hunger; hard, delaying insufficient stool; V. Villers lays great stress on the intermittence, which, however, takes place in most cases of cardialgia. The intervals were free. Whether the venous element, after the abuse of wine was not in action here? Kurz, after a fruitless use of *nux vom.* and *arsen.* gave lasting relief with *asaf.* 3 doses of the 6th dilution in 3 hours. In any case this medicine should be more frequently observed than it has been, when a special value is to be laid on the hypochondrial, hysteric, and venous elements.

\* *Zeitschr. F. Hom.*, kl. bd. 1, s. 15.

*Asarum Europœum*

has, with few pains, pinching, dull hard pressure, no predominant gastric symptoms, that we may pass it over here.

*Atropinum.*

To the action of *Atropinum* Lusanna\* attributes, among other symptoms, anæsthesia, remission of pain, cramps, little sensitiveness to painful physical impressions. Larger doses occasion venous states. It also affects the ganglionic element of the spinal cord.

As a distinctive characteristic of the action of *atrop.* from that of *bell.*, Reil† gives that the former does not act on the vascular system, produces no inflammatory affections and glandular diseases.

This remark is supported by the further researches of Schroff.‡

On the occasion of these experiments, Kafka, among homœopathic physicians, first proved *atropinum sulphuricum*. It excited (Kafka's stomach is very sensitive), in 1-60 grain, uncomfortable feeling, frequent, empty eructations, which gave no relief, nausea, passing retching, then aching, shooting, contractive cramp in the stomach. With this was pallor, noise in the ears, sweat in the face, ache in the forehead, dryness on the palate and tongue. In consequence of these striking gastric symptoms, not observed by Lusanna, nor by Schroff, Kafka employed *atropia* 1. In a case of gastric ulcer, which, according to him, had excited adhesive inflammation in the pyloric region, with perforation of the walls of the stomach, with very urgent symptoms (to the 1-180 of a grain). 2. In a cardialgia, which depended on spinal irritation (ache of the stomach, retching, &c.) 3. In hyperæsthesia of stomach. Vomiting pressure, pinching, tenderness over the gastric region. In the appended *résumé* Kafka announces the action of *atr.* as more speedy and intense than that of *bell.*; considers it as suiting, like *bell.*, in painful affections, on an inflammatory basis, in spinal irritation, in hyperæsthesia of a single nerve track, under which head the plexus solaris, the vagus. The most suitable dose at the commencement is 300 of a grain.§

\* *Annal. Untv.* Jan. 1852, compare *Ztschr. F. H.*, Kl. Bd. ii s. 61.  
*Allg. H. Z.*, Bd. 55 s. 157.

† *Zeitscher, F. H.*, kl. bd. iv., s. 162.

‡ *Wien. Med. Wochenschrift*, 1851, No. 38.

§ *Allg. H. Z.*, bd., 52, S. 178.

In a discussion, Weber related that he had improved considerably gastric ulcers by *atropin*.\*

Bähr saw a very striking action of *atropin* in a case which he took, with great probability, for an affection of the pancreas. But the positive proof of this is not to be given, and the possibility of the presence of a gastric ulcer or of a gastrodynia merely is not to be excluded. Meyer considers the result as uncertain in cardialgia, at least not as striking. The indications failed him. In ulc. perforans he saw an improvement from it.†

Caspar saw a very good, unfortunately only a palliative, action of *atropin* after the vain employment of many homœopathic remedies in gastrodynia with constrictive pain and frequent attacks.‡

#### AURUM METALLICUM

And the different gold preparations have very few gastric symptoms; of pains, only ache. Its employment can, at most, occur only in organic diseases according to the analogy of this remedy in other parts, *e.g.*, in gastritis, scirrhus. But, clinically, on this point, we know nothing. The old school recommends it in scirrhus pylori.

Kreussler recommends *aurum* in nervous constitutions with ache in stomach as from a stone.

#### BARYTA CARBONICA ACETICA AND MURIATICA

have all the decisive signs of more or less advanced organic gastric affections. In special appear with feeling of soreness, burning, shooting, pain as of ulceration, gnawing, aching, feel of warmth, which point to inflammation, manifestly in *baryt. acet.* A painfully twisting feeling during eating, when the morsel arrives in the stomach, as if it were forced through and stuck in a sore place. The sensitive gastric pain is relieved somewhat by stretching out, or bending backwards, but soon returns, is aggravated by sitting bent forwards (immediately after eating), walking, standing, the aching is increased by pressure of the hands; with *baryt. carb.* ache and spasmodic heaving in the right side of the stomach, as if a hard body pressed painfully upwards.

\* *Allg. H. Z.*, bd. 55, s. 29.

† *Vj. Schr.* ix., 450, 452.

‡ *Oesterr. Ztg.* 1, 2, 83. See also *d. Monatsbl. v. Meyer*, No. 4, Eicherr's *untersuchung*.

Contractive pain, fine stitches even to the spine, burning, drawing, tearing with feeling of weight in the epigastrium, weakness and feeling of coldness in stomach.

In *baryt. mur.* inspection after death in men and animals is inflammation of the st. and perforation of the cardia (the latter as consequence in the dead body?) quite decidedly pronounced. Hartmann's\* recommendation of *baryt. carbon.* regards also rather disorganisation of the stomach. He says expressly:—perceptible hardness hard under the stomach, spasmodic gastric troubles, speedy feeling of fulness, after small amount of food great fulness, pressure and heavy weight in the stomach—in scrofulous subjects. Cl. Müller considers troubles immediately after eating as an indication in affection of the cardiac orifice.

Kreussler's superficial mention runs upon "obstinate" forms of gastrodynia in scrofulous constitutions.

Jos. Richter† improved an induration of the pylorus and the cardia with ulcer in the stomach? by *bar. mur.* 3 dil. (1 : 10) four times daily to 5 drops, quite decidedly in the space of four weeks. Hofrichter's‡ case is too imperfectly reported, ache on the chest, in the back, spasm in the stomach up to the throat, eructations, constipation, to be much relied on. *Baryt.* 4 grs. (dose? præparat?) gave relief after three repetitions; *nux, alum, nat. mur.* had done nothing.

The preparations of *baryta* are suitable, at any rate, for organic conditions, chronic catarrh, and chronic gastritis, hypertrophy, induration, probably even scirrhus cardiae et pylori, contraction of the cardia from organic troubles, scirrhus, swellings, &c., is more decidedly present than in other parts of the stomach. Consequently the troubles immediately after eating. There are grounds for its use in ulcer. The old school also recommends *bar. mur.* in induration of the cardia. The statement in Noack and Trink's "Gastralgia" is not reliable, if you understand it in the sense of a neurosis.

#### BELLADONNA.

The activity of this medicine in gastrodynia is raised above all doubt. The proving, which is among the best, gives the following physiological observations:—

Burning in the stomach, and in the region of the cardiac orifice.

\* *Ther.* 11, 2, 4 88. † *Prager Monatschr.* vi., 132.

‡ *Allg. H. Z.*, 45, 162.



Stomach-ache and dull pain over the whole body ; violent, hard pressure in stomach, especially after eating ; painful ache in the epigastrium, merely on walking, compelling slow walking ; gnawing ache.

Painless beating and throbbing in the epigastrium.

Tensive pains in the stomach, and distended abdomen after lying down in the evening in bed.

Shoots in the epigastrium ; immense shooting, cutting pain, compelling one to bend backwards the body, and to hold the breath.

Anxiety in the epigastrium, tightness in the præcordia ; fulness under the false ribs, with blackness before the eyes on stooping.

Cramp in the stomach every day at dinner, like spasm ; feeling of constriction in the throat, as if all in the throat was drawn together.

Here belong the following gastric symptoms :

Tongue smarting, burning, white-coated, yellowish, red, dry ; dryness of the whole mouth, lips, palate, windpipe ; slimy mouth, much collection of saliva.

Taste sticky, corrupt, insipid, nauseous, putrid, faint-sweet, sourish, sour (of bread), saltish sour ; loss of appetite ; repugnance to meat, beer, coffee, milk ; total with feeling of emptiness and hunger.

Unquenchable thirst ; thirstlessness ; dislike to all fluids. After eating, putrid taste, bitter eructations, constriction or ache in stomach ; pinching under the navel ; heat after beer.

Eructations abortive, imperfect, half-suppressed, with giddiness ; with taste of the food, putrid, burning, sour, with retching and regurgitation of corrosive sour moisture, heartburn, with leaving behind a continued scratching ; burning, smarting feeling in the fauces, and especially at the upper border of the larynx ; hiccoughing eructation, like a spasm compounded of eructation and hiccough.

Hiccough, violent with convulsions, heat of head, redness of face, thirst ; during the night with sweat, convulsions, nausea.

Nausea and pyrosis, renewed by each movement. Disgust and retching on attempting to eat ; disgust and spasmodic choke ; nausea and retching merely in the throat with occasionally bitter eructations or with thirst on walking in the fresh air.

Spasmodic choke, abortive, and violent sweat, attacks of spasmodic choke even to vomiting ; with yawning, bluish

face, with ghastly distortion of features and long protruded tongue; abortive retching on account of torpor (paralysis) of stomach, vomiting immense, with giddiness and fugitive heat of undigested food taken twelve hours before, of mucus and bile, greenish yellow, bloody masses, afterwards several hours sleep.

The special application of these signs at the sick bed and the designation of what is there, consistent with the character of the medicine, we will cite in the following chapters. We will give here a review of the clinical experiences to the present time. Hofrichter\* treated a case of neuralgic gastrodynia with burning, pulsation, acidity, which alternated with headache. Among many partly falsely-chosen remedies *belladonna* was of the greatest service.

Wurmb † observed fine actions from *belladonna* in spasms of stomach (four times).

Cl. Müller ‡ considers *belladonna* as a first rate medicine in cardialgia. Meyer employed it only once in a full-blooded young man who complained of violent shooting in the region of the stomach, painful to the touch and aggravated on each morsel; sometimes vomiting of food with violent pains in the epigastrium, tongue coated, appetite small, stools normal, pulse quick and full, head confused; the author assumed an inflammatory state of the stomach as indubitable (?) *Belladonna* 6 gave relief in a few days.

Reil § found *belladonna* indicated in cases connected with menostasia, amenorrhœa, menorrhœgia, or in nursing, where the pains, grasping and digging generally, proceeded from the back.||

Hartmann ¶ finds *belladonna* indicated in irritable and nervously weak women, where gnawing, aching, or spasmodic tension in the epigastrium and gastric region, compelling bending backwards and holding the breath, compelling each time during dinner, inducing loss of consciousness or fainting. Later\*\* on he added, thirst, aggravation after drinking, evacuation of fœces tardy and scanty, sleeplessness: its choice is not easy; it seldom suits at the commencement, and generally in obstinate affections (?) *cham.* and *nux vom.* must often precede it. *Hyoscy.* and *viola*

\* *Allg. H. Z.*, Bd. 45 S. 177, 28th case. † *Allg. H. Z.*, Bd. 57, S. 43.

‡ *Viertelj. Sch.* iv. 281, v. 241, vii. 247. § *Ztschr. f. h. Kl.* 1.71.

|| *Ebendas* ix., 449.

¶ *Arch.* 11, 2, 60.

\*\* *Ther.* 2, 423.

*odor* are related to it. Bosch\* also found *belladonna* indicated in passing, acute, inflammatory attacks, even in organic affections of stomach.

The cases in Buckert, four in number, present no proper, pregnant picture, although in particulars they are well observed. The pains were varied, spasmodic contraction, gnawing, tension, urging, twisting, pinching, scraping, shooting, as if the part was seized in a gripe, and firmly held by needles; as if the whole abdomen was girt with cords, even to fainting, spread themselves from the epigastrium to the gastric region, to the sternum upwards, over the whole chest, to the navel, to the abdomen, to the pelvis.

They were accompanied by nausea, retching, vomiting, hot, red, tumid face, fixed look, dilated pupils, eyes encircled with blue, dry mouth, much thirst, constriction in the throat, abortive regurgitation of food and drink, pressure upon the pelvis and the privates, and forcing to urinate, watery urine, slow or constipated stools; weak, watery, too early menstruation; slow, small hard pulse, † fainting, loss of consciousness, sudden shrieks, great irritability. The countenance was pale, wretched, chlorotic, emaciated.

The pain comes in fits, with pauses, especially before or during the period after chill of the feet, while eating, or after drinking, after flatulent food. Pregnancy was present on one occasion (Knorre). Relief is induced by leaning backwards, holding the breath, pressure on the epigastrium, doubling one's self up, and eructations.

Dose 1-16 gr. *Hb. bell.* *Bell.* 3 and 15. Case soon cured, in three weeks. Compare also Hartmann Ther. According to Kreussler, *bellad.* suits scrofulous constitutions.

#### BERBERIS VULGARIS.

Pathogenetic; shooting, ache, crawling (*wiebeln*) in the gastric region, shooting, tearing, colicky pains in the upper part of the abdomen, of the stomach, increased by inspiration, as well as by touch, movement, slight chilliness in the gastric region; bitter, sour taste, heartburn, nausea, eructations.

\* *Hyg.* 20, 20.

† I have generally observed a full, bounding, rather soft pulse.—  
*Translator.*

We know only one case of cure recorded by Meyer.\* A very miserable looking woman suffered beside constipation, pain in rectum on relieving the bowels, burning in vagina, painful coitus, short breathing, pulling pain in the shoulders, of the following gastric symptoms:—Distended stomach, straining, hard place in the curvature (so the author believed that he had discovered), eructation, lasting an hour, especially after solid food, pyrosis, heartburn, vomiting of ingesta, chilliness after eating, no proper pain in the stomach, appetite wretched. *Berb.* 3 (1:100) every morning and evening five drops; after fourteen days cure. For four months afterwards still well; the hard places in stomach are still to be felt, but of less size. We have mentioned this mysterious case on account of its fulness but we can lay no stress upon it on account of the want of diagnosis and the questionability of the duration of the case. In general *berb.* is specially suited to bilious and venous states, chronic catarrh, in hæmorrhoidal and arthritic patients, the connection of the appearances also point to rheumatagia.

#### BISMUTH.

The results of the proving of this medicine, highly celebrated by the disciples of all schools, in cardialgia are the following:—

In the stomach uncomfortable feeling and very slight forehead ache.

Aches, rumbling in the bowels and eructation especially after eating, passing off into burning; troublesome ache and burning in the gastric region, and later discharge of much wind from the stomach, with giddiness, headache, especially in the forehead, red eyes, gloomy countenance, with small, contracted, hard, frequent pulse, increased heat of body, white coated tongue, thirst and loss of appetite, with colic pains, discharge of much flatus, and thin bilious stools; painful præcordia, ease from belching, eructation, bilious vomiting and stools, cramp of the stomach where everything spirituous or spicy causes burning; pain in the back as from much stooping, boring and burning in the back and chest; tongue white and coated, violent flow of saliva, taste bitter, nasty, unbearable, taste of blood, metallic sweet, slight sour; great thirst for cold drinks, with and

\* *Allg. H. Z.*, Bd. 53, S. 176, 184.

without heat, entire loss of appetite, eructation, violent, bitter, empty, acid, stinking, with diarrhoea, with uncomfortable feeling in stomach, vomiting of bile, dyspnoea, evening.

Disgust, nausea slight, with ache in stomach and temporary burning, with pressure on the forehead, giddiness with burning in the ears, reddened conjunctiva, and quick, hard, small pulse, especially violent after eating.

Retching and actual vomiting with anxiety, small pulse, giddiness, faintness, cold extremities, cramp in hands and feet, vomiting repeated, bilious, brown matter, with empty eructations and disgust.

Vomiting and diarrhoea with spasmodic choking and burning in the throat; heaving, violent, convulsive and indescribable pain in stomach.

On all these symptoms the character of neurosis is firmly impressed, which, also, clinical experience confirms. The individual cases of this will be taught in the following section.

Hofrichter came to know this medicine remarkably, in a case which had withstood all medicines *cham.*, *nux vomica*, *arsen.*, and at last allopathic treatment with *aq. laurocer* and *morphia*. The pains were violent, with burning and shooting; knobby distension of abdomen, displacement of wind; constipation; empty eructations; and later copious vomiting of the contents of the stomach, attacks chiefly at night. Examination gave a small liver, a stomach immensely distended, and reaching down to the ilium, and between the navel and the right angle of the ribs a great hard, immovable swelling. The author diagnosed *scirrhus pylori*, with secondary dilatation of the stomach. The family had themselves previously administered *magest. bismuth* which Hofrichter gave for six weeks with the most remarkable success.\*

A. Müller mentions a summary of cases of gastralgia by *bismuth*.†

Paul Wolf recommends on the occasion of the repetition of medicines † *magest. bismuth* in cramp of the stomach with feeling of pressure, weight, or heaviness, and indescribable discomfort; morning and evening, one dose. Hartmann

\* *Aug. H. Z.*, Bd. 45, S. 286. † *Viertelj. Sehr.* iv. 241. xi. 454.

‡ 12, 2, 27.

recommends it after the use had become clearer to him since the first edition in twelve years, as suitable in the milder forms of gastralgia, consisting of pressure, appearing soon after meals with nausea even to vomiting.\* Particular cases are not given in Ruckert.

From Kreussler we find only employment in neuralgia. Particular symptoms are not given.

#### BORAX VENETA.

Mucous membrane affections predominant; pains slight and not characteristic; pressure, aching, shooting, constriction, going off on the spine and there becoming shooting; suitable for dyspepsia, with mucous vomiting, and mucous diarrhœa. Clinically, not yet used for these affections. Old school, cardialgia from contemporaneous uterine affections. The relation of borax to the uterus is not confirmed by us.

#### BOVISTA.

Has ache in the stomach to the chest upwards, burning, fulness, and anxious feeling at the epigastrium, pinching, and gurgling in the gastric region; many gastric troubles, icy coldness; would be suitable for catarrhal troubles; clinically, on the contrary, not yet employed.

#### *Branca Ursina,*

Fragmentarily known, has ache in stomach and epigastrium after eating, as if from a stone, with nausea. Gastric catarrhal character. The old school employed it in stomach pains, disorders of digestion. Never employed by us.

#### *Brom.*

The character of this medicine, the special gastric symptoms and pathological anatomy point plainly to chronic gastritis and advanced organic troubles. The gastric symptoms are—burning, acute from the tongue to the stomach, in the gullet, and stomach, with nausea, violent retching and increased flow of saliva into the mouth.

Warmth; extraordinary ache as of a stone, aggravated by external pressure with inward heat.

Weight; constrictive cramp in the stomach, going away after eating; disgust, nausea, vomiting and violent convulsive choking, causing weakness even to the point of

death; pathological anatomy, inflammation of the gastric mucous coat, strong vascular net, softening; chocolate-coloured fluid, black pigment, ulcer-like contusions, erosions, suppurations, hypertrophic mucous glands. It ought to be especially suitable for chronic gastritis with hypertrophy, induration of the mucous coat, scirrhus. In ulcers the employment may be dangerous even in small doses.

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## REVIEWS.

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*The Distribution, Nature, Causes and Successful Treatment of Cancer without Operation and without Opiates.* By R. S. GUTTERIDGE, M.D., &c. London: Kerby & Endean, 440, Orchard Street, London. 1884.

THIS pamphlet is a reprint of the paper on cancer presented by the author for discussion at the International Homoeopathic Convention held in London in 1881. He has delayed its republication until now in order that he might still further test the efficacy of the treatment he then proposed. Additional opportunities of doing so having corroborated his views, he now offers them for general adoption.

That a mere removal of the tumour, the outward and visible sign of a cancerous condition, does not cure the disease, has been abundantly proved.

Medicines innumerable have been tried both externally and internally with but small advantage. Dr. Gutteridge has, it would seem, had great success in using *belladonna* and *conium* in some cases, *calcum iodide* and *arsenic iodide* in others, and in a few *cicuta virosa*. In scirrhus, however, he regards *hydrastis* as by far the most valuable of any. The preparation he uses is Tilden's neutral *hydrastin* intimately incorporated with an equal quantity of *hydrastis*. We observe that nowhere does Dr. Gutteridge afford us any clue to the dose in which he orders his medicine.

In epithelioma *ranunculus*, *arsenic* and *hydrastis* are the medicines he employs. In cancer of the stomach *cicuta virosa*, *argentum nitricum*, *arsenic*, *hydrastis* and *baptisia* are stated to be of most service.

The cases reported do not teach much, except that they were cancerous in their nature, took one or other or all of these medicines at one time or another and recovered. As an aid to the medical man in studying the therapeutics of cancer this Essay is too deficient in precision to be of much value. - At the same time the whole subject of the treatment of cancer is one which has been examined to such very little purpose that any hints in

the direction of further investigation, however loosely given, may prove serviceable.

So far as general experience has gone *hydrastis* has found most advocates in scirrhus, *phosphorus* in encephaloid disease, and *arsenic* in epithelioma and cancerous ulcerations. We remember one case where, in addition to extensive ulceration over the chest, there was enormous œdema of the arm of the same side, and then *apis mellifica* gave great relief.

## MEETINGS.

### THE ANNUAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual General Meeting of the Governors and Subscribers of the London Homœopathic Hospital and Medical School took place in the Bayes Ward, situated in the New Wing of the Building, on Wednesday, April 30th, 1884. The Lord Ebury occupied the Chair, and among those present were Major William Vaughan Morgan, Mr. Cameron, Dr. Yeldham, Dr. Dudgeon, Mr. J. Clifton Brown, Mr. Alfred R. Pite, Dr. Carfrae, Mr. Alan E. Chambre, Mr. Marsh, Dr. Tuckey, Dr. Anderson, Dr. Dyce Brown, Dr. J. H. Clarke, Mr. G. A. Cross (Secretary) and several ladies.

The meeting having been opened with prayer by the Rev. Mr. HOPE, acting for the Chaplain,

The SECRETARY read the notice convening the meeting, and the Minutes of the Annual General Meeting on April 27th, 1883; the Minutes of Special General Meeting on the same date, and the Minutes of a Special General Meeting of the Governors of the Medical School, held June 14th, 1883, all of which were approved, confirmed, and signed.

Mr. ALAN E. CHAMBRE then read the Thirty-fourth Annual Report.

We have dwelt at so much length upon the contents of this document in our first article this month that its reproduction *in extenso* is needless.

It commences by stating that "during the year recently brought to a close very considerable alterations have been carried out and events of much importance to the future welfare of the Hospital have taken place. The year has been one of marked activity, and has been blessed by a most encouraging degree of prosperity."

The position of the endowed beds—the "Durning," the "Barton," the "Torrance Gibb" cot and others is then described. The "Bayes" Ward, the Nursing Institute, the Nurses, and the improvements which have been made in the internal



arrangements are then fully reported upon. The resignation of the Official Manager, the retirement of Dr. Tuckey from the post of Physician, and of Mr. Thorold Wood from that of Surgeon, as well as the appointment of Dr. Lang and Mr. Marsh on the Out-Patient Staff are announced, together with a recent change in the House Surgeoncy. Dr. Moir's appointment on the Internal Staff, in charge of Eye cases, is mentioned. Additions made to the Life Governors and to the Medical Council during the year are stated. The share of the Hospital Sunday Fund is again smaller, being £188 against £191 5s. during the year before. We believe that this arises from the amount of the award being based upon the necessities of an institution, as gauged by its annual receipts. The Committee of the Fund, however, make no distinction between legacies on the one hand, and annual subscriptions and interest on investments on the other, whereas, according to the rules of the Hospital all legacies are carried to the reserved fund, and are not available for purposes of income.

With a notice of the Entertainment given to the patients, and a statement of the number of patients admitted, the Report closes with a brief notice of the operations of the Medical School.

Lord EBURY, in rising to move the adoption of the Report, after referring to the recent *Conversazione*, said—As to the Report which we have just heard read, it speaks so much for itself that it would be unnecessarily taking up your time if I passed any remarks on it, as I have done on former occasions. I have never occupied this position with greater pleasure than I do to-day. (Cheers.) It was extremely doubtful whether I should be able to attend, but seeing that on the printed notices I was announced to preside, I felt it my duty to do my best. (Hear, hear.) I may say that I have seen the Hospital pass through a great many vicissitudes; it is a great happiness to me to see it so firmly established as it is to-day—as firmly established, it seems to me, as any hospital—and able to look forward to the future with confidence. (Applause.) It is wonderful how in the case of this Institution it has pleased Providence to bless the work. But as Providence always works through human means, we must feel grateful to those who have so successfully striven to bring about the issue shown in the Report. I sit down, as my honourable, active, and excellent friends have put in the Report everything which could be desired to be published in reference to the Hospital. I beg therefore to propose the adoption of the Report. (Applause.)

Major VAUGHAN MORGAN seconded the motion, and said—My Lord, Ladies, and Gentlemen,—You will, I am sure, all join with me in expressing the gratification it affords us to see Lord Ebury here to-day. (Applause.) It is always an encourage-

ment and assistance to see Lord Ebury amongst us. The year which has just closed has been the busiest on record during the period I have held the office of Treasurer. Our friends, Dr. Yeldham and Mr. Cameron, might have seen a busier year, as they have seen several Treasurers, but it has been the most busy I have known. Also it has been a most successful year. There are special reasons for congratulating ourselves on the prospect, especially in regard to income, as compared with other hospitals, some of which do not seem to be in a progressive state. Not only has it been a maxim of the Hospital to pay great attention to its Reserve Fund, which was started by Dr. Quin, but several friends of the Hospital are most jealous of interference with that Fund. I am one of them. Therefore it gives me great pleasure to state that our Reserve Fund now amounts to £15,000, whereas last year it was £8,000—(applause)—an increase of several thousands. Well, now, the Institute, the opening of which has just been celebrated, will cost us about £9,500. It will be in the memory of those who follow the affairs of the Hospital that we calculated to draw from the Reserve Fund for the building of the New Wing a sum of £2,500, and that at a Special General Meeting last year we took authority to deal with that amount. We reckoned on getting a good many donations, and that expectation of the Board has been fully realised. (Cheers.) Already from donations and the *Conversazione* on April 5th we have received £1,100, so that we do not expect to draw out the full amount of £2,500 for which we obtained your sanction. (Applause.) In addition to that fact we may reckon on about £500 a-year from the nurses occupying this Institute; when the system is in fair working order we may calculate that each nurse brings a profit of some £80 a-year, and as this building will accommodate 60 nurses, the success of the plan only depends upon the way in which the medical men employ them. Well, I should like to refer to the *Conversazione* and Fancy Sale which was held on the 5th April by way of inaugurating the New Wing. There was a good deal of cold water attempted to be thrown on that occasion, because, most unfortunately, the funeral of the late Duke of Albany was at the last moment appointed to take place on that day. Some of our friends thought we might have put it off, but that was quite impossible. The invitations had days before gone out far and wide, and it would have been impossible so to cancel them as to prevent large numbers of people coming to the Hospital on the appointed day. Moreover, the occasion was not a festivity, and the result was what I think was a magnificent demonstration for Homœopathy. (Applause.) We calculated that about 1,500 persons must have visited the Hospital on that day. (Applause.)

Our object was not to make money—(laughter)—but to interest the public in the Hospital. [LORD EBURY:—The only mistake you made was in not charging for admission. (Hear, hear.)] And that object we think was fully realised, and we believe we may look forward to considerable results from the interest excited by that day's proceedings, and from the favourable notices of the press, which rendered the Institution good service. Also our thanks are especially due to Mr. Trapmann—(hear, hear)—who organised for the occasion a first-rate concert, and to Mr. Chambre, who got up a scientific and unscientific exhibition of a most entertaining character. Well, now, since last year, we have very considerably strengthened our Board of Management. We have always had a very large Board and a very small attendance. (Laughter.) I am happy to say that we hope better things for the future. Among our new members we have Mr. Francis Bennoch, and I name him particularly because being one of the oldest governors of St. Bartholomew's, and a member of the Board of Management of University College Hospital, he is an acquisition to us. (Applause.) We are going to lose the more active services of Mr. Chambre. He does not retire from the Board, but he retires from the post of Official Manager. A great deal of the existing efficiency of the Hospital is due to him, and we propose to give him a special vote of thanks. (Hear, hear.) One other matter I should like to refer to: we have felt that among the patients of the Hospital, and especially among the out-patients, there are many who can afford to contribute something towards the support of the institution, and last year we put up a notice asking such to give what they can. We have certainly gained something. But a very gratifying instance of the appreciation occurred in connection with Charles Jerrome who was mentioned in the Report. Some fellow-workmen, who had made a subscription to help him in his illness, had a balance left at the time of his death, and thought they could not do better than to give it to the Institution which had nursed him. It was a small sum, but it was very gratifying. (Hear, hear.) And a similar act was done by some of the officials of the General Post Office, in respect to a patient for whom they had made a collection, and who had died from an incurable disease, in our wards. That is a very good feature, and I hope more persons will follow such a good example. I will not detain you longer, but will simply second the motion for the adoption of the Report. (Cheers.)

The motion was then put and carried *nem. con.*

Dr. YELDHAM proposed a vote of thanks to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer of the Hospital, and remarked that although the motion might appear a purely formal one, so formal that it was

passed every year, yet when they considered what the management of an institution like that involved it was really one of the most important motions which could be offered to the meeting. The remarks of their most esteemed Treasurer, Major Vaughan Morgan, supplementing the contents of the Report, gave evidence sufficient to everybody acquainted with institutions that the very satisfactory condition of the Hospital was not brought about without great forethought and care on the part of the gentlemen who presided over the Management. (Cheers.)

Dr. DYCE BROWN had great pleasure in seconding what he regarded as no merely formal motion. One was very apt to take it for granted that an honorary position must be a very easy one, but those gentlemen who attended regularly must give a great amount of care and trouble to the consideration of matters often very far from trivial. The Treasurer and the Sub-Treasurer had very important functions and duties. The meeting had heard from the Report the great amount of work done, and no motion ought to be passed with greater enthusiasm. The motion was then put and carried unanimously.

Mr. ALFRED R. PITE thanked the meeting on behalf of those included in the vote for the manner in which it had acknowledged their services. Speaking for himself, and he believed for his colleagues, he said that the work of the Hospital and its attendant anxieties were entirely neutralised by the pleasure of seeing such a useful Institution so successful—(applause)—especially when the prosperity of that Institution was a great indication of the success of Homœopathy. (Cheers.) For his own part he felt that the demonstration at that Hospital on April 5th might be taken as a most encouraging proof of what Homœopathy is going to do.

Dr. J. H. CLARKE then proposed the re-election of those members of the Board who retire by rotation: General James Alexander, Mr. Stilwell, Mr. Chambre, Captain Davies, Mr. Debenham, Mr. Prescott.

Dr. ANDERSON had much pleasure in seconding the motion, which was carried unanimously.

Mr. PITE then proposed the appointment of Dr. Byres Moir on the Medical Staff, to take charge of patients suffering from diseases of the eye. The Board proposed the appointment under the provisions of Rule 38, which empowered them to make additions to the Medical Staff, subject to the confirmation of the Governors and Subscribers.

The motion was seconded by Major Vaughan Morgan, and carried *nem. con.*

Mr. CHAMBRE had great pleasure in bringing before the meeting the next resolution confirming the appointment of four new colleagues on the Board, Mr. Francis Bennoch, Mr. Wm. Burdon Muller, Mr. Grey and Mr. Tate.

The motion was seconded by Mr. CAMERON and carried unanimously.

Mr. BOODLE then proposed, and Dr. DUDGEON seconded, the confirmation of the appointment of Mr. Marsh as Medical Officer in charge of out-patients, and the appointment was confirmed.

Major VAUGHAN MORGAN said the next thing was a vote of thanks to Mr. Chambré, who was about to retire from his more active duties at the Hospital. He had been many years on the Board of Management, and some years ago, by a special arrangement, he undertook the position of Official Manager. They would not lose him altogether, as he undertakes to attend the House Committee regularly. He is very well known to you—(cheers)—and his excellent powers of organisation have enabled him to serve the Hospital well. The last thing which has reflected great credit on him is the organisation of the Concert for nurses. We have to thank him for his services, and must congratulate ourselves that he still remains an active man on our Committee.

Lord EBURY asked to be permitted to second the resolution. He was a real loss to the Institution, except that he would still be active for the good of the Hospital. As a "witness to character" he could speak most heartily.

The vote was then carried unanimously.

Mr. CHAMBRÉ, in reply, expressed his deep sense of the very handsome terms in which the vote of thanks had been proposed by his good friend the Treasurer, and by the most kind words in which Lord Ebury—who was more than respected, because he was beloved by all connected with the Hospital—(applause)—had referred to his services. It would be false pride to say that he was not most deeply gratified at the recognition given to the services he had been able to render to the Hospital since the year 1877. It was very pleasing, he added, to think also that, on retiring from the post of Official Manager, the finances of the Institution were in such a satisfactory condition that, at the close of the year, there was a good balance in hand, instead of a yearly deficit, as was the case when he took office. He did not, however, retire from the affairs of the Hospital, for he had the fullest intention (if it pleased God to give him health and strength) to devote to its cause all his available services in the future, so long as he might be re-elected from time to time to serve on the Board and on the House Committee, and for as many years as Providence might grant him life. He heartily thanked them one and all. (Applause.)

The Rev. J. H. F. HOPZ then proposed a vote of thanks to the Medical Staff and the Lady Visitors, and said it scarcely required any words of his in attestation of the great value of the services

of the medical gentlemen actively engaged in the work of the Hospital. He had himself had some experience of the manner in which the patients were treated at the Hospital, and among the admirable points he had noticed was the courteousness of the doctors. He thought it a great point when medical men were not only skilful but courteous. With regard to the Lady Visitors, he hardly knew what to say to sufficiently set forth their excellence and the value of their services.

Mr. ROSHER also said, in seconding, that it was impossible to speak too eulogistically of the Medical Staff for their great assiduousness in attending to the patients of the Hospital. As regards the Lady Visitors, their visits to the patients were in every way conducive to cheerfulness in the patients, They would remember that letter by Dr. Granville, published the other day, in which he spoke of the element of hope as very powerful in promoting recovery from sickness and as often sustaining patients who would otherwise succumb. This element of hope the Lady Visitors helped to give.

Lord EBURY, in putting the motion, remarked that the services of the Lady Visitors were most valuable; and as for the Medical Staff, it was well known that without their help they could not get on a yard.

The motion having been carried unanimously,

Dr. CARFRAE thanked the Board for the kindness with which the labours of the staff had been referred to, and the appreciation shown for their conduct.

Lord EBURY then proposed a vote of thanks to the Honorary Solicitors and the Honorary Architect, remarking on the important work done by each during the year.

The motion was put and carried.

Mr. PRY, who rose amid applause, thanked the meeting very much for the kindness with which the motion put in such kind terms had been passed.

Major VAUGHAN-MORGAN then proposed a vote of thanks to the noble Lord who had again shown his interest in the Hospital by being present to preside at their Annual Meeting. He had stood by the Hospital in many vicissitudes and it must give him much gratification to see it in such smooth waters. While he was speaking there were two matters he would like to refer to. One was the decoration of Quin Ward by some members of the Kyrle Society. They all knew the value of art decoration in relation to the sick, and after the meeting they could all go into the Quin Ward and see for themselves the artistic effects produced. The other matter was a movement recently set afoot for endowing beds by mutual subscription. They had not less than thirteen beds endowed in the Hospital. And now it was thought that several might be endowed by the mutual subscriptions of different people.

Thus twenty-five little girls could maintain a girl's cot, twenty-five little boys could maintain a little boy's cot, while thirty-five ladies could support a bed for a female patient, and thirty-five gentlemen could support a bed for a male patient. They were only asking for subscriptions of £1 each. Already something like half the amount had been promised, and it was hoped that in the course of 1884 the entire amount would be forthcoming.

Dr. DUDGEON, in seconding the proposition, said that he had been rather embarrassed and surprised at seeing Lord Ebury in his place to-day, and felt he could not indulge in those elaborate expressions of praise he would otherwise prefer to use. But apart from his Lordship's presence, at which he was more astonished than anyone, he could not help saying that the noble Lord never allowed his own comfort or his own convenience to interfere with his sense of duty. Speaking as his Lordship's medical adviser, he certainly should have forbidden his presence at that meeting if his Lordship had consulted him. Lord Ebury was a most consistent and never-failing friend to Homœopathy—(cheers)—and the last thing he would do when its interests were concerned would be to consult his medical adviser what he should do. (Applause.)

The motion was carried, Lord EBURY having previously left, and the meeting separated.

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## NOTABILIA.

### THE BATH HOMŒOPATHIC HOSPITAL.

WEDNESDAY, the first of May, was a day of high festival at Bath. On that and the following two days, at the Assembly Rooms in "ye cittie," was held "Ye Olde Englishe Maye Fayre," on behalf of the funds of the Hospital.

"Ye Fayre" was opened by a procession consisting of the Mayor, supported on his right by the Earl of Cork, and on his left by Mr. Alderman Murch, followed by Members of the Council and the friends of the institution. The mace bearers having led them to the platform,

The Mayor, rising to his feet, said—I have the pleasure on this occasion of introducing to you the Right Honourable the Earl of Cork, Lord-Lieutenant of the County, who has done us the honour of coming here this morning to open this old English May Fair. His Lordship will now address you with a few observations upon the opening of this fair.—As his Lordship thereupon stood forth to address the company present, cheers rose from every side. When these had subsided,

Lord Cork said—Mr. Mayor, Ladies and Gentlemen,—I can assure you that it was with very great pleasure I received the invitation of Mr. Norman to preside here upon the present

occasion and take part in the day's proceedings. I have no doubt it is known to most of you that this is not the first occasion upon which I have had the pleasure of opening a bazaar in the city of Bath, and I can assure you that on each occasion the pleasure was not in any way diminished because it had been my duty to advocate the cause of charity. (Applause.) I know no cause more deserving of the support of the public than that of the hospitals of this country. (Applause.) Whatever differences of opinion we may have about other subjects, and perhaps doubts as to the good to be derived from many of them, I think there is everywhere a unanimity of opinion that hospitals are of the very greatest service in all parts of the world (applause), and though we may not altogether agree as to the mode of treatment adopted in all of them, yet we are perfectly convinced that both the physicians and the surgeons who attend in these hospitals give their time and their trouble with the one sole object of curing all those persons suffering in body or in mind, and the surgeons, where they possibly can, prolong life by operations rendered necessary by the diseases from which patients suffer. All the great sciences are making rapid progress in the present day, but none has advanced so much as the medical art in this country. We know by statistics that there is a great prolongation of life in this country at the present day, and that I think we must admit is very much owing to increased knowledge of medicine in the present century. (Applause.) With respect to the occasion that has brought us here to-day, I do not think that a bazaar could well be got up for a better cause than for the support of the Homœopathic Hospital in Bath. (Applause.) The inhabitants of Bath have always been most prominent in deeds of charity. At this present time in this city there are two very wealthy hospitals, one renowned throughout the world. I mean the Mineral Water Hospital. (Applause.) The good which that institution is doing and has done in the past, it is, perhaps, impossible altogether to reckon up, but leaving this I am certain from the facts which I have seen in a small pamphlet that the Homœopathic Hospital during the short period of time it has been in operation has done a great deal of good, and I shall be very happy to think that by my presence here to-day, and also through the help of the large number of ladies whom I see here, that the small debt which the hospital has incurred will be wiped off, and that for years to come there will be no necessity of appealing to the charitable feelings of the inhabitants of Bath and its neighbourhood. With these few remarks I beg to declare the old English May Fair opened, and I sincerely trust that every person in the city of Bath will come here and make as many purchases as they possibly can, and place this admirable institution on a firm and sound footing.



Dr. Holland said—As senior physician of the Homœopathic Hospital, which has been so highly extolled by Lord Cork, I have the greatest pleasure in standing before you now to propose a resolution of thanks to his lordship, which I am sure will commend itself to you after the very able and eloquent speech which we have just had from his lordship. (Applause.) When an infant institution has the countenance and support of the lords and ladies in the land to the extent that ours has had for some years past, it cannot be altogether a failure, and although we have on this occasion to lament that a great many of our patrons and patronesses are unable to attend, still the fact that they have written assuring us of their hearty good wishes is, I think, a sufficient guarantee that really and truly the success which is wished for will be obtained. (Applause.) I can only regret that a friend of ours, Dr. Newman, who was the originator of the hospital some five and twenty years ago, was not present to hear the laudatory remarks that have issued from Lord Cork—however, circumstances prevented his coming amongst us on this occasion. Five-and-twenty years ago, ladies and gentlemen, there was a strong opposition to homœopathy in this country. It was reviled, persecuted, and every species of epithet that the English language could supply was showered down on those who espoused it. Now-a-days we find it quite the reverse. We find no longer Mr. Wakley (“firebrand Wakley” as he was called) or his successors indulging in their journals in the same infamous language that he did when he prayed on behalf of our patients “may your limbs decay, your bones rot, your joints stiffen and become everlastingly immovable,” and that every disease he could imagine might be instrumental in carrying us to the grave. (Laughter.) Now we know perfectly well that it is impossible for an institution similar to ours, having such a paucity of funds, to carry out this work as successfully as it might do were its resources greater; but when I tell you that many thousands of persons come to us in the course of the year for help who invariably express their gratitude for the aid that has been rendered to them, all of you must agree with me, that this is an institution at least worthy of encouragement, and that encouragement we have had amply shown to us to day. (Loud applause.)

Not content with passing a merely formal vote the worthy doctor begged for a “ringing Old English Cheer” for the distinguished visitor, and with smiling face and vigorous shout good-humouredly led off himself. He was answered with stentorian power, and the thanks—not the shouting—were appropriately echoed by

The Mayor, who (as representing the citizens of Bath) cordially seconded the resolution, which was carried by acclamation.

Lord Cork, in reply, said:—Allow me briefly to thank you most heartily for the resolution which has been so ably moved, and to assure you that it has been a great pleasure to me to be here to-day. It is also a great subject of regret on the part of my wife that she was not able to accompany me. She fully intended to do so, but unfortunately she was taken very unwell on Sunday afternoon, and was unable to be here on this occasion.

A very young maiden, Miss Violet Moger, daughter of Mr. A. G. D. Moger, then advanced and handed Lord Cork a basket of splendid hot-house flowers. His lordship accepted the same, and the young lady then made a confidential communication to him to the effect that they were meant for the Countess, whereupon he thanked her, and said he would take them to her, with which assurance the little lady appeared to be quite satisfied and gracefully retired. A handsome bouquet was also presented by Master B. Wylde.

Mr. Norman proposed, and Mr J. Allon Tucker seconded, a vote of thanks to the Mayor, and this concluded the opening ceremony.

The procession then re-formed and made a tour of inspection through the bazaar until it arrived at the octagon where an old-fashioned may-pole had been erected around which seats for spectators were arranged. The Mayor and the Earl having entered and taken their places on chairs provided for them, a group of pretty children, most appropriately dressed in "Sylvan" costumes, came tripping in. Taking each a gay streamer that depended from the pole, they danced to music with much skill and grace, under the direction of Miss Kate Mandlebert. Now they all ran round in one large ring; anon they would retrace their steps and dance in and out between one another till all the ribbons seemed inextricably confused. Then they formed lines, then circles, and so, for a joyous half hour gave enjoyment to all who saw them while thoroughly enjoying themselves as only childhood can.

The visitors now repaired to another room where a platform had been arranged as a chess board. The "pieces" presently marched in clad in appropriate costumes and a game was played.

Passing from this to the card-room a stage was erected and there amateur theatrical performances were held.

In case all these diversions were not enough, Telephonic concerts—certainly these were unknown in time of yore—were given all day long by Messrs. Davis and Sons, by permission of the United Telephone Company. The wires are connected with Mr. Davis's house in the Paragon, where a concert party rendered songs and instrumental music, which were distinctly audible.

It is no easy matter to adequately describe the stalls. Gazing round the room the eye is attracted by the diversity of flags and

other national symbols displayed above the various tents—called “booths” in the quaint language of the programme—while within the pretty structures so decorated dames and damosels vied with each other in reaping golden harvests from the passers by. At the opening of the bazaar they were loaded with a profusion of articles, quaint, curious and elegant. The general decorations, too, were in harmony with the surroundings, while the dresses of the lady attendants (who were for the most part attired in the costumes of the nationalities represented by their respective stalls) lent colour and life to the scene. At one stall was an interesting model representing an Indian bazaar; at another the special feature was a doll exhibition, in which the costumes of all nations were represented; a third contained a curious memento of the late Duke of Albany, in the shape of small needle-books made from cloth on which the coffin of H.R.H. rested when on the Royal yacht “Osborne.” Each book was worked in silver and bore the initial “L.” The brush of the artist, the finished work of the gold and silversmith, and specimens of elegant and tastefully-designed needle-work, furnished many a choice prize to be carried away as souvenirs of the occasion. A stall was specially set apart for “General Enquiries,” and was attended to by Miss Beatrice Haskett Smith, and the hon. secs., Messrs. W. O. Christmas, G. Norman and J. Allon Tucker, who were assisted by Mr. C. Paul.

We are glad to be able to state that while the entertainments provided gave great pleasure and satisfaction to the visitors, the Committee of the Hospital have been rewarded by the substantial addition of £580 to their funds.

We cordially congratulate our colleagues in Bath on the success of their Olde Englishe May Fayre and trust that the institution under their care may prosper as fully as they can desire.

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#### AN ENTERTAINMENT AT THE LONDON HOMEO- PATHIC HOSPITAL.

THE opening of the Nursing Institute on April 5th was followed by a concert to the nurses and their friends, given on the 24th by the Board of Management to signalise the inauguration of the New Wing for the Nurses' Institute. The concert was under the skilful management of Mr. Chambre and was attended by a considerable number of those invited; among them were Major and Mrs. W. Vaughan Morgan, General Sir James Alexander and Miss Alexander, Mr. Stilwell, Dr. Dudgeon, Dr. Tuckey, Dr. Clarke, Dr. G. Blackley, Dr. Yeldham, Mr. Chambre.. Among the performers Mdle. Eugénie Benard was distinguished for her splendid execution of three pianoforte solos; Miss Janie Rosse was in splendid voice and won enthusiastic applause;

Mr. Alexander Tucker sang "The Diver" and "The Little Hero" with a degree of sweetness and power seldom combined in a true bass voice. Mr. Edward Branscombe, the tenor, sang with his usual taste, and Miss Woodhatch sang two songs in a thoroughly accomplished style. The accompanists were the Misses Whitaker and Synge, and the evening was enlivened by a recitation of "Mrs. Brown at the Seaside" by Mr. Charles Ferrier, the well-known elocutionist, who provoked roars of laughter by his admirable representation of Sketchley's popular character. The whole concert was in every way gratifying and successful. The grand pianoforte was lent for the occasion by Messrs. Erard.

We regret that we omitted to notice, among the objects of interest exhibited at the opening of the New Wing, a series of stereoscopic views lent by Dr. Churchill, of Folkestone, which were greatly admired.

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#### ST. LAWRENCE CONVALESCENT HOME FOR CHILDREN, SLOUGH.

We have received the Report of the above Institution, for the year ending May, 1884. The results reflect the highest credit on Miss Forsyth, who has undertaken to start the Home as a labour of love. It was opened in May, 1883, with 8 children, and since that time 92 girls and 8 boys have been admitted, all much benefited by their stay, except three cases which had been sent to the Homœopathic Hospital, London. Miss Forsyth has had to refuse many applications for admission, owing to want of room, as the Home can only contain six children at a time. Such encouragement leads her to wish for increased accommodation, and the object is one well worthy of the support of the benevolent public. The Home is in connection with the London Homœopathic Hospital, and is under the medical care of Mr. Deane Butcher, of Windsor, whose name is an ample guarantee for the care and skilful treatment the children will have.

There is a resident Matron, while Miss Forsyth takes the constant daily supervision of the Home.

We wish the Institution all success, and appeal to those who are interested in keeping up a convalescent home for children to help in this good work. Many children, on leaving the Hospital, are greatly in need of such a place as this Home before returning to their parents and their unhealthy surroundings, and the gratitude of the parents has been evinced by letters of thanks, some of which, Miss Forsyth says in the report, "have been very touching."

### BORCHEIM ON *PULSATILLA* IN ACUTE EPIDIDYMITIS.

DR. L. E. BORCHEIM, of Atlanta, Georgia, in the *Jour. of Cut. and Vener. Diseases* for April, says:—"Numerous disappointments in the treatment of this disagreeable and painful affection by the usual methods, and the perusal of a few brief articles published in the journals at various times by Piffard, Sturgis and Fox, of New York, have led me to employ, experimentally, the tincture of *pulsatilla*, and, I am pleased to state, to my entire satisfaction, as in using this drug I found that not only was the relief its administration afforded more prompt than by the former methods employed by me (cathartics, poultices, rest, &c.), but that it completely did away with one of the most objectionable features of that treatment, namely, rest in bed. The cases on which I base these remarks are 24 in number, all of which have been treated within the last 18 months, and they were all in the acute stage of the disease, hence, I think I can safely draw conclusions. During my hospital service in New York I had ample opportunities of practically testing the value of the treatment of acute epididymitis as advised by Prof. Bumstead, and arrived at the conclusion that the only source of benefit was the fact that rest in the recumbent posture was strictly enjoined. Now the class of men who are liable to this disease are principally young men who prefer to suffer almost anything rather than have their troubles known, and it is with the greatest difficulty they can be induced to go to bed. Now here, I think, we have a remedy which does not require so exacting a discipline, as I never found, in all my cases, any necessity for complete rest in bed, the only requirements being the wearing of a suspensory bandage and taking of the medicine. The relief from pain usually takes place within three days. The preparation used by me is the *tincture of pulsatilla manufactured by Boericke and Tafel, of New York*, the dose being two drops every two hours. No benefit is derived from the use of larger doses at longer intervals."—*London Medical Record*, May 15th, 1884.

### SCHULZ ON MERCURY IN DIPHTHERIA.

At a meeting of the Congress of Physicians at Stralsund, on December 2nd, Prof. Schulz, of Griefswald, spoke on the treatment of diphtheria, recommending mercury as a remedy. He mentions that in it we possess a remedy which has the power of influencing the affected tissue internally and at the same time of destroying, or at least paralysing, the poison. He recommends *cyanide* made up in a mixture of 1c. grm. to 120 grms. of water (one seventh of a grain to 4 ounces), of which 1 to 4 drachms, according to age, may be taken every hour.

The dose must always be small enough to cause no gastric disturbance. In the discussion which followed this treatment was regarded with great suspicion, chiefly on account of the special danger of collapse in diphtheria, and a tonic regimen with plenty of fresh air, and local applications was insisted upon.—*Deutsche Med. Wochensch.*, Jan. 3rd, 1884.

## CORRESPONDENCE.

### CARE OF THE INSANE.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Allow me to thank you for inserting my last letter under this heading. I hope you will kindly permit me now to meet a few of the objections in your editorial thereupon. Nothing is further from my wish than “to represent the Commissioners in Lunacy as a band of conspirators in league” with those incarcerating their relatives from impure motives, As to those dignified dummies, the Honorary Commissioners, none but a lunatic would impugn their integrity, and more especially does this apply to their honoured chairman, the Earl of Shaftesbury, whose very loftiness and purity of character have in this connection been disadvantageous to the public for the last thirty years or so, that is, ever since his lordship discontinued personal supervision of asylums. His name on the Whitehall Lunacy Board has lulled the public into false and dangerous security, whilst his own integrity of character has closed his eyes to the sins of his colleagues. So implicit is his trust in them that by his signature he attests the truth of their reports unexamined, and turns a deaf ear to all complaints. Undeniable is it that the Queen on her throne could not be more inaccessible to an ex-patient alleging ill-treatment than is the chairman of the Lunacy Commissioners. And yet why either he or the public should deem charges against any of these gentlemen incredible I am at a loss to conceive. Perfunctoriness, sloth, and yet graver evils have always crept, sooner or later, into all secret tribunals, and there never has been one more utterly secret, more impenetrably shrouded from the purifying and blessed sunlight of public opinion than is that of the Lunacy Commissioners. Nominated by the Lord Chancellor for the time being, “during good behaviour,” which, as their secretary told the Select Committee, is “practically for life,” these gentlemen are absolutely inattackable, save by Parliament itself. They have, in short, the irremovability of the law judges without their responsibility to the nation through the Press and the publicity of our law courts. Whether the Special Commissioners that I have so grossly libelled by name in the *Bas-*

*titles of England* are guilty or innocent is simply a matter of fact, to be decided, like all other alleged facts, by evidence. I can, in the public interest, do no more than array my allegations against Messrs. — and — and —, and say as I do in my book, "There lies my gage, let him take it up who dares." If none dare lift it, the public may trace the meekness of the accused and the boldness of the accuser to one source, Lord Campbell's Act, which, for the absurd dictum, "the greater the truth the guiltier the libel," substitutes truth and public utility as justification of libel.

As regards the detention of the 20,000 practically sane in asylums, I can but again refer you to the authorities given in my first letter, Dr. Mortimer Granville and Dr. Lockhart Robertson, by whom the Select Committee were informed that one-third of those in confinement should be out of it. Aiming ever at moderation, I have put the figure at 20,000, much less than one-third of 77,000, the total sum of "lunatics" by the last report. But further, both Scotch and Irish Commissioners tell the same tale. The former tell us: "We fear that there is not unfrequently unnecessary or even hurtful detention." And again, "another element external to the patients themselves is calculated to react upon their numbers, and that is *the particular view taken by the examining medical men of what constitutes lunacy.*" And again, "we believe that some escaped patients, who are taken back to asylums, might properly have been left at large, as is corroborated by the history of escaped patients." The Irish Commissioners state that "without doubt the magistrates have used the Act to disembarrass their several localities of characters with troublesome proclivities." Also that "the aged, the infirm, children difficult of control, and persons actually dying, both male and female, are continually drafted off to the district asylums as dangerous." They inform us that the magistrates habitually sign these orders of incarceration without even seeing the patient, and that in one asylum were found six persons, sent under the Lord Lieutenant's warrant, *in default of securities to keep the peace*; six persons, avowed sane by the mere fact of being bound over to keep the peace, sent to test the correctness of Dr. Granville's theory, that 24 or 36 hours in an asylum would "almost certainly upset" a sane but excitable brain. From many private sources do notices of sane people in confinement come to me, but it is superfluous to quote any so long as this official testimony, and much more from parochial committees of enquiry, is unfuted.

The infrequency and ill-success of actions for false imprisonment is easily accounted for. As a rule, the action must be brought against the signatory of the order, on whom the patient is frequently more or less actually or prospectively dependent

and it is also extremely rare that a private patient has any other witnesses of what passes in his captivity than the owner of the house and his servants, whose professional prospects require great reticence (not to use a stronger word) in giving evidence favourable to the patient. At this moment I recall two strong instances of silence under wrong. One, the auditor of a London bank with provincial branches found something very wrong in the accounts of one of them, and in consequence had an altercation with the manager, who forthwith got him into the local asylum. Here he only remained a few days, a relative having succeeded in frightening the superintendent into releasing him. To have brought an action would have entailed the loss of his situation and the serious displeasure of his father, who objected to all publicity.

Another case is that of a lady "put away" by her husband, a general officer, for his own ends. When her release was ultimately obtained by her friends, silence was bought by giving her her children and an adequate allowance. These are fair specimens of constantly recurring cases. The term "madness monger," to distinguish between the consulting alienist and the lunatic boarding-house keeper, by whoever invented, is now naturalised, both in England and America, and can be found in many periodical articles on the subject.

I remain, Gentlemen,

Yours faithfully,

LOUISA LOWE,

Hon. Secretary of the Lunacy Law Reform Association,  
29, Fitzroy Square, London, W.

March 5th, 1884.

[The above letter was in type for our last number, but was "crowded out" at the last moment.—Eds. M.H.R.]

### HOMŒOPATHY RE-DISCOVERED.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—a great deal of sensation has been caused in scientific circles by the alleged discovery by certain German pathologists and physicians of the cause of cholera. Doctors Koch, Fischer and Gaffky made some researches in Cairo; there the hypothesis was suggested to them that *bacilli* were the cause. The word "cause" is used in various senses in medicine; but when the German doctors were investigating into the cause, they used that expression in the sense of a material morbid agent. But the word "cause" may mean not only *materies morbi*, but also a constitutional tendency, or the physical condition immediately preceding the breaking out of a disease, or the whole group of facts which are the immediate occasion of the disease.



After their researches in Cairo, they proceeded to India, and they are alleged to have established on a scientific basis the germ hypothesis. Professor Ray Lankester is enthusiastic over these discoveries, and in his article on "The British Government and the Cholera Germ," published in the *Pall Mall Budget* of November 9, 1883, condemns the British Government for not encouraging original scientific research, and especially the study of disease and its causes. Dr. W. B. Carpenter, a well-known scientific scholar, supports the germ hypothesis, adduces evidence in its favour, points out the conditions under which *bacilli* exist and are propagated, and argues that not only in cholera but in various other diseases *bacilli* are the cause. These discoveries, these triumphs, these self-gratulations of scientific men are very amusing. It seems to be supposed that before the days of Koch and Fischer, nobody had breathed a syllable about the germ hypothesis as to the origin of cholera. Professor Lankester seems to think that the earliest date when the suggestion was thrown out was twelve or fifteen years ago, when Doctors Lewis and Cunningham made their researches in India. For the edification of all men ignorant of the history of the subject we quote the following passage from a paper by Hahnemann on "The mode of Propagation of Asiatic Cholera," written in the year 1881 and published in his *Lesser Writings*:—

"On board ships—in whose confined spaces, filled with mouldy watery vapours, the cholera-miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life of which the contagious matter of the cholera most probably consists—on board these ships, I say, this concentrated, aggravated miasm kills several of the crew." Dr. Carpenter lays stress on the fact that water is not the only vehicle of the *bacteria* which are the cause of cholera, but that they may be conveyed by the air, and he brings into prominence the fact established by Professor Tyndall that minute, living organisms generally move in clusters in the form of clouds. This is precisely what Hahnemann says: "The cause of this (the propagation) is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably millions of these miasmatic animated beings, at first developed on the broad marshy banks of the tepid Ganges, &c." The German commission that have gone out to India will find, therefore, that they have been anticipated in a great many of their conclusions by many other inquirers. The only service which it is now left to the commission to render is to establish in a scientific manner a theory which has been so far only a good working hypothesis. This they can only do by examining a vast number of cases

occurring under widely varying circumstances of food, drink, air, temperature, mental condition and physical predisposition.

The question of the *origin* of cholera, in the sense of a material cause, is an important one, mainly so far as questions of sanitation and of prevention of the disease are dependent on it. The question of the greatest importance, however, is the treatment of cholera. After a material agent has been introduced into the system, and after it has set up an organic disturbance, it is useless attempting to remove the original material cause, for the disease and the suffering will not be removed so long as the organic disturbance is not treated as a substantive complaint and dealt with as such. Cholera is regarded by some physicians as being in the last resort a hæmatic disorder, by others as being primarily a neurotic disorder. We do not want to pronounce upon the merits of either hypothesis. But whether it is a hæmatic or a neurotic disorder, after the disorder has been created it must be dealt with as a substantive disease. Whether *bacilli* are the cause, or anything else is the cause, the organic affection which is the immediate antecedent of the cholera must be removed, if life is to be saved; and we know that it would not be removed in ninety-nine cases out of a hundred by removing the material cause which brought on the affection. The practical mode of dealing with the subject of cholera would be to determine its real character—whether it is a neurotic or a hæmatic disorder—and then to say that whatever causes the disorder in question is the cause of cholera, and whatever would remove the disorder is the medicine for cholera.

Professor Tyndall's article in the *Pall Mall Budget* of November 2nd, 1883, entitled "Methods and hopes of Experimental Physiology" is a singular but probably unconscious corroboration of homœopathy. He states as one of the last results of scientific research that "alkaline sulphides introduced into the body, act powerfully on the contagia of marsh fever, typhoid, miliary fever, puerperal fever and small pox. In cases of pus infection, these sulphides have been found particularly efficacious." Well, all this may be a grand discovery to allopaths, but it is a commonplace to homœopaths. That *quinine*, which is the alkaloid of the Peruvian bark, has great efficacy in marsh fever, typhoid fever, and various other kinds of fever we all know; and we all know that *quinine* is homœopathic in action. That *chininum sulphuricum* is also a valuable medicine for fever is no news to homœopaths; and that *hepar sulphur*, which is a compound of sulphur and lime, is useful in cases of "pus infection," is among the A B C of homœopathy. With commendable enthusiasm Professor Tyndall proclaims the discovery of Crudeli that bacteria are the cause of malarious fever; and he announces that "*arsenic* is the substance which Crudeli has chosen to defend people from

the attack" of malarious fever. It is well known among homœopaths how efficacious is *arsenic* in malarious fever. Dr. Hughes cites the fact in his paper on "Individualisation and Generalisation" that, according to Wurmb and Caspar, *arsenic* cures malarious fever when the most judiciously selected medicines may have failed.

On the principle of "better late than never," we are not sorry for this re-discovery of homœopathy. We only hope that the process will go on with rapidity and vigour, and that before the present generation has passed away the system of Hahnemann may be the prevailing system of treatment all over the civilised world.

Yours faithfully,

A HOMŒOPATH.

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#### HOMŒOPATHIC MEDICINES FROM QUESTIONABLE SOURCES.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Some years ago whilst in Yorkshire I required some homœopathic medicine and was shown by my host his homœopathic medicine chest; amongst its contents was a two-ounce bottle of *lachesis*  $\phi$ ! I found, on enquiry, that this had been purchased at the shop of some allopathic chemists in Huddersfield who prepared homœopathic medicines themselves, and were therefore enabled to sell them cheaper than the homœopathic chemist; thus a double injury was done to our cause, for the honest preparer of our medicines was deprived of the legitimate fruits of his labour, and a spurious article was foisted upon the public, for we all know how scarce an article *lachesis* is even now, and a few years since it was more so. I leave your readers to characterise the conduct of this firm as it deserves. The want of faith in the power of medicine which is entertained by our allopathic friends has a great influence in such a course as that pursued above; if, as many hold, nature cures, and that all that they have to do is to support the thought of the patient so that he may be able to sustain the fight, what does it matter, the chemist may say, what I dispense, the case will get well (if at all) without medication; besides which, there is nothing in the homœopathic medicines themselves, so that the course of an unscrupulous man is made smooth whilst our system is made to suffer.

I think that we should do all we can to support our own chemists, and so long as their preparations are good the price is a secondary consideration.

Yours very truly,

May 2, 1884.

THOMAS ENGALL.

## ERRATA.

On page 368, line 12 from the bottom, for "which" read "made."  
On page 317, line 8 from the bottom, for "two" read "true."

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. GALLEY BLACKLEY, Dr. DUNN, Dr. BYRES MOIR, Dr. C. L. TUCKEY, Dr. BAYNES, Mr. EBSGALL, Mr. CROSS, and Mrs. LOWE (London); Dr. HOLLAND and Dr. P. WILDE (Bath); Dr. PURDON (Croydon); Dr. ORME (Atlanta, Ga., U.S.A.); Dr. STANLEY WILDE (Nottingham); Messrs. KEENE & ASHWELL (London); Mr. NORMAN (Bath).

## BOOKS RECEIVED.

*On Insanity and Nervous Disorders Peculiar to Women in Some of Their Medical and Medico-Legal Aspects.* By T. More-Madden, M.D., &c. 2nd Edition. Dublin: Fannin & Co., Grafton Street. 1884.—*The Cure of Spinal Curvature by Ling's Curative Movements, with Hints on their Prevention.* By A. Leffler Arnim.—*Sleeplessness: Its Treatment, &c.* By F. E. Stanley Wilde, L.R.C.P. & S., Ed. Homœopathic Publishing Co.—*Companion to the British and American Homœopathic Pharmacopœias.* By Lawrence T. Ashwell. Keene & Ashwell, London.—*Lectures on Cholera and its Homœopathic Treatment.* By L. Salzer, M.D. Calcutta.—*Treatise on Intracranial Diseases.* By Charles Porter Hart, M.D. Philadelphia.—*Compulsory Vaccination in England.* By William Tebb. F. W. Allen, London.—*Notes on Dental Practice.* By Henry C. Quincey. J. & D. Churchill, London.—*The Homœopathic World.* London.—*The Students' Journal and Hospital Gazette.* London.—*The Chemist and Druggist.* London.—*The Monthly Magazine of Pharmacy.* London.—*Report of the North Wilts Dispensary, Devizes.*—*Report of the Devon and Cornwall Homœopathic Dispensary, Plymouth.*—*Hahnemann: A Homœopathic Monthly in Bengalee.*—*The North American Journal of Homœopathy.* New York.—*The New York Medical Times.* New York.—*The American Homœopath.* New York.—*The United States Medical Investigator.* Chicago.—*The Hahnemannian Monthly.* Philadelphia.—*The New England Medical Gazette.* Boston.—*The St. Louis Periscope.* St. Louis.—*The Medical Advance.* Ann Arbor, Mich.—*The Medical Counsellor.* Grand Rapids, Mich.—*The First Annual Announcement of the Hahnemann Medical College, San Francisco.*—*Boericke and Tafel's Quarterly Bulletin.* Philadelphia.—*Bibliothèque Homœopathique.* Paris.—*Revue Homœopathique Belge.* Brussels.—*Allgem. Homœopathische Zeitung.* Leipzig.—*Revista Omiopatica.* Rome.—*The Philanthropist.* May.—*Fourteenth Annual Report of the Massachusetts Homœopathic Hospital, Boston.*—*Report of the St Lawrence Convalescent Home, Slough.*—*Catalogue of Dr. Roth's Collection at the International Health Exhibition.*—*Keen's Bath Journal.* May 8.—*Bulletin de la Société Homœopathique de France.* May.—*Calcutta Journal of Medicine.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORD, 18, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E. O.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE ANNUAL CONGRESS.

WE notice the Congress for 1884 rather earlier than is usual, on account of an alteration which it has been found necessary to make in the arrangements. Our readers will remember that at the last Congress meeting at Matlock, it was resolved to hold the next assembly at Cambridge. A difficulty, however, occurred in the appointment of a local secretary, an official of importance in ensuring the success of a meeting of this kind, where attention to detail is essential. Dr. CLIFTON, of Leicester, expecting that a relative of his was going to settle in Cambridge as a practitioner, offered to act as local secretary, trusting to him to make the needed arrangements. He, however, has since decided to begin practice elsewhere, and Dr. CLIFTON, finding that it was impossible for him to perform the duties of the office he had taken, resigned it, and as no one else could be asked to undertake what, in the circumstances, was a serious burden, it was considered by the Hon. Secretary and a few members of Congress that the best solution of the difficulty was to take the opinion of the Executive Committee as to the necessity of altering the place of meeting. There is an old rule of Congress, that an Executive Committee should

exist, consisting of all the past Presidents of Congress, and the President elect, with the Treasurer and Secretary, having the power of making any alterations in arrangements which circumstances arising during the long interval between the meetings might prove necessary or desirable.

Thus, the dates of the Congresses of 1871 and 1874 were left to be fixed by the Executive Committee, and that of the Manchester meeting was altered by them to suit an unexpected contingency,. It will be remembered also by those who were present last year at the Matlock Congress, that on the votes being taken between London as the place of meeting and four other towns, there was a majority in favour of London. On this result of the voting being declared, several members grumbled, if we may be pardoned the word, and suggested that if the votes were taken between London and Cambridge, which stood next in number of votes, the event might be different. The Hon. Secretary, who was the proposer of London, wishing to insure unanimity of feeling, then offered, with the permission of his seconder, to let the votes be taken over again, when a small majority declared in favour of Cambridge. This shows that in the event of Cambridge being from any cause rendered impracticable for the meeting of Congress, it was the desire of those who assembled at Matlock that the re-union for 1884 should take place in London. This alone was sufficient to guide the Executive Committee in coming to the decision they have done. It will also be remembered, that years ago the Congress decided that it should meet at least once in ten years in London. The last Congress held there was in 1874, and although the International Convention took the place of the Congress for the year, this bore no reference to the decision just alluded to. The Hon. Secretary accordingly wrote to the various members of the

Executive Committee, stating how matters stood in reference to the present difficulty, and proposing on the above grounds that London should be the place of meeting this year. All the thirteen members of Committee agreed, except two who wished, before deciding the question finally, to have a poll of all the members of Congress, and one, Dr. HUGHES, who is in America. The plan of polling all the members was found impracticable, and quite needless, the Committee being fully competent to act in the circumstances.

The large majority of the Council thus being in favour of holding the Congress in London, it has been decided that it shall take place there. Full details of the arrangements will be published by circular in July. We wish thus early to acquaint our readers with this alteration, that any holiday arrangements may be made to fit in with it.

We need hardly enlarge on the advantages of London having its turn as the place of meeting. The metropolis has always attractions to those living in other parts of the country, while this year there is one of a special character in the Health Exhibition, which every medical practitioner ought to see, and we think we are not mistaken in saying that the majority of our body will be rather pleased to have the opportunity of visiting London and inspecting this exhibition, one which is attracting crowds from all parts of the country. The date of meeting was fixed as the second Thursday (the 11th) of September. It has been thought that this was rather a mistake, and that holiday arrangements will be less interfered with if the date were altered to the third Thursday (the 18th). The Hon. Secretary having proposed this to the Council, a general agreement was found upon it also. The date of the meeting, therefore, will be the third Thursday (the 18th) of September.

We sincerely trust that the alterations which have thus become unavoidable will meet with the approval of all our *confrères*, and that we shall have to record one of the largest and most successful meetings we have ever had.

The President for the year is Dr. HAYWARD, of Liverpool, of whose powers of investigation and research and capacity for clinical work striking evidence has recently been given in his essay on *Crotalus horridus*, which forms a part of the new volume of *The Hahnemann Publishing Society*, of which he is the active secretary. We may therefore look forward with confidence to a sound and practically useful address.

The state of our *Materia Medica* records will be brought under review in a paper by Dr. HUGHES, entitled the *Materia Medica of the Future*. We shall thus have an opportunity of hearing this most important subject discussed by one who has devoted much time and thought to its study, and who will have had the advantage of hearing the views of those of our American colleagues, who have given so large an amount of earnest consideration to it. The meeting of the American Institute of Homœopathy this year will, it is hoped, decide on a plan of presenting the *Materia Medica* for the use of the practitioner, in the arrangement of which Dr. HUGHES will have had an influential voice. The discussion on this paper will doubtless prove one of the most important contributions to the question it involves that has ever taken place amongst us, and ought to ensure a large attendance to take part in it. No subject is of more vital interest to medicine than is the study of *Materia Medica*.

In addition to Dr. HUGHES' paper, Dr. GIBBS BLAKE has promised a communication on *Nephritis and its Treatment*; Dr. COOPER on *Flitwick Water*; Dr. J. H. CLARKE



on *Arsenic in Organic Heart Disease*; and if there is time Mr. ENGALL will read one on *Syphilis*.

For several years past we have not had a more important or more practically useful series of subjects offered us for discussion at a Congress.

We trust, then, that our colleagues will make an effort to be present on the 18th of September and that the meeting will be as fully attended as the papers to be brought before it are attractive, and the place where they will be read is easy of access and interesting to visit.

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## THE BATHS OF SCHINZNACH,\* SWITZERLAND.

By E. HAMILTON, M.D., F.L.S., &c.

EIGHT miles from Baden, on the railway from Brugg to Berne, are the Baths of Schinznach, so much renowned on the Continent for their efficacy in the cure of skin diseases, particularly Eczema. This vast establishment is situated in a valley through which runs the river Aar. It is surrounded by wooded hills, sheltered from the cold winds, and the river being very rapid there are no stagnant pools or other circumstances to generate malaria or other fevers. The surrounding country is extremely picturesque, and there are many beautiful excursions, both walks and drives, at easy distances to mitigate the *ennui* which often accompanies an invalid whilst undergoing the cure. The establishment is like a little city, and there is accommodation for a great number of patients. It is divided into two distinct parts—first and second class—so that each bather may be able to live according to his taste and wishes. The new buildings have everything to recommend them, and are much frequented during the bathing season.

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\* When staying at Baden I paid a visit to Schinznach, and was received with great kindness by Dr. Gerold Amstler, Jr., the physician to these baths, who explained to me the whole system of this great bathing establishment, and from whose pamphlet many of the following observations have been taken.—E. H.

The elevation of the baths is about 1,100 feet above the level of the sea. The air is pure and vivifying. The mean temperature in summer is about 17 Cent. (62 Fahrenheit), and it is not subject to sudden changes of temperature.

The source (spring) is extremely abundant, the water is rich in sulphuretted hydrogen, more so than many of the chief sulphur waters of Europe. The quantity of the water, however, varies considerably. In winter, when the water of the river is lower than in the summer, the mineral spring often rises to the surface of the Aar.

When the mineral water remains for some time perfectly quiescent, a sort of thick cream-like pellicle forms on the surface, particularly when exposed to the air.

The temperature of the water is subject to variations, according to the seasons of the year, from 28 to 36 cent. (86 to 92 Fahr.)

Dr. Weber states that it simulates in its degree of heat to the waters of Leuk, and M. Mourer compares it to that of milk, when taken immediately from the cow.

The temperature of the water issuing from the spring is considerably below that of the neighbouring source at Baden.

The mineral water on issuing from the spring (source) is transparent, of a slightly greenish colour, but when in quantity the colour is sea green, and when heated of almost ultra-marine.

A great number of small bubbles of gas are constantly being disengaged, with a strong odour of sulphuretted hydrogen.

The taste is bitter, saltish, and indicates strongly the presence of sulphur. The re-action is slightly acid. Exposed to the air it commences to become opaque after ten or twenty minutes, and a pellicle is formed on the surface. In twenty-four hours, however, the sulphur is again dissolved, and the water again becomes transparent. The same thing is observed when filling the bottles for exportation, the water again becoming quite clear after settling.

The analysis of the water gives the following. A pint (litre) of the water contains :—

*Gaseous Matter.*

Acid Sulp. Hydr. ...	...	87.8
Acid Carbonic ...	...	90

*Solid Matters.*

Carbonate of Lime	...	0.250	grammes
Carbonate of Magnesia	...	0.120	
Sesquioxide of Iron	...	0.005	
Silica	... ..	0.011	
Sulphate of Lime	...	1.091	
Alumina	... ..	1.010	
Chloride of Sodium	...	0.585	
Chloride of Potassium	...	0.086	
Sulphuret of Calcium	...	3.008	

Dr. Constantine James—*Guide Pratique aux Eaux Minerales*, 1883—differs somewhat from the above, he says:—"The water is limpid, it tastes freely of sulphuretted hydrogen and leaves a bitter and saltish taste behind; exposed to the air its surface is soon covered by a thin pellicle formed of sulphate and arseniate and carbonate of lime. The sulphur from recent analysis is found in a state of sulphuret and of sulphuretted hydrogen gas forming a total of 0.073 gr. to the pint (litre). There is also a considerable quantity of carbonic acid gas, also carbonate of lime, chloride of sodium and arsenic."

It will not be necessary here to enter into the various theories as to the action of mineral waters on the skin, or whether the skin has the power to absorb these different ingredients. Opinions on this subject are very varied. All we know is that certain substances exert a certain influence and cause certain phenomena on the human body.

The action of salts when the body is immersed for some time in an aqueous solution of these substances exerts an irritating, macerating, dry, or astringent effect, according to the nature of the salt; we know that the action of chloride of sodium and chloride of potass is irritant; that of alum, astringent; that of the sulphates and carbonates of lime, desiccatory.

To the action of carbonic acid, which we find in considerable quantities in the waters of Schinznach is attributed that colouration of the skin which is observed whilst taking and immediately after taking the bath. Concentrated carbonic acid applied locally produces a kind of burning pain in the eyes and nostrils and excites a general sensation of irritation. Thus we find that the carbonic acid baths at Ems and Vichy, after 20 minutes, cause a violent burning in the skin and, in general, nearly

all the symptoms which we observe in the mineral baths at Schinznach. These baths exert then an irritating action on the skin, on the mucous membrane, and on the peripheral nerves as well as on their centres.

Sulphuretted hydrogen, as we have seen, is contained in considerable quantity in the waters of Schinznach. It is its action, more marked than all the others, that determines the position of this spring amongst the rest of the sulphur waters. This gas is in very slight combination with the mineral waters, and is quickly decomposed. The hydrogen combines with the oxygen of the air, and the sulphur is precipitated in the form of a very fine powder. When the water in the bath is exposed to the air for a certain time, the sulphuretted hydrogen is volatilised, and its irritating action on the skin is lost. Mixed with the surrounding air, it often acts upon the mucous membrane of the eyes and causes a superficial inflammation termed thermal ophthalmia.

That it is this gas, and not carbonic acid which causes this irritation, is easily proved, as it is known that carbonic acid, when concentrated and met with in nature, causes a sense of suffocation, but never affects the eyes. In other respects, the two gases are similar in their local action.

It has been proved by experiment that flowers of sulphur, applied for even a considerable time to the skin, produce no perceptible effect. Yet, on the other hand, the curative action of this mineral in parasitical diseases of the skin has been long recognised. We may conclude, therefore, that the powder of sulphur precipitated by the decomposition of sulphuretted hydrogen does exert an influence on these parasites.

The following are some of the diseases for which the waters of Schinznach have been employed with success:—

All skin diseases in their chronic form.

Chronic Eczema in all its different forms; Eczema squamosum, papulorum, vesiculorum, rubrum and impetiginorum.

Impetigo; Sycosis mentagra; Acne vulgaris; Acne rosacea.

Pityriasis; Psoriasis; Prurigo.

Parasitic diseases of the skin.

Tinea favosa, tonsurans; Scabies; Urtica-chronica.

Lupus exulcerans; erythematous.

Fistulous and varicose ulcers.

Scrofula ; Ophthalmia scrofulosa.

Caries ; Necrosis ; Rachitis.

In Chlorosis and in abnormal menstruation, and in many cases of chronic catarrh of the mucous membranes, of the larynx and bronchi, in Chronic Catarrh of the pharynx, granular pharyngitis, and in other affections. For full details I would refer the reader to the able pamphlet by Dr. Charles Amsler.

The contra-indications are much the same as those of Baden ; but Dr. Amsler is of opinion that many cases which were formerly supposed to be increased or intensified by hot baths are much diminished if the baths are judiciously applied, as in some cases of affection of the heart, &c. He adds: As regards both in infancy and in old age prudence imposes the observation of certain rules. The declining forces of the one prescribe great attention and care, and one must be cautious not to provoke and over-excite the delicate organism of the other.

In dilating upon the effects of the Schinznach waters, and their ability to relieve and cure, Dr. Amsler makes the following remark :

“It is difficult to say how often since the time of the Romans has the medical system and method of cure been changed, but we can state one thing as certain that the mineral waters are the only remedies which have preserved for thousands of years their credit intact amongst all people.”

The waters of Schinznach, drunk in small quantities, excites the appetite, produces a sensation of heat in the stomach ; taken in larger quantities it causes a feeling of repletion, heaviness and flatulence. In general it diminishes the secretion of the intestinal tube and produces constipation ; taken in still greater quantity it often causes diarrhœa with symptoms of disturbed digestion.

It will be interesting to note, pathologically, the effects of the baths, more particularly in causing what is termed exanthema of the bath.

If a bath is taken for several days in succession at the temperature indicated, for not less than thirty minutes, particular phenomena show themselves in an augmented activity of the skin, termed exanthema of the bath. It is a superficial hyperæmia of an inflammatory nature, accompanied by an access of fever more or less intense ; it attacks

all parts of the body exposed to the action of the water. In young and strong individuals this colouration often becomes scarlet, but on leaving the bath the scarlet appearance is soon replaced by whitish patches, which gradually extend themselves, and in a few minutes the skin assumes its natural colour.

Scoutetten (Temp. of the human body) made the following observations on his own person at Schinznach:—

“Temp. of the air,  $57^{\circ}$  Fahr.; temp. of the body in bed,  $96.8^{\circ}$  Fahr. On entering the bath at  $85.50^{\circ}$  Fahr., the first sensation is that of cold, but in about ten minutes this sensation disappears, the skin reddens, and an erythematous colour becomes general, commencing on the thighs, stomach and chest, and then extending quite to the extremities; on remaining in the bath for little more than an hour the temperature of the body fell to  $39^{\circ}$  C. ( $99^{\circ}$  Fahr.) towards the end of the bath. In these conditions the body constantly yields its heat to the water of the bath, for the whole hour and a quarter while the experiments were made.

After the first half-hour there was desire to urinate, which was repeated three or four times, the urine being very light coloured, resembling clear water. Blue litmus paper gave slight acid reaction; after the second action the urine was neutral; after the third, red litmus paper was turned blue and was slightly alkaline; one hour after the bath the urine became again acid.

Immediately after the bath, the body being enveloped in a warm sheet, the skin remained red for a quarter of an hour, the redness diminished gradually and finally disappeared. The temperature of the body rose and returned to  $35^{\circ}$  C. ( $95^{\circ}$  Fahr.), seldom above that. Afterwards it again became lower, about three quarters of an hour after the bath, so that it was necessary to be covered with warm clothing or to return to bed to get warm. Sensation of lassitude and a great desire for food came on.

Above  $30^{\circ}$  Cent. ( $86^{\circ}$  Fahr.) the baths are difficult to bear. At  $25^{\circ}$  Cent. ( $77^{\circ}$  Fahr.) I could not, without suffering, remain longer than a quarter of an hour.

When a bath is taken at a more elevated temperature,  $40^{\circ}$  Cent. ( $104^{\circ}$  Fahr.).—On entering the water a sensation of extreme heat of the skin, with general redness almost immediately ensued, and in seven minutes abundant sweat over the head, accelerated pulse, 80 pulsations per minute,

mounting to 92; quick respiration—24 instead of 18 per minute. Temperature of the body before the bath 35·2 (95 Fahr.). During the bath 36·8 (97 Fahr.) During the whole time of taking the bath there was no desire to urinate; immediately after the bath the temperature of the body was 36 (96·8 Fahr.) An hour afterwards it fell to 35, (95 Fahr.) The usual cooling is very slight—the appetite was less developed. The urine was very acid, and a sensation of lassitude remained the whole day.”

In proportion as the baths are continued the skin becomes very sensitive to the touch; the redness does not disappear. After the bath a slight febrile condition commences. As in exanthematous fevers the pulse is accelerated, and fuller than usual; the skin becomes dry and hot to the touch; here and there small vesicular boutons appear, and insomnia commences.

It is not always necessary to take the very hot baths to produce these symptoms. Baths at a lower temperature but long continued will often excite them; and other symptoms appear, as general derangement of the stomach, thirst, diminished appetite, slight rigor, restless sleep, constipation, thick and high coloured urine, &c.

When this period is passed, about the 14th to the 18th day, the skin begins to get pale and lose its colour, the epidermis becomes blackish, and commences to crumble and crack, and finally to detach itself and fall, in the shape of powder and scales. The fever and all its accompaniments diminish, and there remains for some days yet a sensation of itching and smarting, rendered, at times, still more disagreeable from the fissures and cracks in the epidermis, but little by little the normal functions of the skin are re-established.

We may add that it has been proved that the internal use of the mineral waters never produces these effects on the skin and that these are only produced on those parts of the body which have been exposed to the action of the water.

Scoutteten denies that certain substances in the mineral waters are absorbed by the skin, and states:—

1. That the skin in ordinary condition does not absorb in the bath either aqueous substances or saline substances.
2. The skin does absorb gaseous bodies.
3. The skin absorbs also those bodies which dissolve its

grease or enters with it into a combination susceptible to an infinitesimal division.

4. The mineral waters and the salts which are found in solution cannot be absorbed by the skin. The theory attributed to them of a special curative faculty ought to be abandoned.

5. Therefore *there must exist another cause to which must be attributed the therapeutic action of mineral waters.*

That cause Scoutetten attributes to the action of electricity.\* He goes on to say:—

1. That mineral waters possess and disengage electricity.

2. That the human body contains electricity and at the same time channels for receiving and propagating it.

3. That the electricity in the mineral waters follows these channels and through them pervades the organism and acts upon the diseased organs.

The idea being so novel so much the more difficult has been the research and, up to the present time, although the French and German authors recognise its importance, there have been as yet but few practical investigations.

It is sufficient to remark, however, that all experiments which have been made, tend to prove that electricity has a considerable influence on the action of mineral, and more especially of the sulphur waters.

At the same time one must be careful not to confound electricity with the vital principle which still remains unknown and incomprehensible.

According to Grandeau, the principal substances in the waters of Schinznach, with the exception of the gases, are the Carbonates and Sulphates of lime and magnesia, and Common salt. These are the only substances which need be taken into consideration, as the other ingredients are found in lesser quantities than is consumed daily in what is eaten and drunk.

The Carbonate and Sulphate of Lime.—These two salts, which exist so prominently in these waters, are taken together, because the sulphate of lime, once received into the blood, combines with the alkalies and form carbonate of lime, which in its turn combines with finer phosphoric acid and form phosphate of lime. The calcareous salts

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\* Patissier, as early as 1839, in a paper read before the Academy of Medicine at Paris, was the first to mention that electricity might contribute to the action of mineral waters.



are indispensable for the organism and enter into the composition of all the organs and all the secretions of the body.

The importance of these salts in the formation of bone assigns to them a marked position in the treatment of Rachitis, Caries, Necrosis, and in scrofulous and tuberculous diseases.

Common Salt forms a constituent part of the blood, of different formations of the body, and of physiological and pathological secretions. A certain quantity of this salt is necessary to maintain the health at an equilibrium, but its place in the animal economy must be recognised with certainty.

It aids the digestion by exciting the action of the gastric juice and when passed into the blood it favours the endosmotic reception of the digested matters in the capillary vessels of the intestine. It also appears to be the source from which the blood draws its carbonate and phosphate of soda. Chloride of sodium also appears to take a very essential part in the formation of cells as it is found in abundance in the exudations in pus and mucus. The reunion of the different qualities is sufficient to explain the influence it exercises in Scrofula and Chronic Catarrhs and at the commencement of Pulmonary Tuberculosis.

Many authors, some of them very distinguished, regard the beneficial effects produced as due to change of air, of food, and a total alteration of the usual mode of life, with relaxation from all harassing business and anxieties, rather than to the baths, and although these changes may do much to help, yet the extraordinary results accomplished on those who are not subjected to the above, *i.e.*, on children and also on the poor, prove that these Sulphur waters exert by some means or other an influence over certain diseases for which these baths are so renowned.

The Baths are opened generally in the month of May, and close the end of September. The Doctors Amsler (father and son) and also Dr. De Tymowski reside in the establishment during the season, and as these baths are much frequented it is as well to write beforehand for apartments. The Director of the establishment is M. Hans Amsler, 'Schinznach Les Bains, Canton Aigovie, Switzerland.

## CLINICAL NOTES.

By T. E. PURDOM, M.D.

*Case I.*

Mr. P., æt. 18 or 19, at college. General health usually good but digestion easily deranged. Has more or less chronic nasal catarrh.

April 4th. Mr. P. went out of hot room last night and stood on doorstep for a few minutes without great coat; felt the air cool and went in, but too late to escape a chill. He complains of having had a distinct rigor and chilly feelings during night; now his limbs and back ache. His pulse is 120 and his temperature over 103°. R̄ *acon. nap.* φ m., 1-5th., e.hr. and liquid diet.

April 5th. Pulse and temperature quite normal. Aching in limbs and back quite gone. He now complains of sore throat; the tonsils are reddened and slightly swollen. R̄ *bell.* φ, m. 1-5th every two hours, and wet compress round throat, to be changed every two hours.

April 6th. Throat nearly well, but the pulse is quickened and there is a very slight return of fever. He complains now of nausea and has been sick. The tongue is red and rather glazed. There is tenderness over the gastric region, especially over the epigastrium. He feels weak and ill. The chill has now developed into gastric catarrh. To have milk and soda water, ice, chicken or mutton tea; a cold compress to be worn constantly across the stomach and changed every two hours. R̄ *acon. nap.* 1 mj., *ars. alb.*, 8x mj. alternately every two hours.

April 7th. Feels better, fever gone, but tongue red and tenderness over epigastrium the same. Repeat food and medicine.

April 8th.—Nausea less but not gone. Epigastric tenderness extending to right hypochondrium. The skin and conjunctivæ are now distinctly jaundiced. The catarrh has extended by duodenum to the "*ductus communis choledochus*," producing catarrhal jaundice, by obstructing the duct. There is occasional sharp pain in the right hypochondrium. The stool is almost white, and the urine high coloured. R̄ *bry. alb.* 1, *ars. alb.* 8x, the former indicated by the sharp pain and the latter by the red tongue and gastric catarrh still present. Diet the same and the wet compress.

April 9th. *In statu quo.* *Ars. alb.* 3x mj. *merc. sol.* 3x gr. j. alternately every two hours.

April 10th. Gastric symptoms much better; tenderness in right hypochondrium; jaundice not severe, but the same as yesterday with languor and great itching of skin. Continue medicine.

April 12th. Improving generally but jaundice much the same; stools and urine still characteristic. Repeat medicine.

His dislike to beef and other teas was overcome by adding some milk to them. He gets on best with the milk alone; allowed grapes and a light sponge cake.

April 14th. Feels better but jaundice the same. R̄ *podoph. φ j. merc. sol.* 3x. j. alternately every two hours.

Has been having hot bath in bedroom every day since the jaundice appeared.

April 16th. Is much better; tongue now moist and natural; allowed white fish, sole or whiting, plainly boiled. Compress stopped. To sit up. R̄ *hydrastis φ m.*, 1-3rd every two hours.

April 19th. Feeling quite well; skin almost quite natural, the fæces are a healthy brown and the urine normal. The old nasal catarrh has also gone.

### Case II.

Mrs. M., æt. 72. Before the last six months her general health was good. She was stout and well nourished.

March 17th, 1884. Present illness. During this time she has been in more or less constant pain in right side of the abdomen extending backwards almost to spine and up to hepatic area posteriorly. Attacks of colic across bowels now and again; pain, too, up spine at times, which was called spinal neuralgia. The abdomen is bloated and large and the colon is distended, and pressing up on liver, adding to her troubles. The bowels are very constipated and have needed mechanical help once or twice to get them relieved; there is considerable flatulence; great anorexia; an irregular yellowish moist fur on tongue. She is weak but able to walk about a little. The skin of abdomen, &c., is very tender from the application of all sorts of poultices and liniments. There

is occasional sickness. Consider how far there may be organic disease present.

*Treatment.* Diet light, nutritious, in small quantities at a time, *e.g.*, milk and soda water, beef tea, blanc mange. A very little brandy (3 i.) in tea or food once or twice daily.  $\mathcal{R}$  *hydrastis*  $\phi$   $\frac{1}{2}$  *coloc.* 3x. m. ij. Enemata.

March 19th. Feels better; less of the colicky pains. She seems to bear pain badly; anorex. and constipation the same.  $\mathcal{R}$  *hydrastis*  $\phi$   $\frac{1}{2}$  ante cib., *chamom.*  $\phi$   $\frac{1}{2}$  post cib.

March 22nd. Is decidedly better, bowels act easily with enemata, which they did not before. Continue medicine.

March 26th. Keeping rather better. There has been some return of sickness. There is no distinct tumour or enlargement of liver to be made out. The distended colon may hide this.  $\mathcal{R}$  *nux. vom.*  $\phi$  1-5th ante cib.,  $\mathcal{R}$  *hydrastis*  $\phi$   $\frac{1}{2}$  post cib.

March 31st. The pain is increased, and now the skin and conjunctivæ are quite yellow. Jaundice is now added to previous symptoms, indicating increased congestion of liver, or tumour pressing on the bile duct or some other part of the biliary apparatus. The fæces are light coloured and the urine dark brown.  $\mathcal{R}$  *chamom.*  $\phi$   $\frac{1}{2}$ , *merc. sol.* 3x ij.

April 2nd. The jaundice is more intense. Other symptoms the same. There has been emaciation going on for some time. Continue medicine.

April 4th. More sickness, otherwise the same; Neave's food is about the only thing she can take.  $\mathcal{R}$  *nux. vom.*  $\phi$  1-5th, *hydrastis*  $\phi$  1-5th.

April 7th. *In statu quo.* *Hydrast.*  $\phi$  mj., *merc. sol.* 2x grj., alternately every two hours.

April 9th. The same. *Ac. nitr.* 1x mij. *Chelidon. majus* 1x. m. v., alternately every two hours.

April 13th. She is worse. There has been more vomiting the last three days, bowels more swollen, slight ascites. No tumour can be felt. Jaundice deepening to a brownish yellow. Large enemata with a tablespoonful of ox-gall mixed with them were tried with the hope of promoting free action of bowels.  $\mathcal{R}$  *hydrastis*  $\phi$  mj. *podophyll.*  $\phi$  mj.

April 16th. Is somewhat better. Has passed a dark liquid motion; hiccough and sickness have been troublesome  $\mathcal{R}$  *nux.*  $\phi$  1-5 and *hydrastis*  $\phi$  mj. alternately two

hours. There is distinct ascites and œdema of ankle. The patient is often drowsy, increased weakness; no itching of skin. There have been one or two light coloured motions each day lately. R̄ to try ox-gall injection again. R̄ *hydrastis* φ, *ars. alb.* 3x (*Moschus* 1x to be given if hiccough is troublesome).

April 19th. The *moschus* relieves the hiccough. Continue medicine. Ice, too, helps this and the sickness.

April 21st. Increasing weakness and sickness, bringing up dark brown fluid. R̄ *Nux. φ* *Digitalis* φ.

April 22nd. Has had more pain anteriorly in right hypochondrium the last day or two, the kidneys are not acting freely; gin and water was tried. Last evening she sank into an unconscious state and now she is comatose, evidently from bile poisoning nerve centre. There was no rallying from this state and she died about twenty hours after becoming unconscious. Extract of gall, grs. v. in coated pills, was tried a day or two before, but increased sickness; Karlsbad salts and water were also given, but she could not bear them; poultices, bran bags, &c., were used freely to relieve pain.

*Remarks.* These two cases illustrate two forms of jaundice. The first, simple catarrhal; the second, evidently caused by severe chronic congestion of liver or a tumour which could not be diagnosed. Mrs. M. had always been abstemious so that cirrhosis was not likely. The idea of cancer was favoured by a brother having died of cancer of the œsophagus, but there was no distinctive sign or symptom of it. In the former case there was severe itching which was absent in the latter.

The first case illustrates very clearly the consecutive effects of one chill and the distinct action, I think, of *aconite*, *belladonna*, *arsenic*, *podophyllum* and *hydrastis*. The latter patient's history, age and symptoms, indicated a very different state of matters. There was some relief, I believe, from the *hydrastis* and *chamomilla*, specially at first. Once the jaundice had set in, there was no real improvement.

Croydon.

ON THE TREATMENT OF RACHITIS WITH  
*PHOSPHORUS* IN RELATION TO THE LAW  
 OF SIMILARS.

By Dr. WEIL, of Berlin.\*

IN the year 1872 Dr. Wegner published an experimental study on the influence of *phosphorus* on the human organism, especially as regards the reproduction of fresh osseous matter. And now Dr. M. Kassowitz, of Vienna, has proved *phosphorus* on the healthy body and found that it induces a *pathologico-anatomical condition*, which has the *most striking resemblance to rachitis*, and at the same time discovered that this substance, *in small doses* (0,00015 pro. dosi.), is a very important remedy for the cure of rachitis. This very interesting and careful essay is published in the *Zeitschrift für Klinische Medicin*, von Frerichs, &c., vol. vii, parts 1 and 2, 1883, and is worth the attention not only of the busy medical practitioner, but also, and especially, of that of the scientific physician. Dr. Wegner, like other authors, traces rachitis to a deficiency in the calcareous elements in the body, and whilst the specific relation of *phosphorus* to bone substance, and especially to the rachitic process, became apparent to him, Dr. Wegner was led to the conclusion "that, theoretically considered, it was not by any means improbable that a remedy for rachitis had been found in *phosphorus*. *Phosphate of lime*, incorporated in ever so large quantities with the animal organism, has not, according to Dr. Wegner's researches, the least action on the union of bone.

In order to produce a specific action in the osseous system of healthy growing animals, it is only necessary to introduce *phosphorus in substance* in doses small enough to be non-prejudicial to the organism.

Dr. Kassowitz found that ossification, and the deposit of calcareous salts which occurs along with it in the vessels of the osseous tissues, is everywhere dependent on a reactionary movement in the blood-vessels.

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\*This very interesting paper originally appeared in the *Allgemeine Medicinische Central Zeitung*. It was reprinted in the *Allgemeine Homöopathische Zeitung* of February, 1884, and Dr. Galloway, of Sunderland, has kindly translated it for us. It is interesting to remember that Dr. Weil is a well-known homoeopathic physician in Berlin, and that the journal in which his observations and criticisms were first communicated to the profession is *not* a homoeopathic one.

Further, that the resorption of ossified cartilage and bone, and the dissolution of previously deposited calcareous salts, is directly dependent on the new formation of blood-vessels and the increase of their calibre. If, then, *phosphorus* is able to furnish a more solid, compact, bony tissue in the place of a spongy one, in other words, if the formation of the medullary spaces lying near the edges of the cartilages be delayed, or the spaces already formed are filled with osseous substance, we must possess in *phosphorus* a material which is able to act directly on the blood-vessels ramifying in those parts.

The nature of *rachitis* consists, according to the views of the author, not in the hitherto generally supposed deprivation of the blood of its organic constituents, but rather in the inflammatory hyperæmia and the increased formation of blood vessels in the osteogenous tissues, by which the deposit of calcareous salts in these morbidly affected tissues is impeded, or effectually prevented for the time.

If, then, *phosphorus* so acts on the blood-vessels of the osteogenous layers, in the case of normal tissues, that in place of the spongy structure a compact bony deposit is formed, it is in a high degree probable that the same substance given in those minimised doses in which it exercises so remarkable an influence on the normal, growing, osseous system, also directly counteracts the morbid process in rachitic bones.

Through his subsequent testing of these views by experiments on the living organism, and his additional researches, the author comes to the conclusion "*that phosphorus administered in small doses—such as are non-injurious to the body, has proved itself to be a direct, rapid and reliable remedy for rachitis and its characteristic symptoms.*"

During the experimental feeding of young rabbits which Dr. Kassowitz made with 0,00015 doses of *phosphorus*, and continued for 12 to 14 days, it transpired that the whole of the thickened layer in long bones, produced by the incorporation of the *phosphorus*, is nothing else than the abnormally extended zone of calcification of cartilage, the primary medullary spaces and the metaplastic ossification of cartilage. It depends, according to the views of the author, upon the impeding and limitation of the resorption and formation of the medullary spaces, brought about by the action of the *phosphorus*; therefore in this case on an arrest of the formation and development of the blood vessels of

the respective osseous parts, the intermediate substance, which unites the neighbouring layers of epiphysis and diaphysis together.

Further experiments on rabbits and fowls with daily doses of from 4—6 decimillionths of a gramme resulted, in the case of those killed, in extensive destruction of the hepatic parenchyma and hypertrophy of the connective tissue of the liver, and also, in an inflammatory process in the bone, in ossifying the cartilage, the periosteum and the medullary substance, which in its moderate development exhibited *the most striking resemblance to rachitic affections*, whilst with an increase of this inflammatory process, the phenomena of dissolution, particularly at the place of apposition of the longitudinal growths so predominated, that it might result in a separation of the chondroid epiphyses from the diaphyses.

In order to shed light on the apparently antagonistic actions of the smaller and larger doses of this remedy, the author refers especially to the idea that *phosphorus* in these minimised doses may contribute somewhat to the increase of the phosphatic salts. He says, inasmuch as we have thus induced, with doses of *phosphorus*, an inflammation, leading to the formation of blood-vessels in the cartilage and the early osseous layers, we see here a perfect and undoubted example before us, how an irritant, circulating in the blood, can create an inflammatory process at the places of apposition of the bones, and a process positively exhibiting the greatest resemblance to that kind of inflammation which produces increased formation of blood-vessels in the osteogenous tissue, and which we designate as rachitis. The author says literally—if substances like *arsenic* and *phosphorus* have the property, in infinitesimal doses, of exercising on the tissues through the circulation an influence which leads to inflammation, and even—within circumscribed limits—disintegration, and this to such an extent that the regeneration of the decayed particles of tissue not only suffers no impediment, but rather by such intensification of the physiological deterioration of the elements of living tissue, a corresponding increase of the physiological regeneration is introduced, then the known actions of small doses of arsenic in arsenic eaters, in anæmic chlorotic persons, and even in scrofulous children, is easy to understand.

When, says the author, we return from hypothetical discussions to the safer ground of the phenomena which



manifest themselves in the osseous system, the following may be considered as established :—

1. *That larger doses of this remedy, introduced into the circulation of growing animals, create a visible extension and increase of the blood vessels in the most recent layers of bone, resulting in a considerably increased dissolution of the calcified cartilage and bone.*

2. *That very small doses, in a very remarkable way, limit the normal solution of the calcified cartilage and recently formed bone, producing a diminution in the number of the primary medullary spaces, and also a reduction in the calibre of the latter. The author treated 560 children from 1879 to April of last year, and communicates a complete and highly interesting summary of his results; ultimately he shows that during the treatment with phosphorus a safe and rapid cure of all the symptoms of rachitis is brought about. More especially is this observed in those of the cranium and their consequences, in those noticed in the ends of the bones of the extremities, and the resulting difficulties in locomotion, in the rachitic states of the bones of the thorax and spinal column. Finally, a very remarkable change for the better may be recognised in that state of generally impaired nutrition which so commonly precedes the development of rachitis.*

The author accordingly believes that he has proved :—

1. *That all the phenomena of the rachitis skeleton proceed from a markedly increased vascularisation of the osteogenous tissue.*

2. *That the exhibition of the smallest acting dose of phosphorus in growing animals, results in a retardation of the normal solution of bone and cartilage, and therefore in a retardation of the normal vascularisation of these tissues.*

3. *That these small doses of phosphorus remove in a short time rachitic softening of bone.*

I have referred so far, and in the author's own words as nearly as possible, to the chief points in his communication; whilst pursuing his experiments he has been compelled, quite unintentionally to acknowledge and declare the law of similars in this concrete case, although at the same time making no reference to this remarkable fact.

“*Phosphorus* in relatively large doses, generates an artificial disease in the healthy organism, presenting the most striking resemblance to the natural one designated

rachitis. This medicinal substance just as certainly cures this disease, given in minimised doses, such as are too small to be injurious to the body."

These experiments are of a kind which exclude all speculation and furnish comprehensive facts—facts which are not to be triflingly explained away. The proof for the justice of the position maintained is seen in the therapeutic result obtained on the diseased body.

Whoever impartially tests the facts must acknowledge their importance.

Those physicians who find in the law of similars an important guide to therapeutic treatment, have recorded a large number of such facts, and published many painstaking and laborious treatises on the subject, only they suffer from this small disadvantage, that their works are never read or respected, while they are regarded as being perfectly incapable of forming a correct opinion. Hence, no one can blame them when they endeavour to demonstrate, by the aid of such works as the one referred to here, that the principle mentioned above has a right to be regarded as of importance in the treatment of internal disease, and that it is not an idle invention; which since its birth has only served to raise dust and dirt. No physician who acknowledges this principle could better or more exhaustively plead for its truthfulness, at least in the instance in question, than Dr. Kassowitz has done in the course of his scientific research.

Even in the dosage he was obliged, in the manner of the supporters of the law of similars, in order to accomplish therapeutic results, to descend to minimised quantities, doses of from a-half to one milligram, which correspond to the third and fourth decimal scale of dilution; therefore, doses, which are vanishingly small, and yet productive, when properly applied, of such wonderful results.

Every impartial critic, and, God be thanked, there are many who do not purposely ascribe fraud or serious cerebral deficiencies to those who differ from them in opinions, must after all acknowledge that the law of similars, in the face of such facts, is worthy at least of consideration. It is a question only of plain and logical deduction, a medicinal substance is proved on the healthy body, search is made to ascertain to which organs it has a relation, and if it acts curatively in natural diseases which bear the greatest resemblance to those which it produces,

then a lasting result is achieved in a scientifically inductive manner.

It transpires, quite spontaneously in this case, that these curative experiments are made not with the coarse (frequently poisonous) doses of the drug, but with small ones—with doses which are not injurious to the organism, yet which disclose the specific, active properties of the medicinal substances.

It is quite as scientifically justifiable to enquire, in what reduced doses drugs are still active, as to experiment wholly with maximum quantities, which only too often induce symptoms of poisoning—as, for example, the continued roaring in the ears and amblyopia from the abuse of *quinine*, as well as all the recognised conditions of irritation and depression from over-dosing with *morphia*. The ultimate limits of drug action are not to be decided by foregone conclusions, but rather by experiment, and a fine ear and eye are essentially requisite for the undertaking. Should anyone occupy himself with microscopical studies, he soon finds that it is very easy to discover the coarser results, while the finer and the finest require most delicate and patient manipulation.

As, for example, in the repetition of the experiments of Koch with the tubercular bacilli, not a few recognised authorities have exposed themselves to considerable criticism because they could not or would not see.

How far the action of minimised doses is still perceptible, and which drugs especially act promptly according to the law of similars, has been investigated already to some extent during many years of clinical observation, and the enquiry must be pushed still further. Most certainly do these investigations, often arduous, well deserve the consideration of all physicians, whether they are willing or not to see the principle of similars justified, they may read the reports of such enquiries with interest and profit. The provings of medicines on the healthy, *not as is customary*, on the diseased organism, and the prosecution of such experiments into the minutest detail, not merely with reference to the objective phenomena, the pathologico-anatomical changes, but also as regards subjective symptoms, is a grave scientific problem which is as yet but partly solved. He who, when reading the works of physicians who have not become acquainted with the law of similars, keeps his eyes open often enough sees in or

between the lines an unconscious acknowledgment of its truth.

I introduce here one of many examples of this. In a book issued by the late Dr. Lowenstein, *The Morphia Cachexia*, 2nd ed., 1880, p. 32, it is deliberately stated: "When one compares these phenomena, which are the consequences of an abuse of *morphia*, with the pathological conditions for which it had been prescribed, then the agreement between them (similarity?) appears evident. Sleeplessness, hyperæsthesia, neuralgia, anxiety, depression and excitement, are both to be allayed and created by *morphia*."

This decision includes, without reservation, the correctness of the law of similars, so far as *morphia* is concerned. A great number of such sentences and acknowledgments might be easily collected together. That there are various ways of reaching Rome, is known to any physician, and every method of cure, in good hands, has its justification, and will retain it; how each reaches his goal, must be answered for by himself, and is his business.

It is to be assumed that every physician from his standpoint strives and wishes to do his best, and it is impossible to conceive that a scientifically educated man would devote himself throughout life to the defence of mere phantoms, or the sake of filthy lucre!

Where the recognised therapeutic school achieves such important, prominent results, then those physicians who think otherwise must experience a rebuff when they do not avail themselves of these advantages and adopt means which have worse results to offer.

Our object is not to strive for an amalgamation of both methods, for each must pursue its own way.

But, those who devote their energies to the investigation of the law of similars ought not on every occasion to be treated with contempt; they have a scientific right to remain true to their convictions and to explore and to test; the truth must ultimately declare itself.

I am convinced, that, among the many and educated physicians in the world there are a great number who neither justify nor sympathise with the stereotyped methods of abuse of their professional brethren, who differ from them on points of therapeutics.

NOTE BY THE EDITOR.—I have just read in the December issue of the *Belgian Homœopathic Review* that, according

to a correspondence in the *Union Médicale*, December, 1883, the Director of the Children's Hospital in Bern, Professor Demme, has prescribed *phosphorus* with great success, in the treatment of rickets in children. It was ordered in the following form: *Phosphori puri* 0, 005, *ol. olivar*, 50, 0, a teaspoonful twice a day, which is about equal to our third dec. dil. The *Revue Homœop. Belge*, pointedly remarks thereon: "Our allopathic colleagues have only to continue to make such fresh discoveries, which naturally for us have nothing novel in them, and they will ultimately discover that *phosphorus* in stronger doses will produce particular forms of bronchitis, certain more or less severe phenomena in the nervous centres, as well as special instances of gastrointestinal affections, &c., and that, in small doses, it will likewise cure them."

## THE ACTION OF ASPARAGUS.

By C. LLOYD TUCKEY, M.D.

We sometimes hear our friends complain of *embarras de richesse* in regard to our *Materia Medica*, but this very richness is, it seems to me, one of the greatest advantages of our system. How often, after exhausting the polycrests and semi-polycrests, are we glad to turn to some drug almost unknown to us, guided to it by the *Repertory* or by some remarks of an old writer, to find in it our *similimum* and the way out of our trouble. I think if we kept an account of remarkable cures of uncommon diseases we should find these outside medicines credited with a great number of triumphs.

These thoughts have occurred to me in consequence of having within the last few months met with two cases in which asparagus was given with marked success after other means of cure had failed. That the medicine is less used than it deserves to be is, I think, shown by its omission from most of our text books, and from several of our chemists telling me they have never been asked for it.

We all know asparagus as a succulent vegetable which has a marked diuretic action on most people, and homœopaths more than forty years ago, led by this fact, proved it in the usual way. The proving is, however, fragmentary, and Jahr remarks that but little is known of the medicine.

Though in using the *Repertory* one is occasionally led to

think of asparagus in obstinate cases, the symptoms noted by the prover seem to me too vague and general to justify its use in a critical case without good testimony to its reliability. This testimony was supplied to me by my lamented friend, Dr. Hilbers, to whom let me gratefully own I am indebted for many invaluable clinical and therapeutic hints. He, I believe, chiefly used it in palpitation depending upon organic disease of the heart with renal symptoms.

The first case of bladder disease in which I used asparagus occurred about a year ago. A gentleman over seventy years of age had a sudden retention of urine, for which he was treated by catheterisation. The operation was so roughly performed that the prostate gland was seriously lacerated, and violent inflammation of the bladder set up.

The disease ran a most tedious and painful course, and for six weeks the only water passed was through a catheter used night and morning. The urine was during this time scanty, and full of pus and epithelial débris from the lining membrane of the bladder. There was frequently painful tenesmus of the bladder and rectum, and large quantities of prostatic fluid came away. Rectal examination revealed an enormously enlarged prostate, which was very painful to the touch and evidently inflamed. The general system suffered much, and there was a great deal of restlessness and palpitation.

In old persons one knows by experience how grave such cases are, and how often they end in chronic ill-health and death from exhaustion. Things looked badly for my patient, and *terebinth*, *cannabis*, *cantharis* and other medicines produced no striking effect. Asparagus 3, however, altered the whole aspect of the case in a few days; the urine increased in quantity, and gradually lost in pus and epithelium, the tenesmus ceased, and the contractile power of the bladder became re-established *pari passu*, with decrease in size of the prostate. In three weeks from the time of the first dose of asparagus, the catheter became unnecessary, except as an occasional precautionary measure, and the patient went to the seaside and finally became quite well.

The second case is still under observation. A gentleman, aged fifty, got an attack of inflammation of the neck of the bladder, apparently from exposure to cold and wet during the late severe weather. The symptoms were of the usual kind; frequent and distressing tenesmus, urine loaded with

pus and flakes of the mucus lining of the bladder, prostration, sleeplessness, and discharge of prostatic fluid. *Cantharis* 3 in a few days effected wonders, but a serious relapse occurred, whether from fresh cold or other cause I know not, and it was then given without effect. Palpitation of the heart, especially at night, was a striking symptom of this attack, and I prescribed *asparagus* 3 with fair confidence. The result, however, exceeded my most sanguine hopes, for the disease was checked within a few hours; the large patches of mucous membrane in the water became replaced by small shreds, and in forty-eight hours these also had almost disappeared. The subjective symptoms underwent still more rapid abatement, and in less than a week the patient was virtually cured.

Both these gentlemen had been under good allopathic treatment for some time before I saw them—case No. 2 three weeks—and they at once noticed on changing the treatment how our medicines seemed to go to the part affected and have it out with the disease on the spot.

Alkalines internally, and *belladonna* and *morphia* suppositories seemed, according to their account, to affect the system at large, but to leave the local disease untouched.

We expect great things from our polycrests, but when a somewhat despised and neglected outsider does good service and fulfils its indications, we appreciate the resources of homœopathy and the industry of its founders to the fullest extent.

14, Green Street, Grosvenor Square.  
May, 1884.

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## STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

By DR. BERNHARD HIRSCHEL.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., L.R.C.S., Edin.

(Continued from page 363.)

BRYONIA ALBA.

HERE are very pronounced gastric symptoms, which have been brought out by several provings. That of Vienna is a brilliant confirmation of the old Hahnemannian. As to

pains, there stand in the first rank, stomach-ache, immediately after and during eating, like a stone; it makes one ill-tempered; in the epigastrium, in walking immediately after a (supper) meal; at last ache unbearable, upon the bladder and perinæum, going away on sitting, ache, that causes ill-temper, in stomach, like a stone, after eating, on walking; feeling of being full in the epigastrium; cutting like knives in the epigastrium, with eructations, heat mounting up, nausea, and vomiting merely of food; pinching in the epigastrium, shooting, burning, especially after movement, pain of soreness on touch and cough.

Constrictive pain in the stomach some hours after eating; painful feeling as of contraction in the gullet, more at the lower part.

Very characteristic and predominant are the gastric symptoms.

Dryness of palate, of the tongue, mouth; tongue whitish; involuntary flow of saliva; flow of much soapy, frothy saliva.

Taste insipid, sweetish, disgusting, dirty; almost none; bitter; astringent; dry; with dry lips, as from putrid teeth, or from putrid meat; rancid, smoky; putrid smell from the mouth.

Loss of appetite; disordered appetite; hunger without appetite; morbid hunger with loss of appetite; with thirst and passing heat; nausea, and thereupon morbid hunger; too strong desire to eat; longing after several articles which he cannot touch; for wine, coffee; repugnance to milk, then she tastes it; food smells well to him; on beginning to eat appetite is lost; much and violent thirst.

Rifling of gas, violent, with the taste of food after the slightest food; from morning to evening; with mildewed taste in the mouth and mucus in the throat, with shooting pain, burning, preventing taste, making the mouth rough, incessant; at last bitter, sourish; flow of sour water into the mouth; regurgitation or rising of food, which comes into the mouth, also of mucus from the stomach; hiccough after belching; violent, for a quarter of an hour.

Retching, flabbiness and nausea, with water-brash, in morning, evening, after smoking; disgust, vomiting of yellow and green mucus, of food and bile; of solid food, not of drinks; after eating, or drinking after eating; but also without; hæmatemesis; vomiting of a musty or putrid moisture, of which the taste remains in the mouth; retch-



ing of water and mucus like pyrosis; it mounts up in the chest, he was quite cold with it.

After eating, cough; headache always; distension of the abdomen.

As to the employment of *bryonia* in stomach-cramp, some variations are found in the views.

Haustein (*Allg. H. Z.*, 44, 380, 45, 12) cured by *bryon.* 15, one drop administered at two different times with a pause of four days, a cardialgia in sixteen days, which expressed itself as pain of ulceration, cutting, burning, shooting outwardly from the epigastrium to the left side of the chest, and extending over the whole abdomen, and was accompanied with heat in the face, shooting out to the ears, relieving eructations, retching.

Lying on the back and on the right side aggravates. A second case follows.

According to Altschul *bryonia* is useful as well in gastric ulcer, as in nervous cramp. He employed it (1) in cardialgia hysterica in a girl of 19 years, aching pain lessened by external pressure, increased by movement, connected with aching headache; (2) in cramp of stomach dependent on hyperæmia of the spleen knowable by the late appearance of the pain, vomiting of blood giving ease after a meal, pains extending to the region of spleen (a very uncertain sign—*Author*), shooting in the spleen; (3) in gouty cardialgia, pain shooting or burning alternately with joint pains, urinary secretion; when the gouty pains are aggravated by movement, obstruction. Dose 4—6\* dil.

In a very terse work on *bryonia*,† Trinks expresses himself upon the point that it radically cures stomach ache occasioned by irregular mode of living in eating and drinking, especially in the female sex, use of indigestible food, bread, coffee, brandy, beer; it appears in empty and full stomachs, more frequently immediately after evacuation from the pulp of the food, shows itself as ache in the epigastrium as from a heavily pressing stone, continues from two to four hours, fore and afternoon, also longer, and goes away with belching. Severer cases are complicated with water-brash, formation of acids showing itself as sour risings and vomiting, heartburn, tenderness of the epigastrium on pressure and tight clothing. In inveterate cases

\* Prager Monatschr, 11, 4.

† Vj. Schr., Bd. i., s. 345.

*bismuth* must be given. In purely nervous cases Trinks got no good from it, nor in organic cases.

Clotar Müller\* ranks *bryonia* among the medicines which are active as well in chronic stomach-catarrh, as in cramp.

Meyer has not been able to find the right indications for it, and has attained not a single cure in cases described by Trinks, believes that it is useful in derangements of menstruation and liver complaints which excite secondarily stomach symptoms. The physiological proving gives a blurred and weak picture of cardialgia. He treated an hypertrophy of the liver, which pressed upon the stomach. After *atropin* he gave *bryonia*. The more the liver shrank, the pains in the stomach diminished, which *china* altogether removed.† An irritability of the stomach which remained, was not removed.

According to Hartmann‡ and Hering,§ *bryonia* suits in pressure like a stone, especially during eating, or immediately after; epigastrium and gastric region as if swollen. Sometimes the ache changes to a constrictive pinching, and cutting, lessened through pressure on the stomach; on belching; movement aggravates. (The opposite of *china*). Therewith costiveness, ache and pressure on the temples, the forehead or occiput, as if the bones of the head were pressed asunder; better through pressure, or binding the head fast.

The fourteen cases cited by Ruckert were observed by Harstein, Diez, Schmidt, Kramer, Maly, Bethmann, Hartung, Schrön, Y. Gross, Ruckert, C. Hartlaub, Nehrer. But few pregnant pictures of the disease are presented, and out of all the cases no clear outline of *bryonia* is apparent. Some cases point to affections of the mucous membrane, especially of the inflammatory kind, 33b; many, indeed, count as an affection of the pancreas. What has been cited for *bryony* are the occasional causes, chill (rheumatism), straining as from overloading of the stomach, blows from without and straining, chlorosis, irregular eating and drinking, aching and shooting pains, aggravation from movement.

Aching pain occurs most frequently, it is like a burden, weight or stone; inwardly shooting is like needles;

\* Vj. Schr., iv. 281, v. 241, vii. 247.

† Vj. Schr., Bd. ix., s. 448.

‡ Ther. 2, 426.

§ 228.

burning, twice; constrictive, twice; and once tensile, pinching, cutting; a feeling of being drawn in at the epigastrium, as if the bowels were drawn upwards, once; epigastrium and stomach as if swollen, three times; tender to pressure as if sore, four times.

Pulsation was very strong in the epigastrium, region of stomach, and left hypochondrium, twice.

The pains appear daily, especially in the fore and afternoon, after each meal half to one hour, or later, when the chyme is evacuated from the stomach. (Trinks.)

The pain is rather limited to the stomach and epigastrium; does not extend, only three times, to the chest, the left side and the immediate abdominal region.

Among accompanying troubles, the gastric take the first place; want of appetite, with clean or white tongue with yellow borders; acrid, corrosive waterbrash; violent, tasteless, bad, sour, belching; heartburn; retching on sitting erect; regurgitation of food; vomiting of water; acid mucus; bile (in comparison with other medicines more rarely); hard, slow stool nine times. In the next rank arrange themselves headaches in the forehead, temples, occiput. The menses came on in one case too early and scanty, in others profuse. It is remarkable that in none of these observations there is mention of the liver. Aggravation ensued from eating either during or immediately after; eating of fruit, movement, pressure on the epigastrium, walking and lying, rising up, lying on the side; improvement from: pressure upon the stomach, belching, sitting doubled up, sitting, lying on the back; in the morning and evening feels well.

The doses varied from the tincture to 30 potency. Cure followed in affections which had lasted from half to thirteen years, in from two days to three weeks.

According to Kreussler, *bryony* suits gastric cramp after a chill in cases of recent occurrence.

### *Caladium Seguinum*

has very pronounced gastrodynia, as is clear from the following results of provings.

Burning, not appeased by drinking, dull, inward ache, at last passing into gnawing at the cardiac orifice, preventing deep inspiration, and leaving behind a dull feeling, tightness of the chest, with burning of the stomach, and also after.

Shooting, as with needles, in the epigastrium, which is drawn in; more severe in sitting, causing nausea and weakness. Cutting, as with glass across, above the epigastrium; throbbing above the navel; belching, nausea. Hasty eating without hunger. Feeling of having had enough quickly after; absence of thirst; dryness in stomach.

It has, however, never been used. It is therefore difficult to find out what is characteristic.

#### CALCAREA CARBONICA.

This medicine also is abundantly provided with gastric symptoms.

These are:—

In the stomach, warmth, burning, as from an acrid fluid.

Pains of soreness, pains in the gastric region on being felt. Intolerance of tight clothing; gnawing and shocks; pinching in the abdomen from the navel outwards; loud gurgling immediately above the navel; grasping, pinching, and cutting in the epigastrium; dull, pinching, choking feeling; quick feeling of distension; constrictive feeling, sometimes with aching; violent cramp in stomach, even to breaking out of sweat; in the afternoon cramp in the stomach and abdomen, of a cutting and squeezing kind; with nausea, belching, and yawning.

After eating, stomach-ache, shooting in the epigastric region; distension of the stomach and abdomen; cutting in the abdomen; darkness before the eyes; pressure on the top of the head and forehead; rush of blood to the head, with heat in the face; general heat, belching, burning up to the throat, especially after hard, dry food; strong beating of the heart; weakness, and weak feeling; sleepiness; cold feet; ache in the stomach, fasting and after eating; also shooting diagonally across over the stomach, with flow of saliva into the mouth; with raking on walking, like choking, in the evening before lying down; acute, like cramp, compelling one to rise from bed; with oppression in the epigastrium; with pressing outwards under the false ribs; spasmodic, and on remission as if diarrhoea would set in, nightly; after eating, with vomiting of food; oppressive pain in region of the stomach.

Fulness of stomach in the afternoon; swelling of the gastric region to the left; anxious feeling in the epigas-

trium; on sitting, great anxiety, which seems to come out of the stomach, with hot burning in the abdomen, which all goes away on walking and standing; tensive, oppressive pain in the epigastrium, and in the whole region under the ribs; weakness of digestion in the stomach.

Among the gastric symptoms the strongly developed element of acidity is worthy deep attention.

Tongue shooting, burning, thick, quite white, great dryness of the mouth and tongue, much flow of saliva; feeling as if something mounted up into the throat and remained sticking there; as if something stuck in the gullet as far as the cardiac orifice; spasmodic contraction of the throat.

Taste, dulled; insipid, watery, with increased taste of the food; slimy, bad, as from disordered stomach in the morning; impure, bitter, like dung, sweet, like sugar, inky, or metallic, or like lead; bitter, sour, with much tough, sour saliva, saltish, heartburn, especially after eating; appetite small, feeling of something acid in the mouth, lessened; total loss of appetite, with constant thirst, constant fulness, repugnance to cooked food, warm meat; tobacco smoke gives headache and nausea; milk causes nausea and retching, regurgitates sour; liking for saltish and not formerly liked wine, desire for dainties, morbid hunger, with weak stomach, great thirst for beer, for cold water.

Acid on stomach, mounting up to the throat, belching, hiccupping and hiccup of wind with the taste of the food; bitter, acid, rancid, scratching, soda; regurgitation of brownish acid moisture, with burning from the epigastrium upwards, of a bitter, acrid, watery fluid of food, with disgusting taste, sense of flabbiness with flow of saliva; nausea, with loss of appetite, disgust, shivering, with blackness before the eyes, compelling one to sit down, with heat and restless sleep, with anxiety, as from emptiness of stomach, faintish.

Nausea even to vomiting, with running out sourish water from the mouth, with vomiting of food, with weakness, fainting, and unconsciousness; inclination to choking in the throat, without nausea, with waterbrash, vomiting of sour water; black vomiting, with nausea thereupon, with digging abdominal pain in the morning and the whole day.

The practical use of these symptoms in gastrodynia we will fully throw light on in the following sections:—

Kafka\* relates an interesting case of cardialgia especially with the secretion of acid, sour vomiting making the teeth tender after each meal time, burning and fulness in stomach, emaciation and contemporaneous priapism. After *nux v.* and *calc. c.* each singly had done no good he determined upon the alternative use of both; *nux v.* 3 in the evening, *calc. c.* 6 in the morning, one dose with immediate improvement already in 8 days, the disease in a few weeks after it had resisted for many years allopathy and medicinal springs; the cure was lasting.

In cardialgia chlorotica *calcareo* is a principal remedy as against chlorosis itself, when present; acid risings and vomiting; loss of appetite, repugnance to butcher's meat, things boiled; desire for chalk, coals, raw coffee, rice, things piquant; distension of the stomach after eating, leucophlegmatic habit, disposition to grow fat, flabbiness of the muscles, lassitude, affections of bones, growing crooked, chronic diarrhoea and catarrh, leucorrhoea, disturbed sleep, depressed, anxious, timid disposition, headache, palpitation, coldness and heaviness of the feet, spasm, stiffness, dying away, cramp in the fingers.† Diez † points out as indication, cardialgia and schirrous degeneration especially in females; disturbed menstruation, especially to strong and long-continued catamenia, chlorosis. Knorre § cramp in the stomach with nausea, formation of acid, anxiety and oppression on the chest, blind piles, choleric temperament. Hartmann, whose experiences are not quite clear, and Hering (229) recommend *calc.* in chronic pains where *belladonna* was for some time of service, of an aching, cutting, squeezing, spasmodic, pinching, choking kind, with a feeling of anxiety, worse after eating, frequently with vomiting of food, with pain on pressure, in women with copious menses, or inclined to epistaxis, also in persons of weak stomach. Hartlaub|| in oppression of the stomach after eating, and bringing up of the ingesta, pinching stomach pains with vomiting of bitter mucus and food; after eating immediately yellow, offensive diarrhoea.

In Ruckert there are specialised only three cases of Trinks, Kreussler B. in D. A man was scrofulous, the girl stout and full-blooded. The pain was specially aching, like a stone, and scraping in the stomach and stomach

\* Zeitschr. f. h. Klin., vi., s. 115. † Clot. Müller Viertelj., schr. viii., 429.  
‡ Hyg. 18, 446. § Allg. h. z., v. 83. || Annal. 4, 393.

region, and going out of the abdomen to the stomach, even to the gullet; it appeared in the morning, evening, and on going to sleep, accompanied by empty and sour belching; vomiting sour, bitter, or of food; retching, slow stools, or diarrhoea; increased by taking food in the morning; on sitting, lessened by movement, walking, belching, lying down. The dose was *calc.* 30. Kreussler found *C. c.* indicated, especially in obstinate scrofulous forms.

*Calcarea acetica, caustica, phosphorica.*

These preparations have this in common, the incompleteness of their provings. For our purpose they have not yet been clinically employed, in which they agree that the signs we meet with do not give decisive support of stomach symptoms. There are—

*C. acetica.*

Only anxiety in the stomach, nausea, heartburn, belching, acidity, hiccough, waterbrash.

*C. caustica.*

Tension and spasmodic contraction of stomach, belching, nausea, acid vomiting, sour and bitter taste.

*C. phosphorica.*

Violent pains in stomach, with great weakness, headache, and diarrhoea, excited by the smallest morsel (inflammation), nausea, with giddiness, heartburn, confusion in head, perplexity in thought, violent stomach cramp: pressure as from something hard in the stomach, with nausea.

*Camphora*

has symptoms which point to inflammation of the stomach—feeling of heat, warmth, aching, burning, shooting, stretching asunder, and bruised feeling in the epigastrium; pain on touch, vomiting of bile and blood, cold sweat, immense thirst, general coldness and febrile symptoms. Yet we have nothing known of its clinical employment in literature, than Hartmann's mention of it.

The old school recommended *camphor* unjustly in gastralgia, particularly the rheumatic.

*Cannabis sativa*

has likewise violent stomach pains, with paleness and sweat in the face, nearly extinguished pulse, rattling breath, extreme painfulness, as from soreness, on touch as if ulcerated, aching of the heart, pinching, cutting, burning,

shooting pain, with belching, regurgitation of acid fluid, heaving in the epigastrium, mounting up of warmth even to the throat, with stoppage of the breath, oppression, palpitation, nausea, bilious vomiting; which, however, speaks more inflammation than gastralgia, as Noack and Trinks think. Of its clinical employment in either form there is no trace.

#### *Cantharis*

has quite pronounced acute gastritis, as heat, violent, raging pains, shooting, burning and cutting especially at the cardiac orifice, also externally painful, screwing up even to the spine, ache, drawing, pinching, vomiting all food, vomiting of blood, with constant heaving, a feeling of being in extremity, full of despair, burning thirst, small intermittent pulse, and is recommended especially in connection with abdominal, nephritic, and vesical pains; the last, indeed, ought to be a principal indication; pathological anatomy confirms the inflammatory element; the old school recommends it in gastritis also in cardialgia promiscuously.

#### *Capsicum*

has only a few signs affecting the stomach pointing especially to gastrodynia, and particularly disagreeable insipidity, burning feeling, heartburn, acid taste, fulness, aching with retching, increased by external pressure, with feeling of swelling in the gastric region, shoots in the epigastrium, nausea, vomiting.

We have to lament that the symptoms up to the present time are not characteristic enough for its application; according to its character it will certainly suit the neuroses; the old school employed it in weak digestion, for nervous vomiting, in pregnancy, in sea-sickness and in flatulence.

*(To be continued.)*

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## OLD EDINBURGH CLUBS.\*

### MEDICAL CLUBS.

EDINBURGH has been so long famous for its medical school and its medical profession, that no one can be surprised to learn that convivial clubs of medical men have long formed a feature in the social life of the city. There may be

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special reasons for physicians and surgeons clubbing together, which do not affect the members of any other learned profession. The physicians and surgeons themselves declare that there are, and they may be assumed to have made careful diagnosis of their own case. They say that they belong to an anxious and arduous calling, from which cares and cares are inseparable, and they feel the need more than most men of opportunities for meeting together to enjoy purely social intercourse. The more frequently and the more widely "doctors disagree" on professional points, the more reason is there why they should adopt the most effective means of promoting goodwill and brotherly love in their private capacity. The remarkable feature in the case of the medical clubs is, that they seem to be possessed of exceptional vitality. They serve to connect the Edinburgh of to-day with the ancient city. Probably doctors have the convivial instinct more strongly developed than other men. Probably they know better than other men the value of relaxation of mind as well as of body—the virtue of "a little nonsense now and then." However this may be, the fact remains that this virtue they practise, whether or not they preach it to their patients. The Poker Club has disappeared. The Beggar's Benison is no more. The Diversorium flashed out and then expired. But the Æsculapian and the Medico-Chirurgical are with us still—examples of the survival of the fittest—to remind us that old-fashioned clubs are not inconsistent with the artificial life of these degenerate days.

The Æsculapian is the older, and, in some respects, the more famous of the two medical clubs referred to. It was founded in 1778, and its centenary birthday was celebrated with great *éclat* on the 14th November, 1878, by a dinner in the Douglas Hotel, at which Professor Douglas Maclagan, the present father of the Æsculapians, filled the chair; while Dr. Andrew Wood and Dr. Omond, both since dead, acted as croupiers. In proposing, on that occasion, the toast of "The Guests," the chairman gave an interesting account of the origin, aims, and character of the club, which formed, in fact, an epitome of its history.

The Æsculapian consists entirely of eminent medical men. It is very exclusive in its character. The essential qualifications are membership of one or other of the two Royal Colleges, and residence in Edinburgh. In addition to these checks, there are required the still more important

marks of professional eminence and social desirableness. Of these the existing members are the judges; and so strict is the rule of election that one black ball excludes. This rule has been acted on from a very reasonable desire that the feeling of brotherhood should never run the faintest risk of being impaired; and the result is, that it is practically impossible for any one to be elected a member, to whom even one of the existing members is disposed to take exception. As the membership of the club is limited in number to twenty-four, and as every man of the twenty-four must be on friendly relations with every other, it follows that an *Æsculapian* must not only be an eminent surgeon or physician, but must also be acknowledged as a worthy good fellow by the very cream of the cream of the profession.

From its foundation the *Æsculapian* has been a dinner club, though it goes without saying that as the dinner hour has advanced with the social equinoxes, it would probably be now regarded as practically a supper club by any of its founders, were they to arise from their tombs to witness its latter-day manifestations. Two interesting volumes of the minutes of the club are deposited in the Library of the Royal College of Physicians, from which it appears that the first formal meeting of the *Æsculapians* was held on April 2, 1773. Dr. Duncan, the first secretary, held office till 1827, and one or two of the present members are old enough to remember him in that capacity. He was succeeded by Dr. Richard Huie, who held office till 1842. His successor was Dr. Robert Omond, who managed the affairs of the club till 1877, when the reins were taken by Dr. Rutherford Haldane, who still worthily holds them. It is thus a remarkable fact in the history of the club, that though it has existed for one hundred and eleven years, it has in that long period had only four secretaries, the last of whom bids fair to hold the office for many years to come. The inference is not unnatural, that if an eminent physician wishes to secure a title to longevity, he should forthwith get himself appointed as secretary to the *Æsculapian*.

There seems at first to have been an expectation, if not an intention on the part of some of the members at least, that the club would concern itself in some way with the cultivation of medical science. A gold medal was offered annually for the best essay on a scientific subject; but this

was very soon given up, to the no small annoyance of Dr. Duncan, who threatened to resign his secretaryship in consequence. The threat, however, was not carried into execution, and the department of scientific research, abandoned by the Æsculapians, was transferred to the Harveian Society, which was founded in 1782, and which differs both from the Æsculapian and from the Medico-Chirurgical in drawing its membership from the provinces as well as from the capital. The Æsculapian, however, long maintained a scheme of prizes for triumphs in other walks than the intellectual or the scientific. It became a select gymnastic convention, which offered to its members prizes for excellence in golf, in bowls, in archery, and in swimming—not, necessarily, of the head. Many of the Æsculapians were also members of the Royal Company of Archers, and it frequently happened that the silver arrow—the coveted trophy of that august body—was held by an Æsculapian. A notable instance of this occurred on the occasion of celebrating the centenary of the club, when the silver arrow was held by Dr. Dunsmure, a much esteemed Æsculapian, who was present at the dinner. The gymnastic prizes were silver medals, which were attached to the silver cups that formed the appropriate symbols of the learned confraternity. The gymnastic competitions were long ago given up; but the cups, three in number, survive as cherished heirlooms, liable to be produced when called for at the meetings of the club; and the office of *custos poculorum* is one of its most important and most coveted honours, of which Professor Douglas Maclagan is the present holder.

The original roll of membership included not a few famous names. It included Andrew Wood, the grandfather and namesake of Dr. Andrew Wood, an estimable and scholarly Tory, who, as already mentioned, was one of the croupiers at the centenary dinner; Dr. James Hamilton, well-known as "Cocky" Hamilton, from his devotion to the cocked hat and knee breeches long after that antique costume had been discarded by the citizens generally; Benjamin Bell, grandfather of a later Benjamin who was a redoubtable Æsculapian, and great-grandfather of Dr. Joseph Bell; John Balfour, a collateral ancestor of Dr. George W. Balfour, whom we have all known as editor of the *Edinburgh Medical Journal*, and in other capacities; Alexander Wood, well-known as "Lang Sandy," and as

great-great-grandfather of the sons of Lord President Inglis, who was chief guest at the centenary dinner; Thomas Wood, the brother of "Lang Sandy;" Alexander Hamilton, afterwards Professor of Midwifery in the University, and father of the more famous Professor Hamilton; Dr. James Hay, afterwards Sir James Hay of King's Meadows; and last, not least, Dr. John Hope, Professor of Botany, and father of Thomas Charles Hope, Professor of Chemistry. No one can scan these names without perceiving the extent to which the doctrine of heredity has prevailed in the annals of the medical school in Edinburgh. Generation follows generation, and the same patronymics occur again and again with striking regularity. We have still Bells, and Woods, and Balfours, if not also Hopes and Hamiltons, filling the leading parts in the medical tragedy, as they did a century ago.

The Æsculapians have a point of contact with the Wagering Club, already celebrated in these columns. In the early proceedings of the club bets held a prominent place; but they were always, or, at least, with rare exceptions, even bets; and the stakes were always in liquor, so that they were, in fact, an ingenious device for getting individuals to provide the fluids necessary for the entertainment of the company. A bowl of punch was a very ordinary stake, and the highest was a magnum of claret. On a notable occasion, in 1782, Dr. Duncan offered claret if Pitt were Prime Minister within five years. Mr. Wood met this with an offer of claret if he were not. Mr. Benjamin Bell offered claret for the national good, whether Mr. Pitt were in or out. In any case, the club was sure of two rations of claret; and as Pitt actually became Prime Minister in December, 1783, at the age of twenty-four, the stakes must have been forfeited sooner than most of the members could have anticipated. On another occasion Dr. Duncan bets that Miss Kitty Morrison will be married within twelve months to a friend whose name he whispers in the ear of Dr. Rutherford—the grandfather, by the way, of Dr. Rutherford Haldane, the present secretary of the club—but the upshot is not recorded. Some of the bets have a professional flavour. For example, Mr. Thomas Hay wagers that he will produce certain disagreeable effects within two hours on any individual by administering one drachm of ipecacuanha infused for twenty-four hours in one ounce of vinegar. Some of the bets are concerned with

sentiments or opinions on which it must have been difficult to adjudicate; for instance, "that the man who is most attentive to his own interests is the most generous man;" "that the poet Burns is superlative in his degree;" "that a card, though holograph, is not strictly binding in law." Other bets turned on the personal characteristics of members, and partook of the nature of "chaff;" as, for example, when Mr. Lauder bet a pint of claret "that he had a bigger belly than Mr. Hay." The majority of the bets, however, were sporting wagers, having reference to the club competitions in archery, bowls, and swimming, and more especially in golf. But with the disuse of these gymnastic exploits the system of bets also disappeared; and for many years past the Æsculapian has been simply a social club, and the charm of its meetings has consisted in the free interchange of friendly sentiments, in sharp and often brilliant wit-combats, and in a reckless indulgence in good-natured personal banter. It has come to be the duty of the secretary to preserve a faithful record of the proceedings at each meeting, with such embellishments as his own wit and humour may suggest; and hence it has arisen that the reading of the minutes is now the most important item in the proceedings at each successive meeting of the Æsculapians. This casts a serious burden on the shoulders of the secretary for the time. He is not merely a formal reporter. He is a chronicler and minstrel in the traditional sense, and it is satisfactory to know that the repute of the Æsculapians for wit and humour and professional as well as non-professional wisdom, is as high now as it ever was.

The minute books are specially valuable as bringing out many curious features and customs of the club. The dinners are usually attended by from fifteen to twenty members. Occasionally there are one or two guests, who must be regarded as highly-favoured individuals; and some of whom, like Dr. Ramsay, of Torquay, the Commissioner's purse-bearer, are expected to appear statedly once a year. The minutes generally show the arrangement of the members at table. The chair is filled by the members in rotation, and the last toast at each meeting is the health of the chairman of the next. The croupier's chair is always filled by the secretary.

The first point dealt with in the minutes of each gathering is the manner in which the chairman has discharged his duty. The record is generally flattering; but some-

times the secretary deems it his duty to record any mistakes which the chairman may have made, together with the very frank criticisms on them in which members are not slow to indulge. For example, he may forget, in his embarrassment, to say grace; and in that event, he is sure to be called to account by one or other of the orthodox members, though he may defend himself by maintaining that the Æsculapians are, on the whole, a graceless lot. It is a standing order of the club that the assembled members shall be addressed as "Æsculapians;" and woe betide the unlucky chairman who so far forgets himself and them as to address them as "gentlemen"—a denomination which they resent and abhor. The offender is promptly taken to task by the controller for so egregious a violation of etiquette; and he is fortunate if he is not subjected to pains and penalties, in liquor, for implying that his brethren are anything so commonplace as gentlemen, or anything less than Æsculapians. It is also a standing order—perhaps it should be called a sitting order—that toasts, always excepting the toast of the Queen, shall be honoured by the club without the members rising to their feet—a rule for which there may have been good physical reasons in the early days of the club, though it need not be supposed that they have any force in these degenerate times. There is generally some difficulty in fixing on the member who should most appropriately reply to the toast of the Navy. Sometimes—but it must be admitted that the occasion is rare—a water-drinker has been pitched upon, on the ground of his love for the native element. At other times, an eminent oculist is dragged out, because of his connection with the aqueous humour. The humour of the Æsculapians, however, is very far from being aqueous as a rule. They generally know what is good for themselves, whatever the concoctions may be that they "exhibit" to their patients professionally. One of the wittiest sallies recorded in recent minutes was that in which a member ventured profanely to account for the name "Æsculapian," by suggesting that the members were either "excellent" or "esculent apes"—a conjecture which brought down on the daring etymologist a perfect storm of Æsculapian abuse. Every member who is not present at the statutory dinners is expected to send a valid excuse; and the fact is duly recorded in the minutes. But, whether present or absent, every member

pays his annual subscription ; and if he does not receive a return in kind, the loss is his. The minutes never fail to make mention, in the shape of brief but genial obituary notices, of those Æsculapians who have gone over to the majority—a fact which testifies to the abounding good feeling by which the fraternity is distinguished. For the rest, the minutes bear ample testimony to the genial good-fellowship that characterises all their proceedings. Good stories are told, good songs are sung, excellent jokes are retailed. The flow of conversation evidently runs in kindly and humorous channels. A medical bill may be overhauled, the merits of a distinguished actor may be discussed, the bill of fare may be canvassed, the strong points of the salmon or the cod may be called in question, the weak points of the claret may be analysed ; but everything is done in excellent spirits and in good taste, and the general result tends to impress one with the prevailing geniality and generosity of the lights of the medical profession.

It is noteworthy that the Æsculapians are not devotees of the calumet. An attempt was not long ago made to authorise smoking at a certain hour after dinner. The point was gravely considered, remitted, and debated. It was proposed as a fair compromise that, though neither pipes nor cigars could be tolerated, mild cigarettes might be allowed. But this was regarded by the anti-tobacconists as admitting the thin edge of the wedge ; and, in deference to the olfactory sensitiveness of the minority, the majority gracefully gave way, so that the discussion did not "end in smoke."

The Medico-Chirurgical Club is a younger corporation than the Æsculapian, having been founded so lately as 1822. In its constitution and objects it has so many points in common with the older club that its separate existence requires to be accounted for. Like the Æsculapian, it consists entirely of eminent medical men resident in Edinburgh. It is quite as exclusive as the Æsculapian ; and it is even more select, as its membership is limited to twenty. Probably it was found that a single small club of the kind was not sufficient to contain all the eminent medical men of the city who had social appetites, and a second one had to be started as an *annexe* to the original creation. It would further appear, however, that two such clubs are more than these luminaries can fill, as distinguished Æsculapians are not infrequently found on the

Medico-Chirurgical roll, as is at present the case with the secretaries of both. Another reason for the institution of the younger association may perhaps be found in the fact that it was originally a supper club, meeting once a month, and that it continued to be so for more than fifty years. There were obvious reasons why professional men, busily engaged all day, should prefer a supper club to a dinner club, when the dinner hour was ordinarily much earlier than it is now; but when dinners became in fact early suppers, by being held at seven and eight o'clock, the advantage disappeared, or rather was turned in the opposite direction. Accordingly, the Medico-Chirurgical was transformed in 1875 into a dinner club, meeting three times a year—in March, June, and November. This change, however, did not affect the exclusive character of the club, which, as well as its limited membership, is still rigidly maintained.

The Medico-Chirurgical has been fortunate in its secretaries. The first was George Ballingal, the second was John Gairdner, the third was Dr. William Brown, who, in 1866, prepared an interesting historical account of the club; the fourth was Dr. Haldane; and the fifth, who has held for many years, and who still holds, the office, is Dr. John Smith, the present President of the Royal College of Surgeons. The secretary is, in a peculiar sense, the life and soul of the club; for the minutes, which it is his duty to prepare, contribute the back-bone to the club's proceedings at its successive meetings. These minutes are not mere bald records of sederunt and resolution. They present a circumstantial and racy narrative of the doings and sayings of the members. Witty sallies, humorous situations, personal chaff, and the occasional indulgence in professional high jinks, are all faithfully described. At each meeting, as in the case of the *Æsculapian*, the reading of the minutes is the chief factor in the night's proceedings, and forms a starting-point for fresh humours and new conversational coruscations. Here again, therefore, the secretary makes history as well as records it, and the success of the club as a social institution depends largely on the skill and humour with which he discharges his duty. The fifteen volumes of minutes of the club, deposited in the library of the Royal College of Physicians, form not only a valuable and entertaining history of its progress, but also an inexhaustible storehouse of humorous sayings, witty



repartee, and intellectual extravaganza. The objects of the club are purely social. The aim of every one present at its meetings is to get rid of conventionalities, and to mingle as much of wit and wisdom, of sense and nonsense, of serious controversy and professional loose play, as is possible in the limited time.

The topics of conversation take naturally a very wide range, and the strain on the secretary's power of concentration is consequently very great. Virgil, Ovid, and Catullus may be discussed at one end of the table, while Paul the Apostle, and not the writer on "the lower bowell," is being dissected at the other. One knot expatiates on Allan Ramsay's position as a poet, while another descants on Old Edinburgh and James Drummond's pictures. Some are much concerned with theatrical gossip, and talk of Murray, Mackay, and Lloyd, and of Henry Irving, the promising young actor who seems destined to make a fortune and a name for himself; while other men, perhaps not his inferiors in talent, have made nothing but failures. The Queen and the Prince of Wales, fishing and golfing, music and dancing, are in turn taken up and enlarged on. Guests are occasionally welcomed. A good story is told of Dr. Hullah, who, having once been a guest of the club, said that he was ever afterwards careful to conceal his doctorate when travelling in Scotland, in order to avoid the risk of being called up in the middle of the night in a country hotel. Thus the conversational ball is kept constantly rolling with unflagging spirit, and the drafts drawn at one meeting are pretty sure of being honoured at the next, unless the secretary fails egregiously in his essential duty.

The secretary does not often fail in this respect; but he is human, and therefore not immaculate. For serious offences, he has sometimes been tried, convicted, and sentenced, the extreme penalty of the law being, apparently, that he should drink off a bumper of claret before reading the minutes. On such occasions, strange as it may seem, the culprit has been known to regard "the drop" with amazing composure.

The original meeting-place of the club was the tavern in West Register Street, kept by Somners, and afterwards by Oman, and known latterly as the Old Café Royal. Since it became a dining club, it has met first in the Douglas Hotel, and afterwards in the Balmoral. The roll of the club includes many distinguished names, among which may be

mentioned those of John Abercrombie, W. P. Alison, David MacLagan, W. Newbigging, William Wood, James Gregory, William Sharpey, Robert Nasmyth, James Begbie, Robert Christison, James Syme, J. S. Combe, Robert Omond, J. Y. Simpson, James Dunsmure, James Spence, and Andrew Wood. Of the surviving members, it is enough to say that they are not unworthy successors of the men who are "not lost, but gone before;" and of the Medico-Chirurgical Club, as of the Æsculapian, it may be said that it will be no small loss to the social life of Edinburgh when it comes to be numbered among the things of the past.

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## REVIEWS.

*Sleeplessness; its Treatment by Homœopathy, Hydropathy, and other Accessory Means.* By F. G. STANLEY WILDE, L.R.C.P. & S., Edin. London: Homœopathic Publishing Co.

WHEN this work first appeared in 1878, as a little *brochure*, we had the pleasure of speaking very highly of it. Dr. Wilde has revised and enlarged it, and produced it in the form of a book, excellently got up. We can again recommend it heartily to the profession and to the public as an admirable work on the subject. Sleeplessness, in these days of high pressure, is a very frequent complaint, and when improperly treated by opiates and other narcotics becomes a serious condition. Of course, the important point is to strike at the root of the evil, and remove the cause of the sleeplessness, and cure bad habits. But this is not infrequently out of the power of the physician, whose patient insists on being treated while he keeps up the habits of over-excitement, &c., which banish sleep. The various modes of treatment are very clearly given by Dr. Wilde, the value of hydropathy and diet as adjuncts to the drug treatment being admirably set forth. Useful chapters are also given on the physiology and causes of sleeplessness. The whole is presented in a most readable form, and will well repay perusal.

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*A Snailway Guide to Tunbridge Wells.* By J. ASHBY-STERRY. Tunbridge Wells: R. Clements, Advertiser Office, 1884.

THIS little *brochure*, with its singular and indeed misleading title, consists of half-a-dozen short but exceedingly entertaining and well-written papers, descriptive of points of interest in Tunbridge Wells. When first we saw its title we thought that it must have some reference to the South Eastern Railway—that being about the slowest and most snail-like line of railway with which we are

acquainted; but such is not the case. It is intended as a protest against the rapid and hurried manner in which people go through their holidays, and to suggest the advantage of taking the world easily, and really seeing things—not merely rushing past them—when one leaves home for relaxation and pleasure. While we cannot commend the title as perspicuous, the idea it is intended to convey is admirable. Again, it is not a "guide" in the ordinary sense of the word at all, but a series of chatty and amusing little essays on what the writer saw during a visit to the pretty little town called Tunbridge Wells.

It is, indeed, because it is *not* a guide that it interests us. *On the Pantiles* is the title of one paper which gives a slight account of that very quaint row of "low-ceilinged shops," with its piazza, having "every variety of supports"—and then the appearance of things during a morning's lounge.

*Sketching on the Common* affords the writer an opportunity of drawing a charming little picture of his observation of the occupations and pursuits of those who, one morning, were enjoying themselves thereon. *A View from Mount Ephraim* is the heading of a similar chapter. From this we make one short extract, illustrative of the writer's style:—

"From my present post of observation," he says, "I can get a pretty comprehensive panorama of the whole of the Wells and its neighbourhood. I can see the tops of the limes overshadowing the Pantiles, get a glimpse of the picturesque old houses on Mount Sion, and note the trees in Victoria Grove, which are not flourishing so well as they might. To my left do I see the vast extent of modern houses nestling amid the trees about the districts of Calverley Park and Lansdowne Road, and a suburb which is reaching far away in the direction of Pembury. I can see the towers of the churches of Holy Trinity, Saint Peter, and Saint James. I observe a building, half hidden in trees, from which peeps the inscription, 'ting Rink,' so I conclude it is, or was, a skating rink.

"Carrying my eye along to the right, do I see the Frant Road, marked by a series of pleasant houses, with well-wooded gardens, and greenhouses, and conservatories glittering in the sunshine. Just over a pine plantation on the brow of the hill, can I distinguish Frant Church. Hard by this landmark, in a charming little cottage, dwells an old friend, and I ought to be making a call upon him at this present moment. Further along do I see more excellent mansions out Broadwater Down way, also the church of St. Mark. I am told that if you go there on a Sunday, you will see more gay bonnets and a prettier show of frocks than can be seen anywhere in or about Tunbridge Wells. Further away to the right the houses get fewer and the pine woods more frequent.

“ In the far distance you may possibly observe Eridge Castle, with the flag sleepily flapping round its post, and I imagine you get glimpses of Ashdown Forest. To the extreme right is a charming stretch of country and rich pasturage, with every variety of green you may wish to behold, from the sombre hue of the pine in shadow to the brilliant yellow of the field in sunshine. Fields and roads you can trace, as it were, on a map. Solitary farm-houses you note sleeping in the sun, here and there an odd mansion half hidden in the trees. You may go for imaginary walks along the roads without getting tired, and you may weave endless romances concerning the dwellers in the dots of houses you can see from my window, without stirring out of doors. If I had attempted to go out to-day, I should have made myself very hot. It is true I might have made an expedition to the Toad Rock, or Penshurst, Hever and Knole; I might have gone to Ightham, Brambletye House, and Groombridge Place; I might have excused to Bayham Abbey, Mayfield, Rotherfield, Speldhurst, and the High Rocks. I might have done all or any of these things, but I should probably have returned tired, thirsty, angry, and disgusted with the world in general. As I have wisely elected to stay indoors I can take things coolly. I am in a good humour with most people, and envy no man.”

A most delightful frame of mind for any man to have produced in him!

We heartily wish that Mr. Sterry, even at the risk of being “tired and thirsty,” would give us a series of similar sketches of Penshurst, Hever and Knole; Ightham Moat, Brambletye House and Groombridge Place; Bayham Abbey, Mayfield, Rotherfield, Speldhurst and High Rocks. We are sure that such a series would be full of interest and entertainment. Out of a limited amount of material he has given us a most pleasant half-hour's reading; and surely if *Oliver Twist* could “ask for more” of Mr. Bumble's gruel, we may be excused for putting in a plea for an additional supply of Mr. Sterry's sparkling description of scenery.

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## NOTABILIA.

### A DENUNCIATION OF HOMŒOPATHY.

THE American Medical Association has recently held its annual meeting, and has had the advantage of hearing an address from Dr. Austin Flint, of New York. In the course of his observations, Dr. Flint naturally enough fell foul of homœopathy. The narrow-minded section of physicians, of which he is the leader in the State of New York, sustained their third decisive defeat some two or three months ago on the question of consultations with

medical men who have added a knowledge of homœopathy to their other acquirements. The *Lancet*, of course, appreciates very highly the bigotry and stupidity of which Dr. Flint is the willing and ready mouthpiece, describing his views as characterised by "obvious moderation and dignity." It then proceeds to denounce homœopathy once more on its own account, and we are informed that "the offence of homœopathy consists in its being not only unscientific, but immodest; and he is to blame for the ethical consequences who separates himself by distinctive titles from the great army of professional workers. The vulgarity of this proceeding in matters of surgery is sufficiently obvious to carry universal conviction. A medical man who should pretend to unite broken bones or remove calculi by other than the ordinary means, would excite general professional contempt. The profession should have no difficulty in seeing that a medical man who pretends to cure fevers and internal disorders without reference to ordinary light and means, is equally unentitled to respect. He uses a title or a label to magnify himself and degrade his science, and, excepting in cases where humanity overrides questions of professional ethics, he is not to be countenanced or consulted. The profession in America will have a rough time of it if they do not stoutly maintain these principles."

Though we have often heard homœopathy described as being "unscientific," this is the first occasion on which we remember having seen it written of as "immodest!" Over and over again has homœopathy been shown to possess every scientific element. That is admitted by all who know anything about it. But wherein consists its lack of modesty? Perchance it may be considered by the editor of the *Lancet* very "immodest" in asserting its position as the scientific basis of drug selection—after he has repeatedly stated that it is quite the reverse. Is it come to this, that to deny after enquiry what the *Lancet* asserts without any enquiry at all is "immodest?" It would seem to be so! There appears to us to be a case-hardened shamelessness at the bottom of these time-and-again reiterated assertions that homœopathy is worthless, unscientific, and so on. The absence of modesty is nowhere so conspicuous as it is in the pages of the *Lancet* when homœopathy is on the *tapis*. The editor thereof is actually so immodest as to presume to express a decided opinion upon a subject respecting which he is notoriously ignorant.

A surgeon would, we think, hardly feel indebted to the *Lancet* for assuming an equivalent value in the "ordinary means" which he adopts to obtain the union of the ends of fractured bone with the "ordinary medical light and means" adopted by the (allopathic) physician to cure fevers and internal disorders. There is a degree of certainty about the one which is wholly absent in

the other case! What the *Lancet* terms "ordinary medical light and means" Sir Andrew Clark very lately told us were in "a backward and unsatisfactory condition."

It is absurd—there is something puerile in the notion of a physician who has had the opportunity of comparing the results of employing the "medical light and means" supplied by homœopathy with such as are derived from trusting to what the *Lancet* terms "ordinary," resorting to the latter in his attempts "to cure fevers and internal disorders." No one, unless ignorant or incompetent to apply homœopathy, would think of doing so.

The homœopathic physician uses no "title or label to magnify himself and degrade his science." He acknowledges the truth contained in the doctrine of homœopathy—he admits that he practises homœopathy—but he employs no "label." Were he, in deference to the dictates of *The Lancet*, to deny the former and repudiate the source of his therapeutic inspiration, he would be false to truth, would be chargeable with that secrecy which is the very soul of quackery. He knows full well—overwhelming evidence has abundantly proved—that he is in possession of the most important, because the most life-saving, illness-shortening truth ever discovered in therapeutics; and knowing and feeling this he would indeed be unworthy of his profession if he did not avail himself of every means of proclaiming it. If the profession turn a deaf ear to him, close its avenues of communication to him, he has no resource left but to take advantage of whatever opportunities of disseminating the truth may lie within his reach, and his duty is to do so as effectively as possible.

If the profession in America wish to avoid "a rough time of it" they will abandon the false position Dr. Flint and others seek to force them into. Homœopathy there is not only well but numerously represented, and is valued and appreciated by a powerful public opinion. Furthermore, though the United States is the birthplace of the "caucus," there is there an innate love of freedom of opinion and a proportionate resistance to anything like pressure in the restriction of it which Dr. Flint and his friends will have to reckon with. Hence, coercive resolutions, like those of the American Medical Association, must necessarily fail in their object.

The clinical investigation of homœopathy will soon convince any impartial and painstaking physician that there is no immodesty in the position which those who have studied and practised it claim for it; will demonstrate to him that "the medical light and means" it supplies are vastly in advance of any included within the *Lancet's* category of "ordinary;" will prove that what Dr. Flint and the *Lancet* style "legitimate medicine" is without any really scientific basis, and, as an art, is as uncertain as mere empiricism ever must be. Of this so-called "legitimate

medicine," one of its champions in the medical press has said : "empirical were its foundations in the days of old, empirical are they still." So much for its "light." Of its means, one of its teachers lately told his pupils "drugs are but stepping stones to faith in the weary time."

Denunciation of homœopathy may succeed for a time, it may check the progress of truth for a while, it may hinder a number of medical men from becoming acquainted with measures for relieving their patients infinitely more reliable than all they are acquainted with to-day—but it is powerless to prevent its value being everywhere known and felt in the not very distant future.

### AN IMITATION OF HOMŒOPATHY.

THE following observations on the use of *aconite* in pneumonia show with much clearness the mischievous results of using empirically—using without any scientifically derived reason—a medicine which, when homœopathically indicated, when prescribed with a full knowledge of the scope and limitations of its therapeutic power, is invaluable.

In the course of an address on the pathology and treatment of pneumonia, Dr. Burney Yeo said : "One word on the so-called abortive treatment of pneumonia by *aconite*. He was not ignorant of the excellent effect of *aconite* in certain ephemeral pyrexia, associated with local inflammations ; and he believed it to be a valuable remedy in cases of slight pulmonary congestion with pyrexia, a condition which should be more precisely differentiated and described than it had been in our text-books. But he had no belief in an abortive treatment of acute croupous pneumonia by *aconite*. A consulting physician in London had told him that he had recently seen three fatal cases of pneumonia in which *aconite* was being 'pushed.' He hoped, if there was any advocate of that treatment present, he would forgive him for saying that it was to him inconceivable how it should ever be thought right to 'push' such a drug as *aconite* in such a disease as pneumonia" (*Medical Times*, May 30, p. 724).

If any one will take the trouble to study the effects of *aconite* upon the healthy man, he will find that it is pyrexia, active and strong, together with some degree of pulmonary congestion to which it gives rise. When these conditions are present *aconite* is remedial ; it is, in short, homœopathic to them. Further, these are the conditions which are present in persons in whom, if they are not checked, true croupous pneumonia is developed. Given early, *aconite* prevents this development, and in so far it may be said to be abortive of pneumonia. But once this stage has passed—once actual pneumonia has been set up—*aconite* is no longer remedial, because it is no longer homœopathic ; it does

not give rise to true croupous pneumonia in healthy persons, the morbid process set agoing by it does not proceed beyond the stage of congestion, and to "push" the drug after the manner of Dr. Yeo's friend is to court failure. We quite agree with him that "it is inconceivable how it should ever be thought right to 'push' such a drug as *aconite* in such a disease as pneumonia." The only reason why it has been so pushed, is, we believe, because it is well known that the homœopathic treatment of pneumonia has been remarkably successful, and that during the active pyrexia homœopathic physicians ordinarily give *aconite*.

The reason why they give it is ignored, never inquired into—the fact that they do give it is all that is thought about; and *aconite* and pneumonia become so associated in the mind of the practitioner that the occurrence of the latter immediately suggests the prescription of the former.

But as we have said, to fully developed pneumonia *aconite* is not homœopathic, and its treatment is not relied on by homœopathic physicians. The actual phenomena of pneumonia being present, *phosphorus*, *bryonia*, or *tartar-emetica*, according as the one or other is most clearly indicated by the symptoms, is prescribed. These, and not *aconite*, are the true remedies for pneumonia; and the reason that they are so is, that each produces a pneumatic condition.

Empirical homœopathy is uncertain at the best, but when it suggests the "pushing" of a drug like *aconite* it becomes dangerous. Medical men who desire to use a medicine which homœopaths have found useful in a given condition, should understand the principles which have furnished such knowledge, and learn how they are applied in practice.

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### THE TRIUMPH OF HOMŒOPATHY.

UNDER this title the following article, signed "Dr. Paul Clément," appears in a recent number of the *Paris Figaro*.

"The medical sciences have undoubtedly made immense progress during the last century, but the art of healing remains much in arrear.

"If a patient consults four professors of the school separately, these gentlemen will probably agree in their diagnosis of the disease, but unfortunately it will not be so with the treatment prescribed, for nearly always each will order a different medicine. We understand now the surprise and embarrassment of a patient who, at a great expense, has secured the aid of all the princes of science.

"This diversity in therapeutics shows that modern medicine is without method in the selection of its remedies. It reasons with physiological theories so changeable, that whatever is truth to-day will perhaps be an error to-morrow.



“Medicine is indeed still empirical, this must be boldly admitted. Not knowing how to cure the disease the patient is narcotised; this is the explanation of the abuse of opium, of bromide of potassium, of morphia, and of other stupifying agents.

“With this medical mess before us it would be very useful to know from M. Pasteur by what train of thought he has been able to make those remarkable discoveries which, at this moment, arrest the attention of the whole world. They are certainly not owing to chance. The researches of our great *savant* all rest on the same plan, which consists in seeking for the treatment of a virulent disease in the virus which creates it. It cures rabies by the poison of rabies, after having weakened it by successive “cultures” and dilutions. Jenner had already found a means of protecting from small-pox by the inoculation of a “*petite variole*” which he called vaccine. This treatment of similars by similars is, however, employed with success by a certain number of physicians. One often gives a slight purgative to check a diarrhoea; *nux vomica* cures cramp in the stomach, though at the same time this medicine, taken in a strong dose, excites horrible gastralgia. Mercury in a large dose determines the same symptoms as does the specific malady which, in a small dose, it cures. Arsenic, as a slow poison, renders a patient thin and weak, and yet physicians prescribe it as a tonic.

“Illustrations establishing this law are so numerous as to render further quotations needless here.

“M. Pasteur, in inoculating the attenuated virus of rabies to cure rabies, does but confirm the law of similars.

“This method of likes cured by likes is termed *isopathy*, where the inoculated virus is that of the disease; and *homœopathy*, when, for example, where a purgative is given to cure a diarrhoea, *nux vomica* in gastralgia, *mercury* in syphilis, that is to say medicines which in a large dose excite symptoms similar to those of the disorder it is desired to cure.

“*Isopathy*, when one is able to put it into practice, is undoubtedly a very active method of medication, since one inoculates a living fluid which impregnates the entire blood of the patient.

“But all diseases are not inoculable; there are many which are neither contagious nor virulent. It is against the latter especially, that it is necessary to make use of a medicine, the effects of which form a kind of substitute for those of the disease, as explained by Trousseau.

“*Isopathy* and *homœopathy* rest therefore solely on the same law—to treat a disease by the same disease, as it is rightly expressed—and not upon ridiculously small doses. This calumny, which has been repeated at the schools from generation to generation, has been the cause of many grave physicians holding

aloof from a method, fruitful in good results, from the dread of being treated as charlatans and of being deprived of the recognition of their *confrères*.

“ M. Pasteur gives then a scientific consecration to this doctrine, so despised and misrepresented even to this day. Let the physicians then follow the learned professor, without taking any side, and they will presently find by this method of similars some remedies in croup, in typhoid fever, cholera, and many other diseases which destroy mankind in the face of a system of medicine either powerless or injurious.

“ When the time arrives to erect a statue to M. Pasteur, it will be necessary to inscribe on the pedestal of the statue *similia similibus—la rage par la rage.*”

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#### THE CELEBRATION OF HAHNEMANN'S BIRTHDAY AT LEIPSIC.

At the annual commemoration of the birth of Hahnemann, which took place at Leipsic on the 10th of last April, Dr. Lorbacher, the editor of the *Allgemeine Homöopathische Zeitung*, addressed his colleagues and guests who had assembled on the occasion as follows :—

“ We are met together to celebrate the one hundred and twenty-ninth anniversary of the birth of Hahnemann. Last year the impressions left by recent struggles with our opponents were fresh in our minds. In these struggles every conceivable weapon of offence had been brought to bear upon us; so that though they did not terminate to our disadvantage, but, on the contrary, were successful, they left behind some irritability of temper and an uncomfortable feeling regarding the future. Now, however, we may celebrate in a more elevated and joyous mood the anniversary of the day on which our revered master was born.

“ Many gratifying circumstances justify us in doing so. Our greatest enemy—indifferentism in our own ranks—has yielded to a more active interest in our common cause. Many of our colleagues have now become convinced that it is only by a firm and united organisation that we can, either successfully contend against our enemies, or capture for the great discovery of Hahnemann that position which by right belongs to it.

“ Here allow me to draw your attention to the impression, which the energetic and appropriate action taken by our colleague Heinigke against the unworthy pretensions of the order of professors regarding us, as well as against the lust for the recognition of infallibility which prevails among them, has produced amongst our opponents. As might have been expected, as soon as any one had the boldness to expose the nakedness and deformity of

their idol, a cry of indignation and fury arose from those—the majority—who swear *in verbis magistri*, and, foregoing all independent thought, are content to recognise no higher authority than a professor. It was but natural that they should give public expression to their feelings.

“ But through private letters and oral communications made to the author, it has oozed out that an impression had been created, reflection had been excited, and a number of practitioners had been made aware of the unworthy and oppressive dealings of the professional body. This, indeed, only represents a beginning, but we trust that the influence which has been excited will increase, and ultimately allow of a stand being made against the exactions of the professorial ring.

“ Though Heinigke's pamphlet had thus, like a beneficent storm, loosened the soil and made it possible for the seed sown to spring up, it was still necessary to disperse the vitiated fog in which the person of Hahnemann had been artificially enveloped, and had obscured him from the approach of otherwise independent and impartial thinkers. As in the earliest, so also in the most recent attacks upon us, the same tactics were adopted. Hahnemann was represented in the most unfavourable light. Some occurrences in his life which, at the first glance, seemed to throw a shade over his character, were employed to make him appear as an impostor and a charlatan, and to discredit his discoveries.

“ Our colleague Ameke, of Berlin, has taken the right course for neutralising this method of procedure. Regardless of all the trouble involved in the undertaking, he has studied the whole of Hahnemann's writings, especially those of the pre-homeopathic period, and every medical journal of the time which contained any criticism of his works, any opinion or remark on his character and person, in order that he might thoroughly sift every allegation. As the result of his researches he has compiled an original work, by the aid of which every one will be able to form for himself an impartial judgement regarding the character and work of Hahnemann.

“ Further, it is of the utmost importance to us that we should possess a portrait of our master, freed from all the stains with which it is soiled, that we may be able to look up to him with that unclouded feeling of veneration and thankfulness which this day, devoted to his memory, offers us an especial inducement to indulge in. We will not deny that it was very difficult for many amongst us who have not gone to the original sources of information, to meet an opponent with a full conviction of the utter groundlessness of his charges.

“ This nightmare is removed. Should these charges be ever again raised against the person of Hahnemann, we have it now in

our power to cast the stigma of falsehood in the face of him who brings them.

“As one of the facts which cannot fail to contribute to raise the tone of our celebration to-day, I would refer to the proofs of the truth of the law of similars and the correctness of the doctrine of Hahnemann, more frequently and distinctly made apparent in recent times than heretofore, which have been furnished by our opponents themselves, and that indeed in the form of incontestible physiological experiments. I allude here to the observation of Dr. Kassowitz, of Vienna, that *phosphorus* is a remedy in rachitis, which we can point to as confirmatory of Hahnemann's discovery of the law of similars. It must not be assumed that his attention was drawn to this remedy through homœopathy, or that he instituted his experiments in order to prove the truth of the law of similars. At any rate there is nothing in his published work to lead us to think so. Does it not afford us a very brilliant satisfaction for the insults and calumnies our opponents have dealt out to us, that one of their own number should contribute evidence of the truth of the law despised by them?

“We are, by the way, curious to learn whether any attempt will be made to stifle this observation at its birth, by what arts it will be sought to explain it away, or what sophistry will be used to avoid conceding anything to homœopathy!

“We do not for one moment suppose that it will lead to a cessation of the attacks upon homœopathy, or that the Sauls will now become Pauls, but we hope that this discovery will be followed by others of a similar kind, and that gradually even the most bigotted of our opponents will be compelled to silence. This hope rests in the fact that in allopathic therapeutics one after another of our old acquaintances is—without any allusion to its origin—coming to the front. The most complete illustration of this is furnished by the celebrated English clinical teacher, Sidney Ringer, who, in his *Handbook of Therapeutics*, unblushingly recommends on homœopathic indications a whole series of remedies proved and successfully applied in practice by Hahnemann and his followers. Another English allopath has made the “discovery” that *pulsatilla* is a very excellent remedy in some menstrual abnormalities. With us, in Germany, it has been the *kali iodatum* in pneumonia, *cyanide of mercury* in diphtheria, the *solution of Bromine* in diphtheria, and croup, and the already mentioned *phosphorus* in rachitis which have acquired a position amongst those who are opposed to us.

“While we must not pass over this kind of spoliation in silence, but, on the contrary, are bound to assert our rights of priority, we are at any rate entitled to consider its occurrence as an indication favourable to our views.

“These facts may for a time be ignored, they may be resisted!

with all possible energy, but, nevertheless, the truth of the law of similars must ultimately receive acknowledgment. The time may be slow in arriving, yet come it will. To this conviction we will cling. This, with the consciousness that we are struggling and suffering for a great and good cause, will confer upon us the strength requisite to enable us courageously to continue the contest against the majority.

"We will place before our minds to-day a vivid portrait of our master, and, resolving to follow his example, press courageously forward as he did, undisturbed by any attacks or insults whatsoever.

"The palm of victory beckons to us from yonder goal!"

The essay by Professor Ameke, referred to by Dr. Lorbacher, we have not seen, but the very competent critic who reviewed it in the April number of *The British Journal of Homœopathy* describes it as "the most valuable contribution to the history of homœopathy that has yet appeared, and the best refutation of the calumnies and reproaches that have been, and still continue to be, heaped on Hahnemann and his great medical reformation." This being so, would it not be a worthy expenditure of its funds for the British Homœopathic Society to furnish its members and the English speaking body of homœopathic practitioners with a translation of it? We have already heard the suggestion mooted, and we trust that it is one which will not have been made in vain.

#### HOMŒOPATHY IN DENVER.

THE County Hospital of Denver has on more than one occasion been the scene of an experimental test of the relative advantages of homœopathy and traditional medicine. Some years ago Dr. Everett of Denver was appointed physician to this hospital in succession to an allopathic practitioner. This institution is, we should explain, what in England we should term a Workhouse Infirmary—a pauper hospital. It is under the control of a committee of the Municipal Council called The Board of Charity Commissioners, and its officers, at any rate its medical officers, receive their appointment for one year only. The question of whether the medical officer shall be a physician conversant with homœopathy or one who repudiates this method of drug selection is entirely dependent on the persons elected as aldermen and councillors, and ere now this question has been made *the test* question of an electioneering contest.

As we have stated, Dr. Everett was elected some few years ago, and during his year of office demonstrated that through prescribing homœopathically he had had a smaller mortality than his predecessor, and at the same time the medical expenses of the establishment had been sensibly diminished during his year of office.

Notwithstanding, however, so successful had been the electioneering tactics of his opponent, that by introducing two or three new members on the council, he was refused re-election and an allopath was appointed. During the year ending March, 1888, the mortality rose so much above that of the preceding year, when Dr. Everett was in office, and the expenses were so much increased, that, to satisfy public opinion, the allopath was ousted, and Dr. Everett re-appointed. The results are as follows:—During the year ending March, 1888, the expenses of the establishment were £29,198. During the year ending March, 1884, they were £17,046. During the former year there were 1,584 patients under medical care, and during the latter, the homœopathic, and the least expensive year, 1,764. The mortality during the year of allopathic management was one patient in every eleven; during that when Dr. Everett was in office it was only one in every thirty-four.

These facts are taken from the elaborate report presented by Dr. Everett to the Board of County Commissioners of Arapahoe County, which includes the city of Denver within its jurisdiction. In concluding it Dr. Everett writes:

“I have not made this comparative report or the remarks that accompany it from any personal animosity to any member of the old school, nor to say one word against the skill or ability of the allopathic physicians who conducted the medical affairs of the county during the year ending March 31, 1888. In fact, I regard them as among the ablest representatives of their school of medicine in the city. Ever since I have been in the State, the county, when employing the old school to manage its medical affairs, has engaged none but its ablest representatives. My only object in making this report is to show that it does not lie within the allopathic system of medicine to conduct a hospital as economically or with as great a saving to human life as it can be conducted under the homœopathic system of medicine.”

The following account of the proceedings of the board on this occasion is extracted from *The Hahnemannian Monthly*.

“When the subject of appointing a county physician for the year ensuing came before the County Commissioners, they, as usual, advertised for proposals for furnishing ‘medical attendance, medical and surgical supplies and appliances at the County Poor-house, County Jail, and for the outside poor, for one year from April 1st, 1884.’ In reply to this advertisement bids were received as follows:

“From Dr. A. S. Everett ...	...	\$8600 00
“From Dr. George W. Cox ...	...	8000 00
“From Dr. J. B. Cory ...	...	8600 00
“From Dr. John Elsner ...	...	8000 00
“From Dr. S. A. Bonesteel ...	...	2700 00

" Dr. Bonesteel was well indorsed by citizens of Columbus, Neb., his former home.

" After the reading of the bids, Dr. Steele came forward and stated that the school of medicine to which he belonged (old school) were supporting Dr Cox. He also asked permission to file a petition, which was granted. This petition also has attached a large number of names of prominent tax-payers.

" TO THE HONORABLE BOARD OF COUNTY COMMISSIONERS OF  
ARAPAHOE COUNTY, STATE OF COLORADO.

" GENTLEMEN : Your petitioners, citizens and tax-payers, would respectfully request you to assist in building up and maintaining the medical department of the University of Denver, an institution worthy of our support and confidence, by appointing a competent physician to the County Hospital, who is recommended by, and is in sympathy with said Medical College, and we will ever pray, &c.

" DENVER, March 14th, 1884.

" Mr. Kumer moved to retain the present management, and, in making the motion, stated that the board should let well enough alone. The board had experienced considerable trouble in the past, and, after a long trial, the best had been taken at the last. The bid is a little higher, but the board should consider that Dr. Everett has made a better report. During Dr. Everett's administration they had been in no trouble, and hence he was willing to retain the present management.

" Mr. Brown seconded the motion, heartily indorsing the statement of Mr. Kumer.

" Mr. Aggers moved an amendment, that Dr. George W. Cox be elected to the position of County Physician. He said that Dr. Cox's bid was \$600 less than Dr. Everett's, and because the old school had conducted the hospital with a poor management in the past, it did not necessarily indicate that it would always be so. He considered both the parties in question good physicians, but thought it best to give the position to the lower bidder.

" Mr. Scherrer seconded the amendment.

" A running discussion then followed, in which Mr. Aggers pressed the claims of Dr. Cox, seconded by Mr. Scherrer. Messrs. Kumer and Brown referred to the old hospital troubles and the numerous investigations under the former managements, and they thought it was worth \$600 more to give it to Dr. Everett and have peace. They also urged the excellent record made by Dr. Everett. The amendment being put, Messrs. Aggers and Scherrer voted aye, and Messrs. Brown and Kumer nay.

" The vote being a tie, Chairman Bates was compelled to cast the deciding vote. Before doing so, he said that a year ago he had at first favoured the old school, but changed his mind and voted for Dr. Everett, and never had cause to regret it. He was

proud of the record made by Dr. Everett, but in the present instance, where two responsible physicians were being considered, he felt it his duty to vote for the lower bidder, and then cast his vote for the amendment which threw the deciding vote in favour of Dr. Cox."

In a commentary on the whole meeting our contemporary writes:—"The reason for making this change, as stated by the president of the board, was that the services of an allopathist could be had for \$600 less than those of Dr. Everett. If, during the current year, there should be 1,764 patients to be treated,—the same number as last year,—the deaths will probably be about 159, or 107 more than there would be under Dr. Everett's treatment. The board simply weighed these 107 human lives against the \$600 difference in the 'bids,' and they kicked the beam. It has often been found difficult to estimate the value of a human life, but the County Commissioners of Arapahoe County, Colorado, have decided that a *poor* man's life is *not* worth \$5.61. Exactly how much it is worth has not yet been accurately determined. At this rate, dissecting material in the Denver Medical College (allopathic) is 'dirt-cheap,' and we have no doubt that ere long it will be sufficiently abundant."

We think that Dr. Everett may be congratulated on having been delivered from such an ungrateful set of employers.

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### THE ROYAL YORK BATHS.

THE baths which have been for some years known under the above name were conducted by the late Mr. Adolphus, but during the last few months the whole place has been entirely rebuilt internally, with the result of producing the most luxurious and perfect set of Turkish, electric, and medicated baths to be found anywhere. The baths were opened on the 24th of May, by an elegant banquet given by the Royal York Baths Company, Limited, of which Dr. Jagielski, of Weymouth Street, is the Managing Director. The chair was taken by Mr. Bennoch, a gentleman whose personal experience has rendered him enthusiastic on the subject of electric baths. The visitors were shown over the various bath-rooms, under the guidance of the architect, who pointed out all the various details of structure and ventilation. The great difficulty hitherto experienced in the construction of Turkish baths has been the maintenance of suitable ventilation consistent with the heat required, and the avoidance of draughts. In some establishments of this kind the ventilation is so imperfect that patients inhale foul air and exhalations of others, and hence feel headache and languor afterwards. All this is completely avoided by what seems to us an absolutely perfect system of ventilation. A tunnel 70 feet long, 7 feet high, and 5 feet wide, has been constructed, communicating with the open air by a large



iron-rail door. By introducing the fresh air through such a large channel into the convoluted heating stove, a back draught is rendered impossible, as may be seen by holding up the flame of a candle in the direction of the stove. To this the fresh air finds access from opposite sides. It is assisted in the S.W. side by a shaft, which sends down an equally strong column of fresh air, which, when thoroughly heated during its passage over the convoluted stove, at last penetrates upwards through a large grate into the hottest room, and thence diffuses itself into the *calidarium*, *tepidarium*, and *aliptorium*, in each of which are built exhausting shafts, below the seats, close to the ground; so that all the air vitiated by eliminations from the skin and lungs of the bathers is constantly extracted through patent ventilators, bad or vitiated air being heavier than that which is fresh. In this way a constant stream of fresh air is established in the baths, and the whole arrangements can be examined by every bather, a privilege which does not exist, we believe, in any other Turkish bath in London. The ventilation of the cooling room is unique. A large party was present at the banquet in the cooling-room, and it was the remark of every one present how perfect the ventilation was. The products of combustion of the gas are conveyed directly outside. The lights are all skylights, which can be opened or closed at will. The walls of the baths all through are of coloured glazed bricks, so excellent for purposes of cleansing; the door lintels are of Sicilian marble, the floors are of glazed tiles, and all the woodwork is of pitch pine. The architectural ornamentation is Moorish, and beautifully carried out. The cooling-room is most luxurious, with Moorish carpets, delightful easy couches, mirrors, and every elegant Oriental surrounding. Marble tables are useful as well as ornamental, and coffee or tea is here served to those who wish it. The plunge bath is of tiles, with marble edge at the top, and a marble statuette is placed over it of a Turkish shampooer squeezing a sponge, executed by M. E. Gifowski.

Electric baths are to be a prominent feature in this establishment. There are 18 separate rooms for these baths, and as they are now so much employed in therapeutics, patients can now have them in the most luxurious style. All forms of medicated baths can also be had. This is hardly the place to speak of the value of all these various baths, but, when required, everything will be found here in the most complete manner.

Every credit is due to the enterprise and energy of the managing director, Dr. Jagielski, in carrying out the re-building. He is there, we understand, at certain hours, personally superintending the institution and giving directions for the guidance of bathers when asked to do so. The baths are well worth a visit, were it only to see the perfection of the arrangements, and especially of the ventilating apparatus.

We wish the institution and the company every success, and trust that the appreciation of the medical profession and of the public will repay them for the enormous outlay incurred in making the establishment a perfect one.

#### DR. HUGHES OF BRIGHTON.

Our readers will be gratified to hear that Dr. HUGHES has had a most successful visit to our American colleagues. The course of lectures he delivered at the University of Boston was largely attended and highly appreciated. Besides being entertained at a luncheon given to him by Dr. Conrad Wesselhoest to meet the Medical Faculty of the University, and at a dinner by the members of *The Hughes Medical Club*, Dr. Hughes was the guest of the Medical Faculty at a dinner given by them to him and to the Medical Graduates of the University on the 5th ult. On this occasion the Governor of the State and the President and several Members of the Senate of Massachusetts, the President of the Boston University, and a large number of the notable men of the city were present. The health of Dr. Hughes was drunk with great enthusiasm, and responded to by him with much depth of feeling.

At the conclusion of presenting the prizes to the graduates who had been successful in contesting for them, Dr. Talbot made the very gratifying announcement that on the previous day His Excellency the Governor of the State had signed the Bill which had passed both Houses of the Legislature, by which a State Asylum for the Insane, to be erected in the neighbourhood of Boston, is placed in the hands of the Medical Faculty of the University. On this occasion Dr. Hughes was present during the debate and the carrying of the measure appropriating \$150,000 to the purposes set forth in the bill.

The struggle for this State provision has been long, arduous and interesting, and we hope in our next number to give a full report of it.

Dr. Hughes intended to leave Boston by the "City of Berlin," on the 21st ult., and to-day (July 1st) he is, we believe, expected to arrive in Brighton.

#### HAHNEMANN MEDICAL COLLEGE, SAN FRANCISCO.

THE recently chartered Hahnemann Medical College of San Francisco has been established in order to render unnecessary the tedious and expensive journey to the eastern colleges, and to prevent students, "who legitimately belong to homoeopathy," being driven into the allopathic schools on the coast, and then perchance "permanently lost to our ranks." A three years' course of study is required for the degree of M.D. A dispensary

in connection with the college will supply clinical instruction, in addition to which the students have admission to all the clinical privileges of the City and County Hospital, on equal terms with those of any other medical schools in the city.

We hope that the necessity for depending upon clinical teaching, directly opposed to the therapeutic instruction given in the college class-rooms, will as speedily as possible be obviated by the opening of a homœopathic hospital. Until this takes place we fear that no great amount of success can be attained by the college. Medical instruction must, now-a-days, be given in hospital wards; without it lectures are of little avail in qualifying a young man for the practice of medicine and surgery.

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#### LÆFLUND'S PURE HORDEUM MALT EXTRACT.

THE use of malt extract as an efficient and easily digested nutrient is becoming more and more appreciated. The preparation of Messrs. Læflund, of Fenchurch Street, is made with great care and possesses an active diastatic power. It is one we can thoroughly recommend to our colleagues.

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#### MELLIN'S FOOD FOR INFANTS.

THIS excellent form of presenting nourishment to infants and children is one that may be relied on with much confidence. It is palatable, easily digested, and highly nutritious. In the cases of weakly and delicate children, as well as in those of invalids of a maturer age, where the ordinary kinds of food are not well borne, Mellins' can be prescribed with much advantage.

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### CORRESPONDENCE.

#### HOMŒOPATHIC MEDICINES FROM QUESTIONABLE SOURCES.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—We are glad to see in your June number the letter from Mr. Engall under the above heading; and to further show that the instance of *lachesis*  $\phi$  which he alludes to is not a solitary case, we herewith enclose you a bottle brought to us a few days ago to be refilled, bearing a printed label:—

*Mother Tincture of Mercurius Sol.*

W. KING, CHEMIST, HUDDERSFIELD.

From no cause is homœopathy so much in danger at present as from want of integrity in the preparation of its remedies, and Mr. Engall has done good service in so strongly urging his

fellow practitioners to see that the medicines procured by their patients are *bonâ fide*.

Yours faithfully,

THOMPSON & CAPPER.

Liverpool, June 18th, 1884.

[We should be much obliged if Mr. Wm. King of Huddersfield would supply us with the formula for preparing the mother tincture of *mercurius solubilis* which he professes to supply. Such a preparation is a pharmaceutical *desideratum*—if it can be had, we should much like to know how.—EDS., M.H.R.]

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

Some Dispensary Reports and one or two other communications of interest are in type, but are unavoidably postponed until our next number.

Dr. BODMAN of Devizes has removed to Bristol, where he has joined Dr. KENNEDY in partnership.

Communications, &c., have been received from Dr. HAMILTON, Dr. B. MOIR and Mr. Cross (London); Dr. CASH (Torquay); Dr. HAYWARD (Liverpool); Dr. SIMPSON (Glasgow); Dr. REED (Southampton); Mr. CLIFTON (Ipswich); Mr. FOSTER (Scarborough); Mr. CHURCHER (Southampton); Dr. TALBOT (Boston); Dr. CLIFTON (Leicester).

## BOOKS RECEIVED.

*Vaccinosis and its Cure by Thuja, with Remarks on Homœoprophylaxis.* By J. C. Burnett, M.D. London: Homœopathic Publishing Co., 12, Warwick Lane, E.C. 1884.—*Diseases of the Rectum and the Homœopathic and Surgical Treatment.* By Mortimer Ayres, M.D. Chicago: Duncan Bros. 1884.—*A Snailway Guide to Tunbridge Wells.* By J. Ashby-Starry. Tunbridge Wells: R. Clements. 1884.—*The Homœopathic World.* June. London.—*The Students' Journal and Hospital Gazette.* June. London.—*The Chemist and Druggist.* June. London.—*The Monthly Magazine of Pharmacy.* June. London.—*Annual Report of St. Saviour's Hospital.* 1888.—*Eleventh Annual Report of the Lunacy Law Reform Association.* 1884.—*The Calcutta Medical Journal.* November and December, 1883.—*The American Homœopath.* June. New York.—*The New York Medical Times.* June.—*The New England Medical Gazette.* June. Boston.—*The St. Louis Periscope.* May. St. Louis.—*The Hahnemannian Monthly.* June. Philadelphia.—*The United States Medical Investigator.* June. Chicago.—*The Boston Herald.* June 6th.—*The Cincinnati Times and Star.* June 6th.—*Bibliothèque Homœopathique.* May. Paris.—*Revue Homœopathique Belge.* April. Brussels.—*Allgem. Homœopathische Zeitung.* Leipsic. June.—*Revista Omiopatica.* Rome. April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 18, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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THE CHOLERA.

THE advance of cholera through France places this much dreaded pestilence within measurable distance of our own shores. This being so, it behoves us to take stock of our state of preparation to meet it, should it appear amongst us.

The last epidemic of cholera in England was in 1866. The first occurred in 1832; the second in 1849, or seventeen years later; the third in 1854, or six years afterwards, and the fourth in 1866, being an interval of twelve years from the previous one. It is, therefore, eighteen years since we last had to encounter this disease. In 1866 its course towards us was by the Mediterranean; and such is the direction it is taking at present. In 1865, it was very fatal in Marseilles, Toulon and other towns in the South of France during September and October. The first cases occurred in this country at Southampton, Liverpool and Shields during the summer of the following year. This would seem to indicate that we might escape from its influence until next year—but it must be remembered that it appeared in Toulon as early as June this year, and that during July cases occurred in Paris. Hence with the very hot and damp weather we have had—weather known

to facilitate the propagation of epidemic diseases—we may well look about us and see whether our surroundings are or are not such as are calculated to favour the development of disease of this type. We may equally well re-examine our resources in the event of cases occurring in spite of all the sanitary precautions that may be taken.

The theories which have from time to time been advanced to explain the nature of cholera are numerous in the extreme. The one most in vogue at the present moment is, that it depends upon the entrance into the body of a species of bacillus. This bacillus is said to have been discovered in the blood and dejections of cholera patients in Egypt and Calcutta by Dr. KOCH. He has, we are told, numerous specimens of this unpleasant particle of living matter in his now vast collection of different varieties of bacilli. HAHNE-MANN, writing in 1832 (*Lesser Writings*, p. 851), attributed cholera to the influence “of millions of miasmatic animated beings.” In 1849 Dr. SWAYNE, of Bristol, thought that he discovered a peculiar organism in the evacuations of cholera, so too did Dr. HASSALL in 1854.

Whether these observations are accurate or not we are not disposed to enquire. It seems to us, however, that if the acceptance of the theory that cholera depends upon the introduction of a bacillus requiring foul drinking water, collections of decomposing animal matter, or imperfect drainage for its full development, should impress people with the necessity of having pure water, and living in an atmosphere free from the contamination of putrescent masses or of foul drains—it will prove a good working theory.

The question of course remains, whether a bad water supply, dirty cisterns, dung heaps, or untrapped drains develop the cholera-bacillus, or whether, by lowering the vitality of the individual, they render him especially exposed

to be readily brought under the influence of the cause of cholera, whatever it may be. But however interesting, from a scientific standpoint, such an enquiry may be, if the practical results of adopting either view, as seen in improved sanitary arrangements in our towns and houses, are the same, the advantages each entails are alike. All we would suggest is that one or other hypothesis should be adopted, and the lesson it teaches practised.

At the moment, we have it in our power to do very much towards preventing the development of cholera amongst us, towards rendering our country unsuitable for the multiplication of the cholera-germ, or the growth of those changes, atmospheric or otherwise, which create a cholera epidemic. Presently, it may be, the opportunity will have slipped away. Let us then first of all make some suggestions regarding the present.

Purity of food and drink ; cleanliness of person ; free ventilation of houses ; complete—absolutely complete—exclusion of sewer gas from all rooms and passages ; the destruction of all sources of atmospheric deterioration ; daily exercise in the open air, and constant healthy occupation will tend to the maintenance of a degree of health enabling most people to resist those influences which give rise to cholera, whatever they may be.

Diet should be simple and wholesome ; over-ripe fruit, "high," that is tainted, meat should be especially shunned. Pure water should be drunk and alcohol generally avoided. Daily cold bathing is of great service in keeping up a healthy tone, while hot baths are undesirable as tending rather to depress than strengthen the body. More or less constantly open windows and well-ventilated bedrooms are also important. Let every one see to the condition of the drains about his house—that they are both securely trapped and adequately ventilated. Especially essential is

it that no accumulation of filth, such as that ordinarily contained in dust bins or collected from stables, should be allowed to be in the immediate neighbourhood of a dwelling house. If, in addition, persons take a certain amount of regular, active exercise in the open air, and have their minds occupied with business or in the pursuit of some congenial employment, they will have little to apprehend from cholera. We lay stress on our last proviso, because nothing renders a man more liable to become a prey to panic or exaggerated terror than idleness or *ennui*; while nothing is so surely provocative of epidemic disease as a constant dread of contracting it.

On the value of such measures as those we have pointed out no difference of opinion probably exists. But, inasmuch as it is perfectly certain that a very considerable proportion of people will not avail themselves of them, it is of equal importance that we should be in [a position to treat the disease should it invade our large and over-crowded cities.

What then is the best method to be adopted in the event of an attack of cholera occurring?

Drugs, selected in accordance with some theory of the pathology of the disease, have proved in practice to be almost worse than useless. A disease, which has hitherto presented a mortality varying from 50 to 75 per cent., can scarcely be said to have been in any way controlled by the medicines used to check its progress. In reviewing the features of the last epidemic of cholera, the editor of *The Lancet*, writes (December 29th, 1866) as follows:—  
“We are unable to boast of any therapeutic discovery. In this direction our experience of the disease has not been altogether valueless, though unfortunately it has been chiefly negative.” Neither do we believe that any therapeutic knowledge of a positive character has been



acquired since. The latest proposal is, we think, one of the most dangerous that could have been suggested. Dr. KOCH, whose name is associated with the discovery, real or supposed, of the bacillus of cholera, and who will therefore be regarded by persons, who know nothing of medicine, as an authority on its treatment, has announced that *opium* is the only preventive of the disease! If this advice has been acted upon in Toulon or Marseilles, the large mortality which has taken place in these two cities is easily accounted for! Early in 1866, Deputy Inspector General MACLEAN, at that time Professor of Military Medicine at the Royal Victoria Hospital, Netley, published a lecture on cholera in *The Lancet*. In the course of it he said: "No remedy has been more used—  
"I should rather say abused—than *opium*. Most Indian  
"practitioners have abandoned it as treacherous and  
"dangerous. I must earnestly caution you against its use.  
"In the stage of collapse, if it is retained, it must be  
"useless; but when reaction sets in, the *opium*, previously  
"inert, begins to act, and is at once a serious hindrance to  
"the restoration of the secretions, and if the quantity given  
"has been large, often hastening on cerebral symptoms  
"ending in coma. These are its dangers, without, so far as  
"I know or could ever discover, a single compensating  
"advantage."

The pathological theorist declares *opium* to be "the only preventive of cholera." The practical physician, of large experience in the work of treating the disease, tells us that it is "treacherous and dangerous."

Pathological speculation having proved a fallacious basis on which to erect a plan of drug treatment, we next enquire how it has fared with those who have relied, in choosing their medicines, on the therapeutic principle declared by HAHNEMANN to be the true ground of drug selection in pre-

scribing. When written to for advice in 1882, HAHNEMANN stated that *camphor*, *copper*, and *veratrum album*, would be found to be the most reliable medicines in the great majority of cases of cholera. With the single addition of *arsenic*, these are the remedies which homoeopathically practising physicians in all parts of the world have since found to be the most to be depended upon. A stronger testimony to the value of the principle of *similia similibus curentur*, or to HAHNEMANN'S acuteness in pointing out a remedy for a disease, which he knew only from the descriptions of others, it would be difficult to imagine.

To HAHNEMANN also is traceable the observation that a person under the influence of *copper* is protected from cholera as much as a vaccinated person is against small pox. Having in his article on cholera in his *Lesser Writings* referred to the indications for the use of *copper* in the treatment of the disease, he says, "The above preparation of *copper*, together with good and moderate diet, and proper attention to cleanliness, is the most certain preventive and protective remedy." The wearing of a piece of copper next the skin is the easiest and safest method of inducing the protective influence of the metal. In the *Calcutta Medical Journal*, 1869, the editor mentions, on the authority of a deputy inspector of schools in Calcutta, an instance where the head master of a school in a district where cholera frequently prevailed, induced a number of the people to wear a *pice*, through which a hole was bored, and a thread inserted to fasten it round the body. During five years, two epidemics occurred, and not one person wearing the *pice* was affected. The immunity of workers in copper from attacks of the disease during an epidemic is a well established fact. We therefore feel abundantly justified in recommending the use of this simple, harmless, and efficacious prophylactic.

During a season when cholera prevails, diarrhœa is more than commonly prevalent. This diarrhœa is, unless checked, apt to increase, and presently develop the vomiting, cramp, and, ultimately the collapse of true cholera. Hence it is of the utmost importance that measures to control it should be adopted at the earliest moment. So far as medicine is concerned, none is more valuable, because none has proved more effective than *camphor*. The preparation known as RUBINI'S—a saturated solution—is that which is most generally used. Many years however before this powerful solution was introduced, the ordinary *spirits of camphor*—a proportion of one part of *camphor* to six of alcohol—had proved amply sufficient. One or two drops of either is taken for a dose, with a degree of frequency proportioned to the urgency of the symptoms. There is very little doubt that during 1849, 1854 and 1866, through the agency of the London Homœopathic Hospital, of medical men practising homœopathy, of clergymen, missionaries, and sisters of charity, many thousands of cases of diarrhœa were prevented passing into true cholera by the timely use of spirits of camphor. Mr. HUGH CAMERON, when speaking in 1865 at the British Homœopathic Society regarding the outbreak of cholera in 1854 in the district in which the London Homœopathic Hospital was situated, said: "I am afraid to say at this distance of time how many hundreds of bottles of this tincture (*camphor*) we dispensed to the crowd that applied for it at the Hospital, during the first three or four days of September, when the pestilence raged with such fearful havoc. I remember one cabman who returned eight times to procure supplies for his friends on the stand." From the East End of London, where the late Rev. Mr. LOWTHER, with his assistant clergy and sisters of charity, was indefatigable in ministering to the wants of

the pestilence-stricken district in which he lived, abundant testimony came of the usefulness of the early administration of this invaluable medicine.

It is, however, only in the early stage of the disease that we can expect to witness the remedial power of *camphor*. When violent vomiting and watery purgings are predominant, *veratrum album* is the most trustworthy medicine. When cramps in the abdomen and limbs are the most striking characteristics of the disease, resort must be had to the *acetate of copper*; while in the condition of collapse, no medicine has proved so successful as *arsenic* has done. The late Dr. RUTHERFORD RUSSELL, who had an extensive experience in the treatment of cholera during the epidemic that prevailed in Edinburgh throughout the winter of 1848-9, in his valuable *Treatise on Cholera*, says (p. 217):—"We look upon *arsenic* as a forlorn hope in those very bad cases when there are hardly any symptoms present except coldness, lividity, thirst, a fluttering pulse, or no pulse, and great apprehension of immediate death. In this class of cases, we should be inclined, had we to treat them over again, to give nothing but *arsenic*, and that too in the largest dose we ever employ. We should give a drop of the first centesimal dilution every half hour, and no other medicine." Dr. RUSSELL cites, among the cases reported by him, several instances where the patient came out of the collapsed condition after being brought under the influence of *arsenic*.

Into the treatment of the consecutive fever of cholera, we have not space to enter. Where, however, a patient has been treated homœopathically from the commencement, this comparatively rarely arises. It is in such as have had *opium* given to them early in the disease, that it is most frequently met with.

We now pass, in conclusion, to review, very briefly, the

evidence we possess of the value of the treatment that homœopathy has pointed out. It was the success which followed Dr. FLEISCHMANN'S treatment of cholera in Vienna, nearly fifty years ago, that led to the withdrawal of the edict of the Emperor of Austria forbidding the practice of homœopathy throughout the Empire.

When cholera prevailed in Vienna, in 1836, the Leopoldstadt hospital, under the care of Dr. FLEISCHMANN was ordered to be fitted up for the reception of cholera patients. On comparing the report of the results obtained in this hospital with those of other hospitals in Vienna, it was found, that whereas in the former two-thirds recovered, in the latter two-thirds died. These facts we give on the authority of the late Sir WM. WILDE, the eminent ophthalmic surgeon, who recorded them in his book entitled *Austria and its Institutions*, published about thirty years ago.

So, too, in Edinburgh, in 1848-49, out of 286 cases of well marked cholera, attended by the physicians of the homœopathic dispensary, 57 or 24·6 died, while of 876 cases, occurring at the same time, treated in the ordinary way, 546 or 62 per cent. died.\* In Liverpool, in 1849, out of 179 cases, 45 or 25·7 per cent. died; the cholera mortality throughout the town being stated by the medical officer of health to have been 46 per cent.† At the London Homœopathic Hospital, in 1854, 83 cases—23 being in a state of collapse—were admitted, 7 died, 1 discontinued the treatment, leaving the mortality at 21 per cent. These cases, though too few in number to be of much value if taken alone, have an additional importance attaching to them from their having been watched by a Medical Inspector of the Board of Health, the late Dr.

\* Russell.—Op. cit.

† *British Journal of Homœopathy*, 1850.

Macloughlin, who, in a report he made upon his visits, said that all the cases were true cholera in various stages of the disease, and that he saw several which did well that he had no hesitation in saying would have died under any other treatment.

In England, on the Continent, and in India, the mortality from cholera treated homœopathically has rarely exceeded 26 per cent. while it has frequently been much lower. That it has been so large as this has been greatly due to the fact of cases being moribund when first brought under notice.

In the cemetery of the town of Hull stands a monument to the memory of the late Dr. ATKIN, bearing testimony to the eminent services he rendered to the people during the epidemic of 1849-50, and the success which attended his labours.

We feel, then, that we are abundantly justified in concluding that, however much the appearance of cholera in a country may be ascribed to its inferior sanitary arrangements and the habits of the people, the terror which it occasions is mainly due to the imperfect and worse than imperfect therapeutic measures hitherto usually enforced to cure it. Homœopathy alone has so far proved capable of suggesting a prophylactic—a protective—and of providing remedial means. Were the homœopathic method adopted wherever cholera prevails there would be no such demonstration of cowardly panic as we have recently seen occur in Toulon and Marseilles. It is the acknowledged impotence of medicine to deal with the disease which is responsible for such pitiful exhibitions.

We trust that the sanitary improvements, which the dread of a cholera epidemic has already set on foot, may be sufficient to prevent anything of the kind occurring in England. If, however, it does appear amongst us, the

past experience of the powerlessness of the remedies resorted to by the adherents of traditional medicine, and the very marked success which has so long followed the adoption of homœopathically indicated medicines—demand that the latter should be carefully studied and applied by all medical men.

Dr. BURDON SANDERSON has somewhere said that “in judging of the therapeutical value of a therapeutical method, the one and only criterion is success.” Estimated by such a standard as this, homœopathy in cholera is the only therapeutical method worthy of consideration.

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**STOMACH PAINS, ESPECIALLY CALLED CRAMP  
IN THE STOMACH, GASTRODYNIA, ALSO  
CARDIALGIA.**

By DR. BERNHARD HIRSCHEL.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., L.R.C.S., Edin.

*(Continued from page 420.)*

**CARBO ANIMALIS.**

HERE are present very characteristic gastric symptoms. Pains especially aching, specially when fasting; with weight and fulness, with inclination to water-brash; violent, in the evening after lying down, relieved by pressure of the hand, coming on by deep breath.

Constrictive cramp in the stomach; scraping and grasping; burning.

Boring pain in the stomach, almost as if from fasting, going towards the abdomen, shooting, frequent, pointed, in the epigastric region, particularly on inspiration, better on walking; tearing from the epigastrium, even up to the chest, on drawing up after stooping.

Bruised feeling in the epigastrium, as if after violent coughing.

After eating: chilliness, fulness, ache of the stomach, tightness, anxiety and restlessness in the back, palpitation; belching, distension of the abdomen; disappearance of forenoon troubles by noonday meal. Whilst eating sweating

and heat in the face; rumbling and borborygmi in the stomach and abdomen, even audible.

Of the stomach symptoms we select the following:—

Mouth and tongue dry; bad smell of the mouth; slimy mouth; salivation; rising in the gullet even to the throat, with spasmodic choking and ache, even to the mouth; burning as from heartburn, from the throat even to the stomach; acidity in the throat.

Taste bitter, bitterish putrid, acid, slimy, sour, nasty, as of fæces, sulphury.

Appetite poor, totally failing; getting stronger by eating, on raw saurkraut; after acid and refreshing things. Repugnance to hot drinks or fat, tobacco smoke. Morbid hunger; thirst great, with dryness and heat in the throat; belching, with the taste of food long partaken of before; abortive with pain; frequent with regurgitation, empty, putrid, fishy, hiccoughy; heartburn mounting up from the stomach; attack of water-brash, with sour or salt water running from the mouth with spasmodic choking, cramp of jaw, violent, empty belching, with cold feet, hiccough.

Nausea, long and continued, after eating meat, or fasting, with retching, empty belching, heat, anxiety, mounting up of sour water into the mouth, with general weakness.

Great distension of abdomen.

When indications like these are set out for the use of *carbo animalis* by Noack and Trinks—abortive belching with pain, sour belching, hiccough after dinner; faintish flabbiness; nocturnal nausea; weakness of digestion in the stomach almost after every meal; ache in stomach, as from a weight; scraping and grasping in the stomach; stomach cramp—we know that these indications are insufficient. The character of *carbo animalis* corresponds rather to the organic states of disease, originating in the metamorphic processes than to the spasmodic, especially in its sphere hypertrophy, induration, ulceration. For the gastric ulcer, however, the symptoms fail. The milder organic disturbances of dyspepsia, with the formation of acid, are therefore more manifestly represented. In consequence of the more frequent use of *carb. vegetab.* for the named conditions, we must not be surprised that in this respect nothing is known in the clinical way about *carbo animalis* but the very equivocal recommendation of Hartmann in induration and cramp of the stomach of the most obstinate kind, *i.e.*, probable organic, and since no important difference exists



between the two medicines (probably the *carbo animalis* acts more deeply on the production) we are compelled to say, in the failure of an exact basis in gastrodynia, that our attention must be directed to *carb. vegetab.* Hartmann finds *carbo animalis* suitable for indurations of the stomach, and gives the same indications as for *carb. vegetab.*, only with this difference, when the patient just after a slight meal complains of fulness, uncomfortableness, cold feeling in stomach, which disappears upon laying the hand on. But also in weakness of the stomach, where almost all food gives trouble, it is helpful (*Ther.* 2, 487), and in cramp of the stomach, with grasping and scraping, development of gas, and distension of the abdomen (*Ther.* 2, 485.)

CARBO VEGETABILIS.

We shall find on a narrow comparison very many symptoms observed in *carbo animalis* also here. Of pains in stomach *carb. vegetab.* has feeling of weight and trembling. Painfulness and great sensitiveness, as if heavy and hanging on walking and standing; tightness and fulness, with aching over the stomach; ache, as if there was something bad in the stomach, worse on the touch, going away by discharge of wind, with rumbling; anxious ache, on touch, with disgust and nausea. Constrictive cramp of the stomach and incessant sour belching, pressing down in women who give suck; constriction of the chest, especially at night, with distension of the abdomen, compelling bending forward, worse on lying down, in paroxysms. Gnawing and continued burning; acrimony in stomach, observable while walking or lying on back; burning and aching and clutching feeling in the stomach up to the throat like heartburn.

Under the epigastrium:—shooting, tearing up to the ribs, constrictive pain.

The gastric signs are not essentially different from those of *carbo animalis*. They are in the mouth dryness, heat, bitterness, bitter mucus, salivation. Tongue white, or coated with yellowish brown mucus. Aching in the throat and fauces, with feeling of fulness down to the stomach, as from tightness and constriction. As if something hot and acrid mounted up to the throat.

Expectoration of mucus on account of much viscid, bad tasting, mucus in the fauces and throat.

Taste insipid, watery, nasty, acid, salt, bitter; before and after eating, sometimes with belching.

Appetite poor, heat in the mouth, dryness of tongue ; ache and emptiness in the stomach and griping ; with nausea, failing appetite, with confusion of the head, muscular weakness, coated tongue, weakness ; hunger, and yet aversion to food ; appetite for sweet and salt ; repugnance to milk, butter, and fat ; belching, empty, after eating and drinking, with flatulence, acid with heartburn ; taste of things eaten, sweet, bitter, scratchy ; severe, almost continual, generally in the afternoon ; after meat griping ; mounting up of mucus in the mouth, on belching, water-brash.

Hiccough frequent after each movement ; after eating ; painful in the throat.

Nausea, with feeling of flabbiness in the stomach after each meal, even to retching ; fasting, worse after eating ; constant retching ; with anxiety, dizziness, darkness before the eyes ; white tongue, towards evening disposition to lie down without sleepiness.

Increase or renewal of the troubles by fright, vexation, chill, after a meal, at night after flatulent food.

After eating : ache in stomach, severe, drawing down pain about the navel, acid taste, painful hiccough in the throat, weariness, drunk with sleep with burning of the lids, sleepiness with red, hot face, very distended abdomen even to bursting, pinching and rumbling there, fulness and satiety, belching, general heaviness, sweat, anxiety, headache, palpitation ; after wine great heat.

While eating : sweating on the forehead, sudden throbbing in a tooth, with nausea.

Numerous experiences have proved the action of this remedy in gastralgia. We will therefore set out at large the exact indications, which result in practice in the following sections, in which we characterise specially the most proved remedies of this kind, and refer in passing to them.

According to Altschul, *carb. veg.* answers to the ulcerative process. He employs it where the cramp sets in, especially after eating, with flatulent troubles, burning pain combined with pyrosis, loss of appetite, disturbance of digestion. *Card. flatulenta* and *potatorum*.\*

In the cases of perforating ulcer according to Clotar Müller, there followed in the Leipzig poliklinik cure once

through *carb. veg.*, once through *tart. em.*, once through *arsen.*\*

In the following year he cured of three stomach ulcers one by *nux vom.*, *arsen.* and *carb. veg.* But the diagnosis was not quite without doubt. He has also used *carb. veg.* in neuralgic cases.† In a later record Müller gives *carb. veg.* among the chief remedies for chronic catarrh and cardialgia, but he remarks, by the way, that under the latter head there may organic cases "conceivably" be found.‡

Reil found *carb. veg.* especially active in burning cramp of the stomach, combined with flatulence and constipation, contemporaneous or previously present hæmatemesis, evident troubles from the spleen after intermittent, or from splenic troubles only to be suspected from aching and shooting in the left side. The liver he found always normal, or at least not in provable diseased condition. He records specially three cases of cardialgia in which *carb. veg.* was of service. The first two were rather of a gastric character, complicated with gastric catarrh, the third showed symptoms of gastric ulcer. *Plumb. acet.* three grains every hour prepared the cure decidedly. The author asserts yet many cases as occurring under his notice, of cure by *carb. veg.* The dose was generally the 1st trituration in several grains.§

Schreter,|| at Lemberg, cured by one dose of *carb. veg.* weakness of stomach with headache, loss of appetite, bad, sour smell, belching.

Hofrichter¶ relates a cure of somewhat long duration, quarter year, by *carb. veg.* 15 every third day. A female. Dysmenorrhœa, pain of sore. For nine years hæmatemesis, for eight years pain in the stomach, for years ever extending over the whole abdomen, extending even to the sacrum, under the left false ribs, where it shoots; the last place painful on pressure; burning up to the throat, with choking, aching, belching, water-brash. After the abdominal pain headache, pulling or tearing in the forehead. Stool now daily, at other times every 48 hours, therewith griping.

As general indications Kreussler gives the presence of spasmodic troubles, anxiety, coldness of the extremities, cold, viscid sweat, sluggish, slow, frequently intermittent

\* *Hom. Viertelj. Schr.*, bd. iv., s. 281. † *Viertelj. Schr.*, bd. v., s. 241.  
‡ *Viertelj. Schr.*, bd. vii., s. 247. § *Zeitschr. F. H.*, kl. bd. i., n. 7, s. 71.  
|| *Allg. H. Z.*, bd. 43, n. 6, s. 85. ¶ *Allg. H. Z.*, bd. 45, n. 14, s. 221.

pulse, with burning pain of stomach. Hartmann and Hering, s. 229, after *nux* in burning, with continued ache causing anxiety, worse on being felt, spasmodic constriction, compelling bending double, with oppression of breathing, worse in lying, heartburn, nausea, disgust, constipation. Lobethal\* stomach cramp with acidity, in cachexia, affections of the abdomen and organs of reproduction. Diez† in cardialgia and commencing schirrus in advanced disease, secretion of acidity, burning pain of soreness.

In the two cases related by Ruckert the objective investigation fails. A clear conclusion whether neuralgia or organic degeneration is present, is not possible. More is to be said for the latter. He gives as a ground for *carb. veg.* burning, sore, sore-pressing, constrictive pain, especially in the region of the stomach, spreading to the sacrum, back, shoulders, combined with abdominal troubles, formation of acid, colic, flatulence, vomiting of acid and bile; obstruction of breath; coldness of the limbs; cold sweat, increased through touch and lying down, lessened by external pressure. The dose was 6 and 30.

Hartmann finds *carb. veg.* especially suitable in disorganisations.

Jahr‡ recommends *carb. veg.* in toppers, after loss of fluids, debauches, deranged stomach by congestion in the portal system, after the too free use of common salt, also *nit. spir.*

Schlosser's§ case is only palliation, no cure because *carb. veg.* did not quite suit.

#### *Castoreum*—Pathogenetic symptoms.

Feeling of fulness in stomach, as if from being gorged, and in the chest, oppressing the breathing with constriction of the throat, prostration after dinner; tension, weight, squeezing in stomach with contraction under the breast-bone, pinching, nipping, biting, cutting in the stomach and hypochondria, better on movement; in the morning creeping, and as if asleep in the stomach; feeling of coldness in same; pain of soreness in the epigastrium and contractive feeling, while sitting or walking, also extremely painful; much disgust, nausea, flabbiness in the stomach, hiccough, regurgitation, mucous vomiting, thirst, frequent urination, &c.

\* *Allg. H. Z.*, bd. 13, s. 84.

† *Ktin. Anzeig.*, 1849.

‡ *Hyg.*, bd. 18, s. 447.

§ *Allg. H. Z.*, bd. 49, s. 62.

The only clinical recommendation, besides Noack and Trinks, A.M.L., we find in Hartmann.\* He has found as suitable—bitter sour eructations after dinner, with disgust; nausea with flow of saliva; squeezing tension and weight in stomach, and contractive pain under the sternum and pain of ulceration in the epigastrium; flatulent distension with pressure to stool; hard stool. Hartmann himself confesses that the proving is not perfect, and that still some characteristics are wanting, wherefore we can perhaps look upon *caust.* as suited for hysteric nervous gastrodynia, especially in hysteric and hypochondriac cases, but we miss the characteristic gastric pains for a certain choice, and probably *caustor*, on account of its temporary action, is only suitable for slight, transitory cases.

CAUSTICUM.—Pathogenetic symptoms.

Stomach ache with regurgitation; belching, development of gas; tension and pressure, scraping in the epigastrium; violent pains in the morning, worse by movement, with heat of head; with increase of pains in the stomach, shivering. Bruised feeling in the stomach; ache in the stomach when fasting, after eating bread, or in the epigastrium; also shooting ache, cold, like ice, or in the cardiac orifice, increased by external pressure, straining while speaking, lying on the back, becoming cool in the abdomen, stitches in the stomach and epigastrium; grasping and ache, constriction, creeping; constrictive tension in stomach and abdomen; gastric cramp, sometimes with ache and constriction, with nausea and pyrosis; pleasant warmth in the stomach and abdomen continuous.

Moreover, want of appetite, thirst, repugnance to sweets, disordered, bitter, putrid, fatty taste, feeling of disordered stomach, acid, heartburn, belching with extrication of gas, accumulation of salt water, flabbiness, retching, vomiting sour and of blood; weakness of stomach.

Kallenbach recommends *caust.* for nervous dyspepsia. Hartmann, without further data for cardialgia. Kreussler ranks it with *bar.*, *calc. carb.*, *sulph. hepar* for the most obstinate forms in scrofulous constitutions. May he not, perhaps, mean organic affections? With the signs of organic disturbance, indigestion, hæmatemesis, neuralgic

\* *Therap. II.* 2, 438.

signs present themselves. Hahnemann\* found it useful in ache and grasping of the stomach, especially after the use of bread, and spasmodic gastralgia. The proper indications are, however, in the multiplicity of its pains, not yet clinically established, and the choice must therefore have its difficulties.

#### CHAMOMILLA.

The homœopathic activity of this remedial agent, already proved in popular practice in cramp of the stomach, is confirmed by the provings, which present the following results:—

Aching as from a stone in the stomach; pain oppressing the breathing, in stomach and under the short ribs; pain in the epigastrium, with concomitant sweat; feeling as if the food merely went down to the pit of the throat and remained sticking there, as if it would burst the heart; with anxiety, screaming, and violent sweat; burning in the epigastrium and the hypochondria; fulness in the epigastrium; flatulent distension; aggravation from eating.

After eating and drinking: nausea, retching, fulness, ache in the stomach, and hypochondria; anxiety; tearing pains in the back; distension of the abdomen; heat and sweat of the face; ill humour; during eating, fulness.

Herewith go the following gastric symptoms: flow of saliva; pain like a plug in the throat; dryness of the mouth and the tongue; tongue red-cracked, thick, white, yellow; taste slimy, bitter, foul, sour, rancid; appetite fails; repugnance to food; unnatural hunger; dislike to coffee, beer, animal broth; thirst; appetite for raw saurkraut.

Belching, empty, sour; after belching increase of pain; hiccough, regurgitation of food; retching, nausea, as in fainting, with running of water into the mouth or feeling of flabbiness in the epigastrium; disgust even to shuddering; vomiting of sour fluid, of bile, food; after belching feeling of fulness, intolerable nausea.

The special indications for practice we reserve to the next chapter.

It suits, according to Hartmann† and Hering‡ the irritable and fretful, after the abuse of coffee, in pressure like a stone, distension at the same time in the epigastrium and

\* *Chronic Kht.*, iv., 84.

† *Ther.* 2, 421.

‡ 227.

under the left ribs, as if it would burst the heart; the patient is short-breathed, and anxious, with nightly restlessness and tossing, beating, throbbing head-ache, which compels one to get up; the pain in the stomach is somewhat lessened by quite quiet lying, bent forward, also after the use of coffee.

Single cases are not cited by Ruckert.

CHELIDONIUM.—Results of provings.

In the stomach gnawing or digging, going away on eating; pinching and tension; constrictive spasm; shooting in one side of the stomach; burning, also with belching; cutting, pinching, aching in the epigastrium; pointed shooting, even to the back; oppressive pulsation, and impeding the breath; increased warmth, also feeling of cold.

Dr. Liedbeck has lately proved *chelid.* and has, besides, especially found ache in stomach, shooting, disgusts, flow of saliva, dull gastric ache increased by external pressure, cutting even to the navel; great cold in the back, squeezing pain in the vertebræ; soft stool; after a continuance of diarrhœa he could not tolerate tobacco smoke for a week. A tobacco-neuralgia set in with burning and acid from the cardia up to the throat.\*

Taste insipid, disgusting, bitter. Lessened appetite for eating and drinking.

Weakness of digestion, much longing for milk, which tastes well, which was not the case before. Belching empty, after food, as of juniper† berries. Hiccough.

Nausea and flabbiness, going away after belching; with gentle pinching and warmth in the gastric region; troubles from flatulence after taking milk; vomiting; waterbrash.

This *celandine* long made known to us by the old school as a liver medicine, through a new homœopathic proving now more valued, has as yet been little employed clinically, At all events it deserves to play a greater part in gastralgia than it has done, as the above numerous symptoms show. Of late A. Müller‡ has repeatedly recommended it in chronic catarrh of the stomach and in cardialgia. In his "Hausartz" he cites as an indication for it—amelioration from eating.

\* Allg. H. Z. Bd. 45 S. 26, communicated by Lembke.

† In the first edition of R. A. M. L., now lying before us, Hahnemann says, Bd. iv., s. 268, it is called Hollander blüthen thee.

‡ Hom. Vertelj. Schr., Bd. iv., 281., vii. 247, xi. 455.

This symptom also was of force with Meyer, who ranks it on this account with *petrol.* for employment quite alone, if gnawing or digging is present.

Digging we do not find in the proving. Compare *petr.* Quite the same has also *kreosot.*, "gnawing, going away after eating." All seems to rest in *chel.* upon atony of the digestion, troubles of the portal system, connection with liver affections. Firmer grounds of decision fail as yet. Liedbeck experiences agree with this. Kreussler's recommendation in "burning, gnawing pain, great tenderness in the gastric region, and feeling of aching after eating," concedes only a "sometimes" suitability. After it *euphorbium* shares, from its indications, the same honour.

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## TWO CASES OF PROGRESSIVE LOCOMOTOR ATAXIA.

By J. MIDGELEY CASH, M.D.

THE following couple of cases of this formidable and not very frequent disease seem of sufficient interest to merit a short notice.

### CASE I.

Mr. W., a tall, thin old man, with white hair and beard, who gave his age as 69, but would easily have passed for 80, consulted me in May, 1883, for a series of nerve symptoms which, while present in degree for some time, had of late become increasingly harassing. He came first on May 16th, complaining of great general weakness, specially in the legs, so that he could hardly stand, voice also affected, and speech being sometimes difficult.

*History.*—For many years he had held an arduous post under Government. He was an upper clerk in Somerset House, and responsible for the work of a number of juniors. Had constant long hours—13 out of the 24—in office, and often work to do at home afterwards.

*Present condition.*—There is an anxious, worn expression of countenance, occasional twitching of the muscles of the left side of the face, and he complains of distressing "clawing" pain felt in the neck and occiput. The pupils of both eyes are considerably contracted, but symmetrically so. The sight is dim, not markedly out of proportion, however, to his age. There is a shaky, tremulous condition



of many of the muscles. He gets "lightening pains." He has had these for years, and at first mistook them for the results of rheumatism. They are severe at times, burning, and darting down spine, down limbs, along groin and cheeks, &c. He has a constant numb sensation over the whole peripheral surface. Tactile sensibility is impaired, also the power of controlling and co-ordinating movements, so that sometimes things he is holding will fly out of his hands across the room. Asked to stand with feet together and eyes shut, he is very tottery, and finds an evident difficulty in walking along a straight line.

Spasm and absence of coordination are present also in the recto-urinary and urino-genital muscles. There is constipation with ineffectual desire. There is great vesical irritability, he must rise to micturate five or six times every night, and there has formerly been troublesome incontinence of urine. Sexual irritability, with spermatorrhœa for years, and sometimes acute pain in the genital organs has been felt.

He sleeps very poorly, and occasionally, chiefly at nights, gets peculiar attacks of nervous erythism, which he describes as trembling with "a tightness in the stomach," and severe dyspnoea with panting respiration and extreme distress.

His mind is clear and unaffected beyond the anxiety natural to an intelligent appreciation of the grave symptoms from which he suffers.

*Diagnosis.*—Sclerosis of the posterior columns of the spinal cord. Degenerative changes probably extending as high up as to involve the roots of some of the cerebral nerves. The disease being in the second stage (of Duchenne).

*Treatment.*—On May 21st, *ignatia* 1x and *phosph. acid* 3x, a dose to be taken alternately every two hours were ordered. Diet—fish to be used freely.

May 22nd. "Thinks medicines are doing him good." He had a little quiet sleep last night, and when the "spasm" came it was less severe. There is numbness all over on the left side, for the right he only feels it in the hand when touching anything.

May 25th. He expresses himself as feeling much better and quite different from what he was. Still insomnia at night, for which I ordered two grains of *hyoscyamus* 1x to be taken at bedtime.

May 28th. He reports micturition less frequent, much

less of the "pins and needles," and twice the nerve power that he had. Can stand with eyes shut more steadily.

June 6th. The progress was still maintained. He was steadier, sleeping better, pains troubling him but very little, and the bowels more regular.

Sixteen days' treatment had done much for his suffering. The medicines which had been taken up to this time were continued for another week, at the end of which time a chill with lumbago necessitated a change of treatment.

He came back three days after on the 16th, complaining of not being nearly so well. The old severe pains had recurred, with oppression in the stomach and dull pain in the head, with confusion, for which he had taken *bell.* and *ignat.* I ordered a return to the *ignat.* and *phosph. ac.*, which was again followed by improvement in his general condition.

June 22nd. Last night he felt ill, slept badly with heat all over body, nape of neck gets very hot and there is palpitation of the heart. *Bell.* 3, two drops to be taken every two hours.

The following week he reported himself much better every way. The nights are still disturbed, however, as he is very sensitive to sound, and unfortunately his house is situated near a railway station and the shunting and noise of the trains tries him greatly. He "seems to long for quiet." *Bell.* and *Ign.* alternately.

Aug. 29th. Been away for a month in Herefordshire. He complains of soreness in the epigastrium which seems to go all over him. Occipital pain often of a grasping character and giddiness. He has no appetite, the breath is bad and it is difficult to him to walk, to talk, or to speak at all.

For the abdominal soreness, occipital headache, with the dyspnoeic troubles, I selected *argent. met.* 3x, of which I prescribed one grain three times a day, and at night five drops of *gelsem.* 1x, if sleepless.

September 18th. Been much better; has lost epigastric soreness and has had some good nights; pain in the head relieved. Rep. *argent. met.*, *aconit.* pil i. *pro re nata.*

Since this time I have seen him occasionally. He lives in a town about six miles off and comes over to see me at intervals. He easily suffers from the effects of cold to which he is very susceptible; also from gastric attacks and sympathetic troubles elsewhere depending on the stomach;

palpitation, &c., &c. But the course of the severe nerve symptoms appears to be stayed, the progress of the locomotor ataxia, at any rate for the time being, arrested.

The last time I had a report was in the early part of last January. He was then keeping, considering his age and feebleness, in very good health, any threatening of his old symptoms sending him at once to *ignatia* and *phosphoric acid*, which seem hitherto to be equal to arresting the further development of the disease.

The treatment has extended over a period of about seven months.

I am inclined to credit the *phosphoric acid* with being the principal remedy of the two chiefly used for controlling the tissue change involved in *Tabes Dorsalis*. It seemed to have a distinct and decided effect which in the 3rd decimal potency cannot be due to any so-called "nerve tonic" action. The *ignatia* would reinforce it by its power of subduing spasm and correcting disordered sensation and other symptoms secondary to the central lesion. The remedies were chosen on account of the symptoms as they were first met with.

The *argent. met.* was simply indicated by the peculiar symptoms complained of on August 29th, and appeared to relieve promptly. One is reminded of its use as the *nitrate* in massive doses by the old school in this disease.

*Belladonna* was also of service at one period in the treatment of the case. Dr. Hughes in his *Manual of Therapeutics* directs attention to its probable use in the early stage of the disease. In the treatment of the following, this drug occupied a more prominent position.

#### CASE II.

J. R., æt. 64, a gardener, came to my dispensary January 22nd, 1884.

*History.*—Has in the course of his occupation been much exposed to vicissitudes of weather. He got wet through and severely chilled about two years ago. This was followed by flying pains, which he attributed to rheumatism; these have become very severe of late. He has been treated by various doctors and in hospital for some time but nothing has done him any good.

*Present Condition.*—He is a strongly built, muscular man. Has well marked ataxia gait. He came into the room leaning on two sticks, and carefully watching his feet

as he walked. He extends the legs with strength, but with considerable apparent effort. The foot comes stiffly forward, and when it reaches a certain point the exterior muscles seem to give it up as if tired with the exertion, and the flexors bring the heel forcibly to the ground.

He gets characteristic "lightening pains," with pricking and twitching in the lower limbs. There are bladder troubles. He can hardly micturate, and must attempt three or four times before he succeeds. His arms are strong, and their voluntary motor and sinewy functions normal, but the muscular sense is much impaired in the feet, which often feel very heavy and sometimes as if they were not an ounce weight.

*Diagnosis.*—Sclerosis of the posterior column. The pathological changes being seated in the dorsal and lumbar portions of the cord. Second stage of Duchenne.

*Treatment.*—He was ordered *bell.* 1 and *ignatia* 1x, one pilule to be taken alternately every two hours.

February 5th. Says that he never felt better; has no twitching now; can micturate easily, and at once; no pain felt anywhere, except sometimes a twinge downwards in region of right hip. The feet during the last few days are not felt to be heavy. Rep. med.

19th. "Five pounds better than when he first came." Nothing felt now but a little sharp short pain in right loin and stiffness in the hip, for which he got *bryon.* 1x, pil. ij. ter die.

March 3rd. Generally his health is excellent; "never felt better;" all sharp pain gone; some stiffness and weakness in legs. *Gelsem.* 1x, pil. ij. ter die.

Since this date he has reported himself going on well, and with no return of old symptoms. The treatment extended over six weeks.

One cannot, of course, look on these cases as cures. Time alone must decide whether the improvement will continue. Whether permanent, however, or only temporary, we may, I think, fairly credit the improvement to the remedies employed, for even a temporary check is not the rule in the march of this disease, which tends to a steady downward course.

To get such a measure of success, indeed, seems cheering in comparison with the gloomy view as to what may be hoped from treatment as shadowed forth by the allopathic authorities of the day. Beyond a possible improvement

from the use of electricity the prospect seems to be a despairing one—one may gather that there is less work to be done, and little or nothing to be hoped for from medicines.

On the other hand it would seem that homœopathy may do much for this formidable progressive nerve disorder if the cases are seen at a stage when extensive destruction of nerve tissue has not yet taken place.

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### ILLUSTRATIONS OF THE HOMŒOPATHIC SELECTION OF DRUGS.\*

By THOMAS SIMPSON, M.D.

No one who is interested in the diffusion of homœopathy can look with indifference on the serious divisions which exist among the professed followers of Hahnemann, and it may not be uninteresting nor unprofitable for us to search for the elements of this discord, seeing it is acting so injuriously in disintegrating the federation which, having truth for its standard, should have prevailed more mightily than it appears to have done during the last 30 years; and though Dr. Drysdale quite recently explained the various causes which have prevented the greater success of homœopathy in Britain in a lucid way, I have ventured to throw out a few hints, which may, I trust, be of service, if haply we may be impelled to use our individual influence in suppressing an evil which threatens to sap the very foundations on which we are resting our hopes of the ultimate, if not the speedy, ascendancy of homœopathy over every system of therapeutics.

In attempting a reformation, there must be, first, a consciousness of past failure or error, and then an earnest, ingenuous spirit of enquiry into the causes which may have conduced to the results which we deplore, and so we are oftentimes led to study first principles, and compare our theory and practice with the laws we have professed to admire and obey. And may we not refer the tardy progress made in the past in a great degree to the neglect of Hahnemann's writings, and of that careful study of the *Materia Medica* which he insisted on with his disciples?

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\* The substance of a paper read before the Liverpool Medico-Chirurgical Society.

You are aware how easy it would be to illustrate this assertion with abundance of detail; our journals furnish evidence sufficient to prove the correctness of this view, and an inspection of the prescriptions of some of our *confrères* would reveal a very deplorable departure from the rules of practice we profess to obey.

When a man like Dr. Hilbers tells the British Homœopathic Society in homely phrase that homœopathy in Great Britain is at the present time "going to the dogs, and that year by year we may perceive that in an ever-increasing proportion the treatment is becoming homœopathic in name only;" and still that same physician, in a letter addressed to a friend in London, writes: "If on any occasion I have felt it desirable to prescribe any other than the usual homœopathic remedies, I have taken the precaution of writing the prescription in the most orthodox form, signing my name in full, and directing it to be sent to the allopathic chemist; by this course I not only avoid any mistake as to the non-homœopathic nature of the prescription, but I also vindicate my perfect freedom to prescribe whatever I think best for my patient, a right I would not part with on any account." When, I say, we hear so strict a homœopathist as Dr. Hilbers was known to be, acknowledging himself forced sometimes to write allopathic prescriptions, we need not wonder that others excuse palliative treatment in incurable diseases, or to mitigate suffering, where ordinary attenuations fail to relieve; and while such men as Hughes explain homœopathy to be the method for the application of drugs for the treatment of disease, based upon the knowledge of what these drugs can effect in health, and practises it to the best of his knowledge, conscientiously, we are unjust in supposing that he has not the well-being of homœopathy as much at heart as the most strict Hahnemannian, and hence deserves the courtesy and confidence which his well-earned labours in the cause have entitled him to; but the opprobrious epithets and coarse invective which have been indulged in by those who regard themselves as solely entitled to the designation of homœopathic physicians surely reveal a most unenviable and uncharitable type of mind; and, while such a spirit prevails, the sceptical opposition of those who understand little and care less about homœopathy is likely to continue and to exert a most baneful influence.

Individually, we have little sympathy with any man who

“convinced against his will maintains the same opinion still ;” and we think it is the noblest trait in the character of a physician to yield to evidence which appears incontrovertible, and give credence to the testimony of any honest and conscientious man who can testify to the efficacy of a course of treatment he has adopted successfully.

By so doing we accumulate a fund of information which becomes of practical use in daily life in our efforts to combat disease and relieve human suffering. Butler says: “Experience shows many means to be conducive and necessary to accomplish ends, which *means*—before experience, we should have thought would have had even a contrary tendency.”

In making what we may call a repertorial prescription, most of us have been oftentimes led to select a medicine which at the commencement of our investigation we had no idea of choosing. Each drug having a mode of action peculiar to itself, *i. e.*, its *specific* action, to obtain the full benefit of this action it must be given *alone*. This is so fundamental and rudimentary an axiom that it is unnecessary to discuss its truth and import. If a homœopathic practitioner is not in a position to select with exactitude the proper remedy, or does not deem himself justified in waiting calmly the action of the remedy administered, though some time should elapse before that action becomes manifest, he cannot expect safe and reliable results from his experiments, nor ascribe his failure to the method or agent employed, but should frankly and honestly attribute it to the obstacles, subjective or objective, which have opposed the experiment. But we may all find plenty of cases in which we can satisfy every requirement of a successful trial, and to such cases we may, without the slightest prejudice to our patients or ourselves, at first limit our experiments.

Having made it a rule to keep a register of important cases, I shall venture to detain you a little longer in recording a few of these ; and, as I do not like to make any addition from memory, you will not blame me for confining myself to a literal record of the respective cases, as they were noted down at the time of their occurrence.

The first is that of a child, *æt.* four months, very fat and flabby, seized with summer complaint the day (in July, 1880,) after its removal from Waterloo to Frodsham. I found it had been purged eighteen times in twenty-four hours ; stools undigested, sour, watery, whitish, with rapid

emaciation and frequent vomiting of curdled milk and drowsiness. The medicines thought of were *æthusa*, *podoph.*, *calc. carb.* *Æthusa*, 6., one drop after every loose motion was ordered. Next day, there being no improvement except in the vomiting, reconsideration led me to give *calc. carb.*, "sweat on head" being found only under *calc.* and *sil.*, and *calc.* covering most of the symptoms. I gave one dose after every loose motion. Rapid recovery followed without relapse. A similar case, confirmatory of this choice of medicine occurred in a child, *æt.* fourteen months, during dentition. It had stools frequent—gushing, grey, fœtid—after food; sunken fontanelle; rapid emaciation, anorexia. I gave *podoph.* one dose, *post singulas sedes liquidas*. Next day much better. Two days after the former symptoms returned, and I noticed *sweat on the head* when *sleeping*. The four medicines indicated were *calc.*, *merc.*, *podoph.*, *silic.* Painful urination, with other symptoms, indicating only *calc. carb.*, and deeming it a test case, I gave the 12th dilution, *guttaj post singulas sedes liquidas*. Rapid recovery followed in two days.

The third case.—A lady, *æt.* 24, unmarried, anæmic, had suffered for nine years from very violent dysmenorrhœa; pains are of a shooting, stinging character before the menses; the flow is scanty. *Hura*—the only medicine having all these symptoms—was prescribed in the 6th dilution, a dose every fourth morning during the menstrual intervals. She has menstruated nine times regularly without any distress; flow natural.

I may state that she had been treated by Dr. Wilson, of New York, who inserted tents, and afterwards the hysterotomy, hot water injections, and other violent methods of treatment for nine months, with no result but that of having reduced her to a state of great debility, the menstrual symptoms remaining unchanged.

Fourth case.—Feb. 8, 1878. A boy, *æt.* 8, during seven months has been losing flesh, manifesting choreic symptoms of facial muscles, arm and leg; appetite capricious, dislike to milk; has also diarrhœa aggravated in cold damp weather; stools early in morning, often involuntary, in bed. Gave one drop *sulph.* 12 at 11 a.m. daily.

Feb. 17. Reports diarrhœa cured, gaining flesh, less nervous.

March 3rd. Muscular twitchings disappeared, child quite well.



Fifth case.—A girl, *æt.* 16. Father died of phthisis, and who has herself a strumous appearance, blonde hair, blue eyes, ruddy countenance, caught severe cold on Dec. 6th, 1880. Next day I found her in high fever, pulse 182, temp. 106°; respirations rapid, laboured; thirst urgent; skin dry; stitch-like pain in the right scapular region; right lung dull on percussion; dreads slightest movement. *Bry.* 6.

Next morning pulse 120, temp. 105, respirations easier. *Continue.* Evening—still improving. *Cont. bry.* Dreading the ultimate issue, and the friends being anxious, I asked Dr. Drysdale to see her. With characteristic ingenuousness he advised a continuance of the remedy, which was done for five days, the symptoms gradually abating. Twelve days after the onset of the attack her state was as follows—pulse 108, temp. 101; flushed cheeks in the afternoon; distention of abdomen after little food; urine loaded with lithates; cegophony extensively heard over right lung.

*Lycop.* 5c. trit. acted beneficially, relieving the feverish symptoms entirely in six days, when pulse and temperature were normal, dulness over right lung much less. Sudden hunger in the forenoon indicating *sulphur*. This remedy was given twice a day for a fortnight, the patient being well and the lung being quite clear.

Mary W., *æt.* 20. Father died of phthisis; complains of swollen cervical gland, which is suppurating; menses scanty; and she has a waxy appearance; severe dyspepsia; no appetite, pain after all food till relieved by vomiting; burning at epigastrium, straining, retching, difficult vomiting. During menses agony in stomach for two days; leucorrhœa between menses. *Grapph.* 6 every alternate day between periods.

The dyspepsia and dysmenorrhœa disappeared in a month, and have not since returned—two years ago.

The sixth case was a girl, aged 5 years (July 10th, 1881). Father and grandfather eczematous. On fifth day of measles, eruption subsiding, seized with very high fever and urgent dyspnoea. Delirious, starting out of bed in fear. Temp. 105; pulse 140; respirations 42 per minute. Face flushed; tongue coated, with red tip and edges. Dulness over whole of posterior portion of right lung. *Bell.* 3c every two hours. Chest compress applied every four hours. Next day less violent congestion and facial flushing. Tongue more thickly coated. Breath offensive. Pneumonia. Having

these two symptoms strongly marked, gave the 6c *Phos.* a drop every three hours. Continued this remedy for eight days, with gradual amelioration of all the symptoms, when suddenly alarming dyspnœa, with circumscribed redness of cheeks in the afternoon, sweat on head at night, and very quick pulse (132). *Lycopod.* 6c. The dyspnœa and afternoon fever disappeared. Still pulse remains over 120 for fourteen days, and is very feeble; bronchial breathing all over right lung, at the back; sweat during sleep; cough in paroxysms, with vomiting of mucus; *silicea* 6c trit. grvj. every six hours for four days. No appetite, and in all respects but slight improvement. Stools fœtid. Cough short, tickling, dry, on awaking. *Sulphur* 12c.

Cough ceased in three days; appetite good; sweat ceased; lung sounds much more satisfactory, and steady improvement quickly occurred.

I may say that, as the result of very careful observation, I have found symptoms, strongly indicating *mercurius*, in the primary and secondary stages of "lobular pneumonia" of children as a complication of measles and whooping cough, in which we often find alarming symptoms very suddenly supervene.

Mrs. K., æt. 38, (March 14th, 1881,) had had dyspepsia fifteen years; distention after meals, eructations and acidity. For five months has lost flesh; tongue is morbidly red, and patchy; perspires during sleep; has occasional vomiting, with retching of food and bile, with stringy mucus; pulse feeble and soft. *Kali. bich.* was given for five days, when she was very much better; still sweating during sleep, with great debility.

A fortnight after not so well; vomited. Tongue more coated after dietetic errors; pain after food; sleepless.

Seven days after much improved; seven days after still improving, and gaining flesh. To continue *kali bich.* Has remained well ever since.

The next is a case of chronic hepatitis, with gastric catarrh.—A Mrs. H., æt. 50, has suffered fifteen years with morning diarrhœa, slow digestion, stomach easily deranged.

On 2nd Feb., 1881, after exposure to east wind, she was seized with violent spasmodic pains in the upper belly after food, with nausea, anorexia, coated tongue, constipation, languor and chilliness; stools very light in colour;

urine dark red. *Nux vom.* 3 relieved all symptoms in a week.

March 14th.—Complains of intense irritation of the skin, worse by warmth of bed; after scratching skin burns. *Sul.* 6 was given with temporary relief.

April 16th.—Itching, burning on palms and soles at night, with jaundice, suggested *sepia*, which relieved the distress; but on April 18th, after walking against a cold wind, seized with violent colic, with painful sensibility in R. hypochondrium; vomiting, violent, of green mucus; pains extend through to back, and from right to left. A careful revision of the symptoms led to the selection of *bellad.*, which, however, only temporarily relieved, though applied externally on hot fomenting pads, in addition to its internal use. Disappointed at this relapse; made a still more careful comparison, and found the *simillimum* in *plumb. acet.*, which was given in the 6th c; with speedy and permanent relief of all the symptoms, as I saw her quite well a few days ago.

Mrs. R., æt 55.—Sept. 15th, 1881. Highly nervous; always menstruated profusely; very languid circulation, with cold feet and hands. Two years ago had nervous dysphagia, which was very intractable, but yielded to *ignatia*. For three months past has coated tongue, anorexia, nausea and sour rising; vertigo, hissing noises in ears, day and night, distressing her much, deafness in left ear (entire), with partial deafness of right ear, painful sensibility to loud noises; sudden emptiness without hunger. *Magnesia carb.* was given.

Sept. 25th. No better, revised the symptoms; leucorrhœa thin and white for years; pain between shoulders; very sleepy all day; tickling cough on lying down. bad taste on waking. *Silica* was given in the 6th. Only slightly better; still vertigo, hissing in ears, deafness, agglutination morning, and sensitive to loud noises; no appetite for meat, likes fish; taste bad, nausea followed by waterbrash; cold feet; sleepy all day; emptiness without hunger. *Sil.* 12x. Hearing much better, dyspeptic symptoms cured.

In reviewing these experiences, I am constrained to acknowledge my dependence upon the daily use of the *Cypher Repertory* (especially in complicated and obscure cases) for any accuracy of selection and consequent success which they reveal. The certainty and the rapidity with which complex symptoms are found must be a source of gratification to

its arduous compilers, as well as to those who have learnt to appreciate the immense superiority of the plan adopted to associate distributed symptoms. It is easy to learn the rubric, and when once mastered the time occupied in finding exactly what you are searching for is very trifling. It is difficult to understand the objections which are urged against its use when such manifest advantages are found by constantly making it a book of reference; and we would urge upon every conscientious, painstaking practitioner, who has hitherto failed to appreciate the value of the *British Repertory*, to test its applicability at first to ordinary cases, and he will soon be led to rely upon it in the most difficult and complicated forms of disease. Side by side with this text-book we should unhesitatingly place Bell, on diarrhœa; Bönninghausen, on whooping cough; Eggert, on uterine and vaginal discharges; Berjeau, on syphilitic and urinary diseases, from each of which most important information may be obtained.

In diseases where local or objective symptoms are alone indicative we have found local applications of decided value, as in excoriation of the os-uteri with pruritus vulvæ, *glycerole of hydrastis* (p. v. ʒj.) applied on cotton is speedily effectual; and in ulcers on the legs of aged persons immense relief is obtainable from *calend.*, *hydrast.* and *hamamelis*, according as they are inflamed, indolent, or varicose. In like manner the solution of chloride of lime applied to boils and carbuncles, along with slippery elm, is a very precious remedial agent. In some cases, which seem intractable to internal treatment, outward applications often effect all we could desire. Thus, quite recently, we had a troublesome form of granular conjunctivitis, which the most carefully chosen remedies failed to touch, but which was permanently relieved by a single application of nitrate of silver (5 grains to ʒj.); and I should object to treat a case of diphtheria without being permitted to apply the spray of alcohol to the fauces frequently during the treatment by medicine.

You will have observed by this time that the object of my paper is not merely to present a few clinical observations, but to illustrate and enforce the truth that in Hahnemannian homœopathy, and not in eclecticism of any sort, is to be found the true application of the maxim—"the physician's highest duty is to cure his patient."

Some have paraded this phrase in such wise as to make

it imply that the pure and proper practice of homœopathy was a sort of dilettanteism, which gentlemen who had a taste that way might indulge in when dealing with mild and harmless cases, but which must be thrown aside at once for something tangible and ponderable when danger threatens.

The exact reverse is true : organopathy and other loose treatment may not do a great deal of harm in the lighter forms of acute disease without much strumous complication, but when we come to deal with those ills which go deep down into the unsearchable springs of the vital forces we must have subtle and penetrating forces exactly adapted to their work. The simile, as exact as possible, gives us the adaptations. The potentisation gives us the subtlety and the penetration.

Although not very old in homœopathic practice, for more than half my life I have been an enthusiastic student and observer of these things, and I trust you will deem me qualified to speak with some certainty for the same reason that the old man was, who on his death bed advised his son that honesty was the best policy, "for," said he, "I have tried them both." I satisfied myself fully as to all the boasted results of specifics, local applications, crude doses, alternations and rotations of medicines, and various other errors which are easier—at least for a beginner—to fall into than to keep out of, but which only serve to lure us into dangerous places.

All the arguments against homœopathy, as opposed to allopathy, come only from those who have tried but one.

All the arguments in favour of eclecticism in homœopathy come from those who have never faithfully pursued the pure methods of Hahnemann. Laying principle aside, if you will for the present, we may be all credited with a desire to succeed, and make good cures.

Appealing, then, to this desire alone, I am certain of my case. You will not, indeed, succeed in every case.

In the first place, patients and their friends need a great deal of instruction as to what constitutes a cure as distinguished from an antipathic palliation or suppression. Many, however, have had sufficient experience with these things to desire something better. Many other patients will advance organopathic ideas, and if they can only get you to prescribe for a certain organ will be satisfied. Such need instruction upon the nature of disease and its method

of cure. It is much better, too, to tell patients with complicated chronic affections, as Hahnemann did, that a cure will take at least *two* years.

Yet, in spite of all this, you will occasionally hear of a case upon which you have made faithful attempts for a longer or shorter time without much result, but which is said to have found great help from something else. This may or may not be true; but call it true, and the balance in the long run will be greatly in your favour, and you will become daily more convinced of the power of the true similar in the minimum dose to do all that medicine can do for suffering humanity. He who goes back after this to crude and careless methods in prescribing must do so from pure laziness or want of confidence. If the cases which I have reported to you as illustrations were anything but fair examples of what we daily see, I could not say to you as I do, that my daily experience long ago brought me to trust not only my professional standing, but the dearest interests I have on earth to the characteristic remedy in the best potencies.

Glasgow, June, 1884.

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### SOME OBSERVATIONS ON NERVOUS HEADACHE\*.

By Dr. A. CLAUDE, Paris.

THERE are few ailments which remind us more frequently of the limits of our art than nervous headache, whose pathological nature is still unknown to us, notwithstanding the too numerous opportunities we have to study it. Is it an intra-cranial neurosis, or a neuralgia with different localisations? Does it depend on a functional ailment of the cervical portion of the great sympathetic, or on a disturbance of the fibres of the trigeminus nerve returning to the dura mater? *Ad huc sub judice lis est.*

Whatever may be the opinion held on the nature of nervous headache, it is universally admitted to be an essentially poly-morphous disorder. In individual cases the attacks vary but little in the symptoms presented; but if different cases are compared, the multiplicity and the diversity of the reflex manifestations which show themselves more or less strongly in various parts of the organism defy

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\* Reprinted from the *New England Medical Gazette*.

all attempts at rational classification. The kind of nervous headache varies, so to speak, with the individual, but of its protean phenomenology, a single feature, the cephalic pain, is always present.

These obscurities and these uncertainties will disperse perhaps some day, when the therapeutics of this disease shall have reached greater perfection. *Medicatio instabilis*, said Aretius in speaking of the treatment of nervous headache; and we will say that this epithet, the only one which is suitable to the treatment of nervous headache, does not seem to us a worthy criticism. We do not consider worthy of attention the scepticism of social philosophers and of unsuccessful practitioners, who infer the uselessness of therapeutics from the multitude of the agents employed. This science, which, with our opponents, can justly be called conjectural, holds in reserve for us homœopaths fixed laws and precise rules. It teaches us that there is no such thing as a specific remedy for an affection whose symptomatology is so rich and so varied.

The rule of *individualization*, to which Hahnemann has lent the authority of his genius, can alone assist us in finding our path in this labyrinth. But a better study of *Materia Medica* will perhaps permit us in the future to utilize certain pathological and pathogenetic knowledge, which is too frequently ignored in our days as being of no value. There are details in many pathogeneses which we find reproduced in our patients own statements. The simple phrase "sick-headache," to which the allopath limits his diagnosis, belongs to a lower order of science than even the crude empiricism and commonplace hygienic precautions, of which alone his treatment consists. But it is by taking into account the too often neglected details which he gathers from the examination of his patients, or from his study of pathogeneses, that the homœopath will be gradually enabled to grasp the relations which exist on the one hand between certain forms of nervous headache and certain remedies, and on the other hand between these forms of nervous headache and certain fixed etiological factors. When we have reached this point we shall be able to affirm that we possess a really scientific treatment for nervous headache. But we must first summarise a numerous and varied series of facts in order to clearly establish indisputable relations between certain symptoms and certain constitutions or etiologies. Then, as now, nervous headaches will be

estimated according to their severity; but from the totality of the symptoms it will be known to what etiological factor to attribute them. The nervous headache of hemorrhoidal patients once clearly described would no longer be confounded with that of gouty or rheumatic patients; and these clearer pathological ideas will have been arrived at through the study of *Materia Medica*. Then many old prejudices will be done away with, and the scientific world will surely do justice to the work of homœopaths, who render more service than they themselves fully know or their adversaries admit, towards building up a trustworthy pathology, that is to say, a science which concerns itself with living beings, and not with transcendental and misty abstractions.

These considerations can be applied to other diseases than nervous headaches; but they should not blind us to our actual situation. We have not yet reached the goal toward which we strive, and we only know that each day we are drawing nearer to it. The influences of dispositions, diatheses, constitutional illnesses, occasional causes, functional troubles, of age, of sex, mental emotions, neglect of hygienic rules, etc., we know all these, but we do not know how to determine the exact value of each as a separate factor. The intellectual process by which we formulate our treatment to-day belongs more to the domain of instinct than that of exact science. But such as it is, our therapeutics does not deserve the insult of a comparison with that of our opponents. We frequently cure where they do not know how to relieve; and our successors will surpass us in the multiplicity, the precision, and the rapidity of their treatment.

In the observations which follow, I should like to establish definitely the value of the divers influences which give rise to nervous headaches; but I regret to have to acknowledge that such a task is beyond my power, and I will limit myself to stating the reason which influenced me in choosing my remedies. The diathetic or constitutional influence is the one which seems to me of the first importance, and the first two cases which I shall quote may, I trust, serve to justify me in this preference.

#### OBSERVATION I.

Mrs. X., twenty-two years old, dark, thin, and tall, her temperament quick, without, however, verging on the



passionate or violent. This person has been married three years, has no children, and is of a clearly defined hemorrhoidal constitution; she suffers from obstinate constipation, digestive troubles, and morning vomiting; while at school she used and misused pills and purgative waters. Since her marriage this treatment has been resumed, and has occasioned rather violent crises. For seven or eight years, Mrs. X. has had weekly attacks of nervous headache, which begin in the morning by compressing frontal pain.

It appears to her that little by little all her blood goes to her brain. The pain becomes more and more unbearable; the blood throbs violently in the temples; the eyeballs are affected and are the seat of blinding pain. Towards ten or eleven o'clock in the morning nausea commences, and, notwithstanding her strength of character, Mrs. X. is obliged to return to her bed, faint and prostrated to the last degree. In the afternoon she has sour regurgitations, and towards sundown the pain disappears gradually, but entirely, so much so that the patient can get up and dine with a good appetite, as if she had not suffered during the day, although she may have been unable to take food until that moment. Noise, the slightest movement, cold, or a simple draught are so many causes of aggravation; and rest in the horizontal position alone affords very slight relief. In examining the case I find a furred tongue, a slight disturbance of the liver, but of no great importance. The respiratory and circulatory organs are normal.

In point of diagnosis, the case did not present any great difficulties. The hemorrhoidal difficulty was the principal, if not the only, factor in causing all these disturbances, and immediately suggested the use of *nux vomica*, both on account of the objective and subjective symptoms, and above all on account of the localisation and the periodicity of the nervous headaches. It is true that habits of sobriety and activity of life would seem to contra-indicate this treatment; but on reflection, I determined to prescribe it in order to assure myself, first of all, whether I must in the future take the influence of the diathesis into account. I therefore advised Mrs. X. to take *nux vomica* 6, three times a day during the intervals of the headaches; and to increase the frequency of the doses when the headaches first appear. Another crisis came at the end of four days, but it was much less severe, that is to say, it was without vomiting and the patient was not obliged to

stay in bed. At two o'clock in the afternoon the patient was able to go out and attend to her duties. Little by little the crises became less frequent, occurring only every two or three weeks, consisting only of a simple gastric uneasiness, and disappearing during the forenoon. The digestion improved meanwhile, the constipation was almost entirely cured, and at the end of four months Mrs. X. was quite cured. It is now three years since I treated this case, and since that time Mrs. X. has not had a single attack of nervous headache.

#### OBSERVATION II.

Mr. P., dark-haired, thin, of medium height, nearly forty years old. Notwithstanding his external appearance, he is not subject to piles, and would be tolerably strong if he did not suffer from very severe nervous headaches. The attacks commence at different hours, but are always localized in the fore part of the head, and only affect one side of the head at a time. Sometimes it is the right temple with the orbital region and the eyeball of the same side which are attacked. Again it is on the left side that the pain appears, and it never passes, during the course of the same attack, from one side to the other. The pain, at first a little dull, soon assumes such an intense and violent character that Mr. P., notwithstanding his courage, is obliged to take to his bed as quickly as possible. Whatever may be the atmospheric temperature, he is obliged to warm himself with hot-water bottles at his feet, which are always like ice from the commencement of the attack.

Heat, rest, darkness, and quiet will ameliorate his condition, whereas a too bright light, movement, and above all, noise, will induce such aggravations as will force cries from the patient. He is indifferent to cold or hot applications upon the forehead, and to pressure upon that portion of the head. The disease is brought on by bad weather (rain or damp), or by sleeplessness, to which Mr. P. is very subject, or by too much intellectual work. We cannot mention any other imprudence, for Mr. P. is very temperate and very regular in his habits. The liver, however, is sometimes slightly disturbed, also the spleen; but the digestive functions are normal, the respiration and the circulation are perfect. Mr. P. has never suffered either from muscular or articular pains. Nervous headaches are his only enemies, and they have

given him no respite since he was ten years old. They often appear at intervals of five days in the rainy season, and of ten or fifteen days in summer. The duration of an attack is very uncertain, for it frequently happens that Mr. P., after having gone to bed and warmed himself, has gone to sleep, and awakened entirely cured at the end of two hours. Sleep alone marks the end of his suffering, which consists of throbbings and shooting pains. There is often dilatation of the pupil on the side affected, but the eyes are never injected; the tongue is always clear and the pulse normal. During the attack Mr. P. can take nourishment, and has no vomiting.

I will not undertake to relate in detail the changes of treatment to which I subjected Mr. P.; they were too varied. *Chamomilla* and *cuprum* only gave temporary relief. *Ignatia*, *belladonna*, *glonoine*, and *bryonia* were useless. *Nux vomica*, in no matter what dose, produced a terrible aggravation. At last Mr. P. determined to live with his enemy, and I determined to avoid all conversation with him about nervous headaches. I had not seen Mr. P. for some months, when he asked me to come and see him. In the month of January, 1880, during the great cold which we then experienced, he was seized with a very violent sciatica in the left side, which obliged him to take to his bed.

I sent him several different remedies without success, when at the end of a fortnight the patient and I remarked that the nervous headaches had not made their appearance since the neuralgia had commenced. Had we here a diathetic indication?

I recommenced my questionings above mentioned, and I learned that Mr. P., who, until the middle of the summer of 1879, had never dreaded draughts, who even seemed to seek them, who had the habit of sleeping with his windows open, and who wore, during the winter as during the summer, very light clothing, had become very sensitive to cold and to atmospheric changes. A half-opened door annoyed him, and for some time he had felt shifting pains in different articular portions of the body, in the great toe, and in the fingers. I noticed also that Mr. P., who had never had a cold in his head, and who, so to speak, had never found it necessary to use a handkerchief, was seized with frequent ineffectual inclinations to sneeze on waking

in the morning,—twenty to thirty times usually and sometimes forty times in an hour.

My late lamented teacher, Dr. Melicent, had pointed out to me once during his service at Saint Jacques the importance of this symptom in persons afflicted with gout, and also the importance of *colchicum* for the cure of the patients. Now, although the diathesis was obscure, still the lateral localization of the nervous headaches with their change of place should have arrested my attention.

There are some remedies which affect one side more than the other. The affinity of *thuya* for the left side, and of *sanguinaria* for the right side are well known; but few substances possess the power of *colchicum* of affecting both sides alternately. I prescribed it, therefore, in the sixth attenuation, and two days later Mr. P. was up and about his work. The nervous headaches also did not return for some time, and Mr. P. thought himself entirely recovered from them, when he was seized with a most violent one. *Colchicum* again was successful, and I took pains then to continue this treatment for some time.

Mr. P. found the effect of this so excellent that every two or three months he takes this medicine for a week. The gouty pains and the nervous headaches are much rarer and less severe; and the latter do not show themselves more frequently than every two or three months, and are easily overcome by doses taken every half-hour.

(To be continued.)

## REVIEWS.

*On some of the Diseases of the Rectum and their Homœopathic and Surgical Treatment.* By MORTIMER AYRES, M.D., Chicago: Duncan Bros. 1884. P. 78.

BRIEF in his descriptions, practical and sound in his therapeutic suggestions, Dr. Ayres has produced a useful, if not a very complete handbook of the diseases of the lower bowel. The materials composing it have been provided by his personal experience, and are unexpanded by the observations of other authors; and like nearly all works of this kind, it is interesting to the reader, and instructive to the practitioner. Had Dr. Ayres been a little less shaky in his grammar, a little more careful in the construction of his sentences, his book would have been still more agreeable to read than it is.

His few remarks on the *Hygiene of the Rectum* are very good, and were such teaching as they convey made popular, and acted

upon by those who had had the advantage of receiving it, cases of fissure, ulceration, abscess and fistula, would be much less common than they are.

The pathology and treatment of ulceration, of polypus, prolapsus, and abscess of the rectum, of fistula in ano, hæmorrhage and constipation, are clearly and succinctly given.

It is just the sort of book that will interest the busy practitioner, who has not the time required to wade through long pathological arguments, and who reads solely to find out what some one of experience has found useful in diseases having an interest for him at the time.

We have no doubt but that a second edition will be called for in time, and that Dr. Ayres will, in it, be able to differentiate the medicines he advises somewhat more fully than he has done here. If this is done, and a literary friend can be found to correct its present inelegancies, *Ayres on Diseases of the Rectum* will become a standard book.

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*Wintering Abroad: Mentone and the Riviera.* By Dr. ALFRED DRYSDALE, of Mentone. London: Virtue & Co.

WORKS on the above subject are numerous. One written by a doctor, who has himself been to visit the various winter health resorts as a patient, is always of more value than those compiled by mere travellers. Dr. Alfred Drysdale, son of our esteemed colleague in Liverpool, is an author from the first class of visitors; and we are glad to know that his health has been completely restored. His *brochure* is short, but most pleasantly written. It gives his own personal experience of the advantages and disadvantages of the various health stations in the Riviera, and the class of patients suited to each. Dr. Drysdale's experience of the benefits of Mentone over other places, and the special drawbacks of the others for certain cases are stated in clear and decided terms, and are generally corroborated by the results which patients have obtained from visiting them. He is, however, unduly severe upon Davos, and the high altitude treatment of phthisis. This, though unsuited for some cases, has proved of the greatest advantage to many, and that to many who certainly would not have done just as well anywhere, even in England. We commend this unpretentious contribution to climatology to those of our readers who intend to go themselves to the Riviera, or elsewhere, in search of health, and to our professional brethren, on whose advice their patients select this or that place of residence for the winter.

We may mention here that Dr. A. Drysdale has settled in practice at Mentone, as a homœopathic physician. It is well that our colleagues should be aware of this, in sending patients to that charming winter resort.

*Companion to the British and American Homœopathic Pharmacopœias.* Arranged in the form of a Dictionary. By LAWRENCE T. ASHWELL. Third Edition. London: Keene and Ashwells. 1884.

WE have much pleasure in noticing the third edition of this "Companion," as showing how much it has been appreciated. Though it cannot be regarded as a substitute, it is a useful "Companion" to the Pharmacopœia in every sense of the word, giving very full information on all the medicines in a small compass, and easy of reference. The chapter on tincture making has been entirely re-written, and is excellent.

## NOTABILIA.

### AN ENCYCLOPÆDIA OF DRUG PATHOGENESY.

THE outcome of the discussions on the revision of the *Materia Medica*, which have been going on amongst us here and in the United States during the last two years, is before us in a series of proposals adopted at the recent annual meeting of the American Institute of Homœopathy, having for their end "an Encyclopædia of Drug Pathogenesisy."

The plan resolved on is, practically, that pursued in the essay on *carbolic acid*, which appeared in this *Review* for April, 1883. Dr. Hughes, of Brighton, and Dr. Dake, of Nashville, U.S.A., have been appointed the editors of the work, and each is to be aided by a Consultative Committee; that in the United States, consisting of Dr. Conrad Wesselhoft (Boston), Dr. Farrington (Philadelphia), and Dr. Arndt (Grand Rapids, Michigan). Dr. Hughes will be assisted in a similar manner by Dr. Drysdale, Dr. Dudgeon, and Dr. Pope.

We understand that a considerable amount of material has already been collected, and that the first part may be expected in the course of six months.

The number of drugs to be examined is considerable, and their value in practice varies so much in degree, that we think it would be useful if the editors could see their way to a selection of those which are of the greatest importance, and most generally employed, rather than go upon the stereotyped plan of taking them alphabetically. Such an arrangement might easily be managed, we think, and would materially shorten the time which must otherwise elapse ere we can expect to receive revised provings of all our most important drugs.

Both the British Homœopathic Society and the American Institute of Homœopathy have subscribed for copies of the first part for all their members.

We need scarcely say that the plan resolved upon is not all that we would desire, or nearly all. It still leaves the field open for the Hahnemann Publishing Society with its far more exhaustive contributions to *Materia Medica*. At the same time the urgency for reliable provings is great, the work of providing them is enormous, and the labourers to do the work are few in number. With these facts before us, we welcome the new project as one which will have a considerable value, and will, at any rate, provide material which others may work upon in catering for the requirements of the busy practitioner. The absence of a schema we regard as a mistake, as diminishing the utility of the work in prescribing for and studying cases to a degree which we cannot but regret.

Nevertheless, we feel sure that what we receive from the appointed editors will be thoroughly trustworthy, and supply a good basis for another departure in the future.

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## THE MASSACHUSETTS STATE HOMŒOPATHIC LUNATIC ASYLUM.

THE rapidly increasing population of the State of Massachusetts has of late years shown the necessity for an addition to the public accommodation for the treatment of the insane. The homœopathic physicians of Boston at once resolved to secure any new state lunatic asylum, that might be erected, for homœopathy. The usual objection—one which we fear is becoming too frequently urged by some few amongst ourselves—that anything bearing the title homœopathic would appear sectarian, and that all public institutions should be thrown open to competition amongst the whole profession, whether homœopathic or empirical, was of course brought forward. But it had no weight with those who, when they say they believe in homœopathy as a great life-saving, illness-shortening truth, mean what they say. Further, it could have no weight for the very simple reason that public medical appointments are *not* thrown open to the entire profession, irrespectively of their therapeutic views. The Massachusetts State Medical Society some years ago expelled from their body all physicians who acknowledge the truth of homœopathy, refused, and still refuse, to hold any professional intercourse with any who do so. They then rendered, and still render, any working of homœopathy with those who repudiate homœopathy impracticable and impossible. By this means they have sought to secure all public medical appointments to themselves. Now that homœopaths turn round and insist on provision being made for their having a share of such good things, they are very anxious to have

them "thrown open;" but when a little examination of this liberal feeling is made, it is found that they are to be thrown open on "certain terms," and that these terms exclude all who openly treat patients homœopathically!

Our medical friends in Boston are too shrewd and too well aware of their strength and of the importance of the truth they serve to be bamboozled after this fashion. They are "farther north" than some people! When the interests of medicine are concerned they ride as straight as the best man who ever followed "The Quorn."

To obtain their object, an Act of the State Legislature providing a site, buildings, and a grant of money was necessary. Early in 1883, a petition was presented to both houses of the legislature praying for this accommodation and the necessary funds. Dr. Talbot, who presented the petition, and his colleagues were instructed to visit some state buildings in the neighbourhood of Boston and report as to their suitability. Their report was a favourable one, and last February the question was investigated by the Committee on Public Charitable Institutions at the State House. Dr. Talbot was again the spokesman of the homœopathic party, and after being introduced by the member for Cambridge he addressed the committee saying:

"It has been a grievance for many years with a large and growing class in this Commonwealth that if they or any of their friends should become insane, and should be obliged to enter an asylum therefor, they would be compelled to submit to a system of medical treatment in which they have not only no confidence but for which they have a strong repugnance. The Massachusetts Homœopathic Medical Society have by resolution asked the Legislature to abate this grievance, and to furnish homœopathic treatment for the insane who are under the charge of the State, and for whom it may be properly desired. Some of the members of your committee, to which this subject has been referred, have been present at former hearings, yet at the risk of repeating what they already know, I will give a few facts and statistics in relation to homœopathy which will aid you in considering the subject now before you. I do not purpose, nor do I suppose your committee care, to discuss the merits or the principles of homœopathy. Suffice it to say, it has become a well-known and widely practical system of medicine. It was developed by Hahnemann in the early part of this century, introduced into this country in 1825 and into Boston in 1838, something more than 45 years ago. Its progress since that time has been steady and rapid. In 1840 there were only six homœopathic physicians in Massachusetts, in 1850 there were about fifty, in 1860, one hundred and fifty, in 1870, two hundred and fifty, and in 1880, over four hundred. It has made equally rapid progress elsewhere. In New England



there are upward of nine hundred, and in the United States seven thousand legally educated physicians practising homœopathy.

“This State Legislature has on several occasions given legal sanction to this system of medicine. The State Medical Society, which offers this petition, is incorporated by special act of the Legislature, giving its members all the powers and privileges accorded to any physicians in the State. The Homœopathic Hospital, chartered in 1855, has, in the last twelve years, taken care of upwards of two thousand patients, at a cost of \$250,000 for land, buildings and maintenance, and contributed by its friends without any aid from the State. The Homœopathic Dispensary, also chartered, has since its establishment treated gratuitously over one hundred thousand patients. I mention these facts to show the desire on the part of the sick, and often of the dependent, to avail themselves of this method of treatment. If there is any further doubt as to the present status of homœopathy in this country I may refer you to the last annual report of statistics of the American Institute of Homœopathy, a national association in which are represented 27 State societies, 21 of which hold State charters, and a membership of 2,269; 98 local or county societies, with 2,698 members; 24 general hospitals, erected at a cost exceeding \$2,800,000, and which have provided for 10,487 patients in the past year; 88 special hospitals, costing \$1,600,000, and caring for 5,880 patients in the same time; 46 dispensaries, of which 38 report that they have treated 118,962 patients with 271,874 prescriptions; 11 medical colleges with 1,810 students and 5,825 alumni, 440 of whom were graduated the past year, 15 medical journals, weekly, monthly and quarterly, and some 20 other institutions, more or less intimately associated with homœopathy.

“The first hearing on this petition before the Committee on Public Charitable Institutions was held on March 10, 1882. The petition was, ‘That homœopathic treatment should be furnished to the insane by the State.’ This was supported by the names of more than seven thousand prominent citizens resident in forty-eight different towns and cities of the Commonwealth, and among them were some of the heaviest tax-payers, merchants, manufacturers, bankers and members of almost every trade and profession. Many physicians who did not believe in homœopathy favoured this petition, considering it obviously just and right that each person should be allowed to have such medical treatment as he might choose. The committee made a favourable report, which appears as House document No. 288, 1882, and referred the matter to the Governor and Council to devise some suitable plan. The second hearing was before the Governor and Council in August, 1882, at which several allopathic physicians were

present as well as Trustees of State Insane Asylums and members of the State Board of Health, Lunacy and Charity. This resulted in the favourable report presented to the Legislature by Gov. Long. This was further considered by the Committee on Public Charitable Institutions of the last Legislature, who gave two hearings, and I believe unanimously favoured the use of the Westboro' buildings for the purposes of a Homœopathic Insane Asylum. Some complications arising in regard to other institutions the report was referred to a joint special committee, which, after an additional hearing and careful consideration of the subject, framed the report which has been referred to you. We now ask for a separate homœopathic insane asylum, and in doing so your petitioners do not seek any special favour, but only desire the same consideration which has been extended to the allopathic or dominant school but from which the homœopaths to this time have been excluded, and to which, from their numbers and respectability, they feel that they have a certain right. The establishment of such an asylum cannot in any way be considered an experiment, since the State of New York has established at Middletown a homœopathic insane asylum similar in character to that asked for by this petition. It is now in its fourteenth year, and has proved so successful that the asylum for chronic insane at Binghamton has also been placed under homœopathic management, and it is proposed to erect a third homœopathic asylum in the north-eastern part of the State. The State of Michigan is at the present time building a new asylum in which the treatment is to be homœopathic.

“The establishment of an insane asylum in the State Buildings at Westboro', while it would not meet the highest ideas of those most interested, yet it seems to be an economical method for the State to pursue. It would relieve the crowded condition of existing hospitals, would satisfy the earnest demands of your petitioners, and would stimulate a healthful and generous rivalry among these asylums for the best care of the insane. By such means we would hope to make the large and expensive buildings, now worthless for the purposes for which they were erected, especially valuable to the State and to the poor unfortunates who appeal to us for the tenderest care and the most strenuous efforts for their relief and cure.”

Dr. Talbot presented a statement from Dr. Selden H. Tallcott, Superintendent of the State Homœopathic Asylum for the Insane at Middletown, N. Y., in which statistics were given compiled from the annual report of the Board of Charity of that State. In the State Lunatic Asylum at Utica, N. Y., the Hudson River State Hospital for the Insane, and the Buffalo State Asylum, all under allopathic care, the percentage of recoveries to the number admitted was 25.37; of deaths to the number treated,

6.49; in the Middletown institution, under homœopathic care, percentage of recovery to number admitted, 40.59; of deaths to number treated, 4.89, all during the year ending September 30, 1883. In reply to questions, Dr. Talbot said that he did not understand that the allopaths would consent to a joint management of any asylum with the homœopaths; if the building at Westboro' should be converted into an hospital for the chronic insane, the petitioners would not care to have charge of it; they want to take a part charge of the acute cases.

Rev. William Burnet Wright, of Boston, said that in his family physicians of both schools were called, according to the wishes of its individual members. He thought that there were great reasons why the petition should be granted, because of the wishes of the friends of patients and for the good of the insane themselves. There are many to whom it would be torture to commit their friends to the care of physicians of a different school from that to which they have been accustomed.

Dr. Harvey, of Westboro', a member of the committee, asked if Mr. Wright thought that there really was such a difference in the treatment as to really cause such torture, or whether that that was not simply a matter of sentiment.

Mr. Wright replied that it was purely sentiment.

Dr. Harvey—Do you think, then, that it is the business of the Massachusetts Legislature to legislate for sentiment?

Mr. Wright—I don't think it ever legislated for anything else.

The case for the petitioners was then closed. For the remonstrants Dr. Alfred Hosmer, of Watertown, said that whatever homœopathy may be, it is not universally accepted, and therefore its adherents form a sect—a sect—and the proposed legislation would be legislation against one sect in favour of another, a proceeding entirely contrary to all precedent. Further, that the Boards of Trustees of the present hospitals must select the best men, and to open the field to homœopaths would hamper the trustees in their action. In answer to questions, Dr. Hosmer said that he knew nothing about homœopathy as it exists to-day; he would object decidedly to sending a member of his family to a hospital entirely under the care of homœopathic physicians; he admitted that there are no homœopaths on the medical staff of any of the State institutions, but he did not know why such was not the case. If the Massachusetts Medical Society should present such a petition as that under consideration, he should oppose it as decidedly unwise, in that it would exclude one class to the benefit of another. He should not object to see homœopathic treatment of the insane, but did not think special legislation necessary for it, nor should the experiment be tried under the auspices of the State.

Dr. Francis H. Williams, of Boston, in opposition, enlarged upon the idea of class legislation; the only thing to be done is for the State to establish its asylums in the same method as that already pursued and to secure for their supervision the best talent that can be had. It has been said that there is a very large and very rich class of people who wish for a homœopathic hospital; if they are so wealthy there is not the slightest objection in the world to their establishing a private asylum. Dr. Williams argued that the medical profession is well known to be eager to find and adopt any new methods of treatment which will inure to the benefit of patients, but no such new method has as yet been advanced by the homœopathic treatment of the insane, unless they have some secret means, and that would be contrary to all rules of humanity and professional courtesy.

Cumulative testimony on the same side was given by Dr. Coggsell of Bradford, Dr. Gage of Worcester, a Trustee for eight years of the Worcester Lunatic Hospital, and Dr. Hopkins, Trustee of the Danvers Hospital.

Col. Charles R. Codman spoke in favour of the petition, combating the argument of class legislation, and arguing that, as the State undertakes to furnish the people with medical treatment and instruction, the State must determine by experiment the system which it is best to encourage. This new school of medicine has already been recognised by the State by the charters granted to homœopathic institutions. The figures, wherever taken, whether in Europe or America, in Massachusetts or Boston, point to the success of homœopathy; it may be that statistics are misleading, but it is a little singular that all of these figures should be on the one side; were they on the other, we should have heard of it this morning with a great flourish of trumpets. The reason why both schools are not found in our institutions is that the "regulars" are forbidden by their rules from consultation with homœopaths, what chance is there then for homœopaths. Col. Codman answered at some length the statements advanced in opposition, after which the hearing was closed.

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Dr. Williams' objection that homœopathy has not given evidence of providing a method of treatment better than any hitherto practised is merely an exhibition of ignorance, and simply shows his want of experience; but to suggest that homœopaths employ "some secret means" is both malicious and false. Those who have practised homœopathically have, as Dr. Williams knows perfectly well if he knows anything about the literature of the profession to which he belongs, left no stone unturned to make known their method, and to provide the fullest information as to

their means. The will to learn and the intelligence to understand and investigate are not ours to give. If Dr. Williams is deficient in either direction we can but regret it.

In May the Committee on Charitable Institutions reported to the Senate the Bill to establish a homœopathic hospital for the insane. It provides for the use of the Westboro' buildings for homœopathic treatment, and that a Board of seven trustees be appointed by the governor with the consent of the council,—the Board to consist of five men and two women, whose term of office shall be five years. The Board is vested with control over the Westboro' property, and is to be appointed within 80 days after passage of the Act, and to make plans and submit them to the governor and council for alterations in the buildings. Messrs. Paine, Wolcott and Harvey dissent from the report, on the ground that the State does not need at present another large hospital for the treatment of the curable insane. The three gentlemen agree upon the proposition that there should be some additional provision for the treatment of the chronic insane, but Mr. Paine submits one bill and Dr. Harvey another. Dr. Harvey's Bill provides for the use of a part of the Westboro' buildings for a hospital for the chronic insane, under the present method of treatment, at a cost of \$85,000. Mr. Paine's Bill provides for two new buildings for the chronic insane, one at Danvers and one at Tewksbury, each to cost no more than \$25,000, and to hold 100 patients.

Further debate followed, and ultimately on the 5th of June the measure was passed by the Senate *without a division*, and signed by the Governor of the State.

The opponents of the Bill were doubtless well advised in not going to a division. To have fought it out to the end would have displayed so much weakness that it was felt that it would be better to leave this to be surmised rather than known.

It has been a hard and well fought struggle, and we heartily congratulate Dr. Talbot and his colleagues on their perseverance, and skill in conducting their case, and their success in obtaining it.

While the matter was pending before the Legislature, *The Boston Advertiser*, in a leading article, remarked:—

“The desire of Massachusetts homœopaths to have their treatment represented in such an institution is natural, and is to be respected. The homœopathic hospitals of New York and Michigan are used as illustrations of the effectiveness of their system which they would have applied here. The proposed cost is reasonable. The practical question is, as the minority suggests, does the State need a new asylum for the curable insane? The result will doubtless turn on that point. If it is decided that an additional hospital should be established, then

must be considered the expediency of affording the new school of medicine an opportunity, which is now denied it in this State, to show its capacity for dealing with the painful symptoms and the sad mysteries of mental alienation. That question must be settled not by prejudice, but by a judicious and judicial weighing of the evidence for and against the proposed innovation."

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#### DR. ROTH'S COLLECTION AT THE HEALTH EXHIBITION.

In the first division, group 4, class 89, Dr. Roth exhibits a collection of models, drawings and books all bearing upon the maintenance of health. On the 10th ultimo he met a few of the members of the British Homœopathic Society at the Exhibition, and kindly explained to them the various specimens he had at his stall.

Among the most interesting of these are the models for dressing. In dressing an infant Dr. Roth advises that it should be laid with its back upon its clothes, and that these should then be brought over and fastened in front. This prevents the constant and fatiguing turning of infants. In the arrangement of ladies' underclothing all weight is removed from the shoulders and transferred to the hips—in this way the upper part of the trunk of the body is left perfectly free. There is here a specimen of a pair of stays so constructed as not to interfere with the breathing or the circulation or with any movement of the body. Models of boots constructed to meet the wants of the feet, rather than the whims of bootmakers, and digitated socks and stockings are also shown. Trousers that require no braces, where there is no drag on the shoulders, where the respiratory movements are in no way interfered with, and where there is no abdominal pressure—this being placed *on* and not *above* the hip-bone—form a most useful and interesting model of "hygienic pants." Shirts and drawers made according to a design having similar objects in view are also shown.

Diagrams of the body occupying positions which interfere with its natural development, such as that often assumed when writing, are exhibited. To counteract the tendency to such positions, Dr. Roth has invented several chairs in which a writer or reader can be comfortably supported while leaning on the back, which is convex in the part corresponding to the lumbar part of the spine, while the concave part of the upper portion of the back of the chair corresponds with the convexity of the upper part of the body. Models of this kind of chair, of desks adapted to it, and of benches for school children are shown, all of which have been constructed from Dr. Roth's design.

Means of educating the senses—vision, touch, taste, smell and hearing—together with others for estimating height and weight are included in Dr. Roth's hygienic studies.

Models and drawings of the positions taken up in going through Ling's exercises, a table of Dr. Roth's gymnastic games, a model of a school ventilator and a drawing of a so-called Russian bath are also seen here.

The collection is one of great interest to all, but especially to medical men, and is well worthy of careful study. It is, we may add, in the East Central Court. As a guide to this exhibit a very full catalogue has been prepared by Mr. Walter Roth, of Magdalen College, Oxford.

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### SICK NURSING.

In the city of Aberdeen Dr. Archibald Reith during last winter gave a course of lectures to ladies on the principles and practical details of sick nursing. A course of this kind forms an admirable addition to the education of women. It may be very heretical to say so, but, nevertheless, we believe that it is perfectly true that if such a course of lectures was made compulsory upon the young ladies at Girton College, they would give them a far better opportunity of being useful members of society, than the study of the higher mathematics ever will do.

During May the work of the class terminated, when Dr. Reith supported by Professor Struthers, M.D., and Professor Stevenson distributed the prizes.

Dr. Reith, prior to the presentation, gave a short address. He remarked that the class which was started six months ago, had, as far as the attendances, attention, and work were concerned, had a success almost unprecedented in the history of ladies' classes. It had been prophesied when the class was commenced, that the ladies would attend it only at the first, and would thereafter drop off one by one, but he was glad to say that this was not the case. They had had 33 lectures of two hours each. It had been supposed that any person could fulfil the duties of sick nursing, but he assured them that it required a considerable amount of training if a proper knowledge of it was to be acquired. In the lectures there had been given a certain amount of technical instruction in order that the pupils might be able to follow the directions of a medical attendant with some degree of intelligence. Twelve lectures had been devoted to the study of chemistry, anatomy, and physiology, and the rest were devoted to practical work. There was a prejudice in the public mind against young ladies learning sick nursing, and this class had been the first to break the ice in this direction. The sooner this prejudice was done away with the better—(applause). Fashionable society had,

as one of its maxims, to put everything disagreeable out of sight, but it could not keep sickness and death out of the palace, for disagreeable things would enter into everyone's life. He held the opinion that the education of a young lady was not complete until she was able to turn her hand to sick nursing. He had been urged to carry on another class of this nature, and he had agreed to do so—(applause). He had to express his best thanks to Professors Struthers and Stephenson for kindly placing at the disposal of the class certain articles from the museum. They had also to thank the College authorities for giving them the use of the room for the class. Dr. Reith then stated that there were twenty-three pupils who had gained certificates at the last examination; and, in deference to the wish of a number of others who were unable to attend that examination, he had agreed to hold another. The pupils had expressed the wish that the standard of examination should not be too low, so that the certificate would be of some value. He accordingly fixed the standard at 60 per cent. Dr. Struthers then handed the certificates to the successful candidates, who were each in turn applauded heartily as they went forward to receive them. The first three in the list were presented, in addition to their certificate, with a case containing instruments useful to sick nurses—dressing forceps, scissors, thermometer, &c. After making the presentation, Dr. Struthers congratulated the successful pupils, and endorsed the remarks made by Dr. Reith with reference to the pleasure of teaching a class of young ladies. Referring to his own experience in teaching young ladies, he said he had found they were anxious to learn. Among the young gentlemen it fell to his lot to teach there were a few who required the crack of the whip, and one's eye upon them; but there had been nothing of that sort, in his experience at least, in teaching the young ladies. There was no saying how it might be, however, when the ladies were compelled to attend College lectures—(laughter and applause). He had held the doctrine from the beginning that young ladies should be treated like men, and should be taught sciences such as chemistry, human anatomy, physiology, and the laws of health. Dr. Struthers, in conclusion, spoke of the practical nature of the questions set for the examination, and congratulated Dr. Reith on having had the enterprise to undertake such a class and carry it on with so much success—(applause). Professor Stephenson also made a few remarks. He expressed sympathy with the movement, referred to the pleasure it gave him to learn that the class had originated through the spontaneous wish of the ladies to have instruction, spoke of the capability of Dr. Reith for conducting it, and also touched on the benefit of, and necessity for, young ladies studying science, especially in its practical application to domestic matters.



He thought the movement was one which should be encouraged, for the influence did not end with the class, but would go on percolating through all society in future years. He was glad that the class was to be continued next year. He thought it would be a good thing for Aberdeen if a regular systematic course of instruction for young ladies in these subjects could be organised, to be continued for three years. He concluded by moving a hearty vote of thanks to Dr. Reith for the kindness he had shown, and for the success with which his class had been attended—(applause). Dr. Reith moved a similar vote to Professors Struthers and Stephenson for their addresses, and the meeting terminated. It should be mentioned that a friend kindly gave the prizes which were presented to the first three successful students.

We congratulate Dr. Reith on the success he has had in conducting this class, one of the first of the kind that has been instituted in the country. It is also gratifying to find two of the medical professors in the University co-operating with him in the matter. Their doing so is very satisfactory evidence of the growth of a more rational state of feeling between medical men who acknowledge, and those who do not admit the truth of homœopathy.

A similar class has recently been set a-going by the Professors in Hahnemann Medical College, Philadelphia, and it would be well if the opening of the Nursing Institute at the London Homœopathic Hospital were to be taken advantage of to commence such a course of lectures in Great Ormond Street.

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### THE HASTINGS HYDROPATHIC INSTITUTION.

A COMPANY has recently been formed for the establishment of a hydropathic institution at Hastings—one of the best of our South Coast health resorts—and is to be opened in the course of the present month. A mansion known as Hastings Lodge, with five acres of pleasure grounds, situated on the slope of the Bourne Valley at a considerable height above the sea, sheltered from the north and east winds, within five minutes' walk of the parade, and commanding, from every window, some of the most charming scenery of the district, has been purchased and enlarged for the purpose. The baths, which form, of course, the prominent feature of the establishment, comprise a Turkish bath, which has been constructed with all the most recent improvements for ensuring free ventilation; a large plunge bath, with rain, needle, ascending and descending douches, sitz, vapour, pine, Droitwich-saline, ozone, hot and cold sea water baths.

The water supply is abundant and of excellent quality. The warming, ventilation and drainage have been arranged by

Mr. Goslin, a well-known writer on sanitary science. Every precaution has, we understand, been taken to render the house as perfect in a sanitary point of view as is possible.

It is not intended to appoint any physician to the establishment, but to open it to any medical man whose advice a visitor may wish to receive, provision being made to ensure that such directions as to baths as he may desire to have carried out, are strictly attended to.

Such an institution as we have described, in a town like Hastings, ought to prosper; and if, as we have no doubt will be the case, it is properly managed, we feel sure that it will prosper.

### RE-VACCINATION.

THE immunity conferred by re-vaccination upon the servants in the Small Pox Hospital is very remarkable testimony to the value of a carefully conducted vaccination. Mr. Marson, before the 1871 Committee of the House of Commons on the Vaccination Act of 1867, stated, that during the thirty-five years of his residence as Surgeon at the Hospital, he never had a nurse or servant in the establishment take small pox, and in answer to question 4,208 in the Blue Book, he said: "I re-vaccinate them when they come, and they never have small pox, although they are exposed to contagion every day."

In the *Lancet* of the 8rd June, Mr. Goude, the late Mr. Marson's successor, adds: "The same practice of re-vaccinating all servants and nurses upon entering on their duties here has been continued to the present time, and with a like result; so that we have now an unbroken record of forty-eight years, during which no nurse or servant of the hospital has contracted small pox, even in a modified form. The only exception to this rule that I am aware of was in the case of an assistant gardener, who was hired in 1881; this man refused to be re-vaccinated, caught the small pox, and died. A comparatively small portion of the nurses and servants have been protected by a previous attack of small pox, and in one or two instances they have never even been cut for the cow pox."

With such a fact as this before one, a fact based upon observations of a singularly crucial character, it would seem almost as reasonable to question the contagious character of small pox, as to doubt the protective influence of a fully and carefully done vaccination.

Then take the following illustration of the effects of re-vaccination which appears in the *British Medical Journal* of the 12th ult. "It is worthy of note that in the whole of Germany, in the week ending June 21st, there were but two deaths from small-pox—namely one in Bremen and one in Metz, which latter town

has only been subject to German rule for the last twelve years. In Germany re-vaccination is strictly enforced in elementary schools, thus reaching the very class most in need of protection; and also in the army, which comprises at one time or other half the male population. Here in England small-pox rages in spite of infantile vaccination, for the simple reason that the re-vaccinated are mostly among the well-to-do and higher classes, who are least exposed to infection, while those who are exposed neglect it. The German results furnish a good commentary on the recent debate in Parliament, and confirm the data furnished by the National Health Society on 'The Truth Concerning Vaccination.' "

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### THE ELECTRIC LIGHT.

ALTHOUGH Electric Lighting Companies have so far failed as a commercial success the light they supply is such a vast improvement upon any other artificial illuminant hitherto discovered that there can be no doubt of its being generally adopted both in houses and streets ere many years have passed by. That the companies have not succeeded is due, in the first place, to the confidence of speculators that the knowledge possessed a couple of years ago was adequate to produce the light economically. This was not the case. Experiments were needed then, and for that matter are still needed, in various directions before it could be possible for electricity to compete with gas. Now, however, that dynamos of remarkable efficiency, together with means of storing electricity in accumulators, have been discovered which enable a constant supply to be maintained, some great difficulties in the way of the general adoption of the electric light have been overcome.

Looking at this light from the standpoint of health its advantages are numerous.

The light is clear, and when shaded from the eyes, by suitable globes, globes which will diffuse the light and prevent its intense brilliancy having too powerful an influence on the retina, the ophthalmologist has no objection to present to it.

It is a cool light. There is as the result of the electric light no such over-heating of a room as there is from gas and oil.

It is a healthy light. There is no consumption of the oxygen by the electric light. How deleterious is the effect of burning gas has always been an objection to its use. The air of a room where two or three brilliant gas lights are in full force, soon becomes totally changed and charged with various products, the noxious character of which tells injuriously upon health. When the electric light is burning nothing of this kind occurs.

There is indeed but one source of danger and that is perfectly preventible—we refer to the possibility of a wire along which the current passes being exposed. With careful insulation, such as is easily obtainable, this is rendered practically impossible. We hope, therefore, that the disappointments of speculators, from imperfect knowledge of the questions involved in the business they ventured to enter upon, now that more accurate information has been acquired and is daily increasing, will not prevent the application of capital to the full development of so important an addition to our health-retaining resources as the electric light undoubtedly is.

### HOMŒOPATHY IN INDIA.

We have received from Mr. Clifton, of Ipswich, the following interesting letter addressed to him by Mr. Gogon Chunder Dutt, a Missionary at Kholnea, Bengal, giving some account of his experience in the use of homœopathic medicines among the natives:—

“To Mr. E. Clifton, Homœopathic Chemist, Ipswich.

“April 12th, 1884.

“Dear Sir,—Many thanks for your kind letter, and accept my heartfelt gratitude for the box of homœopathic medicines which you and other friends very kindly supplied me. Every day my patients are increasing. While I am at home I dispense sometimes for 40 or 50 patients daily. On my preaching tour—in my boat—people come from all directions for medicine and medical advice. About 2,000 men, women and children have been healed of their complaints by our humble instrumentality, thus helping us to preach the Gospel with great success.

“In the Zenanas of Hindoos and Mahomedans, where men are not allowed to speak to the women, in many cases we have had free access with our medicine and preaching the Gospel. The demand for medicine has been so great that I have had to procure with my own money medicines from Calcutta.

“When I commenced the good work I did not know how to keep it up, till your kind letter of promise for future supplies. I consider it a great privilege, thus to follow in the steps of the Great Healer.

“Mr. Jewson, a young missionary, was with me, and I taught him partly how to use the medicines, and we made a small box and presented it to him for use in his district. We have in this district thousands of villages without a chemist or a doctor. With a population of more than a million, we have four allopathic doctors; these are in the head quarters, and chiefly attend the great servants and well-to-do classes. I shall feel extremely obliged if you will forward a larger chest, made to hold larger

bottles, as a stock chest. I have learnt the use of all the medicines, external and internal, *belladonna*, *rhus*, *arnica*, and *cantharis*. Liniments are also of great service, *sugar of milk* for powders also. *Jahr's Forty Years' Practice* I should like to have, as it would be a great help. I wish to see all our missionaries homœopathic practitioners, because the medicine is a great help in the work."

Then follows a list of medicines, of which he is in particular want.

Mr. Gogon Chunder Dutt was born a Hindoo, of a high caste wealthy family, and was early sent to a Government school, where he learned English, which he speaks fluently. Secular education destroyed his faith in the old system of religion, and, as he says, "from being a Hindoo idolator he became an English infidel." A tract on the life of Christ led him to religious conviction. Some time after he was baptised into the Christian faith by Mr. Anderson, of Jassore. By degrees he became experienced in Christian work, and he is now an active missionary of the Baptist Society in the Kholnea district. On embracing the Christian religion he was disinherited.

Mr. E. Clifton, chemist, Ipswich, is fitting up a large chest of stock medicines and surgical appliances, and will be glad to receive help in the way of money or books that may help on so good a cause.

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### THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of British Homœopathic Practitioners will be held this year in London. By the kind permission of the Chairman of the Board of Management of the London Homœopathic Hospital, ample accommodation has been placed at our disposal. The Congress will therefore meet at the Hospital, Great Ormond Street, W.C., on Thursday, the 18th of September (not the 11th, as at first arranged), at 10 a.m. punctually.

The business of the Congress will be opened by an Address from the President, Dr. Hayward, of Liverpool, the subject being "*Recent Pathology in its bearings on Scientific Therapeutics; involving the question, Can Homœopathic Treatment with Infinitesimal Doses cut short Infectious Diseases dependent on Living Germs?*"

After the President's Address, a short interval will allow the Treasurer to receive Subscriptions.

A paper will then be read by Dr. Hughes, of Brighton, on "*The Materia Medica of the Future*," and, thereafter, a paper by Dr. R. T. Cooper, of London, on "*Flitwick Water*."

At One o'clock the President will leave the chair for an hour for Luncheon.

At Two o'clock the Congress will receive the Report of the Hahnemann Publishing Society, proceed to select the place of meeting for 1885, elect officers, and transact any other business which may be necessary.

After this, Dr. Gibbs Blake, of Birmingham, will read a paper entitled "*A Chapter of the Therapeutic Repertory—Nephritis.*" Dr. J. H. Clarke, of London, will then read a paper on "*Arsenic in Organic Heart Disease,*" and Mr. Engall, of London, has offered a paper, should time permit, on "*Syphilis.*" Discussion will be invited at the end of each paper.

The members will dine together at the Holborn Restaurant, Holborn, W.C., at seven o'clock p.m., where luncheon will also be provided at one p.m. The subscription to the meeting, including luncheon and dinner is ten shillings.

Dr. Lloyd Tuckey, 14, Green Street, Grosvenor Square, W., is performing the duties of Local Secretary.

#### THE LEADING MEDICAL SCHOOLS IN THE UNITED STATES.

DR. FLAVEL S. THOMAS, writing in the *New England Medical Monthly*, 15th January, 1884, on "M.D.—What it is, and What it should be," says that out of the 110 medical schools in the United States, but twelve are worthy of notice in his review. Of these twelve he thinks that the Boston University School (homoeopathic) stands at the head for the following reasons:—

"It requires for admission an examination in grammar school studies, and in physics and Latin. It requires as a condition for graduation not merely that the candidate shall have studied medicine at least three full years, but also that he shall have attended a reputable medical school not less than three years.

"It has restored the degrees Bachelor of Medicine and Bachelor of Surgery, to be attained at the end of the third year, by those who take the four years' course. After the present year none will be admitted under 19 years of age, so their graduates must be 22 or 23. Nineteen are taking the four years' course. The college year is from October to June,"

Harvard, in Dr. Thomas' opinion (he being himself a Harvard M.D.), stands next. All the other schools in his list are "regular." "This classification," he remarks, "of course does not take into consideration the clinical advantages afforded by the schools, but as a rule a high educational standard and good clinical advantages go together."

The above remarks of Dr. Thomas concerning the medical schools in the United States are to the point, and comprehend more than appears at the first blush. We know that there has been in most of our homoeopathic colleges an advance all along the line, yet we think the *ultima thule* has not been reached,

and much more requires to be done in regard to time and qualification for admission. We believe in the clinical advantages, the *practical* work of a school which qualifies the student for his position *after* he leaves college, and which gives him confidence in the treatment of diseases when he is compelled to stand alone. We also incline to the opinion that there are *too many* branches taught at the expense of teaching the essentials well. Give us *fewer* branches and better instruction in the *principal* studies.—*The St. Louis Periscope.*

### TOO MUCH "KNOWLEDGE!"

It, as the poet Pope hath sung, "a little knowledge is a dangerous thing," what sort of a "thing" is a profession of such an excess of knowledge as is described in the following paragraph for which *The New York Medical Times* is responsible? "At a recent trial in this city a medical 'expert' was examined in regard to certain points in neurology. In the examination he was asked if he recognised a particular book as authority in the matter, and the question was repeated in regard to another book, and then another. His answers were to the effect that he was familiar with all the books mentioned, and that they were authorities on the matters alluded to. The medical witness was then allowed to leave the stand, and the lawyer's clerk was sworn, who testified that the titles of the works in question were fictitious, having been concocted in the law office of the firm to which he was attached."

### INSANITY IN THE UNITED STATES.

THE Tenth Census gives some interesting and instructive facts relative to the increase of insanity in this country. The total number of insane in 1870 was estimated at 87,432, as against 91,997 in 1880, an apparent increase of over 100 per cent. This gives a ratio of one insane person to every 543 of the population, a much larger estimate than many observers will be willing to admit.—*The New York Medical Times.*

### AN ELEPHANTINE DOSE.

ONE of Barnum's secular elephants, "Allah," was attacked while in Cincinnati. Dr. Bowler was called in, and relates his experience in the *Journal of Comparative Medicine*. The diagnosis having been made, he administered the following liberal dose:—Lard, 8 lbs.; linseed oil, 1 gallon; tincture of opium, 1 pint; syrup, 1 quart. The lard and oil were first mixed, and the other ingredients then added. The trunk was raised above the head, and the mixture poured down the throat through a large metal tube. The animal recovered.—*New York Medical Record.*

## OBITUARY.

## JAMES LEATH.

We regret to have to announce the death, on the 7th ultimo, of Mr. James Leath, the senior partner of the firm of Leath & Ross, the well known chemists and publishers, of St. Paul's Churchyard and Vere Street, Oxford Street.

Mr. Leath was apprenticed to Mr. Hurst, the bookseller, of 5, St. Paul's Churchyard, to whose business he succeeded in 1836. A few years later, his interest in homœopathy having been aroused, he added to his book business an agency for the sale of homœopathic medicines, procuring his supplies, in the first instance, from the late Mr. Headland, of Prince's Street, Hanover Square, and subsequently from Mr. Turner, of Manchester. One of the earliest publications connected with homœopathy on which his name appeared as publisher was a pamphlet issued anonymously in 1842, entitled *Homœopathy Explained and Objections Answered*—the author being the late Mr. William Leaf. Several thousand copies of this were sold and distributed. In 1844 he published *A Guide to the Practice of Homœopathy*, by Dr. Hamilton. Then in 1846 he brought out Dr. Joseph Laurie's well known *Domestic Medicine*, a work of which in its complete and abridged forms very many thousand copies have been sold, and which still retains a prominent position in the book market. From that time until his death he has devoted himself to the publication of homœopathic literature. In 1850 he engaged the services of Mr. Woolcott—now of Leamington—as a homœopathic pharmacist, and opened the pharmacy at the West End. Mr. Woolcott attended to the preparation of the medicines, while Mr. Leath looked after the publishing business. In 1854, Mr. Ross, who entered into partnership with him three years later, took charge of the pharmacy at the West End, and superintended all the pharmaceutical operations.

During the years that have since elapsed Mr. Leath has energetically conducted his department of the business. Various books and pamphlets which have had a powerful influence upon the practice of homœopathy have been ushered into the world under his fostering care. Of these Dr. Hughes' *Pharmacodynamics and Therapeutics* are amongst the most valuable.

While actively engaged in publishing homœopathic literature, his efforts to spread a knowledge of homœopathy were not limited to business, but wherever the opportunity presented itself, let it come in what shape it might, he was ever ready to press forward a sense of its value and a knowledge of its principles.



A thorough man of business, shrewd and keen, he was equally generous and kind hearted, and will long be remembered by a considerable circle of attached friends.

Mr. Leath was in his usual health until within a fortnight before his death—when what he regarded as a boil appeared on the nape of the neck. He however took very little notice of it, indeed he went to a guild dinner after he had observed it. A few days before his death it had extended considerably, and when Dr. Gutteridge, who attended him was called in, he found his patient suffering from a carbuncle of a very serious character. Dr. Dudgeon saw him in consultation with Dr. Gutteridge, but was constrained to give an entirely hopeless prognosis, which was unhappily verified the same evening,

The business of the firm will be carried on in both departments by his energetic partner Mr. Ross.

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## CORRESPONDENCE.

### HOMŒOPATHIC PHARMACY.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN.—In your June number there is a letter from Mr. Thomas Engall, calling attention to a very great evil, one which is seriously damaging the interests of homœopathy, affecting doctor and patient alike. I allude to the purchase of so-called homœopathic medicines from unscrupulous dealers. What is the use of securing good medical advice, or of a diligent study of the Domestic Medicine Book, if the remedy at last selected be not reliable? For the sake of a few pence difference in the cost, the too-confiding purchaser carries home, in the hope of receiving benefit from it, an absolutely worthless imposition. This age of competition and “cutting prices” has produced numbers of these unscrupulous dealers in what are professed to be homœopathic preparations. In my long connection with homœopathic pharmacy I have come across many palpable instances. Last summer a lady asked me for *tincture of graphites*  $\phi$ , saying she always got it from her chemist in Huddersfield, not a homœopathic chemist, but “one who makes and sells the medicines,” and probably the same who supplied the *laches*.  $\phi$  mentioned in Mr. Engall’s letter. A young man, lately in my employment, left me and took a situation at a chemist’s in Forest Gate, London; he says they sell a great quantity of homœopathic medicines, but that the tinctures are simple spirit, and all the bottles of pilules are filled from one stock, and are labelled with anything the customers ask for! No wonder homœopathy some-

times fails to secure the confidence of those whose first trial perhaps has been made with these spurious medicines.

A few years ago the Homœopathic Pharmaceutical Association issued a circular warning the public against the danger of procuring their homœopathic medicines from doubtful sources. Many thousands of copies of this paper were distributed, but it requires repeating and reiterating and cannot be too widely disseminated. I do not know whether the Adulteration Act could be brought to bear on such persons, but surely those who have the audacity to supply these counterfeit preparations are plainly violating the intention of the law.

I am,

Yours, &c.,

Scarborough, June 20, 1884.

F. FOSTER.

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### REMINISCENCES.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—The following recollections from practice may, I trust, interest your readers:—I was lunching one day with Mrs. C., of Hodsach Priory when Lady W—— came in and after being introduced she said, "I don't believe a bit in your system of medicine, but if you can cure a tenant of ours I might believe." I replied, "probably your tenant is labouring under an incurable malady and we don't profess to cure incurables." She said, "I don't know, I have taken him the last two seasons to London and have consulted the most celebrated physicians and I shall take him again this season, but if you will drive round by Carlton I will give you his address and will pay all expenses. I found the patient to be a tailor and draper much worn by nearly three years' dysentery. I traced the commencement of his affliction to a severe mental shock. Directing my prescriptions accordingly, he was cured in a fortnight. Meeting Lady W—— subsequently she said the recovery could not be the result of my globules and remained to the day of her death unconvinced that it was so. About this time the late Sir Benjamin Brodie was induced by some narrow-minded allopathic bigots to write a foolish letter against homœopathy of which he knew nothing, which Dr. Dudgeon (I think) answered very ably. My friends, the allopaths, got the letter of Sir Benjamin inserted in the local papers, and the day following its appearance I was met by both friends and foes, the former pitying me, the latter, of course, exulting. So many were the remarks that I thought the letter must be answered. The next day I met Mr. William Tindal who said "Doctor, I am going to leave this neighbour-

hood, but I cannot go without thanking you for saving me four-hundred head of cattle." This at once struck me as the best answer to Sir B. Brodie's letter wherein it was asserted that homœopathy was only fit for nervous old women and children. I then asked Mr. Tindal if he would sign a paper to that effect; he replied, "certainly," and went with me into a neighbouring shop, and I wrote out the following at his dictation: "Veterinary Homœopathy.—We, the undersigned, having used the homœopathic treatment in the most severe lung diseases in cattle with the very best results hereby strongly urge its adoption by our brother agriculturists."

(Signed) William Tindal, Wheatley.  
George D. Simpson, Loversal.  
George Mann, Scawsby.

Sept. 7, 1861.

These were three of the principal stock breeders in the neighbourhood. A few days after this I was driving an old friend, when a farmer galloped up to my carriage and said "Doctor, will you be good enough to come back and look at my lambs!" I said, "I am not a veterinary surgeon." "No, Sir," he said, "but you saved my neighbour Dinby's cow, and I thought you could tell me what I had better do, as I am likely to lose all my lambs." I drove back and went into a grass field, and desired to be shown one of them. We went and saw one that I said would be dead before we left the field, he said "I fear so." I found the poor things suffering from acute pneumonia, and I took out my pocket case and put three globules of *phosphorus* on the lamb's tongue, and then went round the field and treated all in the same way. I found that the ewes had been clipped, and rubbed with "Trooper's ointment," which I was told was a mercurial, and a cold night coming on, the lambs having sucked the poison, were rendered highly sensitive to change of temperature; I ordered the ewes to be washed, and both lambs and ewes to be taken into the fold and plenty of clean dry straw to be laid down. My instructions were faithfully carried out and there were no more deaths. At Michaelmas the farmer brought me a fat goose, I asked the price, when he said "You remember, Sir, saying the first lamb you saw would be dead before you left the field, it is the finest in my flock, and I never lost another after your visit, and if you will please accept this poor acknowledgment I shall feel greatly obliged."

Impartial people, and even partial people like the bigoted ignorant allopaths, might well ponder over such matters and study, "but there are none so blind as those who won't see," and yet these men go on abusing homœopathy, though at the same time they are ever stealing homœopathic remedies. Although the

*Lancet* has killed and buried homœopathy so many times, the baby has grown into a giant, who, with his little pebble (globule) in his sling, is destined to slay the *Lancet* and all who believe in its insane bigotry.

I am, yours, &c.,

G. D., M.D.

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## NOTICES TO CORRESPONDENTS.

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\*. We cannot undertake to return rejected manuscripts.

A notice of Dr. Burnett's recent book on *Vaccinosis* is unavoidably postponed.

Communications, &c., received from Dr. TUCKEY, Dr. DUNN, Dr. BURNETT, Mr. ROSS and Mr. CROSS (London); Dr. HUGHES (Brighton); Dr. SIMPSON (Glasgow); Dr. THEODOR KAFKA (Carlsbad); Dr. BAYNES (London); Miss LEFFLER ARNIM (London).

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## BOOKS RECEIVED:

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*Medical Education and the Regulation of the Practice of Medicine in the United States and Canada.* Prepared by the Illinois State Board of Health. Chicago: T. W. Keene & Co. London: Trübner & Co. 1884.

*The President's Address at the Indiana Institute of Homœopathy.* Held at Indianapolis, 1884. By M. T. Bunnels, M.D.

*The British Journal of Homœopathy.* July.

*The Homœopathic World.* July

*The Students' Journal of Medicine.* July.

*The Midland Medical Miscellany.* July.

*The Monthly Magazine of Pharmacy.* July.

*The Chemist and Druggist.* July.

*The Calcutta Journal of Medicine.* November and December.

*The New York Medical Times.* July.

*The New England Medical Gazette.* July.

*The Hahnemannian Monthly.* July.

*Therapeutic Gazette.* June.

*The Medical Advance.* June.

*The St. Louis Periscope.* June.

*The American Observer.* May.

*The United States Medical Investigator.* July.

*Boericke & Tafel's Bulletin.* May.

*Allgem. Hom. Zeitung.* July.

*Revista Omiopatica.* May.

*Revista da Sociedade Homœopathica Bahiana.* May.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 18, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to MESSRS. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE BRITISH MEDICAL ASSOCIATION AND THERAPEUTICS.

WHEN the British Medical Association holds its annual meeting, we naturally look to the reports of the various addresses and sectional papers for evidence of progress made in our great and valuable art during the previous twelve months. And when we find that a special section is devoted to pharmacology and therapeutics, we turn to its proceedings first of all, as these are the subjects in which homœopaths are specially interested. We look also to the addresses in medicine, as the outcome of men who are supposed to represent the thoughts and views of the majority of the profession. But this year there is a complete void. Nothing whatever of interest is to be found in any section. Even the customary laudation of the state and progress of medicine and therapeutics is absent this year. We suppose that the gentlemen who read the addresses were convinced that this sort of thing was played out, and that all that remained to be done was to make the best of a bad business. The general tone is one of unmistakable dissatisfaction with the present state of therapeutics. There is a want of reality and enthusiasm throughout all the contributions to the assembly.

For lack of anything definite to say, the readers of addresses fell back on the mildest generalities, and seemed to have a sense of relief when they got the address over, knowing how little they had to communicate. One noticeable feature this year is the entire absence of any allusion to homœopathy. After the addresses of Dr. BRISTOWE and Mr. JONATHAN HUTCHINSON in former years, and the feeling displayed last year, when "the accursed thing" came to be talked of, the addressists of this year evidently thought that discretion was the better part of valour, and that silence was the wisest course in regard to the subject of homœopathy, which, everyone now knows, is steadily but slowly undermining the traditional beliefs and practice of the old school. Men now-a-days know that there is too much in homœopathy to enable them to get a quiet hearing if they treat the subject in the way it used to be treated, while they dare not say what they really think at the annual meeting of this great trades union—for it is nothing else. Were it otherwise, how comes it that the most scientific medicine of the day—the one which is leavening the practice of allopathy so obviously; which is being adopted on the quiet by so many; which has patiently out-lived the vituperation and opposition of "the powers that be" in the profession; and which has attained such a hold on the public and the profession that young men with homœopathic leanings are told by their teachers that they can practise any way they like, provided they do not say they are homœopaths or ever make use of the word homœopathy—why, we say, is this subject entirely ignored? It is positively melancholy to think that this should be in this nineteenth century, and in a profession which is termed a "liberal" one; but so it is.

We are, however, somewhat surprised that no allusion to homœopathic practitioners was made at either of the

general meetings, for it is very well known that during the past year Mr. WHEELHOUSE, of Leeds, and Mr. DIX, of Hull, have sent the following questions to each branch of the Association, every member receiving a copy :—

“1st. Should homœopaths be admitted members of the Association ?

“2nd. Should members who are homœopaths, or may become such after admission, be retained as such or be expelled ?”

As no allusion was made to the answers received by the Council, either at the meeting or in the report of the Council, we think that we may conclude that the replies were not sufficiently satisfactory to the ignorant and narrow-minded people who circulated the enquiries.

The opening address in the section of pharmacology and therapeutics is a type of that ordinarily adopted now-a-days when dealing with homœopathy, a subject which is of greater importance than any other in the whole domain of medicine. It was delivered by T. J. MACLAGAN, M.D., who, we are informed, holds the awe-inspiring position of “Physician in Ordinary to their Royal Highnesses PRINCE and PRINCESS CHRISTIAN of Schleswig-Holstein,” and is entitled *On Methods of Therapeutic Research*. He states *in limine* that “there is no method of treatment which it does not come within our province to discuss.” If he were taken at his word, what a disturbance would result ! The chief means of “therapeutic research” he tells us are—

1. Experiments on the lower animals. In this sphere, we are told that “much has been done in the past, and much is likely to be done in the future,” and then he follows up this remark by a lament over the anti-vivisection legislation. This is all !

2. Statistical observation of the results of treatment.

On which head we are informed, as we knew long ago, that statistics are generally of no use.

8. Individual observation at the bedside; and we are informed that that is the gauge "by which all methods of treatment must be tested, and on the results of which their adoption or rejection must depend." We quite agree with Dr. MACLAGAN here. But why is this rule not carried out with regard to homœopathy? Why is this system, which the public as well as many in the profession know to be so successful, utterly ignored? Why? we repeat. Echo only answers Why? As long as this great trades union persists in "rattening" those who obtain these successful results, and have the courage of their views and opinions, and who decline to be put down by anathemas, by misrepresentation or by the policy of silence from medical societies, so long, we presume, will it remain unnoticed. On this important subject of the results of treatment by the bedside, all that Dr. MACLAGAN can say is that the germ-theory and its corollaries are the great features of the day in therapeutics, and that if prophylactic treatment, similar to that of vaccination for small pox, can be discovered for all the other specific fevers, "why, there you are"; and secondly, when patients have unfortunately got these illnesses, if we can discover drugs that will kill the bacilli and not injure the patient, why, there you are again! This mode of treating the subject is sublime in its simplicity. It reminds us forcibly of the infallible and well-known method of catching a crow by the beautifully simple method of putting salt on its tail. The concluding sentence of this remarkable address is as follows:—

"The recognition of the existence of such agencies as germicides, and the possibility of dealing with diseased processes, and actually curing disease, by agencies which do not necessarily have any action on the system, which act, not on the sufferer, but on that which makes him suffer,—the recognition of such a



possibility marks an epoch in therapeutics, and opens up to us a vast and interesting field of research, on which I hope we shall not be slow to enter, and from which great results may not unreasonably be looked for."

Truly sublime! Not one word about the only method of therapeutical research worthy of the name, viz., the testing of the pure drug on the healthy human frame—a method first advocated by HAHNEMANN, and put into such practical shape by him as to give us our inestimable *Materia Medica*; and within the last fifteen or twenty years advocated by all men of thought in the old school since the opening address of the late Sir THOMAS WATSON, at the Clinical Society.

This is the only mode of therapeutical research which will yield fruits worthy of the name on a large scale; but because the carrying of it out is found, without the assistance of the law of similars as the clue to the meaning of the facts elicited, to be so much labour lost, it is calmly ignored among the "methods of research" in therapeutics at the British Medical Association.

How long is this to go on? How long is the largest medical association in the kingdom to be allowed to thus obstruct therapeutical science, and not only shut its own eyes, but also persist that others shall not see daylight?

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## SOME OBSERVATIONS ON NERVOUS HEADACHE.

By Dr. A. CLAUDE.

(Concluded from page 488.)

It is not always advisable, however, to dwell too much upon the constitution of the patient; the nature of the pain, the circumstances in which it becomes aggravated or relieved, are useful indications, of which I shall try to point out the importance in the following observations:—

### OBSERVATION III.

A young flower-maker, eighteen years old, very tall, and of a lymphatic temperament, had been subject for nearly

eight months to a nervous headache, which returned every two or three days. The nervous headache made its appearance in the afternoon, an hour after lunch. At first it was a heaviness, a weight upon the brain, with rather a marked sensation of heat on the forehead. At first dull, and spread all over the upper portion of the head, the pain soon became localised above the forehead and then assumed a most violent character. It appeared to the patient as if some one were firing pistol-shots in the inside of the frontal regions.

The exacerbations became more frequent, and at nightfall returned every five minutes, and brought on such a dizziness that the patient tottered on her chair, and let her work fall from her hands. The face was now dark purple, and again fearfully pale. Vomiting was rare; and the patient was almost always obliged to leave the work-room and go to bed. Her mistress, who took a great interest in her, had taken her to different allopathic physicians, who had prescribed for her successively, but without success, iron, quinine, purgatives, bromide of potassium, and preparations of paullinia. Notwithstanding all her kindness, her mistress, on account of the loss caused by the irregularities of her work, was on the point of dismissing her *protégée* when she determined to try homœopathy as the last resort. The examination of the patient taught me absolutely nothing. The monthly periods, as well as the other functions, were perfectly regular. The influence of any toxic substance employed in the manufacture of artificial flowers could not be appealed to, for investigation proved to me that all precautions had been taken, that the patient seldom touched the colouring matters, and was only employed in cutting out and stamping. But in questioning the mistress I learned that this very honest and very charitable woman, in order to keep her workwomen from bad companions, fed and lodged them at her house, and only let them go out on Sundays, and that as soon as their meals were finished set them to work again. The meals were taken in the workshop, where the air was seldom changed. Here I had—at least I hoped so—the key to all the morbid phenomena. I explained to the mistress the necessity of renewing the atmosphere of the workroom, and of permitting her workwomen to take a little exercise after each meal. *Belladonna* seemed to me to suit the congestive nature of the nervous headache, and I prescribed it in the

sixth dilution. The patient returned to see me the following week, but there was no improvement in her condition. The lymphatic constitution next led me to choose *calcarea carb.*, which was also of no use. My perplexity was great, for I was anxious to relieve this poor child, whom the continuance of disease threatened to deprive of work. Moreover, she endured her suffering very philosophically, and only asked me to prevent or diminish this horrible sensation of bursting in her brain, which crushed her and made her work fall from her hands, and which she sometimes relieved by a very tight pressure of a handkerchief tied round her head. These two symptoms made me think of *glonoine*, and at her next visit the patient announced to me a sensible improvement. I passed successively to the twelfth and to the twenty-fourth and to the thirty-sixth dilution, and in a month and a half we had obtained a cure which has not been interrupted for five years.

#### OBSERVATION IV.

This observation also is of a case in which *glonoine* acted in the happiest manner. Here its use was suggested by the history of the case.

Monsieur V., a lawyer, thirty-four years old, thin, slight, and of a nervous temperament. He disliked exercise, and occupied himself with office work alone. In the summer of 1879 his mother died very suddenly before his eyes. Deeply affected, as may be imagined, by this unexpected event, M. V. was very soon afterwards seized with nervous affections of the oddest sort. Without being subject to hallucinations of any kind, and with no cause which he could define or analyse, he would be seized with the maddest terror, which drove him to take refuge near his wife, and made it impossible for him to go out of the house, or even to remain alone in his office. Several allopathic physicians treated him with *valerian*, *bromides*, etc., and at their recommendation he tried journeying and hydropathic treatment. He came to consult me in 1881, and at the present writing he is cured, has returned to his usual occupations, and ventures out without fear. I do not propose to give the history of this case in detail. I will merely say that the principal remedies employed were *ignatia*, *aurum*, and *cocculus*, together with warm douches and out-of-door occupation. His unreasonable terrors were the chief symptom complained of by M. V., otherwise his

health was fairly good. Since his mother's tragic death, however, he had been subject to violent nervous headaches, which had no definite symptomatology, but whose effect upon the patient was extremely prostrating. My first efforts to relieve him were ineffectual; but upon taking more particularly into account the violence of his suffering, the pallor, or rather lividity, of his face during the attacks, the psychical cause of these attacks, I made a single prescription of *glonoine* 6. The effect was most rapid; it was almost marvellous. For six months this medicine warded off from M. V. the crises to which he had before been subject every three weeks or so. M. V. having some difficulty with his sight, I advised him to go to Dr. Abadie, an oculist of the greatest skill, whose relations with us homœopaths have always been of the most cordial sort. In glancing over my notes of the case, Dr. Abadie was struck with the word "*glonoine*," with which he was unfamiliar, and he questioned his patient on the subject. M. V., true lawyer that he was, held forth with such eloquence in reply, that my friend the oculist sent to me requesting further information. Some little time before this he had seen a cure which I had succeeded in making in the case of a patient sent to me by the well-known Dr. T. F. Allen, of New York. This patient was suffering from ulcerative keratitis, and *rhus tox.* was the remedy employed. A short time afterward Dr. Abadie made use of this case while lecturing to his pupils, and immediately *rhus tox.* was added to his therapeutic stores, its homœopathic origin being frequently and frankly alluded to. On the present occasion I lent Dr. Abadie a copy of Richard Hughes's *Pharmacodynamics*, and a few days afterward *glonoine* made its appearance at one of my *confrère's* clinics. With an entire and loyal honesty very pleasant to us homœopaths, Dr. Abadie never failed to state and reiterate, when using it, the homœopathic origin of *glonoine*. His clinical assistant, Dr. Parentau, who has since joined our ranks and to whom belongs the fame of being the first homœopathic French oculist, has often heartily praised, to me, Dr. Abadie's sincerity and good faith in the two instances given above. The marked successes obtained by Dr. Abadie with *glonoine* induced him to bring this medicine to the attention of Profs. Vulpian and Huchard, without, however, sparing them the details of the little history mentioned above. Dr. Huchard in his turn experimented with *glonoine*, and

you are probably familiar with the remarkable work which he has since published on this remedy. I mention this not with the slightest ill-will, but only to prove afresh how great an influence our homœopathic therapeutics is exercising over that of our adversaries, and to pay tribute to the honesty and loyalty of one of the opposing school.

#### OBSERVATION V.

The localisation of the pain is often of very great importance in the choice of remedies. *Sanguinaria* has satisfied me of this several times. In one case the patient was a man about forty years old, of dark complexion, active, and leading a very busy life. He did not show any traces of a constitutional or diathetic ailment of any description. It sometimes happened, however, that after being out several hours in wet weather, he would return home with his feet wet, and would be seized in the warmth of the room with a most severe pain in the temple and in the right orbit, which, in a few minutes, exhausted his strength and obliged him to go to bed as soon as possible. Here he covered himself up completely, and commanded imperatively that no one should come and disturb his rest on any pretext whatever. If sleep came to him, the patient awoke two or three hours afterwards completely cured, and returned to his work. If sleep was slow to come, the sharp and excruciating pain became worse every moment, and forced the patient to utter shrill cries and moans. There was, however, neither nausea, vomiting, nor fever. All the organs were healthy and acted normally, and the nerve fibres of the right side of the face did not present any morbid phenomena. No decay of the teeth. I had tried different remedies with no success, when I decided to found my treatment upon the localisation of the pain. I was summoned again to him at the next attack, and I prescribed *sanguinaria* 3, to be taken every half-hour. At the first spoonful the pain lost its intensity, and a slight irritation alone remained, and at the second spoonful the patient felt himself so well that he rose and dressed. For two years the nervous headaches have been much less frequent, and *sanguinaria* seems in no way to have lost its efficacy.

#### OBSERVATION VI.

Monsieur L., twenty-eight years old, is employed in a bank. He is of a nervous temperament, of medium height, and thin, and has never had hemorrhoids, nor any disease

of the skin. His health is generally good, the functions of the body are regular. The patient complains only of a nervous headache, which, since the war, has returned regularly every week. The attack commences with a dull pain, which begins in the occiput, and rises to the top of the head, and then moves down the forehead, where it assumes a violence of intolerable intensity.

The patient can no longer distinguish objects before him. He is then seized in about every third attack with bilious vomiting, which relieves the pain, but leaves him very much prostrated. The attack appears in the morning and ends about five o'clock in the afternoon, and does not prevent him from taking his midday meal, for the pain does not become really unbearable until about three o'clock in the afternoon. The patient adds to his testimony by saying that, if his chief intrusts him with a commission, however severe may be the headache, it disappears after being out in the open air twenty or thirty minutes. Movement is so necessary to him during the crisis that, if he is obliged to stay in his office, he walks up and down it, in a frenzy, like a wild beast in its cage. Movement is then the only thing that calms him, and when he is out he walks as quickly as possible. The characteristic symptom strikes me, and to meet it I prescribe *rhus tox.* 6, three doses daily, without pursuing my investigation further. During the first week of my treatment, the nervous headache returns, but in a form easily borne. *Rhus* 12—the nervous headache does not show itself during the second week. *Rhus* 24, third week, another attack, very slight and very short. *Rhus* 30, to be taken for a month. The nervous headache does not return at all. I leave off the treatment. Three months later another slight attack. *Rhus* 6, for a week. Six months of respite and another slight attack. *Rhus* 6, then no more medicine, and no further attack up to the present day, that is to say, for nearly an entire year.

#### OBSERVATION VII.

Mr. G., an accountant, thirty-six years old, short, of sanguine temperament, has never been ill. Nine months ago he was caught in a shower and wet through. He felt no bad effects from this slight accident—no cough, no disturbance in the bowels; but a fortnight afterwards he felt himself seized every two or three afternoons with a sharp and acute pain in his left temple and in his left orbit.

The attack, which continually increases, prevents his working and only ceases in the night. Mr. G. at first pays no attention to his sufferings, but by degrees his health begins to fail, his strength diminishes, and his disposition becomes morose. He has tried purgatives and sulphate of quinine, and has put blisters behind his ears. Nothing has cured him, and he finds relief only in walking as rapidly as possible. The disease had troubled him for three months, when we met. Being a fellow countryman, he asks for a consultation with me, and tells me his story in the public street. We step into the entrance of a house, and I demonstrate very quickly the soundness of the nerve fibres and the perfect state of the teeth, for it would be easy to believe the affection a periodical neuralgia of the face. The inquiry, as can well be imagined, could not be long or detailed under the circumstances; but the cause to which alone the patient attributes his malady is the keynote which suggests my prescription of *rhus tox.* 6. The attack returns the next day very slightly, and since then the nervous headaches have entirely disappeared, as the patient himself told me only two days ago.

43, Rue de Caumartin, Paris.

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## STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

By DR. BERNHARD HIRSCHL.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., L.R.C.S., Edin.

(Continued from page 468.)

### CHINA.

WHILST we reserve the special clinical indications of this curative agent for the following section, we give here the physiological results of the proving of the medicine.

In the stomach: feeling of weight, aching, sometimes with burning regurgitation, after each meal, as from too much eating; as tightly girt; as if there was indigestion; sharp, jerking shooting; passing stitches, here and there, in the stomach and abdomen, even to the sternum upwards, after each drinking; scraping.

After eating: fulness, as if the ingesta mounted upwards; hard aching in the stomach; long continuing; anxiety, squeezing, impeding the breath; shooting, pain of soreness, with ache, or pain as if one pressed on a sore part, then diarrhoea without relief, or bitter belching, nausea, sleepiness, lassitude, uncomfortableness, colic, pressing aching in head; after each swallow of liquid shuddering or chilliness.

In general the gastric signs are very pregnant, almost predominating.

Mouth: dry, bad smelling; tongue as if sprinkled with pepper; yellow, white, rather dirty, crusted; mucus, flow of saliva into the mouth; heartburn; feeling of emptiness in the throat and gullet; constrictive feeling there; taste sweetish, bitterish, saltish, acid, bitter, insipid, slimy, dirty, watery; the food tastes too salt, or not at all, or bitter.

Appetite: failing, sometimes with craving, nausea, vomiting with dirty taste; hankerings, without knowing for what; indifference to eating and drinking; smoking tobacco; during eating some appetite and relish; the greatest repugnance and disgust to all food, with indolence, sleepiness in the day; yellowness of the eyeball; appetite for acids, wine; repugnance to coffee, beer; craving, especially at night; greediness, strong thirst, especially for cold water; belching empty sour, as if excited by disgust; bitter, bitter sour, also after eating; gnawing; retching and constant vomiting; vomiting sour, of mucus, water, food; feeling of emptiness, soppiness in the stomach; also of cold; indigestibility of the slightest food, irritability, headache, giving a feeling of satiety.

Cl. Muller\* recommends it as well in chronic catarrh of the stomach as in cardialgia. Meyer thinks that *chin.* appears to concur with *chel.* and *petrol.* in relation to the relief of pain through eating. Compare these medicines.†

According to Hartmann‡ and Hering, s. 209, *chin.* suits persons who have a weak digestion, where mucus, sour, bilious acidity in the stomach, with pain of soreness, when there is ache after each eating and drinking, distension of the stomach; worse at rest and after eating, better during movement and fasting, especially after weakness by loss of fluids, after vomiting, diarrhoea, blood-letting, sweating,

\* Vj. Schr., Bd. vii., s. 247. † Vj. Schr., Bd. ix., s. 450.

‡ Ther. Bd. 2, s. 426.



flow of milk, &c., &c. Especially it suits card. flatulenta and pyrosis, continuous violent gastralgia which is accompanied with fulness, anxiety, aching pain, heartburn, pyrosis and easy retching. Particular cases are not cited in Ruckert.

*Cicuta virosa.*

Gives a very obscure picture in spite of its many symptoms.

Scraping, scratching in the stomach, feeling of flabbiness, and accumulation of saliva; burning pressure in the stomach; cramp in the stomach; longing for coal; anxiety; pulsation in fist-high distension of the epigastrium, blow there, as if with a finger, causing a start, shooting after eating; aching, compelling, a deep breath, with inclination to belch, cutting in the abdomen, sleepiness; hunger, nausea, regurgitation, hiccough, thirst, vomiting, hæmatemesis. Pathological anatomy shows gastric inflammation, traces of softening, gangrene.

Schoenlein recommends *cic.* in dysphagia cardiaca. There are indications for neurosis, still more for organic derangements. The proving is, however, imperfect, and clinically *cic.* has not been tried, consequently all directions must be only hypothetical.

COCULUS.

Pathogenetic symptoms: Violent, constrictive, oppressive, raking, gastric cramp, which prevents sleep.

After eating: ache in stomach, in the epigastrium and hypochondria, some hours after meal-time, or at night in bed; pinching, constrictive pain in the upper abdomen, proceeding towards the left side of the abdomen and the chest; violent colic, with chilliness and giddiness, flatulent troubles.

Feeling in the stomach as if a worm moved in it.

Ache, tension, and pinching in the epigastrium, taking away the breath; bruised pain in the hypochondria; picking, gnawing, borborygmi under the epigastrium; feeling as if nothing had been eaten for a long time, and as if one had gotten his hunger over.

Pinching of the upper abdomen, taking away the breath.

Empty and hollow as if one had no bowels in the hypogastrium; pyrosis, choking constriction in the throat,

tightening the breath, and exciting cough; burning in the gullet as fire, upwards to the throat; taste as after a long fast, bitter metallic, like copper, slimy, acid; food tastes like salt, or as if peppered.

Loss of appetite and taste; great aversion to food and drink; great disgust and yet hunger, little diminished by eating; feeling of fulness all the way upwards; great thirst, constant, especially on eating, for cold drinks, beer; repugnance to acids; belching, frequent, amply, after food; bitter, acrid, scratchy, putrid, from damp spoiled air. Movements for belching, causing stomach-ache, imperfect, abortive, going into hiccough; hiccough on belching; ache in the chest, epigastric pain, as from a blow or stroke, or shooting there; nausea, as if after eating too much; even to fainting, in fits; even to vomiting after drinking; retching, with headache, pain as of bruise in the intestines, frequent flow of saliva, with chilliness of the body, whilst riding in a carriage, in the morning in bed, or arising after eating; vomiting of food and mucus, with bitter and acid taste in the throat towards midnight, with attacks of suffocation.

The practical application of these observations in gastralgia in the following sections. Wurmb\* saw from *cocc.* in one case splendid actions. Hering (s. 227) and Hartmann† set out the following indications; when *nux* improves somewhat, but the pain soon recurs, when hard or stopped stools are present; never when diarrhoea, when at the same time with stomach-ache pressing or constrictive pain extends over the whole abdomen, which is not relieved until the discharge of flatus, when with nausea the mouth fills with water, without heart-burn, in peevish, morose disposition, introspective in *nux* irritable. According to Hartmann *cocc.* is next to *nux vom.*, and *cham.* the most frequently suitable medicine, and is often helpful after *nux* where this is not sufficient. Sommer‡ treated pure cramp successfully with *cocc.* 8, seven doses; when in the morning twisting in the stomach with indescribable feeling of ache, nausea, anxious sweat, belching, which relieved putrid taste. The attack disappeared in three or four hours; digestion good, stomach not painful to touch.

\* *Allg. H. Z.* bd., 51, s. 42.

† *Theor.* s. 423.

‡ *Allg. H. Z.*, bd. 30, s. 382.

Gross\* gives a case of chronic vomiting of all food, sour, also putridly (roch.) belching, with putrid excrement, waterbrash, presumably through one dose of *cocc.* 200. The observation is so bad as to have no value.

A decisive and lasting cure of a gastralgia connected with the development of puberty, consisting of vomiting, almost after every meal, accompanied with constipation, and morbid hunger, alternating with total loss of appetite, with gastric pains, tooth-ache, sleeplessness, frightful weakness, which had lasted one-and-a-half year; after some time the menses came on, without relief. Ziegelt† in Furstenwald set right after *cocc.* 8 in several weeks.

Cl. Müller‡ saw several times quick results, and ranks the medicine next to *nux. vom.*

### *Coffea.*

Pathogenetic: Tension over the stomach into the hypochondria; extremely painful pressing upon the left side of the gastric region, after bread; unpleasant feeling under the stomach, with distension and dull pain; aching and shooting in the epigastrium; can't tolerate the pressure of the clothes; unusual disengagement of gas; appetite lessened; change of taste, as if after hazelnuts, after almonds, bitter; persistent loss of appetite; repugnance to food, drink, tobacco, with retching and salt taste in the mouth; great hunger, greedy, hasty eating; violent thirst without heat of body, especially at night; belching short, gaseous, frequent; hiccough, nausea, and retching, with weakness; constant heaving, vomiting.

The signs are not very pregnant. Hufeland and Schlegel recommended it for gastric cramp; also Hartmann, C. Hering, Homburg, Krenssler praise it among us as a medicine which, when it does not radically cure, yet makes an end of suffering for some time, with great irritability, and tenderness, when the patient cannot bear the pain (after the abuse of *chamomilla*.—Hartmann). In its nature this medicine is much too fugitive to work permanently upon a real developed disease. We meet with no cure of *gastrodynia* in homoeopathic literature. The employment (as an intercurrent) is consequently reduced to dulling the tenderness and nervous restlessness in general, or to a

\* *N. Arch.*, Bd., 18, s. 54. † *Ztsch. F. H. Klin.*, bd. viii., s. 26.

‡ *Viert. Schr.*, bd. xi., s. 45.

passing action upon the nerves of the stomach as an excitant, *e.g.*, after a debauch. It is known that the enduring and excessive use of coffee excites gastric cramp; here, however, not merely the dynamic, but also chemical material causes, especially the empyreuma, may act. In the certainty of our other remedies we may consequently overlook this as unnecessary.

### *Colchicum.*

Has predominantly vomiting of mucus, bile, food, blood, with diarrhoea and colic; particularly bitter taste, nausea, flow of saliva, and burning; spasmodic constriction on touching the gastric region, fulness, weight, hunger, and feeling of coldness or chilliness, with weakness in the abdomen and stomach, creeping, shoots, feeling of oppression.

It is surprising that the new provings which the *Viertelj. Schr.*, bd. viii., s. 113, contributes, recounts very few and vague gastric symptoms, as fulness, feeling of warmth like gnawing hunger, as swollen oppression, fugitive stitches, stomach-ache (of what sort), ache, un-comfortableness, intolerance of pressure. On the contrary, this is more gastric in relation, as heartburn, belching, change of taste; but decided are the abdominal pains—colic, diarrhoea, flatulence misplaced, and rheumatic pains in other parts. Consequently we must suppose that the stomach pains are superinduced and secondary; they are not confined to the stomach, but spread over the abdomen, frequently in the outer coverings, at all events complicated with rheumatism, colic, consequently more of a rheumatic than of a proper neuralgic kind. Whether *colchic.* may be of some service in the dyspepsia of arthritics has yet to be inquired into.

### COLOCYNTHIS.

*Colocynth.* has an action on the gastric nerves as it has on the other nervous tracts. We give in the following passages the picture of these morbid manifestations as they are presented to us in the physiological experiments up to date, as collected from Hahnemann's, Hechenberg's, and Martin's provings, and the Vienna reprovings.

Towards evening gastric and lingual pains, getting worse, though they continue the whole day; ache in the stomach, violent, especially after eating, with feeling of

hunger not appeased by eating again; violent, with flatulence, headache, diarrhoea, dulness; sullen disposition, spiritlessness; aching, spasmodic in the morning up to the throat; oppressive aching and constriction of the stomach, causing sleeplessness; even the pressure of a light covering cannot be borne; gastric cramp, slight along the gullet even to the throat, painful at night, lessened by belching; shoots in the gastric region, painful on going to sleep, burning in the stomach; pain of burning, even during eating; pinching, violent, in fits after beer, not going away till after the midday meal, painful, and searching about in the gastric region; feeling of ache, aching, constrictive, dull shooting pain in the epigastrium; colic pains, diarrhoea; with the gastric pains come in face and toothache; feeling as of a ball in the stomach and throat; feeling of weakness; emptiness, and afterwards hunger; feeling of fulness; immense heat or feeling of cold in the stomach; grumbling in the stomach; tongue white, red, burning, yellowish; flow of saliva in the mouth; mounting up of a ball of the size of the fist nearly in the throat, with oppression of breathing; burning and dryness; taste bitter, intensive, disgustingly bitter; saliva tastes salt, putrid, metallic, astringent, pappy, insipid after a meal; loss of appetite, in the evening, with loss of thirst; enormous appetite; remarkable increase of the desire to eat and of thirst; morbid hunger, and heartburn in the throat; desire for bread and beer; violent thirst in colic.

After eating: confusion of head, giddiness, buzzing in the ears, stomach-ache, fulness and troubles in the abdomen, pressure to stool; after the least food diarrhoea and colic; belching, empty, even to hiccough, with burning in the throat, violent, frequent, inodorous; belching of wind, and discharge of flatus that relieves; bitter, of a bilious moisture; sour, hiccoughing; hiccough; regurgitation of bitter, white slimy moisture; nausea, constant, proceeding from the stomach; paroxysms of this; slight, as from indigestion; disgust, with scratching in the throat; before eating with retching; going away after eating; feeling sick, with empty belching, choking, vomiting; vomiting, frequent, of food without nausea; copious, with violent pains in the epigastrium, of a bitter, yellowish, serous fluid; greenish, with diarrhoea, retching.

Pathological anatomy gave in men: intestines red,

sprinkled with black spots, adhering by means of fibrin ; on the villous coat of the stomach here and there ulceration ; stomach externally bluish-red, internally mucous membrane highly reddened, with erosions, loosened, easily torn and stripped off, also in the small intestines.

In animals : gastric mucous membrane dark red, with black-red stripes, muscular coat cherry red ; stomach internally reddish-blue, filled with a greyish amorphous substance, dendritic injection of vessels, otherwise pale ; on the pylorus covered with a layer of mucus, great vascular injection ; coloured flesh-red, mucous coat very adherent, in one place corroded even to the outer skin, studded with numerous brown-black points.

Since this remedy stands in quite a peculiar relation to gastrodynia, we shall go more minutely into it at the next section. For the present the following must serve.

The picture, which Meyer\* sketches of *colocynth* suits either rheumatic or bilious states. The cramp begins two or three hours after eating, frequently later ; at first gently, then increases, of a cutting kind, from the stomach then passing on to the abdomen, as with knives, and drawing on to the back which appears as if broken. A feeling as of vomiting must come on, which follows after some time containing food ; after a full evacuation the pain is as if cut short. Before the vomiting sometimes shivering, yawning, gooseskin, &c. Intervals, often for weeks, or months, then sudden attacks. Meyer cites as predisposing, the use of much sweets ? emotions, vexation, during and after eating, why also not a chill ? for the last element speaks decidedly *e.g.* Garay's † case.

Stern † observed *coloc.* actions in epidemic gastrodynia and attacks of colic, where there were present : aching, oppressive, burning constrictive pains, restricting the breath, with extraordinary restlessness and anxiety ; violent pains in the back ; ice cold hands and feet ; sticky sweat ; small, scarcely perceptible pulse ; nausea, and frequent discharge of urine clear as water ; the less important were belching, retching ; bitter vomiting, with short alleviation ; violent pain in the region of the stomach and navel ; intolerant of the least pressure ; constipation, aggravation, afternoon during movement, after eating. Amelioration

\* Viertelj., Schr., bd. ix., s. 447. † Oester. Ztschr., bd. 1-2., s. 237.

‡ Allg. H. Z., bd. 87, s. 150.

short by belching; flatus compressed, warm or damp cold causes chills, vexation, errors in diet. Dose: 12, two drops with six tablespoonfuls of water; every half, one, three hours half a tablespoonful; after four to eight hours sleep and waking free of pain.

According to Kreussler *coloc.* is suitable in gastrodynia after chill, and in cases of long continuance.

Hartmann allows *coloc.* after indignation and vexation, internal gnawing, mortification at unworthy treatment; when the pain is pressive like a stone, especially after each eating, with feeling of hunger; pain in the pit of the stomach on touch; therewith vomiting of food without nausea, with diarrhoea; small greenish yellow stools, with pains as of colic in the abdomen.

In a proving by Prof. Martin,\* at Jena, and his scholars there showed themselves: heat of the stomach, aching feel in the epigastrium, flow of saliva, heartburn, after supper temporary aching, constrictive pain in the epigastrium (Martin); violent pain in the stomach, aching with oppression of the chest (Mayer); acid belching, salivation, rumbling in the stomach, with oppression, temporary stomach-ache (Bunge); predominant diarrhoea.

#### CONTUM MACULATUM.

Here there are various, also evidently spasmodic, pains of stomach. Constriction with cold in the stomach and back, waking up out of sleep; fine shootings, spasmodic pinchings, constricting the chest, with squeezing in the back and much belching, afterwards sometimes dull passing on to the bowels; gastralgia; acid in the stomach; distension of the stomach by wind; feeling of rawness and soreness, under the surface sore pains in the epigastrium in the morning, on lying and turning in bed; drawing or aching from the epigastrium up to the throat on eating, as if a round body mounted up, with short heavy breathing in the morning after getting up and going to stool; aching as fulness and shooting, increased by inspiration and movement, as drawing about in the epigastrium, and some stitches in the side of the chest; tightness of the epigastrium on leaning backwards, with stoppage of the breath and speech; anxiety in the epigastric region.

\* *Viertelj. Schrift*, bd. x., s. 77.

Dryness of the mouth, with acid feeling in it ; dry, coated tongue ; flow of saliva ; dryness of the throat ; burning in the throat, constriction of the throat with choking ; spasms in the throat.

Taste putrid, acid, bitter ; insipid, bitter-sour ; loss of appetite with great weakness of the stomach, disgust and feeling of wildness through the whole body ; great longing after acid or salt things ; great hunger, and feeling of sickness after being satisfied ; violent continued thirst.

Belching, frequent, empty, in the morning ; imperfect and afterwards pain in the stomach ; acid, with burning in the stomach ; putrid, with taste of the food for a long time after eating ; with regurgitation of food ; rancid heartburn ; hiccough.

Nausea, frequent and total loss of appetite, with great prostration impeding speaking, in the morning going away after stool ; continued desire to retch with choke ; retching after eating, with belching, with belching weakness, stomach-ache, then hiccough ; vomiting, violent, of mucus, in headache, with nausea, and afterwards frequent belching.

After eating : chilliness, great weakness and relaxation of the abdominal muscles ; distension of the upper abdomen with stomach-ache, and taking away of the breath, fulness in the stomach and on the chest ; strong heaping up of wind ; oppression and hard pressure on the sternum ; acidity and sour water in the mouth, sour regurgitation from the stomach, acid, abortive belching ; mounting up of a sort of lukewarm heat, as if out of the stomach through the arms into the fingers with numbness of the hands ; nausea, with feeling of having had enough or retching ; ache in the head, in the neck, crown and forehead ; abdominal pains in the umbilical region as of being bruised in the intestines, pinching belly-ache, drawing pain in the lower bowels ; during eating and drinking sweat, hiccough.

Pathological anatomy shows in animals a very distended stomach, containing a dirty froth and bloody mucus, and strong redness of the mucous membrane, inflammation of the bowels. In men, some red points at the pylorus. It is obvious that these were merely incipient experiments. But from the above picture very characteristic signs already present themselves.

Werber \* says on this head : proved its efficacy always in gastrodynia, with tendency to constipation, with a

\* *Hyg.*, bd., 6, s. 321.



predominant lymphatic constitution. He relates a case where constriction, pressure as a weight, intolerance of the pressure of the bed clothes; only temporary remission, then unspeakable ache was combined with constipation; spasmodic cough, aggravating the gastrodynia, and was aggravated by speaking, running, and emotion. Tct. con. 6 gtt. in 4 3 aq. twice daily, one tablespoonful removed the gastrodynia and cough. Ruckert relates nothing further.

According to Kreussler *conium* is especially suitable in scrofulous constitution.

Hartmann saw results from *conium* in two cases of induration of the stomach, which had arisen from a blow, and stepping on the gastric region.

Of late, Bürkner\* and Reil † have published five results in schirrhus and ulcer of the stomach.

#### *Crocus.*

Pathogenetic:—Gastric burning, distension of stomach and abdomen. Tenderness of stomach as from a chill; tension of the abdomen. Constriction of the epigastrium. Drawing here and there like griping. Some stitches in the epigastrium, rumbling, and fermentation in the same.

Taste sweet, bitter, nauseous, acid; loss of appetite, and fulness as from over eating. Morbid hunger and thirst after eating; heartburn, fulness after drinking; flabbiness, shocks, pinching in abdomen. Belching, flabbiness, discomfort. Weakness in the epigastrium. To and fro movements in the abdomen. Nausea and retching, vomiting.

The old school employed *crocus* for acids in the stomach, and spasmodic colic, which is in agreement with the foregoing symptoms. On the latter depend many of the pictured stomach symptoms. *Crocus* is a chief medicine in venous congestions; such only can indicate it in gastrodynia. This is proved by the only case occurring in our literature. † A hæmorrhoidal patient, suffered much from attacks of jaundice. Later on there showed themselves: fulness of the stomach, distension, belching, heartburn, nausea, vomiting; fine cutting pain, proceeding from the heart, fixing in the region of the stomach; costiveness during the attack. Pulse and heart beat intermittent. Want of breath. No heart affection. Tinct. *croc.* 1-3 gtt. One to two hours removed the attack most quickly and surely.

\* *Ztschr. F. H.*, xl. bd. iv., s. 67. † *Id.*, s. 58 and 130.

† *Smid. Hom. Arzneiber, w., Gabengrosse Wien, 1846, s. 123.*

Then came on remission; appetite; stool at first pappy and yellow. Since nothing is here said as to a perfect cure afterwards, nor any firm points of support are given, and the gastrodynia appears to have been dependent on liver affection and reflected by a spasmodic heart affection, the failure of imitation may be pardoned. For venous-gastrodynias we have beside much more certain medicines than *crocus*, as will be indicated in the following sections:

(To be continued.)

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### THE HISTORY OF HOMŒOPATHY IN THE PUBLIC INSTITUTIONS OF ARAPAHOE COUNTY, COLORADO.\*

By AMBROSE S. EVERETT, A.M., M.D., Denver, Col.

In the March number of the *North American Review* for the year 1882 there appeared an article, entitled "The Fallacies of Homœopathy," from the pen of Professor A. B. Palmer, of Ann Arbor, Michigan.

In the June number of the same journal, for the year aforesaid, this article was replied to by that eminent scholar and physician, Professor J. W. Dowling, of New York, in an essay entitled "Old-School Medicine and Homœopathy."

Both of these articles dealt with the principles or theories of the two systems or schools of medicine. The points touched and compared in both essays did not reach beyond the domain of that which is more or less speculative. In this article I shall deal mainly with *results* obtained by these two different schools or systems of medicine at the bedside, in the public institutions of Arapahoe County, Colorado, and shall bring these results into comparison.

In order to understand fully the medical situation in this county, permit me to say that it has an institution, sometimes called a "hospital," sometimes a "poorhouse." This institution was founded in 1871, and, therefore, has a history reaching back some thirteen years. It has a capacity of a daily average attendance of one hundred patients, and prior

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\*We republish this interesting and instructive paper by Dr. Everett from *The Hahnemannian Monthly*, not only because it affords a very striking illustration of the value of homœopathy in saving both life and money, but because it shows to what a low range of tactics our opponents are driven in their endeavours to prevent all within their reach having the advantage of homœopathy.—Eds. M. H. R.

to April 1st, 1881, it had been absolutely and uninterruptedly under old-school management. The county, through its Board of County Commissioners, elects every year a county physician. This physician appoints the resident physician and nurses for the hospital, attends to the sick in the county jail and all sick in the county, outside of these institutions, who are financially unable to employ medical and surgical attendance for themselves. Consequently, the county physician has three classes of patients under his charge, namely, hospital, jail, and outside patients. There are only two ways by which a person can become a hospital patient: one, by being born in the hospital, and the other, by means of a written permit from the chairman of the Board of County Commissioners, who, alone, has authority to issue permits to the hospital. A person may become a jail patient, simply by the jailer notifying the county physician of the prisoner's illness. A man or woman becomes an outside patient by bringing an order for medical attendance to the county physician from the chairman of the Board of County Commissioners, who, by virtue of his office, is the overseer of the poor. While the county physician is under no obligations to attend to anyone outside of the jail and hospital, except upon the order of the overseer of the poor, yet, inasmuch as emergencies are apt to arise, persons are not held to a strict compliance with this rule. No doubt, when humanity demanded it, many persons have received attendance by the different medical managements of the county, when they were not armed with an order from the chairman of the county board.

The public records of the hospital consist in a general register, a daily and weekly record book, and in bed cards for each patient. The general register contains a record of every case that comes under the care of the county physician, whether a hospital, jail, or outside patient. If a hospital patient, it gives the date of his admittance to the hospital, and if a jail or outside patient, it gives the date he came under treatment. Of all patients, this register gives the name, the number, the age, where born, how long in Colorado, whether married or single, the occupation, the diagnosis, the date of discharge or death, and such other facts as the county physician may think of sufficient importance to record. Each patient, upon entering the hospital or coming under treatment, is given a number. These numbers commenced at one, at the opening of the

hospital, thirteen years ago. The number of the last patient recorded represents the total number of patients which the county has had since the opening of the hospital. The daily and weekly record is purely a hospital book. It gives the number in the hospital each morning, the number admitted and discharged during the day, the number of births and deaths during the day, and the number remaining in the hospital each night. The weekly record is kept in the same book and is simply a recapitulation of the daily record, giving the number in the hospital Sunday morning, the number of admittances, the number of discharges, the number of births, the number of deaths during the week, and the number remaining on hand Saturday night. The name of every patient in the hospital Saturday night, together with the number of his ward, is also recorded in this weekly record book. The bed cards are placed in little tin cases and hung at the head of each bed. They give the patient's number, the number of his ward, his age, his nativity, his occupation, the date of his admittance, the diagnosis of his disease, the number of the case-book, and the page therein containing the history of his case. When a patient dies or is discharged from the hospital his bed card is returned to the office and the date of his death or discharge written across its face and there retained until the end of the month. At the end of each month the resident physician makes a report to the Board of County Commissioners of the condition of the hospital. This report gives the number of patients brought forward from the previous month, the number of admittances, the number of discharges, the number of births, the number of deaths during the month, and the number remaining in the hospital on the last day of the month. The bed cards of the dead and discharged are returned to the County Commissioners with this report, and are the vouchers for the number set forth in the report as having died and been discharged. The permits upon which the patients are admitted to the hospital are also returned to the board with this report and are the vouchers for the number admitted. By this system of records it will be seen that the resident physician must account at the close of each day and again at the close of the week to the county physician for every patient in the hospital, or that may have come into the hospital, either by birth, or upon a permit, and at the end of the month he must do the same

thing for the month to the Board of County Commissioners. In addition to these public records, during our management we kept a private record which consisted in a case-book made for that purpose. In this book we took a careful history of each case, recorded the most important symptoms, kept a record of the course of the disease, the remedies employed, and the results obtained. We have gone thus minutely into the details of the management of the medical department of our county and into our methods of keeping its medical records for two reasons. First, to show how impossible it would be, with the checks which these different records and reports have upon each other, to falsify them without detection by the Board of County Commissioners; and second, that the reader may be perfectly familiar with the basis upon which the tabulated statement we are about to present rests.

The Medical Department of Arapahoe County was turned over to the homœopathic school of medicine, for the period of one year, on the 1st day of April, 1881, through the election of a physician belonging to this system of practice as county physician, some time during the preceding March. The following tabulated statement is the result of that year's work, and the same is compared with the year which immediately preceded it, when the medical management was in the hands of the old school.

	Years ending March 31st,	
	1882.	1881.
	Homœopathic.	Allopathic.
Number of patients on hand April 1st ...	82	49
" " admitted during the year ... ..	926	711
" " discharged ... ..	859	597
" " born ... ..	18	10
" " died ... ..	74	91
" " remaining March 31st, 1882 ... ..	89	82
Average daily attendance at hospital ...	79.4	67
Number of jail and outside patients ...	897	212
Total number of cases treated ... ..	1,858	982
Cost of drugs, surgical supplies, druggist's and physician's salaries, &c. ... ..	\$8,201 25	\$5,164 17
Cost per patient ... ..	2 85	5 25
Saving to county per patient... ..	2 90	
Total saving to county ... ..	9,988 20	
Hospital death rate ... ..	.078	.118
Total death rate ... ..	.054	.092

This statement is taken from the public records of the county, and any one who doubts its correctness can have his doubts removed by an investigation thereof. From \$9201.25, the total cost of the medical department for the year ending March 31st, 1882, as set forth in the above statement, must be deducted the sum of \$244.53, the value of the medicines and surgical supplies turned over by us to the Chairman of the Board of County Commissioners at the close of the year, and for which we hold his receipt. This reduces the expenses of the homœopathic year to \$2956.72, and makes, when taking into consideration our increased number of patients, a total saving to the county in favour of our school of medicine of \$4182.76. In this statement there is one item left out in both years here compared, and that is the cost of nurses. This cannot work to the prejudice of either management, inasmuch as both are treated alike. We know what it cost for nurses during the homœopathic year, but what it cost for this service for the year which immediately preceded it we have not been able to ascertain, as no records were left at the hospital from which it could be obtained. We might have ascertained the salaries of the nurses for the year ending March 31st, 1881, by looking through the archives of the county clerk's office for this year, but this we were never able to get an opportunity to do. The greatest triumph, however, was in the reduction of the death rate, which, it will be seen, was reduced about 40 per cent. The following is a tabulated statement of some of the most important diseases treated, and the mortality in each under the respective schools.

	Years ending March 31st,			
	1882.		1881.	
	Homœopathic.		Allopathic.	
	No. of cases.	Deaths.	No. of cases.	Deaths.
Typhoid fever... ..	127	19	105	24
Remittent fever ... ..	18	0	8	0
Intermittent fever ... ..	23	0	7	0
Catarrhal fever ... ..	11	1	8	0
Pneumonia ... ..	16	2	19	3
Typhoid pneumonia ... ..	7	2	4	2
Chronic pneumonia ... ..	5	0	2	0
Phthisical pneumonia ... ..	0	0	2	2
Pneumonia complicated with diarrhoea ... ..	0	0	1	1
Pneumonia complicated with inflammation of bowels	0	0	1	1

	Years ending March 31st,			
	1882.		1881.	
	Homœopathic.	Allopathic.	Homœopathic.	Allopathic.
	No. of cases.	Deaths.	No. of cases.	Deaths.
Pneumonia complicated with				
erysipelas ... ..	0	0	1	1
Bronchitis ... ..	48	1	87	0
Rheumatism ... ..	160	0	115	2
Phthisis pulmonalis ...	42	9	42	15
Erysipelas ... ..	42	0	26	8
Syphilis ... ..	78	1	26	1
Asthma ... ..	14	0	2	0
Morbus Brightii ... ..	7	0	5	2
Emphysema ... ..	2	2	2	1
General debility ... ..	10	1	50	2
Alcoholism ... ..	81	1	17	8
Hepatitis... ..	9	0	6	8
Empyema ... ..	1	0	1	1

From the above statement it appears that homœopathy in the years here compared has a death rate of a fraction over 14 per cent. in that formidable disease typhoid fever, and that the old school has a death rate of a fraction over 22 per cent. Of the severity of the type of this disease which came under the old-school management, we can, of course, not speak, as we did not see the cases, and as no records were left in the hospital of the daily variations in the temperature and pulse of their cases, from which alone a correct estimate could be made. The cases which came under homœopathic management were of a very malignant type. It occurred chiefly in those who had but recently come to this country, and who were unaccustomed to our climate and altitude. In many instances they could not speak or understand a word of English. These labourers came to Colorado to work upon our railroads then in the course of construction, and were from the lowest strata of their respective nationalities. At home they suffered extreme poverty, lived upon poor food, in thickly populated districts, and in badly ventilated houses.

In consequence of their habits of life and the badly nourished condition of their bodies, they possessed very little inherent power to resist the vicissitudes of this climate, or to arrest the ravages of disease when it once laid hold upon them. The Swedes were by far the greatest sufferers. So far as our observation goes, the year ending March 31st, 1882, was the more unhealthy of the two years here

compared, and the diseases were of a more malignant type, —perhaps not in the city of Denver, but throughout the surrounding country which was tributary to Arapahoe County Hospital. During the year the great irrigating English ditch was being built, and hundreds of men were employed in its construction. The Denver and New Orleans Railroad, the Burlington and Missouri, the Denver, Utah, and Pacific, and the Denver, Longmont, and Western were all being built. Both the Rio Grande and South Park were also making important extensions to their lines throughout the mountains. The territory through which these various railroads were being built, and the irrigating ditch before mentioned was being constructed, was directly tributary to this hospital, and from it we received many patients. Not only this, but even Western Kansas, New Mexico, and Wyoming Territory contributed to swell the number of its inmates. Now, it has been the observation of medical men from time immemorial, that the disturbance of large extents of soil increases sickness in the locality where the disturbance takes place, both in amount and degree. This was true in New York city at the lowering of the Harlem Railroad, and in St. Louis during the building of the bridge and the construction of the tunnel through the city, and why should not the construction of the ditch and the building of the railroads before mentioned produce the same results in Arapahoe County? Of the nineteen who died of typhoid fever, one was a native of Germany, one of Nova Scotia, one of Prince Edward's Island, one of Canada, one of England, one of Austria, three of Ireland, four of the United States, and six of Sweden. One was 19 years of age, one 20, one 22, six 23, two 24, one 25, three 27, one 39, one 40, one 41, and one 61. Two had only been 3 weeks in Colorado when they entered the hospital, one 6 weeks, two 2 months, one 3 months, three 4 months, one 5 months, one 6 months, one 8 months, one 1 year, one 18 months, one 2 years, one 2½ years, one 3 years, one 8 years, and one 10 years. One died the very day on which he entered the hospital, three had only been 3 days in the hospital when they died, three 5 days, one 6 days, one 7 days, three 8 days, one 9 days, one 10 days, one 13 days, one 14 days, one 30 days, and one 68 days. Of those who died, the highest evening temperature reached was 107½; the lowest evening temperature, 103½; the highest morning temperature, 106½; the lowest morning temperature, 101½.



The highest evening pulse, 150; the lowest evening pulse, 80; the highest morning pulse, 124; the lowest morning pulse, 70. In one case that recovered, the evening temperature for more than a week ran 106½, and the morning temperature 105½; the Fahrenheit fever-thermometer was the one used. In making this comparison we have no intention of reflecting on the ability or skill of that distinguished gentleman who was County Physician, and who had charge of the hospital for the year ending March 31st, 1881, and for the three years which immediately preceded it. After fourteen years of hospital experience we can truthfully say we never saw a better hospital man. He is an excellent disciplinarian, and had his work well in hand; he is a man of broad and liberal culture, a fine pathologist and microscopist. He is careful and conscientious in his diagnoses, and we know of no man in the old school ranks whose diagnosis we would more implicitly trust. He certainly has no superior, if he has an equal, in his school of medicine west of the Mississippi. His failure to compete with this record does not lie in the man, but in the school of medicine to which he belongs. It was not the workman, but the tools with which he wrought.

The following is a list of some of the surgical diseases treated and the operations performed during the homœopathic year :

	No. of cases.
Fractures at the base of the skull ... ..	1
Fractures of the ribs ... ..	1
Fractures of the clavicle ... ..	2
Fractures of the leg ... ..	18
Fractures of the arm ... ..	2
Fractures of the spine... ..	1
Dislocations of the hip-joint ... ..	1
Dislocations of the shoulder-joint ... ..	2
Gunshot Wounds ... ..	17
Lacerated Wounds ... ..	33
Incised Wounds ... ..	8
Ruptures of the tibio-tarsal ligament ... ..	1
Amputation Wounds ... ..	6
Amputations of the upper third of the leg ... ..	1
Amputations at the knee-joint ... ..	2
Resection of the shoulder ... ..	1
Resection of the humerus ... ..	2

	No. of cases.
Excision of the internal and middle cuneiform, the scaphoid and a part of the os calcis... ..	1
Trephining for depressed fracture of the skull ...	1
Tumours removed ... ..	2
Felons ... ..	4
Abscesses ... ..	12
Sprains... ..	18
Ruptures ... ..	1
Contusions of the spine ... ..	2
Concussions of the brain ... ..	2
Concussions of the knee-joint ... ..	1
Hip-joint disease ... ..	1
Necrosis ... ..	4
Frost-bites ... ..	10
Burns ... ..	1

The Board of Commissioners of Arapahoe County consists of five members, and when the medical affairs of the county were transferred to homœopathic hands it was done by a vote of four to one. It must not, however, be understood from this fact that it was a homœopathic board. The only man on the board who employed homœopathy in his family, and was an avowed homœopathist, was its chairman, the Honourable H. D. Steele. The other three of its members who voted for homœopathy employed the old school in their families, but were not prejudiced in its favour. The only interest they had in medicine was to employ that system for the county which was the cheapest and the best. They had tried the old school for ten years and thought it no more than right that they should employ homœopathy one year and see what it could do. With them it was an experiment, but it resulted in the conversion of two of them to homœopathy, and the third, while he does not employ homœopathy in his family, is nevertheless a strong advocate of homœopathy in public institutions. The fifth man on the board was as pronounced in his old-school beliefs as the chairman was in his homœopathic opinions.

The all-absorbing question with the old school now was how to again get possession of the medical department of the county. They saw that they could not expect to accomplish this through the failure of homœopathy to meet all the wants of the sick and injured. They clearly realised that to restore themselves to power they must look elsewhere than to the results obtained at the bedside. So

these high-toned gentlemen that live under the code, that refused to consult with a homœopathist, however pure his morals or gifted his intellect or broad his culture, carried the question of medicine down into the slums and cesspools of politics. They openly made their boast, we are told, that no man should be elected to the office of county commissioner who did not, first of all, pledge himself to vote to sustain the old school system of medicine in the public institutions of the county. Arapahoe county is so strongly Republican, that a nomination by a Republican convention is almost equivalent to an election. In the fall following the transfer of the medical affairs of the county to homœopathic hands, there was to be an election, and at this election three members of the Board of County Commissioners were to be elected. The old school physicians were very active at the Republican primaries, and in many instances succeeded in getting themselves elected delegates to the Republican County Convention. In this convention they succeeded in placing in nomination a gentleman of pronounced old school proclivities to fill the place about to be made vacant by the retirement of the Hon. H. D. Steele. Mr. Steele had been on the Board and its chairman for many years, and worn out by the vexations, cares, and annoyances it brought him, declined a re-nomination. They tried hard, but failed, to defeat the re-nomination of the Hon. Joseph H. Brown and J. C. Kuner, both of whom had voted against the old school. After the nomination they went to Mr. Brown and tried to make him pledge himself to vote for the old school, and threatened, if he did not, they would defeat him. He answered them very frankly and firmly that he had promised to give the homœopathists a fair show, and he should see that they had it. If they wanted to defeat him and could, it was all right; that he did not want the office badly enough to barter away his right to vote and act according to his conscientious convictions as to what was for the best interests of the county. Mr. Brown was re-elected, notwithstanding they put forth every effort to defeat him. They also approached the Hon. J. C. Kuner and were again unsuccessful, until they brought to bear upon him an influence wholly non-political. This influence was the Denver University. During the year under the auspices of the old school, there had been organised a medical department to this university, and the arguments which induced him to vote for the old school

were these: First: The Denver University, being a home institution, should receive local support. Second: The Arapahoe County hospital, as a clinical field, was essential to the life of the medical department of this University. Third: That a medical college with good clinical advantages in Denver would bring to the city from \$5000 to \$8000 every winter that was now carried further east and spent by medical students in other cities. It must be remembered that the old school had one member of the board all along: that they obtained another by the election of a gentleman of old school proclivities to fill the place made vacant by the retirement of the Honourable H. D. Steele, and now having secured the vote of Mr. Kuner, through his sympathy for home enterprises, they had a majority of the Board.

On the 1st day of April, 1882, and by a vote of 3 to 2, the medical department of Arapahoe County was returned to the old school; but from the explanation here given of the cause of this transfer, it will be seen that the change was in no way discreditable to homœopathy. From this date until March 31st, 1883, the old school managed the medical affairs of the county. On the 1st day of April, 1883, and by a vote of 4 to 1, without the assistance of a political party or the aid of a powerful university, or the influence of a strong and wealthy religious denomination, the Board of County Commissioners reinstated the homœopaths. From the fact that this transfer was made solely upon the merits of homœopathy, and with no other influence than its managements and the results obtained at the bedside during the year ending March 31st, 1882, we can but regard it as a signal triumph for our school of medicine. During the year only one change took place in the membership of the Board. One member retired and another gentleman was elected to fill his place. The newly elected member, before his election, was approached by the allopathists and his pledge secured to vote for their school of medicine. His pledge, however, was made without knowing anything whatever of the merits of the two schools, and upon the condition that he now saw no reason why he should not vote for that system of medicine. After coming into office, however, to use his own language, he saw so many reasons why he should not vote for the old school that he changed his mind and voted for homœopathy. Mr. Kuner, upon whose vote the homœopaths lost the medical control of the public institutions of the county the

year previous, voted at this time for homoeopathy. One year of old school reign had sufficed to disgust him.

The following tabulated statement is the result of this year's labours, and the same is compared with the previous year of old school management:

*Food, Clothing, Employés, Nursing, Medical Services and Medical Supplies for Hospital and Poorhouse, Medicines, and Medical Services for Jail and Outside Poor for 1883 and 1884.*

	Year ending March 31st.	
	1884.	1883.
	Homoeopathic 1883.	Allopathic. 1882.
April, 1883 ... ..	\$1,449 08	\$1,822 21
May, 1883 ... ..	1,521 62	1,825 66
June, 1883 ... ..	1,331 18½	1,705 23½
July, 1883 ... ..	1,408 26½	1,839 16½
August, 1883 ... ..	1,513 61½	1,525 98½
September, 1883 ... ..	1,448 57½	1,788 28½
October, 1883 ... ..	1,671 23½	1,544 47½
November, 1883 ... ..	1,508 55½	1,645 74½
December, 1883 ... ..	1,518 75	1,708 47
January, 1884—1883 ... ..	1,713 47	1,928 02
February, 1884—1883 ... ..	1,611 42	1,765 10
March, 1884—1883 ... ..	1,709 84	1,664 86
	<hr/>	<hr/>
	\$18,865 56	\$20,761 14

Credit, by moneys paid county treasurer at sundry times, and collected from patients for medical service, maintenance, &c. ... .. \$1,110 55      \$562 86

Due from Douglass County for maintenance of Stephen Henderson ... .. 229 00

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\$17,046 01      \$20,198 78

Total number of patients treated in hospital, poorhouse, jail, and outside ... ..	1,764	1,584
Cost per patient ... ..	\$ 9 66	\$ 12 75
Saving to county per patient ... ..	8 09	
Total saving to county for the year ...	5,450 76	
Total number of deaths in hospital ...	43	79
Total number of deaths outside ...	9	none reported.
	<hr/>	<hr/>
Total deaths ... ..	52	79
Hospital mortality rate ... ..	.0603	.089
Total mortality rate ... ..	.0294	.0498

I desire to call the attention of the reader to several facts which this comparative report demonstrates. First, that the moneys actually paid out by the Board for the management of the Medical Department of Arapahoe county for the year ending March 31st, 1883, exceeded that paid out for the year ending March 31st, 1884, by the sum of \$2,375.62. Second, that the moneys collected from patients for medicines, medical services, maintenance, etc., and turned into the County Treasury during the year ending March 31st, 1884, exceeded that collected from the same sources and turned into the County Treasury during the year ending March 31st, 1883, by the sum of \$777.19. Third, that during the year ending March 31st, 1884, the county cared for 180 more patients than during the year ending March 31st, 1883. Fourth, that during the year ending March 31st, 1884, as compared with the year ending March 31st, 1883, the county saved on each patient treated the sum of \$3.09, and that the total saving to the county was \$5450.76. Fifth, that the deaths in the hospital during the year ending March 31st, 1883, exceeded those during the year ending March 31st, 1884, by the number of 37, and this, too, in face of the fact that the allopathic school of medicine was boasting that during their year the county was enjoying the services of the combined talent of the Denver Medical College. Sixth, that the management of the year ending March 31st, 1883, did not report their outside deaths. Seventh, that the death rate of the hospital for the year ending March 31st, 1884, as compared with that ending March 31st, 1883, was reduced about thirty-three and a third per cent. Eighth, that the death rate of the county for the year ending March 31st, 1884, was reduced nearly 50 per cent., figuring on a basis of the total number treated in the hospital, jail and outside, and upon the supposition that during the year ending March 31st, 1883, there were no outside deaths. If they had any outside deaths, which they probably did, this reduction would be further increased. Ninth, that the management of the medical department of the county for the year ending March 31st, 1883, treated in the hospital 877 patients, and out of this number had 79 deaths. The supposition, then, that it treated 495 out-patients without a single death is, to say the least, preposterous. If they did not, then it is a great pity that the 877 hospital patients were not out-patients. Everyone knows, who has had the least experience in the treatment

of the outside sick of the county poor, that those who come under their care live, for the most part, in the alleys and by-ways of the city, in dirty and ill-ventilated houses, while those who go to the hospital have the advantage of clean beds, clean and well-ventilated apartments, good nursing and food adapted to their condition and wants, so that the mortality in the hospital should be less than among the outside poor. These remarks are not intended to reflect either upon the skill or ability of the allopathic physicians who conducted the medical affairs of the county during the year ending March 31st, 1883. In fact, I regard them as among the ablest representatives of their school of medicine in the city. My only object in making them, is to show that it does not lie within the allopathic system of medicine to conduct a hospital as economically and with as great saving to human life as it can be conducted under the homœopathic system of medicine.

After obtaining such results as here shown, it does seem a little strange that homœopathy should again be displaced by the old school. The solution, however, lies in the following facts, and these only reflect to the credit of homœopathy.

First: During the year, two new members of the Board had been elected, both of whom the old school claim were nominated and elected upon this issue. It is also claimed that before they were even nominated they were pledged to the old school. As to the truth or falsity of this claim, we have no knowledge. All we know is that they voted for the old school and thereby imposed upon the county, taking the year ending March 31st, 1883, as a basis, the increased burden of \$8456.76.

Second: The Denver University is a Sectarian Institution, and the religious sect to which it belongs is very powerful and wealthy in this county. Inasmuch as they regarded the Arapahoe County Hospital essential to the life of the medical department of their University, they were deeply interested in the defeat of the re-nomination of the Honorable J. A. Shreve for County Commissioner. For the accomplishment of this object even their clergy stepped out of the pulpit and turned away from their college duties to enter the political arena. They were very active at the Republican primaries, and in some instances were elected delegates to the county convention. We do not blame them for this, for a man who will not provide for his own household

is "worse than an infidel." We are not writing this to reflect upon this body of religious people; far be it from us to say one word to the detriment of this grand denomination which has done so much to lift up fallen humanity and to spread the benign influences of the Gospel throughout the civilised world. We do not—we cannot believe that there was anything personal in the parts they took in this campaign, or that they *per se* have any interest whatever in medicine. Our only object in mentioning it here, is to show that the old school, without foreign aid, could never have restored themselves to power in Arapahoe county.

Third: In the matter of salaries for county and resident physicians and in the cost of medicines and surgical supplies, the old school underbid the homœopathists by the sum of \$600.

These are but a small part of the cost of maintaining a hospital. The real saving comes to such an institution in the thorough knowledge, by its management, of all the details of hospital life. We certainly have a right to feel proud when we remember that it not only took the old school, but the powerful Republican party, the Denver University and a strong religious denomination to dislodge homœopathy from the public institutions of Arapahoe County. The results obtained during the two years that it had control of the medical affairs of the county have been crystallised into history and will not be without their influence in future years.

In closing, I submit, to an intelligent and enlightened public sentiment, that a question of medicine has no more of a place in politics than a question of religion, and that the old school, by carrying it there, have publicly admitted that their system of medicine is no match for homœopathy at the bedside.

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### HOMŒOPATHY AND CHOLERA.\*

By DR. H. GROS.

At the present time, when cholera—that dire disease, the mere mention of which suffices to spread alarm—is raging in two of our large cities on the shores of the Mediterranean, the claims of humanity and science alike imperiously call upon us to proclaim with a loud voice *urbi et orbi*, a truth,

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\* Translated from *Figaro*.



to which the best authenticated experience has long ago set its seal—a truth which the hundred-mouthed goddess has sounded in the four quarters of the globe, and which is, that “*for the prevention and cure of cholera, the only treatment proved to be efficacious is that which homœopathy provides.*” “Homœopathy,” said Hahnemann, its founder, “rests its basis on experience and claims to be judged by facts.” This principle, upon which the law of similars is founded—a system adopted at the present time by more than 8,000 homœopathic doctors and practitioners dispersed over the globe—this principle, we say, has never more brilliantly demonstrated the superiority of homœopathy than in the treatment of cholera.

Comparisons between allopathy and the Hahnemannian system made during the different choleraic epidemics which have raged from time to time in Europe, are wholly in favour of the latter system, at a time when the disciples of so-called orthodox medicine—of State medicine as it may be more correctly styled—invariably lose themselves in fruitless controversies, fighting this scourge by turns with the most diametrically opposite drugs; and, as our honoured *confrère*, Dr. Krüger, humorously remarks, “for ever striking blindly; alternately bleeding, purging, giving emetics, rubbing, pounding, cooling, warming, lowering, strengthening, &c., &c.” The homœopathic school, on the contrary, guided by that inexhaustible law of similars which it owes to the genius of Hahnemann, discovered at once a wholly efficacious remedy.

It is, indeed, shown by the most authentic and best established statistics that this grand fact exists; that whilst more than half of the patients who were treated allopathically succumbed, homœopathy, on the contrary, barely lost at the rate of 1-10th of its patients.

There are also some figures which we are happy to put before our readers, and which we have taken from a very interesting article on cholera by Dr. Krüger, which appeared in his paper, *L'Homœopathe Nimois*, for August, 1883.

Of 14,014 persons attacked by cholera, treated homœopathically, and of whose cases reliable information could be obtained, 12,748 recovered, 1,266 died. On the other hand, of 457,586 persons treated by allopathy, 222,342 died, and 184,044 recovered. Of 42,056 no precise information could be procured.

These figures therefore give for homœopathy a mortality of barely 9 per cent., whilst they lay to the account of allopathy a mortality of nearly 52 per cent.—(epidemic of 1832).

In Austria (Vienna, Ragusa, Pesth, Raab, in Moravia) the statistics collected, during the same epidemic of 1832, by Dr. Roth, Professor of Pathology at the University of Munich, were as follows:—Of 1,269 persons treated homœopathically, 1,184 recovered and only 85 died, which is at the following rate:—

Recoveries ... 93 per cent.  
Deaths ... .. 7 per cent.

During the same epidemic in Russia, the statistics of Dr. Quin, Member of the Royal Institution of London, give the following figures:—1,273 treated homœopathically, 1,162 were cured, and only 11 died. This is at the rate of—

Recoveries ... 91½ per cent.  
Deaths... .. 8½ per cent.

We will not wade through the history of all the subsequent epidemics, of which statistics nearly always give us a mortality at the rate of about 9 per cent for homœopathy, and 52 per cent. for allopathy.

Nevertheless, we could not with regard to these statistics pass over without remark the two following facts, relating to two of our homœopathic colleagues and fellow countrymen.

During the epidemic at Toulon, in 1849, the mortality at the homœopathic ambulance established in that town, and at the head of which was Dr. Pons, only attained the figure of 80 per 1,000; and, again, and so truly observes Dr. Pons, how many were there of those who only sought our advice when it was too late?

During the epidemic at Marseilles, in 1854, of 151 cholera patients who had been placed under the care of the eminent Dr. Chargè, one of the most celebrated homœopathic practitioners in the South of France, 145 were cured. Such figures are most assuredly sufficiently eloquent to make any comment on our part necessary. At the same time we think it useful to add, as an additional corroboration of our argument, the following observations:

Whilst homœopathic treatment everywhere obtained such remarkable success *that of all patients treated at the first symptom of the disease not one died*, allopathy, on the contrary, has always sustained greater losses than when the patients were even left to nature alone.

“The remark has been made,” says Dr. Krüger, “that after the homœopathic treatment of cholera strength and health return with great rapidity, while after other treatment weakness continues for months, and is often followed by some other mortal disease.”—(*Bibliothèque Homœopatique de Genève*).

So much for curative treatment.

As to preventive treatment, besides the usual means of cleanliness, sobriety, &c., which are known to those possessing the most elementary knowledge of hygiene, homœopathic medicine has discovered a preventive treatment no less effectual than that which is curative.\*

We can even say, without fear of being contradicted, that it *protects unfailingly*.

In an excellent popular little pamphlet, published by Dr. Chargé in 1855, and of which a new edition is now in the press, after having pointed out the three medicines which form the homœopathic preventives against cholera, the author expresses himself in these words:

“Experience enables me to declare in the most positive manner that of those who take these preventive medicines, some may sicken and slightly ail, *but not one will have cholera.*”

And now that, upon the strength of the most authentic testimony, we have stated facts supported by figures, to which facts and figures we might add almost indefinitely, it is now to the reason and good sense of the public that we appeal. Above all, let the municipalities of those towns which this scourge is decimating shake off the yoke of old prejudices and blind routine; let them open their eyes to light, and plain and simple truth; and, in view of the flagrant and proved helplessness of allopathic medicine, when confronted by cholera let them have recourse without delay to the proved efficacious treatment of disease by homœopathy. *In the face of public danger there should be no question of clique or mere dogma. One consideration alone should have weight—that of pure humanity.* So that

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\* The writer here refers to the use of Copper.—Eds. M.H.R.

addressing ourselves directly to the town councillors of Marseilles and Toulon, we say to them, most emphatically: "An imperative duty devolves upon you, which is, to call together around you all the homœopathic doctors in France who are willing to fight against and contend with this epidemic, and to confide to those homœopaths—and to them exclusively—the care of the cholera patients in your hospitals and ambulances. Speak only, and at your call you will find brave and scientific men ready to bestow upon their stricken countrymen not only devotion (a virtue which they only hold in common with doctors of all schools and of all systems), but also the invaluable benefits of the only school of medicine which, up to the present time, has indisputably proved that it knows how to protect us from, and also how to cure, cholera. We mean homœopathy."

May our advice be heard and followed by those in whose interests it is given.

## REVIEWS.

*Vaccinosis and its Cure by Thuja Occidentalis*, with remarks on Homœoprophylaxis. By J. COMPTON BURNETT, M.D.  
London: Homœopathic Publishing Company, 12, Warwick Lane, E.C.

From having observed several phases of disordered health follow after vaccination in a number of cases, of which he now reports twenty, Dr. Burnett in this little work endeavours to establish the existence of a morbid state, which he terms vaccinosis.

"Vaccinosis," he writes, "does not express merely the same thing as *vaccinia*, for the latter means the febrile reaction which occurs in an organism after vaccination, with special reference to the local phenomena at the point where the vaccinia pus or lymph is inserted. Sometimes, also, the term *vaccinia* is applied to a general varioloid eruption following vaccination; but here, *vaccinia* is commonly held to end.

"Now all this is included by me in the term *vaccinosis*, but still I do not mean merely this, but also that profound and often long lasting morbid constitutional state engendered by the vaccine virus, which virus we usually euphemistically term 'lymph.' Lymph, of course, it is not, but pus—matter—and why a specific virulent pus should be persistently called lymph seems somewhat peculiar, and is eminently unscientific. As I am a lover of purity, and incidentally also of philological purity, I call this 'lymph' pus, because it is pus and not 'lymph.'"

There will, we apprehend, be a considerable difference of opinion whether vaccination does or does not engender a "profound and often long lasting morbid constitutional state," but there will we imagine be none at all that in asserting as a matter of fact, as one which is beyond question, that the material which a properly instructed vaccinator inserts under the epidermis of a healthy infant is *pus*, and not *lymph*—Dr. Burnett is utterly in error. That he should have committed himself, and in such forcible terms, to so extraordinary a statement is indeed surprising.

Discussing the selection of lymph to be used in vaccinating, Dr. Seaton, in his *Handbook of Vaccination*, says "The lymph must be taken only from perfectly healthy subjects, and from thoroughly characteristic vesicles \* \* \* Prime lymph is always perfectly limpid, and has besides (and no less essentially) a certain degree of *viscosity* \* \* \* It must be taken, according to Jenner's 'golden rule,' before the appearance of the areola, or at all events within a very few hours of its commencement. No greater mistake can be made than that of taking it later, and when the areola is fully complete \* \* \* In the first place it does not take with anything like the same certainty as earlier and more active lymph, and, in the second place, it is more apt to be followed by erysipelatous and spurious results" (p. 108). In the course of further directions, Dr. Seaton says, "If by accident any blood be drawn, this must be allowed to coagulate, and then be carefully removed before taking the lymph; for it is a rule, never to be deviated from, that the vaccination must be with vaccine lymph, and with *lymph only*." (p. 109.)

What is a characteristic vesicle of vaccine lymph? It is plump, round and pearl coloured; distended with clear lymph with a well marked elevation of its margin and depression of its centre (Seaton). Now the inflammatory areola appears and two days later the lymph has become converted into pus, and in three or four more a hard brown scab has formed. During these two days the contents of the vesicle have become entirely changed. What was lymph has become pus. What Jenner proved would produce a condition of health insusceptible to variolous infection (a position substantiated by an enormous amount of evidence during the last hundred years) has become uncertain in its efficacy and liable to be followed by more or less unpleasant consequences.

To be safe and efficient, vaccination, like every other interference with the body, whether surgically or medically, has its conditions. One of them is that the matter used be lymph and not pus. Another is that the child from whom the lymph is taken be in perfectly sound health. When these conditions are

not complied with it is to the vaccinator and not to vaccination that blame attaches for any disturbance of health that may subsequently arise.

On his first page Dr. Burnett says that "the protection from small pox" which vaccination does "to a certain large extent" procure "must necessarily cease as soon as the vaccinated person has slowly returned to his pristine state of pure health." Of this we can only say that there is no evidence.

At page 118 we are told that "in vaccinating a person we are diseasing him; we communicate vaccinosis to him. If he, in addition to the vaccinosis, now get small pox he is the more likely to die the worse he has the vaccinosis." If the latter clause of this sentence is correct the former is necessarily incorrect. The statistics of the Hampstead Small Pox Hospital, 1876-78, show that while of vaccinated persons the death rate was 57 per 1,000, of the unvaccinated it was 468 per 1,000. It cannot therefore be that the 1,000 vaccinated had vaccinosis communicated to them when they were vaccinated, for, according to Dr. Burnett's dictum, they ought to have died in much greater numbers than they did, at least 470 should have done so. In point of fact a small pox patient who has not been vaccinated is rather more than eight times more likely to die from the disease than one who has been vaccinated or, to use Dr. Burnett's words, has had vaccinosis communicated to him.

It is refreshing to turn from these more than dubious pathological statements and speculations to Dr. Burnett's twenty cases. These, though recorded slightly, are both interesting and instructive. They are so, whether we accept what we presume is Dr. Burnett's hypothesis that they were all vaccinated with suitable material derived from healthy subjects, or whether they were *sequela* of what Dr. Seaton terms "irregular" or "spurious" vaccination. This is a point we have no means for discussing; we must therefore assume that the illnesses were traceable to vaccination of some sort or other, as in each case ill health began after "vaccination." In each instance relief was given by *thuja*—a medicine which deserves much more study than we apprehend that it generally receives. Years ago it was advocated as a remedy in small pox on the very slender evidence of a pustule, strikingly resembling the small pox pustule, having appeared on the knee joint of one prover of it. With medicines like *mercury* and *tartar-emetica*, so much more closely resembling variola in their effects, *thuja* had little chance of establishing its remedial claims, and the treatment of diseases of the urino-genital organs and of warts has perhaps been too exclusively regarded as its sphere. Some six or seven years ago, Dr. H. Goullon, of Weimar, published an essay on *thuja* which obtained the prize of the Homoeopathische Central-verein, of

Germany, in which he drew attention to the similarity between the symptoms arising from *Thuja* and those presented in cases where a spurious vaccination has been performed. Of this observation Dr. Burnett has made good use and he deserves our thanks for bringing it under the notice of those of us to whom German is, for all practical purposes, an unknown tongue. He would add much to our obligations to him were he to translate the entire essay for us.

The latter portion of this little book is devoted to the consideration of *homœoprophyaxis*, that is to say, to the prevention of disease, as distinguished from its cure, by the administration, either hypodermically or by the mouth, in infinitesimal doses, of a substance which will produce a disease like that it is sought to avoid. Vaccination and M. Pasteur's experiments are largely drawn upon to illustrate the argument, which is very ingenious and at the same time highly speculative.

Throughout, Dr. Burnett's latest contribution to medical literature exhibits the same thoughtfulness and is expressed in the same attractive style as all his previous writings have been. Whether he will find many to agree with him in all his conclusions is doubtful, but his book is, nevertheless, well worthy of careful study.

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*Two Rare Cases of Exstrophy of the Bladder.* By WM. TOD HELMUTH, M.D., of New York.

*Fourteen Consecutive Ovariectomies.* Third Series. By WM. TOD HELMUTH, M.D., New York.

THESE papers are reprints, the former from the *New England Medical Gazette*, and the latter from the *New York Medical Times*.

The first illustrates, by full reports of two cases, a very ingenious method of surgically remedying a painful and complicated deformity. In the former of these two the patient died, the *post mortem* revealing a condition rendering the fact of his having enjoyed "moderately good health" for twenty-four years sufficiently remarkable. The right kidney was absent—was not even rudimentary; the left measured  $19\frac{1}{2}$  inches in its greatest circumference, at the upper end  $9\frac{1}{2}$ , and at the lower  $12\frac{1}{2}$  inches. Its pelvis was filled with calcareous matter of the consistence of thin mortar, the mucous membrane being dotted with minute calcareous particles that were with difficulty rubbed off. In the second instance the operation was divided into two stages, the second being performed after an interval of three weeks had elapsed from the first, and was completely successful.

Among the fourteen ovariectomies four were unsuccessful. One proved fatal from typho-malarial fever; the *post mortem* examination, however, showed the peritoneum perfectly healthy,

the stump covered with a fibrinous deposit, and the abdominal wound healed.

The other three were cases which none but the very boldest of surgeons would have touched. In one, a colloid multilocular cyst weighing 82 pounds, adhesions were many and vascular; it was "stuck everywhere." In the second the peritoneum was adherent to the parieties of the tumour, and was with difficulty separated, and there were numerous omental adhesions. The tumour was a multilocular semi-solid cyst. The third was also a multilocular colloid cyst, containing fluid of many colours and varied consistency. It weighed 98 pounds, and was adherent everywhere. The tumour had existed for thirteen years, and for a year the patient had been unable to sit up, and could keep no food on the stomach.

Among the ten successful cases there are several which were sufficiently serious to make an operator hesitate; but Dr. Helmuth says: "I have never refused to operate in cases of ovarian cystoma save once, and then I went one hundred miles expecting to remove an enormous tumour, but found the patient dying on my arrival." The chief source of a diminished mortality in ovariectomies among English surgeons is to be found in a careful selection of cases; when any doubt is entertained by the surgeon, the operation is declined. A surgeon who operates in every case must be content to have a larger mortality, and find his satisfaction in the fact that he probably saves some patients his more cautious colleague would leave in misery.

Dr. Helmuth is well-known in New York as one of the boldest, most ingenious, and enthusiastic of operating surgeons. To a thorough knowledge of the science and art of surgery he adds an unwearied industry in endeavouring to extend the boundaries of both, and these two papers well illustrate both his courage and his ability.

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## NOTABILIA.

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### THE BRITISH HOMOEOPATHIC CONGRESS.

THE Annual Congress of British Homoeopathic Practitioners will be held this year in London. By the kind permission of the Chairman of the Board of Management of the London Homoeopathic Hospital, ample accommodation has been placed at our disposal. The Congress will therefore meet at the Hospital, Great Ormond Street, W.C., on Thursday, the 18th of September (not the 11th, as at first arranged), at 10 a.m. punctually.

The business of the Congress will be opened by an Address from the President, Dr. Hayward, of Liverpool, the subject being "*Recent Pathology in its bearings on Scientific Thera-*



*peutics ; involving the question, Can Homœopathic Treatment with Infinitesimal Doses cut short Infectious Diseases dependent on Living Germs? "*

After the President's Address, a short interval will allow the Treasurer to receive Subscriptions.

A paper will then be read by Dr. Hughes, of Brighton, on "*The Materia Medica of the Future,*" and, thereafter, a paper by Dr. R. T. Cooper, of London, on "*Flitwick Water.*"

At One o'clock the President will leave the chair for an hour for Luncheon.

At Two o'clock the Congress will receive the Report of the Hahnemann Publishing Society, proceed to select the place of meeting for 1885, elect officers, and transact any other business which may be necessary.

After this, Dr. Gibbs Blake, of Birmingham, will read a paper entitled "*A Chapter of the Therapeutic Repertory—Nephritis.*" Dr. J. H. Clarke, of London, will then read a paper on "*Arsenic in Organic Heart Disease,*" and Mr. Engall, of London, has offered a paper, should time permit, on "*Syphilis*" Discussion will be invited at the end of each paper.

The members will dine together at the Holborn Restaurant, Holborn, W.C., at seven o'clock p.m., where luncheon will also be provided at one p.m. The subscription to the meeting, including luncheon and dinner is ten shillings.

Dr. Lloyd Tuckey, 14, Green Street, Grosvenor Square, W., is performing the duties of Local Secretary.

#### HAHNEMANN PUBLISHING SOCIETY.

The annual meeting of this society will be held at the Homœopathic Hospital, London, in the evening of Wednesday, September 17th, at eight o'clock.

It is hoped that as many members as can do so will attend.

Gentlemen having reports or suggestions to make should communicate at once with the Hon. Secretary, Dr. Hayward, 117, Grove Street, Liverpool.

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#### LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

A MEETING of the Board of Management of this Institution and the Medical Staff was held on the 24th of July to consider the steps which ought to be taken by the Board in the event of cholera appearing in the metropolis, when it was resolved that should an epidemic occur, the same course should be pursued as that adopted in 1854, and the whole of the accommodation in the Hospital—72 beds—be devoted to the reception of cholera cases.

This resolution has been communicated to the Metropolitan Hospitals Asylums Board. In acknowledging it, the Clerk of the

Board requested to be informed whether any of the members of the staff would place themselves at the disposal of the Board to act as medical officers of temporary hospitals in the metropolis during an epidemic of cholera. Several members of the staff have already consented to do so.

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The lectures in the Medical School department of the Hospital will be opened on Thursday, the 2nd of October next, at 5 p.m., with the annual *Hahnemann Oration*, which on this occasion will be delivered by Dr. Pope, of Tunbridge Wells. The subject selected being *Hahnemann—His Work and its Results*.

The lectures on Practice of Medicine will be delivered by Dr. D. D. Brown, and commence on Friday, the 3rd, at 5 o'clock.

Those on the *Materia Medica* by the gentleman who may be appointed to succeed Dr. Burnett, who has just resigned the lectureship.

### THE REVISION OF THE *MATERIA MEDICA*.

THE chief object in revising the published records of the pathogenic action of drugs is to eliminate from them all observations which have been allowed to creep in without sufficient justification—without sufficient evidence that the effects attributed to them have really arisen from them. A thorough process of sifting the true from the false, the probable from the improbable, is now being gone through upon a definite and well studied plan. We have already referred to the proposals laid before the American Institute at its last meeting, and we are now able to present our readers with that which was after much discussion finally adopted. It is as follows:—

### A CYCLOPÆDIA OF DRUG PATHOGENESY.

BEING A RECORD OF THE EFFECTS OF DRUGS ON THE HEALTHY ORGANISM.

Edited by . . . . .

With the assistance of the following Consultative Committee :

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*Authorised by the British Homœopathic Society and the American Institute of Homœopathy.*

### RULES.

1. Give the scientific name and synonyms of each article.
2. Give the natural order of each article.

3. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows.
4. Give, in presenting virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.
5. Include, as a rule, no drug that has not shown pathogenetic power in two or more persons.
6. Trace back all versions and copies to their originals, and verify, correct, or reproduce therefrom.
7. Give the results of experiments on the lower animals, where of value, generally in abstract.
8. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.
9. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.
10. Include symptoms reported as coming from attenuations above the 12th decimal, only when in accord with symptoms from attenuations below.
11. Omit the contributions of Hahnemann and his fellow-provers in the *Materia Medica Pura* and the *Chronic Diseases*, which are already accessible to the profession, and of which we do not possess the day-books.

#### RECOMMENDATIONS.

1. That the Institute and British Homœopathic Society adopt the plan and rules submitted.
2. That, jointly, the two societies unite in the election of Dr. Richard Hughes, of England, as the editor of the proposed work.
3. That each society elect three members to constitute a joint consultative committee, the editor being chairman of the same.
4. That each society authorise a subscription for one copy of the first year's issue for each of her members, paying therefor the actual cost.

By resolution the American Institute of Homœopathy adopted the plan and rules as presented by the Bureau of *Materia Medica*; and also the recommendations following, with the modification, that it was resolved to have Dr. J. P. Dake placed with Dr. Hughes as an editor of the revised work.

The Institute elected Drs. Conrad Wesselhœft, Boston; E. A. Farrington, Philad., and H. R. Arndt, Grand Rapids, Mich., as a Consultative Committee.

## VETERINARY HOMŒOPATHY.

At the quarterly meeting of the Lancashire Veterinary Association, Mr. Hurndall, M.R.C.V.S., of Liverpool, read a very excellent paper—which is reported *in extenso* in the *Veterinarian* for August—entitled “*Is there a Fixed Law in Therapeutics?*” We have read this paper with much interest. It is, we believe, the second of the kind which has been presented to a Veterinary Medical Association, and has met with a very favourable reception. The first was one read before the Yorkshire Veterinary Medical Association by Mr. McTaggart, of Halifax, in 1865, a full report of which appeared in the *Veterinarian* for November, 1865. How valuable homœopathy has proved in the treatment of the lower animals has long since been demonstrated by Mr. Moore, Mr. Lord, and many others. How urgent is the necessity for a more scientific and rational plan of dealing with the diseases of the horse may be seen any day by dipping into some text book on veterinary medicine. Even in the latest, Professor Robertson’s prosy and long drawn out *Text Book on the Practice of Equine Medicine*, the amount of physicking that horses suffering from acute disease are doomed to go through at the hands of the qualified “vet” is something appalling; while the combinations of drugs suggested are of the most singular and unscientific character. Thus, in addition to giving a horse suffering from catarrhal bronchitis—which probably a few small doses of *aconite*, *bryonia*, and *phosphorus* would cure in a day or two—from four to six drachms of *chlorate of potash* in his drinking water, he is to have  $\zeta\text{iv}$ . of solution of *acetate of ammonia*,  $\zeta\text{j}$ . of *sweet spirits of nitre*, forty grains of *camphor*, and  $\zeta\text{j}$ . of the extract of *belladonna* dissolved in a pint of water! In colic there is nothing like *aloes*! unless it be from one to two ounces of the tincture of *opium*, or a hypodermic injection of between three and four grains of *morphia*! In enteritis, after blood-letting, the disciple of Professor Robertson is instructed to mix in one draught *camphor*, *opium*, and *aconite*—and give that! Surely, if this is the kind of teaching which prevails at the Royal Veterinary College in Camden Town, we cannot wonder that Mr. Hurndall should call upon his professional brethren to consider the question, “*Is there a Fixed Law in Therapeutics?*” In opening his thesis, Mr. Hurndall referred to the uncertain ground on which the selection of remedial agents is based, and sustained his argument that this uncertainty existed and was of the greatest detriment to the scientific practice of medicine by quotations from Sydenham, Paris and George Johnson, of King’s College.

When commencing practice he was so convinced of the uncertainty attending the use of therapeutic agents when employed in the manner in which he had been taught to prescribe them,

that he determined to ascertain for himself whether by diligent study he could not attain a greater degree of certainty. Fixed laws there were in optics, physics, and chemistry, and he could see nothing unreasonable—but something thoroughly rational—in the idea that there was also a fixed law in therapeutics.

A study of homoeopathy had now assured him that there was such a law, and he felt it to be his duty to his professional friends to bring his matured opinions on this pre-eminently important subject under their notice. In doing so he gave them, first of all, a sketch of the life of Hahnemann. He then proceeded to explain the law, pointing out in doing so that it was not one expressing identity between the morbid state set up by a drug and that which was to be cured—but *similarity* only. He next dwelt on the importance of symptoms, arguing that though they did not constitute the disease they afforded the indications of its seat and nature, and were, indeed, the only means we possess of recognising it; at the same time he showed, with much clearness, that it was the totality, the aggregate of the symptoms, and not one or two or three merely that should be our guides alike in the diagnosis of the disease and in the selection of its remedy.

He then alluded to the limitation of this therapeutic law, pointing out that it did not cover the field of injury as it did that of disease, that it did not obviate the necessity for surgical operations, though at the same time it promoted their success by enabling the practitioner, through properly selected drugs, to influence the constitution of his patient in a desirable direction.

In describing the investigation of a case he says:—"Having made an examination of your patient, and from your knowledge of anatomy and physiology determined what organ, tissue, or function is in an abnormal condition, you seek to verify your conclusions by taking into consideration the total symptoms presented, viz., functions of respiration and circulation, the conditions of the tissues, say of eye and ear, the waste of the same by means of the thermometer, and the state of the secretions and excretions. Comparing these as you find them with what you know that they should be, assisted by the sensations experienced in various parts of the body, and you obtain the sum of the phenomena presented, and are in a position to form a diagnosis; but you must be careful not to overlook any obvious symptoms, nor to attach undue importance to some of those that may be most prominent, to the exclusion of attendant symptoms."

Mr. Hurdall then describes the application of the *Materia Medica*. "A gigantic series of experiments was," he says, "performed by Dr. Hahnemann, and issued to the profession in the form of the *Materia Medica Pura*. Now if a healthy person takes a certain drug and experiences effects therefrom, he produces in himself an artificial disease. The phenomena which such a

person finds developed in himself forms the groundwork of the knowledge he can glean as to the action of the peculiar drug. It has been found, by experiments without number, that certain drugs are capable of producing in the healthy subject an aggregate of symptoms very, if not precisely, like those which are presented in specific diseases, and which we have been accustomed to designate under some special term based upon a pathological condition, and further, that under such circumstances the drug capable of producing such an aggregate of symptoms in the healthy is, when administered to one suffering from disease as represented by a similar aggregate of symptoms, the one that will cure."

Mr. Hurndall very properly notices the special difficulties which the veterinary surgeon meets with in applying the law of similars. The horse or cow cannot tell his or her symptoms. Any knowledge then of a large portion of the symptoms is to be obtained only by close observation of the general appearance and movements of the animal. There is also another difficulty, as it appears to us, and that is the limited extent to which drugs have been proved on animals. If it is often impossible to infer the action of a drug on a human being from its effects on a dog, it is no less so to judge of what this action will be on a dog from the effects it has produced on a human being. Strictly and accurately to practise homoeopathy in dealing with the diseases of the lower animals, we need a *Veterinary Materia Medica Pura*. Meanwhile, a great deal can be done in reliance on the drug effects detailed in the *Materia Medica* in use amongst medical men, albeit not with so much certainty as is desirable.

Mr. Hurndall puts the question—one much debated during the last thirty or forty years—the question of the alternation of remedies exceedingly well. "Alternation of remedies" he says, "is sometimes resorted to. Some little may be said in its favour but much more against it. Alternation may be excused, but can never be defended as scientific. For my own part, although for lack of subjective symptoms I have practised alternation in cases where danger was imminent, where immediate help was needed, I candidly confess that the difficulty of establishing a correct diagnosis accounted for the difficulty of at once hitting upon the right remedy—in other words, the fault was in myself, and not in the system."

After being accustomed to consider huge quantities of drugs essential to the relief of equine suffering, the small dose, which alone is necessary when the remedy is selected on a homoeopathic basis, is undoubtedly staggering to a veterinary surgeon educated in the traditions of Youatt, Simmonds, and others; while to that singularly unintelligent specimen of the human race—the groom—it appears too contemptible to be regarded with ordinary care and attention in its administration. Mr. Hurndall,

in dwelling upon this part of his subject, forcibly points out that the therapeutic law is not, as it is often enough declared to be, "nothing more than a system of infinitesimal dosage." "So far as the law itself is concerned," he adds, "it is quite independent of the dose; but it is also a fact that the followers of Hahnemann have proved, by experience, that it is not necessary to successful treatment that drugs should be administered in considerable quantities; nay, more, they have received the most abundantly convincing proofs that doses which are inconceivably small are sufficient to effect cures."

After some further remarks on the same question, he says:—"The matter of the dose must be one of experience. Infinitesimal quantities of drugs, the presence of which could neither be demonstrated by the microscope nor by chemical tests, have been proved capable of curing disease over and over again. This to many has been a difficulty of so startling a character that it seemed incapable of being overcome. To ask a person to accept this doctrine of dosage, who had not fairly tested it, seems very like requesting him to forfeit his common sense; but then there is no getting over the fact that infinitesimal doses have been the means of effecting cures after the administration of considerable quantities of drugs, and also after the do-nothing, expectant treatment had been fully tested and failed; and it does seem, to say the least, unwise to refuse to accept the validity of a cure under such circumstances, because we are incapable of reasoning how it is that an imperceptible quantity of a drug could act."

The sufficient dose of a remedy is, *ceteris paribus* and within certain limits, contingent upon the principle upon which that remedy is chosen. If the principle is antipathic—as when a purgative is prescribed to relieve constipation—it must be as large as is consistent with its exciting the bowels to abnormal activity on the one hand and with doing no material injury to the patient on the other. If the principle dictating the remedy is homœopathic, the dose may be as small as experience has shown is consistent with its influencing a tissue or organ, the susceptibility of which to the influence of such a drug is heightened by disease. This explanation we have always felt sufficiently accounts for the activity of an infinitesimal dose of a homœopathically selected remedy. It would be as irrational to give a large dose of such an one as it would be to give an infinitesimal dose of a purgative. To give five grains of colocynth to open the bowels is reasonable; to give a similar quantity to cure colic would be absurd; yet, in a small dose, few medicines will cure colic more rapidly.

After pointing out the distinctions between pathology and therapeutics, and showing that while the former is a most valuable aid to the practical application of therapeutics it cannot possibly

be accepted as a basis of cure, Mr. Hurndall proceeds to furnish clinical evidence of the efficacy of homœopathy. This he does by giving the results of the homœopathic treatment of cholera. This dread disease supplies abundant evidence of the value of homœopathy; nevertheless, we very much regret that Mr. Hurndall did not rather go to the results of practising veterinary medicine by the aid of homœopathy for his proof of the worth of the system. The opportunities for doing so, both in his own practice and in the published records of Mr. Moore and Mr. Lord, are, we feel sure, ample for the purpose, and that they would have had much more influence with the Veterinary Medical Association than illustrations derived from practice amongst human beings is, we should think, well nigh certain. We hope that he will ere long make up for this deficiency by publishing in *The Veterinarian* some interesting and striking clinical cases of colic in horses, pleuro-pneumonia in cattle, or distemper in dogs—diseases which come every day under the eyes of veterinary surgeons. Such a paper would be of great use, and do much to increase the adoption of homœopathy amongst the members of the College of Veterinary Surgeons.

Mr. Hurndall's essay is, as will be seen from the extracts we have made from it, a very clear and accurate exposition of homœopathy. We congratulate him on having been able to make it at an important professional society, and only wish that the members of the British Medical Association were as ready to learn somewhat concerning a subject they never weary of ignorantly denouncing, and had as much liberality in listening to the setting forth of doctrines they have been taught to ignore, hate, and despise, as the members of the Lancashire Veterinary Association have shown that they are possessed of.

Verily, in the matter of exploring the mine of scientific therapeutics the "Vets." are in advance of the "Meds."

#### THE SOUTH HANTS HOMŒOPATHIC DISPENSARY.

We have received a note from Mr. J. E. Churcher, of Southampton, the hon. secretary of the South Hants Homœopathic Dispensary, requesting us to notice the establishment of this institution.

At a meeting presided over by the Mayor of Southampton, held in that town on the 3rd June, the new Dispensary was inaugurated. The Mayor in opening the proceedings, said that he did not appear as an advocate of homœopathy, because he was unacquainted with it; he hoped, however, that if the homœopathic was found to be superior to the allopathic method of treatment, it would gradually make its way, and become the accepted system of medicine for this country. Dr. M'Connell Reed then delivered an address, setting forth the objects of the institution, and the advantages of homœopathy as shown in



statistics. At the conclusion of this address the following resolutions were unanimously adopted :—“ That strenuous efforts be made in a charitable spirit to provide for the gratuitous medical treatment of the poor who prefer homoeopathy to the ordinary method of practice.” “ That Dr. Reed who has now opened the South Hants Homoeopathic Dispensary, with the object referred to in the first resolution, under the presidency of the Worshipful the Mayor of Southampton, supported by ladies and gentlemen who have subscribed to the Dispensary, be authorised to form a Committee of Management, and apply for further subscriptions towards the carrying on of the work vigorously.” “ That the annual reports of the work done be issued to all concerned.” The formation of the Committee, provisionally, was then proceeded with, Mr. John Churcher accepting the post of honorary secretary, and Dr. T. Oxley that of hon. treasurer. A vote of thanks to the Mayor for presiding brought the proceedings to a close.

TWENTY-THIRD ANNUAL REPORT OF THE  
NORTH WILTS DISPENSARY,

The following is the Report of the Medical Officer of this Institution—Dr. Bodman.

“ Under treatment, January 1888	...	...	...	78
“ Received during 1888	...	...	...	276
				854
				854
“ Patients cured	...	...	...	141
“ much relieved	...	...	...	27
“ relieved	...	...	...	7
“ unrelieved	...	...	...	8
“ died	...	...	...	7
“ sent to hospital	...	...	...	4
“ discontinued attendance	...	...	...	8
“ unreported...	...	...	...	64
“ under treatment	...	...	...	88
				854
“ TOTAL	...	...	...	854

From the same report we learn that Dr. Bodman is about to remove to Bristol, and consequently patients can no longer be attended at their own houses, or in acute illness. Dr. Bodman will, however, visit the Dispensary once a-week. It is to be regretted that a centrally situated market town, which for twenty-three years has always had an homoeopathic practitioner residing in it, should be dependent for medical assistance upon a city at some considerable distance from it.

## ANNUAL REPORT OF THE DEVON AND CORNWALL HOMCEOPATHIC DISPENSARY.

THIS Plymouth Institution is under the medical charge of Dr. Neild and Dr. Reed Cash. The following extract from their report for the past year shows the excellent work that is being done by them :—

“ Number of patients remaining on the books, Decem- ber 31st, 1882	... ..	98
“ Admitted and re-admitted from January 1, 1883, to December 31st, 1883	... ..	1,798
	Total	<u>1,896</u>
“ Of these were cured or relieved	... ..	1,549
“ no report	... ..	118
“ not relieved	... ..	75
“ died	... ..	51
“ under care December 31st, 1883	... ..	108
		<u>1,896</u>

“ Of the above 1,896, 485 who were too ill to attend personally were attended at their homes, and 2,886 visits were paid them. On comparing the figures tabulated above with those of our last year's report, it is at once evident that there has been a considerable increase (302) in the number of patients applying for relief at this dispensary, an increase which, so far as the home visiting is concerned, has been such as to give indication that in the near future it may be necessary to take some steps, however reluctantly, to curtail this branch of the work. “ Owing to the facilities that have been afforded to the poor of purchasing at a nominal sum tickets entitling them to home visitation, a very large proportion of acute and serious cases have claimed our attention. Of these, children of tender years form a large percentage, and nearly half the number included in our year's mortality are of this class.”

## MARSEILLES DURING THE CHOLERA.

BY ONE WHO HAS JUST RETURNED.

THE fashionable streets of Marseilles gave no sign that cholera was stalking in their midst. One did notice a larger number of people in mourning, but for the rest Marseilles was in its usual state. Take the principal streets, the Canebière and the Rue St. Ferréol. In one only nine, in the other only four shops were closed. The cafés are doing a good trade; the bands play, the people amuse themselves and try to forget the cholera. The

Prado, the fashionable drive and promenade of Marseilles, was as animated as usual; as many equipages, as many people, as at any time. One does not miss the 75,000 who have fled, for nearly 800,000 remain. Business is at a standstill, though the banks and offices are open. The harbour is full of shipping, but there is no sound of cranes—none of the bustle of loading and unloading. Every one is idle, the crews sprawling down below, or some of them away drinking, or others sprawling about the docks in the shade, lazily enjoying their enforced holiday. In the cathedral I saw some four hundred women praying, with never a man among them.

But go into the low quarters, then you will notice the difference. At least a third of the shops are shut—some because their owners have taken to their heels, and others have fallen victims to the plague, while some have found that it is immaterial whether their shops are open or shut. Among the worst quarters of Marseilles are the streets, wide and shadeless, on which the sun beats down with relentless fierceness, in the quarters known as Menpenti and Capelette, once to judge from the houses, the residence of respectable people, but now the home of the scum and the filth of the city. The villainous-looking cafes are doing a good trade, for every one drinks, not from thirst but from fear. The shops have a poverty-stricken air about them. Many of them are devoted to the sale of rags, and the sweepings of a city, bones, junk—a collection of pestilence-breeding filth. I put my head into more than one of these wretched hovels. What interiors they were! There four or five squalid wretches, sweltering in the close, fetid atmosphere, would be squatting amongst all this pestilential garbage. Who can wonder that in these two quarters half the fatal cases have occurred? Then, again, there is a quarter of which La Caisserie is the artery, a nest of tenement houses, intersected by tortuous alleys and stench-laden courts, into which the day's garbage was faithfully emptied.

When the cholera broke out at Marseilles, the palace which was built for Napoleon III., forfeited to the Republic, handed over to the Empress after some litigation, and returned by her to the authorities, was turned into an hospital. It commands a splendid view of the harbour, occupies a fine position, and the wards are spacious and commodious. The staff consists of two chiefs, four *internes* (who are not permitted to go beyond the gates), two chemists, ten sisters, and a number of servants. My guide was one of the *internes*, a young English doctor named Bossano, who bravely volunteered for the work for the sake of acquiring experience in his profession. The greatest number of patients in the hospital at one time was 110, but there were only 84 beds occupied on the day of my visit. The recoveries have averaged a third, the deaths two thirds, for the past month; but this excessive mortality

is due to the fact that most of the patients are very ill indeed before they reach the hospital. Taken in a mass, much less than one-half of those who are stricken by cholera die. As we passed from room to room I glanced at the poor creatures. Some were delirious, gabbling incessantly, others lay still, with closed eyes, but conscious enough and apparently painless; the faces of others, again, were distorted with agony. In one ward there lay twelve children. Next the door one of the nuns was nursing a child of eighteen months old. 'It has but a few hours to live,' said my guide. Close by, three beds were occupied by three sisters of the babe, from six to eleven years old. 'They have but a few hours to live,' I heard my guide whisper again. Their father and mother went in one day. Children have but a slender chance of recovery. The doctors took no special precautions. I was offered camphor, but followed the advice of an old sea captain, who said, 'Chew tobacco.' I chewed tobacco going through the wards and in the coffin-room. Nine hours is the average length of the attack. The patient dies in an extremity of cold. After death, the temperature of the body rises to 120 degrees or 125 degrees. This excessive heat causes the limbs to move as if the patient were alive. In about three hours the body gradually stiffens and becomes cold again. It is then buried in the trenches. I made many inquiries, but the doctors keep their theories to themselves. Dr. Koch, I heard, scarcely spoke a word during his visits. They said he kept his mouth shut to keep out the microbes. When the patients are convalescent and fit to be discharged, they receive the clothes which they brought with them, they are well fumigated, and the doctor tells them they are free.

You feel a griping one morning. You tell your friend, if you have one. You are taken to the hospital and consigned to the "observation room," where you probably find others awaiting anxiously the doctor's diagnosis. After a *mauvais quart d'heure* you know your fate. It may be diarrhoea, or you may be in one of the trenches by sunset. There are three stages. One goes in suffering from diarrhoea, gripings, and vomitings. They administer 20 drops of laudanum, and three or four grammes of ether. If you still vomit they give bits of ice in the mouth, and ply you with cooling drinks; stage number one. Stage number two: The extremities become cold, and colic rends the body to pieces. You receive 10 to 15 grammes of *acetate ammonia*, 10 to 20 grammes of *alcohol*; *morphia* is injected twice a day. Probably you cannot breathe. You inhale oxygen. That is the second stage. The third stage is the coffin. Nine hours is the average duration of the attack, but the cases vary. One woman hovered between one stage and the other from July 16 to July 23, and died at last.

As I drove through the poor streets to the cemetery in the dusk the pictures were most striking. At every corner a bonfire was sending up volumes of smoke, which floated slowly up in the gloomy byways. Round the fires were gathered picturesque groups of brigand-like men, with fierce eyes and brawny chests, trying in vain to catch a breath of pure air. Thus every night the process of fumigation goes on. Burial goes on by day and by night. I elected to see the burial by night as being more picturesque and impressive. The burial-grounds in France are leased. If you die your friends lease sufficient ground for a grave, taking it for a term of years—it may be ten, twenty, or a hundred. When the lease falls in, the ground is leased to another customer, unless the contract is renewed for a fresh term of years. If not, your bones are dug up and put with any others into a common pit. It is curious but interesting. But that by the way. No one portion of the Marseilles cemetery is set aside for the poor. The authorities decreed that the walks should be used, so the gravediggers have made a series of trenches, twenty feet long and eight feet deep, each large enough to hold five coffins. During the epidemic trenches have been excavated to hold two thousand coffins. The night of my visit was very dark, and I shall never forget the effect of the avenues of graves, their positions indicated by the dimly burning lanterns, the mournful look of the priest on duty as he passed me to do the last offices of the dead, and the sullen faces of the labourers who carried the coffins.—*Scarborough Evening News.*

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#### PASTEUR ON KOCH.

“We published yesterday,” writes the *Figaro* of the 18th July, “a translation of the *mémoire* sent by Dr. Koch to the Mayor of Toulon.

“This document, which is obviously not in accord with the instructions previously published by the consulting committee of hygiene, has caused a certain amount of sensation in public opinion. As we are already but too inclined to be scared, it was desirable to obtain the advice of the French *savant* before adopting the statement of the German doctor. M. Pasteur, to whom we addressed ourselves, has honoured us by formulating his views in a note, which we reproduce here.

“All the prophylactic measures against cholera which have been made known to us through the press as having been prescribed by Dr. Koch at Marseilles and Toulon, are precisely those which have been recognised ever since—now long ago—it was demonstrated that cholera was transmitted principally by the dejections of choleraic subjects. There is, however, a point entirely new in the instructions of Dr. Koch. He condemns the

watering of streets, the flushing of gutters, and, in fact, asserts that all causes of dampness are favourable to the propagation of the epidemic. We cannot really share this view. In the dust of a street, of a pavement, of a room, of soiled and dry linen, the choleraic microbes exist; if these microbes are so dessicated as to have lost all vitality, no amount of watering will restore it. If, on the other hand, their state of dessication is of such a nature that humidity would favour their revival, it cannot but be useful to moisten them, as they will then be less liable to be carried about as dust by the wind. Thus, if they were left in that state of dryness which has not yet killed them, the least movement might bring them in contact with our mucus membrane, where they would find the humidity necessary to their life.

“The logic of this reasoning appears to us incontestable, and proves to us the shallowness of the opinion of Dr. Koch. Who would dare to enter—either to sleep or to eat—a room, where there had been a deceased choleraic patient, in which have been hung up for several days (with microbes in a state of dessication upon them) linen or clothing soiled by the patient?”

“To complete this argumentation, which does not seem to us to require any comment, the illustrious *savant* has pointed out to us, personally, several critics who he believed would favour Dr. Koch's views.

“The objects soiled by the dejections should be cleaned with dry linen, which must be burned afterwards, says the report. This appears to me impracticable. We very insufficiently clean a vase, or a piece of furniture when using a dry cloth; but it is not possible in this way to clean a sheet or a towel. However that may be, the linen, previously dry, will become wet, so that the danger will have but changed its place.

“Burn it, is added. There again my opinion is different. One is aware that in burning linen, not yet consumed portions may become detached, and are liable to fly about the apartment. I much prefer the linen being plunged into boiling water—the result is the same.

“In fine, Dr. Koch recommends “that the apartment where the choleraic patients have resided should be uninhabited during a period of six days.” Why six days? On what can one base the opinion that danger does not exist on the seventh day? This theory enters the domain of suppositions.

“It is evident that the system adopted by Dr. Koch, is based only on very vague grounds. He is wanting in the clearness and logic and, if I may say so, in the sincerity which has been remarked in the instructions of the committee of hygiene.”

“We act, therefore, very prudently in attaching very little importance to it. To speak frankly, we have made a gross blunder in asking Dr. Koch for his advice. What! We have

Pasteur, we have Fauvel, Brouardel, Proust, Strauss, Roux, and a hundred other eminent practitioners, and yet we consult a German Doctor who seems to have come to us only to have a vest cut out for himself from the lining of M. Pasteur's paletot. Chivalresque sentiments are all very well, but sometimes they become very absurd. We have warmly welcomed the Berlin *savant*, we have aided him in following out his humane researches, and we have delicately made him feel that his nationality was effaced before his high mission. These are sentiments which do honour to the French character, and it is not the *Figaro* that will ever criticise them. But, where was the necessity, we ask, for soliciting him for a contradictory opinion of which we stood in no need ? ”

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#### MISS NIGHTINGALE ON CHOLERA.

MISS FLORENCE NIGHTINGALE has been interviewed, so to speak, by correspondence, on the subject of cholera prevention, by an American paper. Her reply is vigorous and to the point. She considers it as proved that cholera is not communicable from one person to another, but that it is a local disease—an epidemic affecting localities, and there depending on pollution of earth, air, water and buildings. Isolation of the sick, quarantine and cordons are powerless to check the disease, and may indeed be positively harmful by directing attention away from measures that might be useful. To trust for protection to stopping intercourse she believes would be just as rational as to try to sweep back an incoming flood, instead of getting out of its way. The lesson to be learnt, and the motto for every one to adopt is—“ Set your house in order.”—*Medical Times*.

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#### THE FLY PLAGUE.

THE long spell of hot weather we have experienced has not been without its disadvantages, and among these must be mentioned the annoyance caused by flies to both man and beast. Horses have more especially suffered, and their sufferings have been rendered all the more general and acute from the stupid and useless mutilation to which they are subjected in being “ docked.” This consists in the very painful operation of chopping off more or less of their tail, cutting through the coccygeal bones, muscles, nerves, and bloodvessels, and for ever after depriving the horse of one of its beauties and most useful defences against insects, to whose attacks it is very much exposed. This fashionable mutilation, the result of a depraved taste, has now become so common, that, whereas a few years ago very few horses had to undergo it, there is scarcely one to be found which has not had one-half or two-thirds of its tail lopped off by the horse-dealer,

roadside farrier, or veterinary surgeon. Consequently, the agony endured from the operation is trifling in comparison with that which horses experience from the flies, against which they have no protection when subjected to this unreasonable and damaging curtailment. Various expedients have been resorted to, with the view of driving away these troublesome insects, and some of them are worth a trial, as they are likely to be successful. Paraffin, petroleum, or a strong solution of carbolic acid or carbolised oil, may be applied to the hairs of the forelock, mane, and tail, or bits of sponge or woollen cloth saturated with these and attached to the bridle, collar, and crupper strap may be used. A solution of Macdongall's sheep dip answers well when sponged over the skin, as does also Jey's disinfecting fluid. People who ride or drive, or who commiserate their horses when in fly-haunted stables, might advantageously resort to something of this kind, should the creatures suffer from the folly of fashion in being deprived of their tails.—*Lancet*.

#### THE NEW BRECONSHIRE SPA.

THE water of this Spa has had a local reputation in strumous and glandular disease for a long series of years. It is, however, only quite recently that it has become more generally known, and that the facilities for reaching it and the accommodation in its neighbourhood for visitors have been sufficient to render it attractive as a resort for invalids.

Llangammarch is situated between Builth and Llanwrytd, and is easily reached from Brecon by the London and North Western Railway. New buildings have been erected, walks have been laid out, and other improvements made, and the wells were recently re-opened with a good deal of ceremony.

Mr. W. Smith, of Eppynt House, Llangammarch, has had the water analysed by Dr. Duprè, of the Westminster Hospital, with the following results:—

“The water is clear, of very slight saline taste, and holds but little carbonic acid in solution, and contains per gallon—

Chloride of Sodium	... ..	189·56
„ Calcium	... ..	84·56
„ Magnesium	... ..	24·81
„ Barium	... ..	6·26
Carbonate of Calcium	... ..	2·80
Silica	... ..	1·40
Protoxide of Iron	... ..	trace
Potassium	} ... .. numerous traces	
Strontium		
Lithium		
Bromine		

“The water as regards organic impurity is of good quality, as



is proved by the small amount of albuminoid ammonia yielded, and of oxygen absorbed from permanganate.

	Grs.
Ammonia ... ..	.0200
Albuminoid Ammonia ... ..	.0056
Nitric Acid ... ..	none
Phosphoric Acid ... ..	traces
Oxygen absorbed from Permanganate	.04'

The special feature of this Spa is its containing the *chloride of barium*—a salt not found in any other British mineral water—and one only met with at the springs of Kreuznach, in Germany.

A water so adequately supplied with lime, silica, and barium is, we can easily understand, of great value in disorders depending upon a scrofulous diathesis, and is assuredly one well worthy of careful study.

#### WOMEN AS PHARMACISTS.

THE *Philadelphia Medical News*, July 19th, states that Louisville has established the first school for educating women in pharmacy, and this has recently observed its annual commencement. The address delivered on the occasion by Dr. Yandell, contained some wise and practical remarks, informing the graduates that as they had entered into competition with men, they must expect just the same treatment that men give to their fellows:—You have chosen to align yourselves with man, you have become his competitor for bread—his rival in work; look out for no other treatment than he gives his fellows. The lines of commerce are merciless, and true banking knows no friends." "This truth," the *News* observes, "is of great importance, and we sometimes think it is not sufficiently appreciated by those who enter this contest, whether in the professions or trades hitherto occupied exclusively by men. Undoubtedly woman possesses faculties which peculiarly adapt her to pharmacy, and her success she alone must determine. It is well that the experiment is being tried, for the just tendency of the time is to demand more and better paid work for women."

#### HECLA LAVA.

WE have recently made enquiries in various directions for a supply of Hecla lava, and without any success. The original stock was we believe supplied by Dr. Garth Wilkinson and can now only be obtained in the 2nd dec. trituration. It is a very promising remedy in some bony enlargements, and especially in reducing splints in horses. If any of our readers are making a trip to Iceland this summer, and could procure us a few pounds of the lava from the mountain—not in Reykiavik—we should be much obliged to them.

## CORRESPONDENCE.

THE REVISION OF THE *MATERIA MEDICA*.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN.—Will you allow me, through your pages, to address my colleagues on the subject of the revision of the *Materia Medica*, now taken in hand (as you have announced) by the American Institute of Homœopathy and the British Homœopathic Society. This great work can only be accomplished with the assistance of all interested in it. As British editor, I write to ask help from those practising homœopathy in this country. We want, besides original provings and observations, collections of pathogenetic effects, references to results of poisoning and over-dosing, and so forth. Many will have such in their note-books; others could aid us by reading medical treatises, journals, transactions, &c., and extracting all that bears upon our subject. We further want information regarding our extant provings, bearing, *e.g.*, upon their trustworthiness, or such as shall render them more intelligible. If any one has published provings in schema form only, we should be glad to have the day-books of his provers. We shall also welcome criticism of our present material, in aid of that which we ourselves have to exercise in the process of sifting it. Lastly, we need volunteers for translation and copying. If every one will feel himself responsible for doing what he can towards this important undertaking, the result will be alike more valuable and more generally satisfactory.

We hope to issue, by the end of this year, a first part, containing the medicines as far as *Agaricus*, including the acids. It is concerning these, therefore, that contributions are most immediately needed, but everything will be welcome.

Yours very faithfully,

RICHARD HUGHES.

Brighton, August 5th, 1884.

## OUT OF THE WAY REMEDIES.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—The profession is indebted to Dr. Lloyd Tuckey for his report of two cases of cystitis cured by *asparagus*, which contains several symptoms new to that remedy. I have added them to my interleaved copy of Hering's *Guiding Symptoms*. From this invaluable work I copy the following important clinical symptoms of *asparagus*:—"When urinating, particularly when

voiding the last drops, rheumatic constricting pains in cardiac region, forcing him to cry out; turns blue in the face," (a case of dropsy of chest). I trust the profession will take Dr. Tuckey's hint, and report all good cases cured with the "out of the way" remedies. By this means their pathogeneses will be verified, and attention directed to their frequently mentioned characteristics. *Pothos fatidus* is one of these remedies; I have only had to use it three times, but on each occasion it did good. Have any of your readers any cases to report?

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

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### THE PROMOTION OF QUACKERY.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—In the last edition of Ruddock's *Stepping Stone to Homœopathy*, an advertisement appears which I enclose for your perusal. This advertisement sets forth that Mr. J—— is "the oldest and most experienced consulting homœopathic practitioner in the town or county of L——," &c., &c.

It is of no consequence to the Homœopathic Publishing Company, who are responsible for the insertion of this announcement, that the Mr. J—— is unqualified, and carries on his trade in a town in which homœopathy is ably represented. It is of no consequence to the Homœopathic Publishing Company that the insertion of such an advertisement in a work designed by its author to increase the public knowledge and respect for homœopathy, is likely to injure and degrade it. They are paid for the insertion, and they are satisfied.

But it is as well that homœopathic practitioners should understand the kind of stuff they may unwittingly be the means of placing in the hands of the public. For my own part I shall be very cautious before I again recommend a book published by this Company.

I am,

Yours respectfully,

PERCY WILDE, M.D.

Bath,

August 28rd, 1884.

[We believe that the person who advertises himself in the attractive style quoted by Dr. Wilde has never studied medicine at all, in the sense in which a man is usually said to have done so. His chief connection with homœopathy was, we have understood, his being butler to a well known London physician who died some years ago!—Eds. *M.H.R.*]

## ERRATA.

Owing to Dr. CASH's absence from home, the corrected proof of his paper on *Locomotor Ataxia* was not received until after the last number of the *Review* was published, consequently the following errata require notice.

For J. MIDDLEY CASH, M.D., on page 468, read A. MIDLGY CASH, M.D.

Page 469, 4 lines from the top, for *groin* read *jaw*.

Page 469, 7 lines from the bottom, for *for* read *on*.

Page 471, 24 lines from the top, for *nitrate* read *nitrite*.

Page 472, 8 lines from the top, for *exterior* read *extensor*.

Page 472, 10 lines from the top, for *sineuwy* read *sensory*.

Page 478, 2 lines from the top, for *less work* read *but little*.

We would avail ourselves of this opportunity of stating that our contributors would save themselves the disappointment of seeing errors in their published papers if they would uniformly read their proofs through carefully, and return them to the printers by the earliest post after receiving them.

## NOTICES TO CORRESPONDENTS.

\*. \* We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. C. L. TUCKEY, Dr. HAMILTON, Dr. BERRIDGE, Mr. ENGALL, and Mr. CROSS (London); Dr. HUGHES (Brighton); Dr. HAYWARD (Liverpool); Mr. FOSTER (Scarborough); Mr. SMITH (Langammarch, Brecon, &c.); Dr. McCONNELL REED (Southampton); Mr. H. TURNER (London).

## BOOKS RECEIVED.

*The Therapeutics of Intermittent Fever.* By H. C. Allen, M.D. Philadelphia: Boericke & Tafel. 1884.

*The Annals of the British Homœopathic Society and of the London Homœopathic Hospital.* August, 1884.

*Ars Medici: An Essay on the Doctor's Art and its relation to Science.* By John H. Clarke, M.D. London: H. Turner, 170, Fleet Street.

*The Homœopathic World.* August.

*The Chemist and Druggist.* August.

*The Students' Journal and Hospital Gazette.* August.

*The Monthly Magazine of Pharmacy.* August.

*The Thirty-fourth Annual Report of the London Homœopathic Hospital.*

*The North American Journal of Homœopathy.* New York.

*The New York Medical Times.* New York. August.

*The American Homœopath.* New York. August.

*The New England Medical Gazette.* Boston. August.

*The Hahnemannian Monthly.* Philadelphia. August.

*The Medical Advance.* Ann Arbor, Mich. July.

*The Medical Era.* Chicago. August.

*The United States Medical Investigator.* Chicago. August.

*The St. Louis Periscope.* St. Louis. July.

*Therapeutic Gazette.* Detroit. August.

*Bibliothèque Homœopathique.* Paris. June.

*Revue Homœopathique Belge.* Brussels. June.

*Bulletin de la Société Médicale Homœopathique de France.* Paris.

*Revista da Sociedade Homœopathica Bahiana.* Bahia. Nos. 1-4.

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## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE BRITISH HOMŒOPATHIC CONGRESS, 1884.

ANOTHER Congress of Homœopathic Physicians has come and gone, leaving behind it the memory of a large, pleasurable and useful gathering.

The *Address* with which the PRESIDENT opened the proceedings most appropriately dwelt upon the germ theory of disease. The meaning of this theory was clearly set forth, and it was shown with considerable force that, however true it might be, however suggestive of the measures necessary to be taken to prevent the occurrence of disease, it gave no assistance whatever in the selection of remedies for its cure. In short, this very theory shows, as clearly as anything well can do, that to look upon a pathological basis as the ground-work of drug prescribing is a fallacy. Pathology not only may be, but is indeed essential to the study of "preventive medicine," to the dieting and nursing of a patient, to the study of climatology in connection with disease, but it never has and never can suggest reasons for the prescription of drugs. Their use must be dictated by a theory which is therapeutic.

It follows, then, that however true the doctrine may be—that different diseases depend upon the presence in the

blood or tissues of bacteria or bioplasts—the selection of the medicine must be guided by its power to simulate, in its effects upon healthy persons, those supposed to be produced by the living germs, as represented in the symptoms of the patients.

It is well that a clear exposition of the influence which the present fashionable pathological theory may be supposed to have upon homœopathy should be given—and Dr. HAYWARD is entitled to our thanks for having done this so fully and distinctly as he has done.

Dr. HUGHES gave an interesting account of the manner of proceeding which is being adopted in revising the *Materia Medica*. It was generally felt that in this revision a very important step had been taken, and one which, by purging our records of the effects of drugs upon health of all doubtful and redundant matter, would be eminently useful. How far it will assist the practitioner in selecting a true *simillimum* remains to be proved. For our own part, we fear that the real value of the Hahnemannian *schema* will only be felt when we are compelled to work without it. An index will, undoubtedly, do much to compensate for the lack of it, and the nearer it approaches the form of the *schema*, the more valuable will it be. But for this we must wait until some three or four hundred drugs have been reported upon, and this will probably occupy several years.

Between the *Materia Medica* presented after the manner proposed by Dr. HUGHES and that adopted by the HAHNEMANN PUBLISHING SOCIETY, there is of course a wide difference. The latter is as exhaustive as it can be made; the former aims only at presenting the practitioner with the essential facts of drug pathogenesis in as compact a form as is consistent with therapeutic utility. We trust that both

works will be proceeded with as rapidly as is compatible with accuracy and thoroughness.

After luncheon Dr. COOPER introduced a new medicine to the notice of homœopathic practitioners in the form of a natural and exceedingly strong solution of iron known as the Flitwick water, derived from a spring near Ampthill, in Bedfordshire. While a great deal of the information Dr. COOPER had to give was both interesting and useful, the paper—only a portion of which was read—was about three times too long for presentation to a meeting of this kind, and consequently any discussion of it became impossible.

Dr. GIBBS BLAKE'S paper, which gave a sketch of a plan for *The Therapeutic Part of the Repertory*, was one of considerable importance. We hope to publish and to make some remarks upon it in our November number. We feel sure that a work, prepared after the manner proposed by Dr. BLAKE, would prove to be of the greatest possible value to the practitioner; and, in proportion as it did so, would it tend to further the more general adoption of our therapeutic method throughout the profession. It is one, moreover, which might be undertaken with every advantage by a number of medical men, to whom the preparation of it would form as good a method of study and reflection upon their reading and experience as they could adopt.

On Dr. CLARKE'S contribution on *Arsenic in Organic Heart Disease* we abstain from commenting, as owing to the unusual length of time occupied in the discussion of matters of general business, and by the reading of the two preceding papers, it was only partially read. It will, however, appear in our November number, and we feel sure will afford matter well worthy of attentive consideration.

Long as the time was which was consumed by the discussion of the next place of meeting, we do not regret

it. The free interchange of opinion which then took place, on a matter which has always been a *questio vexata* at our Congresses, did much, unless we are very much mistaken, to render it more easily soluble in the future than heretofore.

It is exceedingly natural, and very proper too, that medical men residing in towns of interest, either from an historical or a climatological point of view, should desire to gather their professional brethren around them, and endeavour to entertain them; but, on the other hand, it must ever be remembered that the primary object of these meetings is to attract as large a number of actively engaged practitioners of medicine as is possible. To such gentlemen every hour is of importance, and a long railway journey is just so much time lost. Hence, to secure a full meeting it is, in the first place, essential that the locality should be the one which is most easily reached by the greatest number. This is a matter, in the discussion of which, mere sentiment ought to have no place.

Notwithstanding that it is far from being centrally situated, London is more accessible than almost any other place, while, at the same time, it is that town which has a greater number of attractions to the majority than any other. Hence it is in no way surprising that a very strong feeling was distinctly expressed that in the future every other Congress should be held in the Metropolis, and that the alternate meetings should take place in such places as Birmingham, Leeds, Liverpool or Manchester—towns in direct and frequent communication with all parts of the country. It is in London, or in one or other of the towns we have named, that all our best and most successful meetings have hitherto been held.

Next year, it is true, it was resolved to go to Norwich, a city which has, in the past, had but indifferent means of



access from most places, but we believe that the railway extensions of late years have rendered it more easily reached. That it is a city of great historical interest is unquestionable, and we hope that this will more than counterbalance any difficulties some of our colleagues may find in travelling there.

The dinner, with which the proceedings terminated, was one of the best Congress dinners we have attended. We were cheered by the presence of our American brother, Dr. LUDLAM, of Chicago, who has been present on two similar occasions before, and we trust will frequently be so again.

In responding to the toast of "Our Hospitals," Major VAUGHAN-MORGAN, the active and thoroughly business-like treasurer of the London Homœopathic Hospital, gave a most gratifying account of the financial position, and general usefulness of that important institution, and at the same time brought into greater prominence than previously, the valuable aid the Nursing Institute connected with it is calculated to supply to practitioners of homœopathy.

Whatever our opponents may say, however, much consolation they may derive from prating about the decadence of homœopathy, this, the latest British Homœopathic Congress conclusively proves that there is a wonderful amount of vitality in homœopathy yet; that the efforts which are being made to develop and extend the resources for practising homœopathically were never more considerable, never excited greater interest than they do now. As long as this is the case we may rest assured that homœopathy will flourish, and the more earnestly and carefully this kind of work is carried on the more speedily will the homœopathic method supplant every other species of therapeutics throughout the entire profession.

RECENT PATHOLOGY, IN ITS BEARINGS ON  
SCIENTIFIC THERAPEUTICS; INVOLVING THE  
QUESTION—CAN HOMŒOPATHIC TREATMENT  
WITH INFINITESIMAL DOSES CUT SHORT  
INFECTIOUS DISEASES DEPENDENT ON  
LIVING GERMS?\*

By J. W. HAYWARD, M.D.

GENTLEMEN,—It is my privilege to welcome you to-day to the fourteenth of the second series of our British Homœopathic Congresses. I do so very cordially, and for several reasons. Amongst others, for mutual encouragement in the fulfilling of our duty as trustees of the homœopathic doctrine and method; for mutual professional profit; and for mutual social pleasure. And I also bid you welcome to this meeting because we are, by being excluded from the British Medical Association, denied our rights of sharing in the annual gatherings of the profession to which we belong.

Thanks, however, to the revelations of science and the teachings of clinical experience, which are continually furnishing fresh evidences of the truth and wisdom of our doctrines, bitter persecution by our colleagues of the old school is being replaced by that sincerest form of flattery—imitation. Our method is being adopted and our material appropriated to an extent that would be most gratifying to us were our colleagues sufficiently honourable to admit the source of their newly-acquired therapeutic knowledge and means. Surely, under the circumstances, the ban of exclusion cannot be much longer maintained! But whether it can or not, let us continue to exhibit towards our colleagues a strictly honourable and professional bearing.

Since our last meeting, owing to their numbers and leisure, and by means of their monopolising the privileges of the profession in the shape of University, Collegiate, Hospital and Government appointments, the members of the old school in this country have made considerable progress in surgery and pathology; and some little in medicine also. In medicine, two main features have been predominant, viz., eager pursuit of living germs as the

\* The Presidential Address at the British Homœopathic Congress, held in London, September 18th, 1884.

cause of disease, and desultory pursuit of the physiological effects of drugs; the latter by crude experimentation, in imitation of our provings, which they had previously ridiculed.

In the new school we have had to mourn the loss of two of the veterans of medical reform, viz., Dr. Hilbers, whose strong intellectual and sympathetic social, faculties commanded respect for homœopathy wherever he went; and Dr. Madden, to whose high moral and intellectual endowments both the literature and practice of homœopathy are greatly indebted; and whose address, as President of the Congress at Oxford was, to my mind, one of the most convincing expositions of the scientific basis of homœopathy that has appeared in any language. These are some of our losses: what are our gains? Let us hope that their places are being filled by recruits worthy to occupy them: men who will feed the homœopathic cow as well as milk her. Let our young men look to it that they be not drones, or mere sponges, but worthy followers of the great men that have gone before, even though their being so should call upon them to render some sacrifices at the shrine of professional honour and duty.

The chief progress amongst ourselves has been, as it ever should be, in *Materia Medica* and *Therapeutics*. These are, in fact, peculiarly our sphere. To us, indeed, is committed the perfecting of these branches of our profession. And it is, therefore, very proper that much time and attention have been given to the subject of *Materia Medica*, not only in this country but also in America and France.

The first thing required by the preparers of a suitable *Materia Medica* is, of course, a collection of pure pathogenetic material in the form of poisonings and provings, shorn of all redundant and doubtful matter, as proposed by Dr. Hughes and adopted by the British Homœopathic Society. And it will have been observed by the notice in the *Monthly Homœopathic Review* for last month that the "Bureau of *Materia Medica* and *Provings*" of the American Institute has joined the British Homœopathic Society in an attempt to make such a collection, which is to be issued in parts, free to the members of the two societies, under the title of *A Cyclopædia of Drug Pathogenesis*. This cyclopædia will be of great value to the medical student in studying the physiological action of drugs; but

it will not meet the requirements of the medical practitioner in his daily work of prescribing, because unprovided with any means of practical application; and it will be no substitute whatever for the *Materia Medica*, properly so-called. It will, however, serve for all future time as a trustworthy source of drug effects from which those engaged in setting forth these effects in forms convenient for the use of practitioners as well as students may draw reliable, and perhaps otherwise inaccessible, material. It will also have been observed by a review in the last number of the *British Journal of Homœopathy*, that in France a volume of *Materia Medica* has been published under the editorship of Dr. Jousset. This, also, though not without value, falls far short of what is required. In our own country, in accordance with the arrangements come to at the Edinburgh Congress, our efforts have been directed to the preparing of a *Materia Medica* adapted to the wants of both student and practitioner. For the *student* the pathogenetic material has been presented in the original poisonings and provings, merely shorn of all redundant and doubtful matter, with critical and explanatory comments on the general and topical action of the drugs; and for the *practitioner*, a register of the effects on the various organs and regions of the body has been constructed, with indexes, and with references to the lines of the poisonings and provings, to enable him without difficulty or loss of time to find any particular symptom, with all its natural relationships; and added to these are therapeutic hints, comments and clinical confirmations. A specimen volume has been published displaying several samples, and this, it is hoped, our practitioners will purchase and use; and it is desired that they will give the compilers the benefit of their criticisms for future guidance. It is probable, therefore, that before long a *Materia Medica* will be forthcoming that will not only serve the purposes of the student and practitioner of the new school, but will also command the respect and acceptance of the student and practitioner of the old school. Dr. Hughes will, to-day, ask for your opinion on this "*Materia Medica of the Future.*"

At the present stage of the reformation in Medicine it is unnecessary for me, on such an occasion as this, to dwell on the question of what homœopathy is, or on the grounds of our faith in it, or on its origin, its progress, its truth, or its scientific character; or on the wisdom of using one medicine at a time; or on the necessity, the advantage, or

the scientific and practical value of the small dose used in the curing of diseases and the proving of drugs. All these topics have been sufficiently enlarged upon in previous presidential addresses, and have been amply demonstrated in our literature and practice; in fact, they have been so expounded as to have carried conviction to the mind of many of the less prejudiced amongst the adherents of traditional medicines, and those who have not been afraid to look into our theory and practice. This is seen in the adoption, though secretly, of some of our remedies, and of our mode of applying them. Homœopathy is, in short, leavening the whole lump of the profession, and assuredly becoming the therapeutical system of the future. This absorption of our remedies and mode of practice, together with the abandonment of bleeding, blistering, salivation and other heroic measures, has lessened the contrast between the old and new schools, and has so far diminished one of the reasons the public had for preferring the new school practitioner. Imperfect as this empirical method is, we rejoice to see it, because of the immense benefit rendered to the patient-world by even this mere guesswork homœopathy. We must, however, remind ourselves that this adoption of crude homœopathy by old school practitioners makes it all the more necessary for us to give our patients the advantage of true and scientific homœopathy; to be careful to keep ourselves familiar with the details of the *Materia Medica* and the practical use of repertories; to be abreast of the science of the day, and equal to old school practitioners in all scientific and even empirical and domestic practical helps.

After considering on what subject I might with greatest advantage address you, I have concluded that I should best answer the purpose for which you placed me in this honourable position, and best serve the interests of our profession, by laying before you a few thoughts on the pathological doctrine now occupying the medical mind, viz., the *germ theory of disease*, and its bearings on the treatment of disease, under the title of "Recent Pathology in its bearings on Scientific Therapeutics," putting emphasis on the adjectives "recent" and "scientific."

Pathology and Therapeutics, as such, like TENNYSON'S *Brook*, "go on for ever," but the views entertained thereon—at least by the majority of the profession—"come and go," and are continually changing. At one time diseases were to be treated with anti-spasmodics,

because they were supposed to depend upon spasm of the capillaries; at another they must be met by anti-phlogistics, because inflammation was at the bottom of all morbid processes, and bleeding, purgation, and starvation were the order of the day; at another time tonics must be used in all cases, because asthenia was the root of all disease, and tonics, stimulants, and beef tea must be poured into the luckless patients, whether the system could appropriate them or not; whilst at the present day, disinfectants and germicides, such as mercuric chloride, thymol, benzoate of soda, creosote, benzoic acid, salicylic acid, carbolic acid, eucalyptol, quinine, sulpho-carbolates, hypophosphites, and such like substances are the means to be used, because minute living organisms, or "germs," are credited with being the cause of almost all the diseases that flesh is heir to. And yet, as homœopathic physicians well know, throughout all time diseased processes have remained the same, and have required the same treatment! Morbid processes were the same when the almost universal treatment was anti-phlogistic as they were when it was anti-spasmodic, and when it was stimulant and tonic; and they are the same now, although anti-spasmodics, anti-phlogistics, and tonics and stimulants have been abandoned in favour of germicides; and, moreover, they will be the same when germicides have in their turn been given up under the influence of some new pathological *ignis fatuus*, which history teaches us to look for in the not far distant future. Many and great have been the disappointments caused by the fallacy of these supposed discoveries, and by the eager pursuit of these pathological will-o'-the-wisps—this search for the medical "philosopher's stone;" and yet, for all these, the search still goes on, as though there had never been any disappointment at all! Even experience does not make medical fools wise. And, moreover, many have been the victims that have been actually slain in this pursuit, and many more who have been rendered helpless and miserable for the remainder of their lives; while to the same source must we look for the origin of such vicious and destructive habits as laudanum-drinking, periodical venesections, calomel powders, morphia injections, bromide and chloral intoxication, and alcohol drinking and drunkenness, each and all of which have for several generations been undermining the health and morals of the British people. From these, emancipation is only just now

being achieved under the united efforts of the followers of Hahnemann, Sir John Forbes, and Dr. B. W. Richardson, assisted by the revelations of science and the lessons taught by physiology and clinical experience. No wonder that Hahnemann should inveigh against these crude and dangerous pathological speculations, or at least against their being made the basis of the treatment of disease; it would have been no wonder, indeed, had he become somewhat intoxicated by the greatness and beneficence of his own discovery, which put a stop at once and for ever to any even seeming necessity for the spinning of such pathological cobwebs for the purpose of the treatment of disease. And yet, strange as it may appear, and notwithstanding all these failures, disappointments, and exposures, even yet, another pathological speculation—the germ theory of disease—and another method of treatment, based on it, have been advanced even at the present day! The treatment of disease has consequently been made to assume another new phase! The unsophisticated practitioner must now ignore all he has learned about anti-phlogistics and tonics, and put in practice the new treatment with disinfectants and germicides. But with what practical result? Very little, for experience has already begun to prove the futility of such treatment, by showing that no substance is able to kill germs in the body without killing the patient too; no, nor even to kill the germs existing in a local disease, without also destroying the part in which they are embedded! When will the profession learn wisdom on this matter? When will it see that the cure of disease is *not* to be based upon a pathological theory? It would appear as if the old-school physicians could not treat disease except through some pathological theory; with them it is not the patient, but some supposed pathological state, that is the object of cure; in this instance it is a germ that has to be killed. Truly scientific physicians, however, know well that the human body is neither a chemist's test tube in which one poison may be neutralised by another, nor yet a battlefield for a trial of strength between the causes of disease on the one hand and the medicines provided by the apothecary on the other.

They are well aware that pathology is but disordered physiology, disease only disordered health, and morbid action simply disordered healthy action. They know, also, that there is a tendency in nature herself, not only to con-

tinue normal action but to recover it after it has been distorted by some external cause; and, further, they are well aware that the restoring of normal action is nature's own work, not the physician's. Why, then, it may be asked, should we, as practical physicians, trouble ourselves at all about the theories of pathological speculators? Truly, why? Simply, I think, because it is possible there may be some degree of truth in some of them; and as we belong to the medical profession, the members of which practise an art based upon progressive science, it behoves us to note all its struggles after perfection. The germ theory then having been broached, it behoves us to carefully examine it, and to form some estimate of its claims to acceptance and of its bearings on the treatment of disease, and to endeavour to ascertain whether it is based on a greater amount of truth than previous interpretations of morbid action, or if it is destined, as they were, to do much damage to mankind and then pass away into the region of forgetfulness, leaving behind, as they did, a wreck of disappointed pathological speculators and maimed and degraded humanity. We should enquire:—Has this last new theory really anything in it likely to be of service to mankind—to help either physician or patient? And if it has really some truth in it, what is the truth, and what bearing should it have on scientific therapeutics? These are questions well worth a careful consideration in this general assembly of *scientific physicians*.

What then is the germ theory of disease? In examining this theory let us first of all enquire what is a *disease germ*? According to one of the greatest authorities on this question—Dr. Lionel Beale—every germ, whether vegetal or animal, for there are both, every germ comes from living or germinal matter, and from this only; it is an independent particle of germinal or living matter. It may be of extreme minuteness, even less than the hundred-thousandth part of an inch in diameter, but, if living matter, it is a germ. This minute living speck may take up lifeless or dead matter and convert it into living matter like itself, and thus grow. It may then divide and subdivide so as to multiply a millionfold within a few hours. It may give rise to successive generations of new particles or germs having similar powers or properties to itself, or, under altered surroundings, there may emanate from it particles of a higher or lower type, that is of an abnormal character or construction—distorted or morbid germs with perverted



vital activity and a tendency to grow into morbid structures. [*Vide, Disease Germs, 2nd ed., p. 10.*] The matter of which these germs are composed is protoplasm or bioplasm, which is a transparent, structureless, semifluid, clear matter, having the same microscopic appearances in both vegetables and animals. "There is," says Beale, "no possibility of identifying the different kinds of bioplasmic matter under the microscope; the most minute living particles of a living vegetable organism exactly resemble those of an animalcule, or those which may become developed into beings still higher in the scale, and these cannot be distinguished from particles of bioplasm derived from the living matter of pus, or white-blood corpuscle of man himself." [p. 35.] Vegetable germs are named "bacteria," and animal germs are called "bioplasts."

Stated briefly, then, it may be said that the germ theory—that is, the latest, the present day pathological speculation on the nature of disease—is, that many diseases, at least many infectious and contagious diseases, depend upon (arise from, are caused by) minute living morbid particles called germs, which find their way into the body and into the blood. As to zymotic diseases, for instance, it is held that living pathogenetic germs or their spores having made their way into the blood, and found material suitable for their nourishment (unless prevented by treatment), they, at the expense of this material, grow and multiply in the blood and tissues at the rate of many millionfold per day, until they have exhausted this material, as the yeast germ does in the wort; and, having exhausted it, or replaced it by some of their own products, they cannot live any longer, so they die; and if, after this the blood and nervous system are left in a state capable of carrying on the vital processes the patient recovers, if not he dies: the disease itself being the commotion produced in the system, either by the presence of these germs as foreign bodies in the blood, or by the loss of the material they have appropriated, or by some ferment they have produced. Dr. Beale says:—"Among the most fatal diseases from which man and the higher animals suffer are those which are called contagious or infectious. These depend upon a poison, which, having entered the body, grows and multiplies there in a marvellous manner peculiar to matter which is alive. The living poison may be introduced into our bodies in the air we breathe, in the water we drink, or in the food we eat; and may

possibly also gain access to us by the pores of the skin." [p. 85.] And referring to the pathogenetic germs (there are both pathogenetic and non-pathogenetic) he writes : "They are *living*, and increase as living particles alone increase. They grow, they feed upon the nutrient juices of the organism and upon the tissues, and in some cases flourish at their expense and destroy them. The poison which enters may be so infinitesimal in quantity that it can neither be measured or weighed, nor, under ordinary circumstances, seen ; but having gained access to the blood and tissues, it increases to such an extent that in many cases sufficient is produced in one subject to infect hundreds of persons, the population of a town, or even a whole country." [pp. 1 and 2.]

It is further held that the germ theory affords, and is the only one that does afford, a satisfactory explanation of the phenomena of the zymotic diseases—of their origin by infection, of their incubation, their specific character, and their definite cause and progress, as well as of the subsequent immunity from future attacks, and of natural and acquired immunity in general. The incubation period is the time occupied by the growth and multiplication of the germs to the point of intolerance ; the disease is the period of struggle between the germs and the vital powers of the individual ; the convalescence is the recovery of normal action and repair of the damage done, whilst the immunity is the resulting somewhat permanently altered vital action, or altered construction of the blood.

Now all this is very reasonable, and no objection need be raised against the germ theory on any of these points, nor do homœopathic physicians, as such, offer any objection to it on any one of them. The germ theory is only objected to when it is put forward as a guide to the treatment of disease. Homœopathic physicians are quite as delighted as others can be to obtain what appears to be a true explanation of the real nature of disease. We are also quite as well acquainted as our colleagues of the old school with the fact that many diseases are intimately associated with the presence of parasites and germs, and quite as able to recognise the apparently satisfactory explanation the theory affords of the phenomena of the zymotic and contagious diseases. We also know well the essential nature of scabies, and the connection of ring-worm, tinea, favus, pityriasis, and other parasitic skin

diseases, with the so-called fungus cells in the form of bacteria, &c. Nor are we unacquainted with the fact of the presence of bacillus in anthrax, the spirillum in relapsing fever, the micrococcus in some cases of erysipelas, or of morbid bioplasts in such diseases as influenza, glanders, rabies, purulent ophthalmia, gonorrhoea, and primary syphilis; and we know, too, that cryptogamic plant—or fungus cells or spores as micrococci and bacteria, as well as cells or bioplasts thrown off from animal bodies, both healthy and diseased, are floating about in the air, almost everywhere, in myriads, and are constantly settling on our skin and mucous membranes, and being taken in with the air we breathe, the water we drink, and the food we eat, so as to coat our tongue, teeth, respiratory and digestive mucous membranes, and thus get into our blood and become interspersed everywhere amongst our tissues, where they are ever ready, on meeting with a suitable nidus or part where the vital resistance is low, or as Dr. W. J. Collins might say: With the suitable pabulum provided by degraded vitality resulting from unhealthy surroundings [Vide *Specificity and Evolution*, pp. 21 & 19], to multiply either on or within us; if they be innocent to do us little or no harm, but if morbid or pathogenetic to poison us more or less—that is, to throw us into a state of disease local or general. With all this we are quite familiar, and with the natural history, and course and termination of the morbid states connected therewith. But none of these facts are themselves at all new, all that is new about them is their discovery. It is not only in the nineteenth century that the vegetal world has produced fungi, or that the spores of these have floated in the air and settled on animals and men, or been admitted into their blood and tissues. All this must have been going on ever since the vegetal and animal worlds began, so that if vegetal spores in the blood do really produce disease they must have done so ever since the beginning, and this in the open country where there is little zymotic disease as well as in towns and cities where there is much. If zymotic diseases are now dependent on vegetal germs, they have always been so; unless indeed we are to assert that by the law of evolution innocent vegetal germs have, under the influence of civilisation, degenerated into such as are dangerously pathogenetic.

Most writers on the germ theory, however, maintain that the pathogenetic germs are *vegetal* organisms, in the form

of micrococci, bacteria, bacilli, spirilla, &c. Beale, however, maintains that in most diseases they are *animal organisms*—that is, minute particles of living morbid bioplasm thrown off from the body of diseased persons or animals. And it is quite true that animals as well as vegetables do produce and throw off living particles or germs. Animals as well as vegetables are made up of anatomical units or cells composed of living or germinal matter—the protoplasm or bioplasm already described. These particles or bioplasts, as already remarked, are of extreme minuteness; and they are alive; that is, the matter of which they are composed (bioplasm) is always in a state of internal or molecular, perhaps, atomic motion, *sui generis* or vital motion (Beale, pp. 128-243). The vital motion within the bioplasts of any particular individual is the resultant of the union of the motions of the atoms or molecules of the germ cell and sperm cell of the parents; and in healthy persons it is said to be “normal.” The motion appears to be most active, or the attraction the strongest, in the centre of each little particle or bioplast, and drawing inwards, forming a kind of vortex of vital activity, by which the atoms of the surrounding pabulum are drawn in towards the centre of the little particle, where they are impressed with the special vital motion of the particular bioplast, whether that be normal or abnormal. The atoms drawn in to the centre displace those already there, pushing them outwards farther and farther until, pushed beyond the influence of the central activity, they become formed material or cell wall, and are thrown off. Now the same process that goes on with the atoms in the bioplasts goes on with the bioplasts in the body; they, too, are pushed outwards farther and farther until they are thrown out in the exhalations, secretions and excretions; endless numbers of them being thrown out by the breath, by the cutaneous exhalations, and by the urine and stools. These particles being so extremely minute and light float in the air, and are of course particularly abundant in the air surrounding animal bodies; and, floating in the surrounding air, they settle on all things in the neighbourhood, and on the skin and mucous membrane of persons in the immediate vicinity; they are also taken in with the air they breathe, with the water they drink, and with the food they eat, and thus get into their blood. If the individual from whom they are escaping is healthy, they will be healthy, and

perhaps innocent ; but if he be in a state of disease, such as scarlatina, morbilli, variola, pertussis, &c., they will be morbid or pathogenetic, and liable to multiply in the blood and tissues in the manner before mentioned, and to set up the same disease as that in the person from whom they were derived.

Such is, I think, a fair exposition of the germ theory of disease. In it, it will be observed, there are involved three special statements, viz.: (1) That many diseases are caused by living germs. (2) That these germs are of *vegetal* origin ; that is, are bacteria of various kinds. (3) That the germs are of *animal* origin ; that is, are particles of the living bioplasm of diseased persons.

I am myself ready to admit that there may be truth in all the three statements. I believe that many diseases *are* caused by living germs, and that in a large number of diseases these germs are, as Beale says, morbid bioplasts ; whilst in some diseases they may be, in accordance with the more general opinion, bacteria. The poison which enters as a mere speck, and rapidly multiplies within the body many millionfold within a few days, cannot, I think, be anything else than a living germ. That some diseases, such as purulent ophthalmia, gonorrhœa, and primary syphilis are caused by morbid particles transferred from one person to another is, I think, beyond dispute ; and that anthrax (malignant pustule, splenic fever) is associated with the presence of a bacterium—the bacillus anthracis—is, I think, also a patent fact. But between these two extremes we find a large number of diseases, in some of which the evidence pointing to the correct classification is not very clear ; these are such as specific influenza, glanders, rabies, morbilli, scarlatina, varicelli, vaccinia, variola, typhus fever, yellow fever, rheumatic fever, pertussis, pneumonia, septicæmia, cholera, typhoid fever, erysipelas, leprosy, tuberculosis, relapsing fever, and some others. Some of those at the beginning of this list, viz., influenza, glanders, rabies, morbilli, scarlatina, and typhus are, to my mind, most probably caused by morbid animal bioplasts, for bacteria have not been found in them, whilst morbid bioplasts have ; some of those at the end of the list, viz., relapsing fever, tuberculosis and leprosy may possibly arise from bacteria ; at any rate bacteria, as well as morbid bioplasts, are found in connection with them. Davaine, Pasteur, Koch, Feltz, Tyndall and others are of opinion

that the germs are in all cases bacteria, and they refuse to recognise any alternative; this has been made very evident in Koch's searches for the cholera germ, in which nothing else but a bacterium or bacillus has been looked for. Whilst, as before stated, Beale appears to be of opinion that the germs are morbid bioplasts derived from previously diseased persons. It is probable that here, as in so many other cases—in *medio tutissimus ibis*—that there is truth on both sides, that in some diseases it may be the one, and in others the other, kind of germ. It would certainly appear probable that in splenic fever, chicken cholera, and the septicæmia of mice and rabbits the germ is a bacterium, for in each case it can be cultivated outside the body for several generations, and then injected with a degree of certainty approaching the absolute.

Dr. Barron, of Liverpool, has given much attention to this subject, and has made some very beautiful preparations illustrative of the presence of bacteria in various diseases.

Summing up on this matter, Professor Coats, in his recent work on pathology—one of the best and most recent works on the subject—takes it for granted that there is no other kind of disease germ than the bacterium. Referring to Koch's researches on the septicæmia of mice and rabbits, he writes: "When the blood is examined . . . it is found to contain myriads of minute bacilli . . . producing the disease which Koch calls the septicæmia of mice . . . and the septicæmia of rabbits is also produced by a bacillus, but one of larger size than that of the septicæmia of mice." [pp. 244-5-6.] And referring to Ogston's experiments with pus, he writes: "It would appear, therefore, from these observations, that the active agents in producing inflammations in the tissues are micrococci." [p. 239.] On pyæmia he writes: "It must be borne in mind that the emboli are infective, containing organisms which in some way produce an intense irritation leading to necrosis and inflammations with a tendency to develop suppuration very rapidly." [p. 249.] And as to the joints in pyæmia, he writes: "In case of the joints, also, if the micrococci once get admission to the interior, they are likely to multiply in the synovial fluid, and produce a general inflammation." [p. 251.] And of the specific fevers he writes: "There are several in which the evidence is tolerably clear that they are as closely related to bacteria as are the septicæmias of rabbits and mice." [p. 253.] Of

splenic fever (anthrax) he writes: "In this disease there is present in the blood . . . a very definite form of bacterium, which is called the *bacillus anthracis* (p. 254). . . . It is clear, therefore, that the disease stands in the same relation to this particular form of bacillus as do the septicæmias of rabbits and mice to theirs." [p. 255.] And he goes on: "In the next place, we have one of the acute fevers—*relapsing fever*—associated with the presence in the blood of a distinct micro-organism of a spiral form. . . . That the disease depends on this organism seems to be established from the fact that it is always present in the blood during the acute stage." "*Typhoid fever* is another disease in which a special form of bacillus has been observed. . . . This organism appears to stand in definite relation to the duration of the disease." [p. 255.] "And *erysipelas* is another disease in which bacteria have been found by several observers." [p. 256.] It will be seen by these quotations that Coats teaches that the bacteria are considered to be really the *cause* of the diseases referred to. And yet, as if himself somewhat in doubt on the matter, he writes: "Bacteria have been found in the tissues in a large number of acute diseases in man, and most of these belong to the class 'zymotics.' . . . All that is asserted in the meantime is that bacteria have been observed in these diseases; it is not meant that each of these diseases depends necessarily on a specific form of micro-organism." [p. 252.] Dr. Klein, too, seems to be in doubt on this matter, for when referring to bacilli being found in inflamed tissues he writes: "Whether the presence and growth of these bacilli was the primary cause or only a concomitant symptom (due, for example, to the loss of active vitality of the tissue) remains to be proved." [*Practitioner*, vol. xxxii., p. 409.] Now, Beale, on the contrary, appears to have made up his mind that the germs are in almost all cases, and certainly in all zymotic diseases, morbid animals bioplasts. Referring to *vegetal* germs, he writes: "The diseases of man and the higher animals known to depend upon the growth and development of vegetable organisms, are local affections confined to a part of the body not involving the blood; while, for the most part, the different forms of contagious fevers are general affections in which the whole mass of the blood, and in some cases every part of the body, is affected, and is capable of communicating the disease. . . . In many

of the diseases which are at this time considered to be actually due to the multiplication of vegetable germs, it is doubtful if the tissues and organs invaded were perfectly healthy at the time of invasion. . . . In fact, it has been already shown that the fungi which commonly grow on the surface and in other parts of the body do not *produce disease.*" [p. 77.] "In many different forms of disease," he continues, "these germs of bacteria, and probably of many fungi, are to be discovered in the fluids of the body, but the evidence yet adduced does not establish any connection between the germs and the morbid process. . . . Their presence is due rather to alterations in the fluids *consequent upon* morbid changes, than that they are themselves the cause of disease. They follow the morbid change instead of preceding it." [p. 68.] "In cases in which these organisms have been discovered actively multiplying in the blood, that fluid must have already undergone serious changes, which had rendered it unfit for the nutrition of the body. I cannot agree with those who consider that we have evidence in favour of the view that the bacteria are really the active agents in cases in which the blood has been shown to exhibit the properties of a *specific contagious virus.*" [p. 70.] "A disease germ," he continues, "is probably a particle of living matter derived by direct descent (degradation) from the living matter of man's organism." [p. 95.] He then figures the active living bioplast of pus, of vaccine, of variola, and of varioloid, taken from the vesicles in these diseases, and remarks: "I think they consist of a peculiar kind of living matter, the smallest particle of which, when supplied with its proper pabulum, will grow and multiply, giving rise to millions of little particles like itself, each having similar properties and powers." [p. 145.]

Now Beale is, perhaps, the greatest of microscope investigators of the minute structure of animal tissues and disease-germs, and one who has for years worked with higher powers than has any other investigator, except Dr. Drysdale and the Rev. Mr. Dallinger; while he is at the same time the author of perhaps the most complete treatise on the subject in any language. The powers ordinarily used by others appear to have ranged from 300 to 1,800 diameters, whilst those employed by Beale varied from 700 to 5,000 diameters; and he has for many years given especial attention to disease germs in all their relation-



ships; much reliance may therefore be placed upon his conclusions.

And it certainly does appear to me much less probable that vegetal spores should cause typhus or gaol fever in man than that this disease should arise from animal germs, generated by over-crowding and by animal filth in prisons, ships' holds, and human habitations. When, however, such able and distinguished investigators disagree on the matter, we may well allow the question to remain in abeyance; nor is it necessary for us, as practical physicians, that it should be decided either one way or the other: we can go on treating disease quite as successfully whether we know the truth in this matter or not. Living germs being the cause of infectious diseases, and animal and vegetal germs being about equally resistant to our attempts to kill them, and both growing and multiplying in much the same way, it matters very little as to treatment, and even as to prevention, which they are; the same prophylaxis and treatment are required in both cases, and the factors are the same in both, viz., on the one hand the healthy or normal vital action of the individual, and, on the other, the disturbing germs. The normal vital action is the original impulse arising from the parents, and the germs are the foci of the morbid vital action of the sources of infection. The struggle is between these two motions or forces. It is, as it has been already asserted, the constant effort of the original impulse—the *vis medicatrix*—of the individual to maintain the original normal action of the organism when it exists, and to recover it after it has been deranged by any disturbing cause. Hence, in fact, the natural limitation of morbid processes and the frequent occurrence of spontaneous recovery. Were it not so, when once a morbid process has commenced, nothing but extraneous interference could prevent a fatal issue in every case; this, however, we all know does not occur.

As in almost all other instances, the physician's object in an attempt to cure any of the germ diseases should be to assist the natural tendencies just referred to; that is, to help nature to resist the action of the disturbing germs, and to restore to normal any disordered action. The question is: How can he best do this? As already mentioned, he need not attempt to kill the germs with ordinary germicides, for that this cannot be done has been demonstrated by the germ theorists themselves: nor can he purge them out, nor sweat them out, nor

drive them out with diuretics, nor get quit of them by any other of the evacuant means usually put in force by the practitioners of the physiological school; there can be no *tolle causam* here. Nor can the morbid process be diverted to some other or special part or organ by the use of derivatives, rubefacients, blisters, &c. There is, indeed, no place here for the use of any of the classifiable actions of drugs. As to medical treatment, there is, in fact, no sphere for the practitioner of the old school at all in any way; he is quite out of the race altogether, and can only stand by and watch. The germ theory is, therefore, no help to him, except so far as prophylaxis is concerned; he can have nothing whatever to do with the *cure* properly so called; the germ theory, indeed, rather shunts than enthrones him. But does this last new pathological speculation on the nature of disease quite dispose of the claims of *all* physicians to be curers of disease? In the presence of it are all physicians mere cyphers, only to stand by and watch the struggles between the natural powers and the disturbing causes? Certainly not; far from it. Homœopathic physicians can go on curing disease now and in future quite as well as they have done in the past; and continue to show statistics of shortened illness and diminished mortality, not only absolutely but in comparison with the statistics of the old school, just as satisfactorily as ever. To homœopathic physicians pathological theories are minor matters. *As to the cure of diseases*, it is all the same to them whether the morbid state to be cured is of the nature of spasm, of asthenia, inflammation, or fever; or whether it be the result of some chemical or organic poison; or of the presence of living germs; or of the loss of some constituents of the blood the germs may have removed, or some organic or chemical ferment they may have put into the blood. Whether the one or other, or all of these, makes little or no difference to homœopathic physicians, they know that the days of disease-entities has long passed away. Taught by Hahnemann, to them the patient, not some supposed pathological state, is the object of cure: to them, the patient presents deranged vital actions and altered bodily structures that require to be rectified, and to rectify these is their object and duty. How best to do this their leader—Hahnemann—interrogated Nature, and she replied: "Find a drug that will produce a similar derangement of the action and a similar alteration

of the structure, and administer that in a quantity too small to induce any other derangement, or to aggravate the existing one, and I will do the rest." Hahnemann did these, and he found Nature faithful to her promise; and so, too, have his followers. To homœopathic physicians, therefore, each patient presents a morbid picture, to which they have to find a "simile" in the pure effects of one or more drugs; they must take into account not only the cause but the physical signs, the objective symptoms, the subjective sensations, and the mental perversions, with their course and progress and their conditions and concomitants, and not only in the patient but in the medicine also. And they must then administer the medicine pure and alone, in a reliable preparation and in a proper dose, with the necessary repetitions, leaving the rest to nature. It is for the physician to restore the conditions necessary for normal action, but it is nature only that can restore the action itself. So the physician is nature's handmaid, to help her to rectify herself with remedies of her own choosing; he is not her domineering taskmaster, to knock her about with alteratives, or to force her on and derange her operations with sudorifics, purgatives, diuretics and emetics, or to obstruct her operations with astringents, or to press her down and blind or paralyse her with sedatives and narcotics, or in any other way to thwart her tendency to preserve her own equilibrium. The true physician, if he can give nature no help, he will at least offer her no obstruction.

But we come now to the principal questions before us, viz.: Is homœopathic treatment as effectual in diseases originating in bacteria or bioplasts as it is in others where no such connection is traceable? That is, can homœopathic treatment with infinitesimal doses cut short infectious diseases dependent on living germs? Or, on the other hand, germs having gained entrance into the blood and there found suitable pabulum, will they run through their life history in spite of anything we can do—will they pass through precisely the same processes whether we interfere or not? If the growth and multiplication of germs can be interfered with, and the course of disease shortened or rendered less severe by medicine, are we sure that such results can be secured by medicines selected on homœopathic indications and administered in infinitesimal doses? And, if our medicines and doses do really shorten

these diseases, or render them less severe, how do they accomplish their work ?

To give a demonstrative reply to each of these questions separately would occupy too much of the valuable time of this meeting; I must therefore content myself with a general review of the whole subject, and one as brief as possible.

Before an assembly of physicians who have, some of you, for nearly half a century been in the habit of treating all varieties of zymotic disease, presenting every degree of malignancy, with medicines selected on homœopathic indications and given in infinitesimal doses, I need not advance one single argument in support of the fact that disease is shortened and rendered less severe in every one of the instances I have referred to. I need do no more than simply remind you of the frequent experience all of us have had of seeing these diseases rendered less severe, less prolonged, and less deadly by our treatment. We could, however, were it necessary, appeal to statistics in abundance, furnished even by our opponents; for wherever statistics have been collected they have shown unmistakably the power of homœopathic treatment to shorten the duration and diminish the mortality of disease.

In *rheumatic fever*, for instance, "our statistics," writes Dr. Hughes, "compare favourably with those of the old school. There, as you know, first the alkaline plan had been proved greatly superior to all others in acute rheumatism, and then the results of pure 'expectancy' appeared to be equally good with those of alkalisations. The conclusion was inevitable, that the latter was so much useless drugging, while the other methods were positively injurious. Our method, therefore, has to be compared with the expectant, and the result is that we shorten the average duration of the disease by from six to ten days." [*Therapeutics I.*, 143.] And we are all familiar with the much more rapid relief of pain and suffering, and the much greater freedom from cardiac complication under homœopathic treatment. In *acute pneumonia* — "true primary inflammation of the lungs—the 'croupous pneumonia' of the German pathologists," writes Dr. Hughes, "taken altogether they make the mortality of expectancy nearly 19 per cent., while that of homœopathy rarely reaches to 6." The mortality under the most modern treatment, expounded in Ziemssen's *Cyclopædia*, is 12

per cent., that of the late Dr. Hughes Bennett, 25 per cent., and that of the ordinary old-school treatment 20 to 30 per cent. [*Therapeutics* II., 165-6.]

The course, duration, and rate of mortality of the other germ diseases, when not interfered with by medical treatment of any kind, have not been sufficiently made out to allow of a comparison of their true natural history with their progress under homœopathy, so that the only way of judging of the facts is to compare the results under homœopathic treatment with those under what is known as allopathic treatment. For this purpose sufficient statistics are on record.

Time will only allow us to refresh our memories by reference to a few of these, so we will take three of the most deadly of the diseases referred to, viz., cholera, yellow fever and typhus.

*Cholera.*—In this disease, in 1836, comparisons were made in Vienna, where the mortality was : under old-school treatment, 66 per cent.; and under homœopathic treatment, 33 per cent.

In 1849 comparisons were made in Liverpool, where the mortality was : under old-school treatment, 46 per cent.; and under homœopathic treatment, 25 per cent. In Edinburgh, where the mortality was : under old-school treatment, 68 per cent.; and under homœopathic treatment, 25 per cent.

In 1853 comparisons were made in Newcastle, where the mortality was : under old-school treatment, 50 per cent.; and under homœopathic treatment, 20 per cent. In London, where the mortality was : under old-school treatment, 51 per cent.; and under homœopathic treatment, 16 per cent. [*Vide Brit. Jour. Hom.*, x 41, 321—Dudgeon.]

In 1866 comparisons were made in Liverpool, where the mortality was : under old-school treatment, with astringents, 71 per cent.; with castor oil, 30 per cent.; and under homœopathic treatment, 15 per cent. [*Vide Med. Chir. Trans.*, L. 127—McCloy & Robertson; and *Brit. Jour. Hom.*, xxv., 90—Proctor.]

*Yellow Fever.*—In this disease, in 1850, in Rio de Janeiro, the mortality was : under homœopathic treatment, 7 per cent.

In 1853, in Philadelphia, the mortality was : under old-school treatment, 80 per cent. In New Orleans, the mortality was : under homœopathic treatment, 6 per cent. In

Barbadoes, on board H.M.S. Dauntless: under old-school treatment, 50 per cent. [Vide *North Amer. Jour. Hom.*, III., 503.]

*Typhus Fever*.—In this disease, the average mortality is: under old-school treatment, 21 per cent.; and under homœopathic treatment, 10 per cent. Or, excluding complicated cases: under old-school treatment, 10 per cent. [Murchison]; under homœopathic treatment, 0 per cent. [Hughes, I., 72.]

So that, taking three of the most deadly of the germ diseases, homœopathic treatment with infinitesimal doses is: in *Typhus*, 11 per cent.; in *Cholera*, from 21 to 43 per cent.; and in *Yellow Fever*, from 46 to 73 per cent. more curative than ordinary treatment!

Surely such statistics as these demonstrate plainly enough that homœopathic treatment with infinitesimal doses is effectual in germ diseases as well as in those not traceable to living organisms.

If it be asked: How do medicines selected on homœopathic indications and given in infinitesimal doses cut short infectious diseases dependent on living germs? The answer is:—In the same way that they cut short diseases dependent on any other cause, viz., by assisting nature to resist the disturbing germs, and helping her to restore the normal action and repair the damage done. And this assistance is rendered by using the remedies pointed to by the rule of similars: this rule nature herself revealed to Hahnemann.

As already affirmed, the germs having once gained entrance into the blood and tissues and found suitable pabulum, the removal of the cause, as this is ordinarily understood, is quite out of the question; it is absolutely useless to attempt to kill germs in the blood by the usual germicide treatment. This is candidly admitted by the best practitioners of the old school. Even in some of the parasitic diseases of the skin, where the germicide can be applied directly to the locality of the disease, Mr. Startin and other specialists admit that the germs cannot always be killed by ordinary germicide applications, and that some cases of these diseases cannot be cured at all by merely topical treatment, and they consequently recommend that we should place our main reliance on constitutional treatment, with the view of starving out the germs by altering the conditions under which they live. Hence

in cholera, whose germs infest the intestinal canal, Koch has shown that they cannot be killed by the exhibition, or even by the injection, of germicides. And so also in the constitutional germ diseases, such as typhoid fever, tuberculosis, relapsing fever, and even splenic fever, the internal administration of germicide drugs has been abandoned by the best practitioners; and such diseases are left almost altogether to sanitary measures, with rest and nourishment. Curative medicines they of course do not profess to have. Rest and nourishment, under sanitary conditions are, however, surely not all the treatment to be expected from *physicians*—medicine men! They ought, at least, to endeavour to alter the condition of the blood and secretions, that the germs might not be able to flourish in them. Different disease germs, like all other living things, grow and multiply under different conditions, and live on different kinds of food. Pabulum suitable for one kind—the yeast germ, for instance—will kill another kind, the pus germ, for example, and *vice versa*. In his Bradshawo lecture [*Lancet*, Dec. 16, 1882, p. 1020], Sir James Paget says: “Just as in agriculture, soils must be studied as well as seeds; seeds will not germinate in an unfit soil.” The blood that is food for some kinds of germs has been proved to be poison to other kinds. So that by altering the character of the blood we may destroy their means of existence. A very little, perhaps a mere atomic or metabolic change, may be sufficient to ensure their death. That very slight differences in the blood are sufficient to determine whether the germs shall live or not has been demonstrated by the germ theorists themselves; Koch, for instance, has shown that the germs of the septicæmia of the domestic mouse injected into the blood of the field mouse die immediately, and so with other germs and different animals—[Vide Coats, p. 260—264; also Green’s *Introduction to Pathology*, 6th edition, pp. 484—5 and 494—5]. And again, the germs of variola, morbilli, scarlatina, typhus, pertussis, and other infectious diseases, cannot live in the blood that has been already altered by an attack of the disease. Nor can the germs of variola live in the blood that has been altered by *vaccine lymph*; nor even those of anthrax, chicken cholera, or rabies live in the blood that has been altered by vaccination with attenuated virus, as Pasteur has shown. And it is also well known that the germs of ague cannot, as a rule, flourish in the

blood that is under the influence of *quinine*; nor the germs of yellow fever in the blood that is under the influence of *crotalus*; nor the germs of smooth scarlatina in that under the influence of *belladonna*; nor those of algide cholera in that under the influence of *camphor*; nor those of suppurative inflammation in that under the influence of *hepar*; nor those of syphilis in that under the influence of *kali bichromicum*; nor those of some epidemics of morbilli in that under the influence of *aconite*; nor those of vesicular erysipelas in that under the influence of *rhus*; and so on with all true homœopathic specifics. Homœopathic medicines are, in fact, substances that have the power to produce alterations in the blood analagous to different morbid states, so as to induce a kind of immunity, or at any rate a diminished susceptibility, in the manner, though perhaps not to the extent, of a previous attack of the disease; or after the manner of the attenuated viruses of anthrax, chicken cholera, rabies, vaccine lymph, &c.; or in the way of the physiological and medicinal antidotes to poisons, as *belladonna* to *opium*, *atropine* to *morphia*, *chloral* to *strychnia*, *alcohol* to serpent venom, &c. Those homœopathic medicines which produce changes analogous to the specific germ diseases are:—the serpent venoms, some insect venoms, *belladonna*, *camphor*, *rhus*, *aconite*, *arsenicum*, *iodium*, *sulphur*, *quinine*, *veratrum*, *mercurius*, *hepar*, and some others. These are, therefore, the medicines that have the power to cut short germ diseases. And that they will do so, and have done so, I have already given ample evidence by statistics. Which of them to select, however, in any given case is not a matter of indifference, it is of essential importance, for it may be that only one of them is capable of producing the special change required, and to miss selecting that one might be to miss curing the patient. For instance, to cut short smooth scarlatina one particular medicine is required, viz., *belladonna*; but this will not cut short purpura miliaris, or morbilli; and to cut short hæmorrhagic scarlatina and yellow fever, *crotalus* is required; but this will not cut short typhoid, or relapsing fever; and so on. How the selection is to be made is, then, a very important problem; but nature has not left us helpless here, either; she has herself taught us how it is to be done, viz., the medicine chosen must be one the pathogenetic effects of which resemble those resulting from the presence of the particular



germ. How complete and perfect then, and simple withal, is the science of therapeutics under the rule of similars! The practical application of it may indeed often be unsuccessful, because it is in the hands of fallible human instruments; but the science itself is as perfect as the provisions of nature usually are. Pathology and diagnosis being imperfect, and frequently unable to interpret the true nature of disease, the treatment based on them frequently fails and is disastrous; but by a faithful narration by the invalid of his sufferings to an observant and educated physician, and the selection of the true simile, a cure may frequently be brought about *tuto, cito, et jucunde*, whether the pathology and diagnosis be true or not. What an elevated position of superiority is, then, occupied by the physician who practises homœopathically! Unlike his colleague of the physiological school, whose treatment is based upon the pathological speculation of the day, to the homœopathic physician, whether the germ theory or any other such theory be true or false, and whether the germs are vegetal spores or animal bioplasts, are matters of little moment; he can go on relieving suffering, curing disease, and shortening convalescence all the same! What a blessing to mankind! And what a privilege and honour to himself! Let the homœopathic physician, then, go on his way rejoicing; and let him thank God that, though a martyr to professional prejudice, he is a conscientious scientific physician, and a benefactor to his race!

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## THE MATERIA MEDICA OF THE FUTURE.

By DR. HUGHES.\*

THERE are probably none here present who are unacquainted with the discussions which have been going on during the last few years on the subject of the *Materia Medica* of homœopathy. It is indeed no new thing to hear much of its substance impeached as untrustworthy, and its whole form stigmatised as unintelligible. The complaints which Watzke and his fellows raised, ere yet Hahnemann fell asleep, have been echoed since by Cl. Müller, Langheinz,

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Roth, Trinks, Arnold, and Dake, until at length the earnest insistence of the last named physician in America, and the strong words of Dr. Yeldham here, have spurred their respective countries to action in the matter. The British Homœopathic Society has been at work on revision, tentatively, since 1882; and in the present year the coeval but far more numerous representative body of the United States, the American Institute of Homœopathy, has joined it in its task. The work is actually in hand, and will soon put forth a first instalment in print.

It seems well, then, that at the present Congress an endeavour should be made to set forth the views which have elicited this undertaking, and the principles, methods, and rules which are to regulate it; that all may be informed regarding its nature, and that by the criticism of those who may discuss the paper read the workers may be aided in their task.

I.—The considerations which have prompted a revision of our *Materia Medica* have been so fully and frequently set forth of late that it is needless here to re-state them. The publication of Allen's *Encyclopædia* has brought to an acute crisis the dissatisfaction which had long smouldered over Jahr's *Manual*. It is a vast improvement over that which it was designed to supersede, but it is built on the same lines and of like material. That all the knowledge and industry of its editor—and he has spared no pains to make the work complete and accurate; that not even, I say, the high qualifications which Dr. Allen has brought to his task, and the devotion with which he has executed it, have commended the result to the homœopathic profession at large, proves that such a *Materia Medica* is no longer acceptable. The requirements of the present day demand, besides compilation, *sifting*; they no longer tolerate a presentation which, however convenient for practice, is in itself unintelligible. The consequence is—let us say it plainly—that by nine-tenths of our practitioners the *Materia Medica* of Homœopathy, as Hahnemann conceived it,—the full record of the effects of drugs on the healthy,—is never studied at all. In place of it there are used the various works which have been written as introductions to it, or epitomes of its contents—books excellent enough in their way, but most insufficient as substitutes for the only sound basis of the homœopathic method, the *Materia Medica* itself.

It is to remedy this deplorable state of things that the present work has been set on foot. It finds our pathogeneses of drugs of voluminous bulk ; full of matter from dubious sources ; replete with the errors incident to translation, retranslation, and copying ; and distorted by being broken up and re-formed into a schema. It aims at condensation, at elimination, at correction from originals, at reconstruction in primary form. Let us see how it is proposed that these ends are to be attained.

II.—1. The *Materia Medica* of Homœopathy falls naturally into two great divisions. There are, first, the collections of pathogenesis which Hahnemann himself brought together, to provide material for the working of his method : they constitute his *Materia Medica Pura* and *Chronic Diseases*. There is much, very much, to be said in honour of these works ; there is also much to be said in regret, if not in blame. Such as they are, however, they belong to our *Materia Medica* ; and we think our best way of dealing with them is to present them as their author left them to us, with such editing only as is appropriate and customary. This has already been done for the *Materia Medica Pura* in England, and will (I believe) be done very shortly in America for the *Chronic Diseases*. The symptoms of Hahnemann and his fellow-provers, presented as he has chosen to present them, will stand on record in these volumes. We have no means of verifying, correcting, illuminating them, or of re-forming their order. In the "*Cyclopædia of Drug Pathogenesis*" to be issued these pathogeneses will be referred to, but not reproduced.

2. Our work, then, will deal with the second division of the Homœopathic *Materia Medica*, comprising the proving-work which has been done since Hahnemann's time, beyond the range of his personal action, or outside altogether of his school. It will also include, as we shall see, records of poisoning and over-dosing, and, to some extent, of experiments on animals. The manner in which we propose to treat such material has been formulated in certain rules, drawn up (in conference with myself, as delegate of the British Homœopathic Society) by the *Materia Medica Bureau* of the American Institute of Homœopathy, and accepted by that body, and by its sister Society here. I will read and briefly comment upon them on the present occasion.

a. The first and second rules are—"give the scientific names and synonyms of each article," and "give the natural order of each." These need no exposition. Our headings are to be sufficient to identify precisely the substance whose effects we are to record, and to indicate its natural relations. We do not, you will observe, propose to enter into its pharmacy. In our account of each proving we shall state the form in which the drug was employed; and anything more than this would be irrelevant to a Cyclopædia of Pathogenesis.

b. The third rule is—"Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows." This prescribes the form of our Materia Medica, and is of the utmost importance. Hahnemann, as you know, kept in manuscript the daily records made by himself and his fellow-provers; publishing them to the world in the form of a schema, in which the individual symptoms elicited by the drugs were distributed according to their anatomical seat. Many provers of his school have imitated him in so doing. Others—like the Austrians—have recorded their experiences in detail; but when these have been brought together for the use of the student and practitioner, it has hitherto been thought necessary to cast them also into schema form. In this respect we propose to make an entirely new departure. Whenever we have provings in narrative, we shall so give them; and even when they exist only in a schema, we shall endeavour—by isolating the symptoms of each prover, and arranging them in accordance with the time-indications generally given—to restore them to something like individuality and sequence.

It should scarcely be necessary to vindicate such procedure. Who, if he had to learn disease from books, would be content to have the symptoms of a given malady presented to him in the Hahnemannian schema? We have so to learn drug-disease; and as he would crave for clinical cases illustrating the evolution of each disorder in its various forms, so is our need here. In the series of narratives to be given under each drug we shall have as many varieties of its specific sick-making power, from which we can learn its general action, its kind and character, and which we can fit—as likes to likes—to the cases of disease which come before us.

The only objection to such presentation of our provings

would be the voluminousness of the result, as illustrated in the 104 pages of the *Annals* of the Society required for the pathogeneses of ten of the acids, and the 16 pages of the *British Journal* occupied by that of *aconitinum*. But here comes in our rule of condensation, not contemplated when the above-mentioned were compiled, but since illustrated in the instances of *carbolic acid*\* and of *sulphur*.† By this potent solvent it is calculated that on an average a reduction to one-third of the bulk can be effected, and this without any sacrifice of the *minutiæ* of pathogenesis so justly prized in homœopathy. By its use, moreover, we shall be enabled to present our finer and poorer material in just proportion: the former we can give in all reasonable fulness, while the latter will bear a considerable degree of epitomizing.

But, while there are few who will not welcome the detailed provings, there are some who ask, "Why not give a schema in addition?" The answer is, first, that to do so would double the bulk of the work, and, by greatly increasing the labour of the workers, would treble the time taken in its accomplishment. But, secondly, I would reply that the schema is quite unnecessary for the purpose thought to be subserved by it, viz., to enable the practitioner readily to find any symptom of which he is in search. This he can always do by means of an index. You have had to make such indices, in the shape of repertories, for your schemas themselves: the latter are alike insufficient without them, and inadequate as substitutes for the original narratives. They thus fulfil no useful purpose, and may be banished to that limbo from which I regret they ever arose. Hahnemann designed the schema to obviate the necessity of an index, which in the *Fragmenta de viribus* he had given; but from which, in the more extensive *Reine Arzneimittellehre*, he naturally shrank. This, indeed, he escaped; but in so doing he ruined his text, and irreparably prejudiced the reception of his work by the profession at large. We shall take the warning, and give the text on its own merits. Then, when by existing repertories, or by the index we shall ourselves ultimately compile, a drug is credited with any symptom, on turning to its pathogenesis you will find that symptom in its natural place and surroundings, will learn

\* *Monthly Hom. Review* for April, 1883.

† *Annals* for August, 1883.

how it was elicited and in what connection it arose. In this way symptomatic prescribing will be just as easy, and far more rational, satisfying and successful.

c. The next rule is:—"Give, in prescribing virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before." That we should give toxic effects is unquestionable, but how to do so admits of difference of opinion. In the volume just issued by the Hahnemann Publishing Society, Drs. Dudgeon and Hayward have included in their articles all the cases of poisoning by *aconite* and of rattlesnake bites which they could find on record. This is very well for exhaustive monographs, where space is unlimited; but a work like ours would be swamped by such a proceeding. Nor is it necessary. Poisoning elicits the general rather than the finer actions of a drug, and the latter are fully portrayed in the provings. A few typical cases are therefore sufficient to illustrate the recognised forms of poisoning by each substance, as described in treatises on toxicology; and to these may be added any exceptional but genuine phenomena, such as the acute rheumatism once induced by a toxic dose of *colchicum*. In this way Dr. Dudgeon's 75 *aconite*-poisonings, will, in our work, be reduced to 11.

d. The next rule of which I must speak is the seventh. It directs that, in addition to provings and poisonings, we should "give the results of experiments on the lower animals, where of value, generally in abstract." I know the objections which writers of our school have made, from Hahnemann downwards, to pathogenesis derived from this source. I recognise their justice, when directed against exclusive or even predominant reliance on such experimentation; but I cannot doubt the positive value of it. It gives opportunity alike for pushing and for analysing drug-action which nothing else affords. Take *bryonia* for instance; how valuable is the information derived from the animals poisoned with it in the Austrian provings as to its power of inflaming the serous membranes! How, again, could we do without the addition to our knowledge of *phosphoric* influence supplied by Wegner's experiments on rabbits? With the proviso—"where of value," and the limitation—"generally in abstract," I think that nothing will be lost, and much gained, by following this rule.

e. I go back to Rule 6:—"Trace all versions and copies to their originals, and verify, correct, or reproduce there-

from." This is a very important instruction. No one who has not analysed a number of pathogeneses, as now existing in Jahr or Allen, can have any idea of the number of errors there are to correct—errors resulting sometimes from haste or misapprehension, but most commonly from working with second-hand material. An idea of this may be gained by looking through my "Commentary on Allen's Encyclopædia" in the *British Journal of Homœopathy*, which I carried on as far as Ambra, but then gave up in the conviction that criticism was insufficient, and that the work must be done over again. The fact is that all our bookmakers have been copying one from another, and accumulating faults as they have gone on; so that our symptom-lists are made of shoddy instead of cloth. In the revised *Materia Medica* we shall, whenever possible (and it is rarely otherwise), go back to the originals; so that in substance, as well as in form, its pathogeneses shall be fresh from nature's mint.

f. I now come to the rules of sift, embracing the 5th, 8th, 9th and 10th.

The first says: "Include, as a rule, no drug that has not shown pathogenetic power in two or more persons." While a certain discretion is allowed here, to prevent the rejection of obviously valuable matter, a security is given in the direction of trustworthiness which most will welcome. It proceeds upon the ancient canon that "at the mouth of two or three witnesses every truth shall be established." It reduces to a minimum the peril of mistaking coincidences for drug-effects, and so loading the *Materia Medica* with inert and useless constituents.

The second is: "Include in the narratives, as a rule, no symptoms reported as occurring from a drug administered to the sick." Here, too, we have allowance made for exceptions; there are observations made on patients, such as those of Grandi, Michéa, and Lussana, with *atropia* in epileptics, which are of indubitable value. But, as a rule, Hahnemann's caution holds good—"how, even in diseases, amid the symptoms of the original malady the medicinal symptoms may be discovered, is a subject for the exercise of a higher order of inductive minds, and must be left solely to masters in the art of observation." The examination of his pathogeneses has revealed how sadly, even in his hands, this mode of obtaining symptoms has been abused; and still more disastrous has it been when adopted by followers

less discriminative than himself. Our wisdom will be to reject *from the Materia Medica* supposed drug effects thus derived. They belong rather to clinical guides and therapeutic hints, where their dubious worth need not prevent their tentative employment in practice.

Next we have: "Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration." This instruction *va sans dire*.

Last, we come to the difficult question of the employment of provings with infinitesimal doses. The rule respecting it stands thus:—"Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below." This was the only point on which any difference of opinion was expressed at the meeting of the institute; but though one or two members advocated the omission of the rule, they could gain little support for their amendment. In truth, some limitation must be made; this sort of thing, as Hahnemann said for the high-potentisers of his day, cannot go on *ad infinitum*. He proposed the 30th as the limit for the sick. We choose the 6th for the healthy—which, having regard to the difference of susceptibility in the two states, seems fairly correspondent. So reasonable is it, that although two out of the seven members of the *Materia Medica* Bureau were avowed partisans of high dilutions, the rule received their assent. It must be regarded simply as a working compromise. It involves no judgment as to the activity of attenuations above the 6th; it does not even exclude effects referred to them if in accord with those obtained from more appreciable quantities; it simply leaves out, as lacking sufficient evidence, symptoms occurring solely under their supposed influence. It is possible that some few genuine drug-effects may thus be omitted; but this chance is more than outweighed by the certainty of the greater acceptableness of pathogeneses so limited. I feel sure that if the rule were put to the vote in this Congress, it would be carried by the same overwhelming majority as that which supported it at Deer Park last June.

Such, gentlemen, is the Revised *Materia Medica* on which Dr. Dake and myself, aided by the advice of our Consul-



tative Committee, and by the co-operation of more than one of our colleagues here and across the water, are at work. I ask your keenest criticism, to-day for the scheme, and hereafter for its accomplishment. But I also ask your help, in any way in which you can afford it. This work, if we can carry it out in accordance with our ideal, will be the *Materia Medica* of the future—the foundation on which all will build in studying and practising and teaching the homœopathic method. It will rob its study of the irksomeness which deters enquirers and burdens our neophytes: it will give its practitioner a confidence and precision which the present symptomatologies fail to afford: it will supply the interpreter and applier of drug-action with data alike trustworthy and intelligible. While thus it will aid our own inner life as a school, in our external relations its substitution for what we now have of the kind will be of unspeakable advantage. Hitherto our *Materia Medica*, which should have been our glory, has been our shame: we have had to hide it, to apologise for it, to offer substitutes which shall be more acceptable. In its new form, with its winnowed material, we shall no longer be thus ashamed of it, but shall point to its rich profusion as a treasure-house of aid for human ills. Because it promises thus, we seek the aid of all interested in it, that there may be nothing individual about it, but that it may stand on lasting record as the Homœopathic *Materia Medica*.

Brighton, August, 1884.

#### DISCUSSION.

The PRESIDENT invited discussion. As they were all interested in the matter he hoped they would freely and liberally express their opinions. It was now being placed before them in two lights, and he was only sorry that Dr. Hughes's views and his own were not in unison. Dr. Hughes had previously told them that instead of his work being intended as the *Materia Medica of the Future*, his title would be *A Cyclopædia of Drug Pathogenesis*.

Dr. HUGHES: That is the title.

Dr. DRYSDALE said: No one could rejoice more than he did that this subject had been taken up, and he was sure all would agree upon the necessity for such a work. He had the honour of being one of the consulting committee, but—the unfortunate "but" must come in—he considered there were certain defects which would prevent this being called the *Materia Medica of the Future*. It did not appear to him perfect in two important points.

the therapeutic knowledge, and the minute symptoms, were not sufficiently provided for. Dr. Hughes had said they were to have an index, and if he gave it at the end that would certainly save some space and be an improvement. Then if he has a therapeutic commentary that cannot be abridged, because each comment must be to its own medicine, consequently they would not gain any space in publishing that in a separate volume. As to the therapeutic uses the same remark applied. Such a work would be rather of a truncated nature. The question was not whether this was to be the *Materia Medica of the Future*—this plan of Drs. Hughes and Dake—but whether it was not the most advisable to adopt. The work of a complete *Materia Medica* could only be very slow. In the meantime there was an enormous mass of accumulated materials in Dr. Allen's *Encyclopaedia*, which was valuable as far as it went, but in which the sifting and arrangement had been left out. He considered this subject deserving of their full attention, and the work one which ought to go on. They were not, however, to consider it complete or the *Materia Medica of the Future*.

Dr. NANKIVELL considered this Congress was likely to be an extremely interesting and valuable one, from the fact that Dr. Hughes had placed before them this most valuable paper. Two or three days before they had met, each, or the majority of them, had received a copy of the Hahnemann Publishing Society's new work, the introduction to which they had been able to read, and also to glance at the arrangement of the medicines comprised in the volume. But one was compelled, he thought, to conclude that however full and however perfect the record and arrangement in that volume might be, they would have to live some centuries before they could have their *Materia Medica* complete, and the student would have to be the possessor of a very long life before he would become master of it. Dr. Hughes and his coadjutor were engaged in a work which commanded their attention very strongly indeed. We had gone on the principle far too much of continuously re-printing and re-printing the material which had been given before, and which need not now be re-published. The index, they had been told, would be at the end; but there was one point which, of course, they could not yet judge of, and that was the degree of the spirit of condensation with which the editors would be inspired. To his mind the most important part of the whole work was the manner in which the condensation would be carried out. Would one part suffer by condensation and another not? It was a practical point, and he was sure that in the hands of Dr. Hughes and his coadjutors they would find it worked out to the very best advantage.

Dr. CLARKE thought there was some analogy between this subject and the greater measure now before the political world—

some objected to it because it had not tacked on to it the Re-distribution Bill (laughter). For his part he was content to take the Franchise and this *Materia Medica* without re-distribution, and *schemas* and things of that sort.

Dr. DRURY hoped the same economy would not be exercised with this *Materia Medica* as with the *Cypher Repertory*, which had never come into general use. He hoped the subject would be received with satisfaction.

Dr. DUDGEON said he should be sorry to see the two works considered as in a position of antagonism to one another, because he was a sort of medical Mormon, wedded to both (laughter). The homoeopathic practitioner should not be embarrassed which to choose, like a certain animal between two bundles of hay. These works would not interfere with one another. The *Materia Medica* would, when complete, be very complete indeed, but it would be a very long time in hand. The work which Dr. Hughes and the American editors had in contemplation would go on with much greater rapidity, and it was to be hoped that with a little diligence on the part of the workers, and with the assistance of their friends across the Atlantic, the materials for it might be collected, arranged and published in a very short time. He would not exactly call it the *Materia Medica of the Future*, but a work in which all the materials for a perfect *Materia Medica* would be collected. It would be necessary for any person who intended or wished to write a *Materia Medica* to consult it, and it would place all the materials that existed throughout the medical records in a handy shape for any person who wanted to study any particular medicine or compile a more perfect or more complete *Materia Medica*. These works would not interfere with one another, and should both command the approbation of all.

Dr. LUDLAM said: He had listened to Dr. Hughes's paper with a great deal of interest, and the discussion which had followed it. He most heartily concurred with Dr. Dudgeon, and could not see why one book should be in the way of the other. Both could go on, and it would be some time before either work was finished. There was plenty of time. As to the name of the child he had been reminded of an anecdote concerning the name of a child which had recently arrived somewhere on the coast. The mother proposed the boy should be called Peter. "Oh!" said the man, "I never knew a man of that name who could earn his salt." "Very well, then," said the mother "Call him *Salt Peter*." (laughter). If they wanted a good title, and if the roots of all were to dip down into this one of Dr. Hughes, why not call it Hughes's Protoplasm (laughter). It would be a starting point. He was glad the work was going on, and that it was going to be published by the Hahnemann Publishing Society. When they

put their heads together they would accomplish more than had ever been done. He was much pleased the new enterprise had been undertaken with the sanction of both societies, which had been so readily obtained and so heartily given.

Dr. WOLSTON would like to know if Dr. Hughes could tell them the probable time before the work would be published, and what the probable bulk of the volumes would be.

In closing the discussion the PRESIDENT said they already knew his opinion on the matter. It had been said that the *Materia Medica of the Future* was to be a work of reference only. That would, he thought, be a very great mistake. It was not a work of reference only. It was a work of reference because it contained everything they wanted, but it was also a work of use and study. Every student would find plenty to refer to, but it would be a long time before it would be complete. Their *Materia Medica*, in fact, never could be complete so long as any medicine remained undiscovered. But every medicine in itself was complete; therefore, this *Materia Medica*, so far as it went, was absolutely complete. If they had 40 volumes each volume would be complete in itself.

Dr. HUGHES, in reply, said he had asked for their criticism, and as he had heard but very little censure he felt his idea was commended. He trusted that the plan of working having commended itself, the accomplishment of it would be equally acceptable. At some future Conference perhaps they might discuss the work, after it made some little progress. Dr. Wolston had asked him to give some idea of the time it would take to publish and the bulk it would occupy. As regarded the bulk, he believed the material would be all included in about four ordinary volumes. He found that the pathogenesis of *carbolic acid* occupied over nine pages. Allen's occupied eighteen, so there was a saving of half the space at least over one medicine. Then, as to *benzoic acid*, they had struck out about two-thirds, so that there would be a great reduction of bulk there. Taken altogether he did not think it would exceed more than four volumes of the size of Allen's work. Then, as to the time likely to be taken up. Judging by the time already occupied, he would say they would not publish more than two parts a year, each part consisting of twelve sheets, so that altogether it would take them about eight years. Considering the character of the work, he did not think that too long a time. Nor did they intend that their work should suffer from pressure put upon them by publishers as Allen's work suffered. They were not issuing it for the benefit of any publishing house, and should, therefore, take their full time about it. He desired to fully echo what Dr. Dudgeon

had said about there being no antagonism whatever between their work and that of the Hahnemann Publishing Society. He (the speaker) at least should not have any sympathy with any such antagonism, because, like Dr. Dudgeon, he had taken an active part in both works, and hoped to continue to do so. The difference between them was just this. There were two ideas of what a *Materia Medica* should be. The one was very well illustrated by such a work as Pereira's. Of each "medical" material he gave an exhaustive account. He went fully into the effects on the healthy and the sick of each drug, its dose, how it should be administered, its natural history, chemistry, pharmacy, and so forth. Hahnemann had said they should study the effect of drugs on the healthy. Apply these and they had all they wanted. If they chose to have more, they could, but these were the medical materials for the practice of homoeopathy. Such a *Materia Medica* it was proposed to supply. It was from that standpoint that he ventured to call it the *Materia Medica of the Future*, though its name, in reality, was *A Cyclopædia of Drug Pathogenesis*. They wanted a book which they could place in the hands of students; and when he spoke of students, he might say that while we had only a few here, in America a thousand annually entered the medical schools, having no *Materia Medica* from which they could learn the action of drugs. They never looked into Hahnemann or Allen, but studied works which were simply introductions. What they wanted was for the teacher to put into their hands—as a basis for the student—the pure physiological effects of drugs themselves. Dr. Drysdale had said they would not save space if they had to provide the therapeutics and such like things in separate works. But they did not intend that as part of their scheme; they had already such works—works for which there was plenty of demand. Their work was to provide a pathogenesis. As to the index, that doubtless must come at the end. He felt that when it was fully understood they would be all agreed.

Dr. HALE: Would there be an index to each volume?

Dr. HUGHES could not answer that there would, but if some one would volunteer to provide one they would be glad to accept it. If Dr. Hale would set any of the younger men to do it they would cheerfully accept it. As to the matter of condensation, he quite agreed with what had been said, and they should take the greatest care not to omit anything which could be of the least importance. They should only leave out such symptoms as were obviously physiological occurrences, such as twitching of the left eye, &c. All had that in the course of the day, so they took no notice of it. He could assure Dr. Drury that they were

already warned against making the same mistake as the *Cypher Repertory*. They had well considered the question of leaving out the *schema*. He thought he had said sufficient to meet the points raised, and he hoped the work would have their sympathy and co-operation.

The Congress then adjourned for luncheon.

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## REVIEWS.

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*American Medicinal Plants: an Illustrated and Descriptive Guide to the American Plants used as Homœopathic Remedies, their History, Preparation, Chemistry and Physiological Effects.* By CHARLES F. MILLSPAUGH, M.D. New York and Philadelphia: Boericke & Tafel. Nos. 1—5.

In the October number of this *Review* for 1882, we gave a short notice of a specimen number of this beautiful and valuable work. We have now before us the first *Fascicle*. It contains an admirably coloured drawing of the entire plant, with, in most instances, sketches of its dissected parts, together with a carefully written description of each, an account of its natural history, the parts used in medicine and their pharmaceutical preparation, the chemical analysis, when this has been made, and a slight *résumé*—quite inadequate, however, for the purposes of prescribing—of its physiological properties.

Its interest lies in the exquisite drawings, all carefully done from nature by the author. They are amply sufficient to enable one to study from, and are indeed some of the best drawings of plants with which we are acquainted.

The plants sketched in the "fascicle" before us are the following: *Apocynum androsæmifolium*, *ampelopsis*, *asclepias cornuti*, *berberis*, *castanea vesca*, *catalpa*, *gaultheria*, *hamamelis*, *helianthus*, *hydrastis*, *inula*, *iris versicolor*, *robinia*, *sanguinaria*, *sinapis nigra*, *chelidonium*, *chelone glabra*, *chimaphila*, *dulcamara*, *epigæa*, *euphorbia corollata*, *linaria*, *lobelia syphilitica*, *melilotus*, *millefolium*, *nymphæa*, *pothos*, *tabacum*, *trifolium*, and *trifolium repens*.

From the publisher's circular we gather that the entire work will be completed in six "fascicles," that the second is nearly ready, and that the remainder will follow rapidly.

The work is one which not only reflects the greatest credit upon the author, but also upon the publisher. It is issued in a thoroughly artistic manner. Lithography, type, and paper are each and all of the very best.

## MEETINGS.

### THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of Homœopathic Practitioners was held, by the kind permission of the Chairman of the Board of Management, in the London Homœopathic Hospital, Great Ormond Street, London, on Thursday, the 18th September.

The chair was occupied by the President, Dr. HAYWARD, of Liverpool. There were also present—Dr. Dudgeon, Dr. Yeldham, Mr. Cameron, Dr. Wyld, Dr. Dyce Brown, Dr. Dunn, Dr. Powell, Dr. McKechnie, Dr. Goldsborough, Mr. Harris, Mr. Engall, Dr. E. T. Blake, Dr. Matheson, Dr. C. L. Tuckey, Dr. Carfrae, Dr. Wheeler, Dr. Clarke, Dr. Byres Moir, Mr. Noble, Dr. Harper, Dr. Miller, Dr. Gutteridge, Dr. Burwood, Dr. Cooper, Dr. W. Epps, Dr. Sandberg, Dr. Jagielski, Dr. Renner, Dr. Stapfer, Dr. Morrisson, Dr. Cronin, Mr. Cronin (London); Dr. Drysdale, Dr. Moore, Dr. Hawkes, Dr. Gordon Smith (Liverpool); Dr. Proctor (Birkenhead); Dr. Gibbs Blake, Dr. John Craig, Dr. E. M. Madden, Dr. P. W. Gutteridge (Birmingham); Dr. Ramsbotham, Dr. Clare (Leeds); Dr. Hughes, Dr. Hale (Brighton); Dr. Drury, Dr. Nankivell (Bournemouth); Dr. Nicholson, Dr. Bodman (Clifton); Dr. W. Wolston (Edinburgh); Dr. Pope (Tunbridge Wells); Dr. Scott (Huddersfield); Dr. Holland, Mr. Norman (Bath); Dr. E. B. Roche (Norwich); Dr. Hall (Surbiton); Dr. Kennedy (Newcastle-on-Tyne); Dr. Purdom (Croydon); Dr. Perkins (Manchester); Dr. Churchill (Folkestone); Dr. Gould (Eastbourne); Dr. Guinness (Oxford); Dr. Harmar Smith (Ramsgate); Mr. Walter Dunn (Rawtenstall); Mr. Potts (Sunderland); Dr. Craig (Bedford); Dr. Croucher, Dr. Alexander Croucher (St. Leonards); Dr. Murray (St. Alban's); Mr. Sanders Stephens (Cannes); Dr. Ludlam and Mrs. Dr. B. L. Reynolds (Chicago). There were also present at dinner as visitors, Major Vaughan-Morgan, Mr. R. S. Tate, Mr. Wyborn, Mr. Turner, and several other gentlemen whose names we were unable to obtain.

The proceedings of the Congress opened with the address from the President, which appears at page 582 of the present number of the *Review*.

At the conclusion of the address—

Dr. GIBBS BLAKE (Birmingham) said he had been asked to return the thanks of the meeting to the President for the very able address he had given them that day. He would not transgress the unwritten law of the meeting, and discuss it, but he should like to make one remark. They had to thank Dr Hayward very much for the able way in which he had exposed a fallacy very common at the present day, by the way in which he

had pointed out the difference between the lines of investigation necessary for the treatment of disease, and investigation of the causes thereof. Now the great majority of the people thought it sufficient to show how disease was produced, whether by germs or otherwise, in order to be able to cure it. Dr. Koch, who went out to the south of France, had told them he had not gone out to treat the cholera, but to see how it was produced. The more they kept that before them, the more they would gain from addresses like that they had just heard.

Dr. HOLLAND (Bath) said he had the very greatest pleasure in seconding the vote of thanks proposed by Dr. Blake. It would be very invidious for him or any other speaker to draw a contrast between the address they had just heard and others. During the 47 years he had been associated with homœopathy he had attended many of the Congresses, and had heard some very brilliant addresses. He had derived much information from that which had been presented to them that day by Dr. Hayward. He hoped Dr. Hayward would for many years, at least 30 or 40, be able to attend their Congresses and produce the same effect. (Hear, hear.)

The PRESIDENT in reply said it was very gratifying indeed to him to find that his address had been so carefully and attentively listened to and accepted with such kind appreciation. He was very much indebted to them for the kind manner in which they had received him. (Applause)

After a short interval, to allow the Treasurer to receive subscriptions,

Dr. HUGHES, of Brighton, read his paper on "*The Materia Medica of the Future*" which, with the discussion that followed it, will be found at page 605 of our present number. At the conclusion of the discussion the Congress adjourned for luncheon.

On resuming the business of the meeting,

Dr. DYCE BROWN, the Honorary Secretary, read the minutes of the last Congress meeting, and desired before they were put for approval to make a few remarks. At the last Congress Cambridge was fixed upon for the Congress of this year, and Dr. Clifton, of Leicester, agreed to act as Local Secretary. Matters went on until about July, when Dr. Clifton wrote to say he must give up his post of Local Secretary, and, there being no homœopath in Cambridge, the question arose whether it would not be desirable to alter the place of meeting altogether. London, properly speaking, was voted for at the last Congress, when the proposer and seconder agreeing to take the vote over again Cambridge was selected. They found that there was, by the rules of the Congress, a permanent council consisting of the president of the year, the former presidents, the president elect, the hon. sec. and the hon. treasurer, and they found, also, that



it was in the power of this Council to make any alterations that were found to be essential before the following meeting. He then wrote a letter to the members of this permanent Council asking them if they would agree to the proposal he made of changing the place of meeting from Cambridge to London. He also suggested that, as a change had to be made, a week later would suit the holiday arrangements of most men. It seemed to him personally very much better. The members of the Council agreed to the changes. He felt that London would present greater advantages, and that it possessed a number of attractions which other places had not. It had been agreed to many years ago that they should visit London once in ten years, and as there had been no proper meeting since 1874 this was really the year when London should have been fixed upon, independently of every other consideration. He took upon himself, therefore, with the sanction of the Council, to make the proposed alteration. One or two gentlemen thought he had gone beyond his powers in taking the matter in hand and asking the Council to make the alteration, and that the Council had no such power. However, they found the Council had the power, and if he had exceeded his powers, as secretary, in suggesting the alterations, he was quite willing to have a vote of censure passed upon him. (Hear, hear, and laughter.) But he thought the large meeting they had had to-day was a sufficient answer to any objections that might be made. He had the pleasure to announce that Dr. Tuckey had kindly agreed to act as Local Secretary, and the management of the details was due almost entirely to his arrangement. He regretted to say that Dr. Hawkes felt he was obliged to resign the Vice-Presidency on account of family trouble, but he was glad to see him present. Dr. Nankivell kindly undertook the office.

Mr. Potts desired to say that, having come from as far off a distance as most, he was very glad to have the opportunity of coming to London during the Exhibition year, and he was pleased an alteration had been made.

The minutes were then signed.

*The Hahnemann Publishing Society.*—Dr. Hawkes read the following report :—

REPORT OF THE HAHNEMANN PUBLISHING SOCIETY.

At the annual meeting, held last evening, the Secretary reported that several new members had joined the society; that the income during the year had been : (Income) £41 12 4, which with the Balance remaining last year ... 3 5 9

————— made £44 18 1  
which, after deducting the Expenditure during the year 1 2 1

left a balance to the credit of the Society of ... £43 16 0

The Secretary also reported that the first volume of *Materia Medica* had been completed, under the editorship of Dr. Hughes, had been published by Messrs. Trübner & Co., and was now ready to be supplied to members whose subscription was not in arrear—the price being, to members, ten shillings, and to non-members, fifteen shillings. It is a handsome volume of nearly 800 pages, and contains six medicines, viz. : *aconitum*, by Dr. Dudgeon ; *crotalus*, by Dr. Hayward ; *kali bichromicum*, by Dr. Drysdale ; and *digitalis*, *nux romica*, and *plumbum*, by the late Dr. Black ; with an “introduction” by Drs. Drysdale, Dudgeon, Hayward and Hughes, the whole forming a volume essential to homœopathic practitioners as well as students, and one that ought to command the respect and acceptance of practitioners and students of the old school. The editor—Dr. Hughes—reported that six other medicines were nearly ready, so that a second volume might shortly be published, if called for.

The Secretary further reported that Dr. Pullar, of Edinburgh, had undertaken to arrange the symptoms *bryonia* towards another volume. Also that Dr. Hayward would undertake to see completed the “Generalities” chapter of the *Repertory* ; and that Dr. J. Gibbs Blake would exhibit to the Congress another “specimen” for the “therapeutic” chapter of the *Repertory*, illustrating it by *nephritis*.

As to the membership of the Society, it is a noticeable fact that out of the over 90 homœopathic practitioners in London, only 28 supported the society ; whilst, of the 19 in Liverpool, 16 were members.

The report was adopted without comment, on the motion of Dr. Gibbs Blake, seconded by Dr. Cooper.

*The Flection of President.*—The meeting then proceeded to the election of a President by ballot. The papers having been counted—

The PRESIDENT said he had the pleasure to announce that Dr. Herbert Nankivell had been elected by a very large majority, Dr. Hale standing next.

Dr. NANKIVELL begged to thank the Congress for the honour they had done him. He could only hope to come somewhat short of the excellent address which they had heard from the President that day, and in that he should be very well satisfied.

*Place of next meeting.*—Dr. BROWN read letter from Dr. Yeldham, urging the selection of London as the place of meeting, and the postponing of the opening of the meeting to twelve o'clock.

Dr. DRURY proposed that the next meeting place should be Bournemouth, as he considered it was essential they should see their Convalescent Home there. He spoke somewhat warmly in praise of Bournemouth as a pleasant place to visit, and as being easily accessible.

Mr. SANDERS STEPHENS seconded, and said Bournemouth was especially easily accessible from the Midlands.

Dr. WOLSTON said, in considering the question of the place of meeting it was very important to consider those who, like himself, lived at the Antipodes. Bournemouth and Edinburgh were certainly much in that relation, and he considered it would be an immense mistake to put a meeting of this sort in a comparatively speaking out of the way place like Bournemouth. It was important to have a central place, and if he were to give an opinion he should limit them to London, Birmingham, Liverpool and Manchester, because they were all accessible, and in each town there were a large number of practitioners. He proposed that the meeting should be at Birmingham.

Dr. POPE seconded. He could remember well one of their best meetings being held at Birmingham. They had a good band of practitioners there who held up the cause of homoeopathy thoroughly well, and from whose hands they had received great hospitality.

Dr. ROCHE considered they should pay the eastern counties a visit, and he should propose that they visited Norwich. He should be glad to do anything in his power to make the meeting a success.

Dr. HALE seconded. He thought Cambridge had a claim, as it was important they should ventilate the subject in university towns. He had been asked twenty times, by influential patients living in Cambridge, to induce a good man to set up a practice there.

Dr. HUGHES supported the claims of Norwich, and next year he said he should advocate Bournemouth.

Dr. DRYSDALE said it was most essential they should select a place where they would be sure to get members, and they could not expect to get them without selecting a central place. He was rather in favour of Dr. Yeldham's idea as to the time of meeting.

Dr. MADDEN agreed they ought to go to a central place. His own opinion was, they would do well to meet in London every second year, and that they should not go to any town where there were less than five or six homoeopathic doctors in practice. He should strongly support Birmingham.

Dr. GIBBS BLAKE was of the same opinion, and suggested that the meetings should be earlier in the summer, before the London practitioners left home for their holidays.

Dr. HARMAR SMITH would support Bournemouth, because he thought they should see the places they were in the habit of recommending patients to go to.

Mr. POTTS spoke in favour of Norwich.

Dr. MOORE said he intended proposing Harrogate, but should waive it in favour of Norwich.

The PRESIDENT then took the voting, which was Bournemouth 8, Birmingham 17, and Norwich 18. Putting the vote over again Norwich as against Birmingham, the figures were Norwich 24, Birmingham 20. Norwich was then declared to be the next place of meeting.

*Election of Vice-President and Officers.*—On the motion of Dr. HUGHES, seconded by Mr. CAMERON, Dr. Roche, sen., was elected Vice-President.

On the motion of Dr. CLARE, seconded by Dr. MADDEN, Dr. E. B. Roche was elected Local Secretary, and he promised to do all he could to make the Congress a success.

Dr. CARFRAE proposed the election of Dr. Dyce Brown and Dr. Madden as General Secretary and Treasurer, and the motion was carried by acclamation.

*The time of Meeting.*—A discussion then took place as to the time of meeting, and as the result it was decided that the meeting should be held on the last Friday in the month of September of next year, at 10 o'clock.

Dr. COOPER then read his paper on *Flitwick Water*. This we hope to publish in our next number.

Dr. GIBBS BLAKW next read his paper, *A Chapter of the Therapeutic Repertory: Nephritis*,—which, with the discussion, will be published in our *Review* for November.

Dr. CLARKE then read an abstract of the paper on *Arsenic in Organic Heart Disease*, which he had prepared. This also we hope to publish next month.

The PRESIDENT said they had another paper on the list, but he did not see the reader. Mr. Engall had promised them a paper on *Syphilis*, but he was afraid, in his absence, they would have to take the paper as read and read it in the transactions. They had neither the paper nor the General Secretary, therefore he was obliged to announce that their meeting had come to a close, thanking them for their attention and the manner in which they had discussed the papers. He had great pleasure, in the meantime, in bidding them farewell, hoping to see them shortly at the most pleasant part of the proceedings—the dinner.

Dr. LUDLAM said that, before the President left the chair, he had a motion to make which would meet with general acceptance from the members present, and that was that they give their hearty thanks to the President for his conduct in the chair to-day. (Cheers.) He was sure they had all been delighted at the genial way in which he had presided and the excellent order he had maintained, the meeting having been instructive and having passed off pleasantly. (Applause.)

Dr. HARMAR SMITH begged to second.

The **PRESIDENT**, in reply, said it had been a great pleasure to him to occupy the position he had. He felt it a great honour. He was quite satisfied they might look forward to having the next Congress, under Dr. Nankivell conducted in a far more effective manner. He announced that they were indebted to Major Vaughan Morgan for the very excellent tea they had partaken of. Major Vaughan Morgan had desired to entertain them to luncheon, but having already made arrangements for that meal, they could not accept the Major's hospitality, but were much obliged to him for the refreshing cup of tea that they had enjoyed. (Applause.)

The Congress now adjourned.

#### THE DINNER.

At seven o'clock the members and their friends dined together at the Holborn Restaurant, Holborn. The President (Dr. Hayward) occupied the chair, and Dr. Nankivell the vice chair.

The **PRESIDENT** said it fell to his privilege and duty to propose the loyal toasts. It was usual in convivial assemblies of loyal Englishmen for them to remind themselves that they lived under a beneficent government, at the head of which reigned a virtuous, intelligent and accomplished woman, a judicious and affectionate mother, a wise and a prudent sovereign, who wisely and rightly concurred in the progressive improvements of the age, and in the aspirations of her people for progress and liberty. Hence, even in radical assemblies, there was always a veneration if not an affection for the sovereign of these realms, the Queen of Great Britain and Ireland and Empress of India, or as Professor Seeley would better put it, the Queen of Greater Britain (cheers). He had the pleasure to ask the company to join with him most heartily in wishing her continuance of health and life, and that she might long reign over us. "The Queen, God bless her." (Applause.)

After the singing of the National Anthem

The **PRESIDENT** proposed "The Prince and Princess of Wales and the rest of the Royal Family." The Royal Family of Great Britain occupied a very distinguished, if not the very highest position amongst the royal families of the world, not only in consequence of the number of its members (laughter), but in consequence also of their character. The Prince and Princess of Wales were not the least distinguished amongst those many active members. All must allow that the interest they took in the comforts and happiness of the people, and the success of our charitable institutions called for the highest estimation. He had, therefore, the pleasure to ask all present to join with him in that exclamation—"God bless the Prince of Wales, the Princess of Wales, and the rest of the Royal Family." (Loud applause.)

The VICE-PRESIDENT (Dr. Nankivell) was quite sure the toast list would be in no sense complete were they to omit the toast of "The Army, Navy, and Auxiliary Forces of England." (Hear, hear.) At the present juncture of the world's history we felt there was a great career open before our forces. They were few in number, they were small in comparison with the great armies of Europe, but we found them going everywhere and doing everything required of them, whether for the relief of General Gordon or the people of the Soudan, whether by way of the Nile or Suakim, our men would be found to do their duty, and we should rejoice on their return, after they had accomplished the relief of that gallant soldier who, in the face of much opposition, had held his own, carrying the force and character of an Englishman to the front amongst the savage tribes of Central Africa. (Cheers). The navy of England had only to be mentioned to bring to memory what it had done in the past. If our ships were not so well founded, if in some places in the east they would be found incapable of competing with other navies in respect of numbers, yet we might be quite sure that whatever they were set to do they would do with their might. (Hear, hear.) As to the volunteers, "Defence not Defiance" was their motto, and he need not say more respecting them. He had pleasure in coupling with the toast the name of Major Vaughan-Morgan. (Applause).

Major VAUGHAN-MORGAN, in response, said he had not the least anticipation when he entered the room that he would be called upon to return thanks for this toast. As regarded the army, he had every reason to believe, in fact he knew it never was in such an efficient condition as it was at the present time. He had not the slightest doubt the British navy would continue to be, as it had been, pre-eminent, doing all that was required of it. With regard to the reserve forces, he had pleasure in stating that the militia never were so efficient as at present, and whenever their services were required they would do as they did at the battle of Waterloo, where quite one-third of the men who fought were in the militia uniform. As far as regarded the volunteers, it should not be lost sight of that they were a most efficient force, very much more efficient than they were generally supposed to be. He hoped they would never be called upon to go out of England, because they were really a defensive force. (Applause).

The PRESIDENT said it now fell to his duty and privilege to propose the toast of the evening, namely, "The Memory of HAHNEMANN." As Englishmen they owed veneration to the Sovereign of these realms, so as members of reformed medicine they owed veneration and gratitude, as did also the world at large, to the memory of Hahnemann, the greatest medical reformer the world ever knew. (Applause.) It had been the

privilege of but few of those present to have a personal acquaintance with the great medical reformer, but all of them had been brought to know somewhat of the world's indebtedness to his genius and industry; and it was therefore becoming on such an occasion as this that they should remember the great and sacred duty that had devolved upon them through their having by him been made acquainted with the true relationship between drugs and diseases. (Applause.) Let them not betray that trust, but let them preserve it intact and transmit it unsullied, with its *Materia Medica* increased by their own provings and their own personal labour. (Applause.) In solemn silence let them pay veneration to the memory of Hahnemann, the founder of scientific therapeutics.—“The Memory of HAHNEMANN.” (Applause.)

The toast having been drunk in solemn silence,

Dr. DUDGEON said he rose in obedience to a summons from the chair to propose the next toast—“The Readers of Papers.” (Cheers). It gave him a great deal of pleasure to do so. Unless they had readers at their Congress they would have no business, therefore, the readers of papers were the most important persons of the Congress. They had listened to several papers that day of very great excellence. Without reckoning the President's address, which was not considered as a paper, they had, to begin with, an excellent paper on the *Materia Medica* from Dr. Hughes, who was a colleague they must be proud of, because he was not only a lecturer on this side of the Atlantic but upon the other, in fact he was a lecturer of two continents, or he might say of two worlds, the old world and the new. (Cheers and laughter). Just before coming to the dinner he received from Boston a beautiful little book, containing the American lectures of their friend Dr. Hughes, and he had no doubt they would be on sale in this country, and that all the members of the Congress would have pleasure in reading them, and seeing the words of wisdom their friend Dr. Hughes had very recently addressed to their American friends. (Cheers). Then the next paper was by their friend Dr. Cooper, it was racy, exhilarating, like the mineral spring it described, and he had no doubt that the wonderful cures effected by the Flitwick waters were not so highly coloured as the waters themselves. (Cheers and laughter). They were indebted also for an excellent paper on Nephritis—as a specimen therapeutical part of the forthcoming *Materia Medica*—by their friend Dr. Gibbs Blake, of Birmingham. (Hear, hear.) He was quite sure they must all have felt that he had taken great pains, and if the work were completed upon the scale and in the fashion he had indicated it would be of a very valuable character indeed. (Hear, hear.) Dr. Clarke had written an excellent paper, which, as he found they were rather exhausted, he curtailed, to the great satisfaction of his hearers. (Hear, hear,

and laughter.) If he had gone on very much longer they would have required some of his heart stimulant to support their flagging forces. (Hear, hear, and laughter.) The last paper of all was perhaps not the least acceptable to the company, indeed they were all so thankful to the author that he ran away and did not deliver it at all. (Hear, hear, and laughter.) They were in fact, at that time, all so much exhausted, they could scarcely have stood any more. He had to couple with the toast the name of Dr. Hughes, whom he now called upon to return thanks. (Applause).

Dr. HUGHES said he was somewhat in the position of his friend Major Vaughan-Morgan, as he was not aware until the last three minutes that he had to make a speech on this occasion. However it was a simple thing to do, and a grateful one to return thanks for the kind way in which the names of the readers of papers had been received. The readers had all taken pains to do the best they could and the members had shown appreciation by the way in which they had discussed the papers. They would have an opportunity of reading these papers hereafter. As Dr. Dudgeon had kindly mentioned his visit to America, he desired to state that he found there an exceeding cordial goodwill towards English homœopaths. The kindness and hospitality with which he was personally received was exceedingly gratifying, almost overwhelming, and he could not help noticing the warmth of goodwill the American homœopaths entertained to their friends in Great Britain. He hoped they would draw more closely the bonds of amity every year (hear, hear). He was sure they were very much gratified in having amongst them one of the most eminent representatives of homœopathy in that country, his much esteemed friend, Dr. Ludlam (cheers), whom he had known since 1874, when they were invited to go over to the World's Convention. Ever since then he had had the most kindly feeling towards him, and he was sure they were glad to see him present that night. He was glad of having had this opportunity of thanking Dr. Ludlam and the good men he represented, and now he had simply to thank the company for having drunk their healths. (Applause).

Dr. HOLLAND said if he had a feeling other than that of exceeding pleasure mixed at all with pain, it arose from the circumstance that the toast that he had to propose had not been confided to better hands than his own. At all events he would do the best he could, considering that the wellbeing of their hospitals was a matter of the gravest importance, not only to themselves, but the community at large, and finding that there were two names coupled with the toast, one of which was that of a gentleman who devoted his heart and soul to the cause of homœopathy, not only coming forward with his purse, but doing all he possibly could in per-



suading others to do so likewise. He alluded to Major Vaughan-Morgan. (Cheers.) He thought that the pleasure he ought to entertain in coupling his name with the toast ought to exceed any pain he might feel on account of his inability to do it the justice it deserved. There was another gentleman filling a different capacity, Dr. Clarke, who had that day been elected lecturer in *Materia Medica* at their medical school. He did not believe that any man ever felt greater pleasure in attending meetings of this sort than himself, and he must say it was with extreme pain, looking round the tables, that he found that men whom he revered and esteemed had departed from them for ever, such as Drs. Quin, Chapman, Dunsford, and Phillips—not the Philips the renegade (laughter), but Dr. Edward Phillips, and several others. He was exceedingly sorry that they should be absent for ever. But it was cheerful, on the other hand, to look round the table and see so many friends from Liverpool and elsewhere, where they had adorned the doctrine of homœopathy in no meagre measure. While they had such friends they could look with the greatest pleasure and certainty and the greatest boldness on their opponents, inasmuch as they knew they were not only companions in the cause, but would lead them to carry their flag with renewed energy, and do all they possibly could, not only in making converts, but to quench the enemy's darts whenever they were assailed. (Applause). It had been said of the noble Capricius that it was as easy to turn the sun from its course as him from the path of honour, and he (Dr. Holland) hoped, in fact, firmly believed that there was a growing generation of homœopaths, who would endeavour earnestly and successfully to equal those of the past. He would recommend them to emulate the examples set before them, and like their predecessors endeavour so far as was in their power to alleviate the pang of human suffering, to dry the tear of sorrow, and retrieve many an apparent victim from the grasp of death. (Applause). He was very sorry that a better advocate had not been produced before them than he could pretend to be, but he would yield to no man the sincerity with which he had risen to propose the toast. (Hear, hear.) He only hoped that all homœopathic hospitals in the kingdom would flourish, and that the world after a little time would come to acknowledge that homœopathy was indeed the veritable and only trustworthy school of medicine. (Applause). He had great pleasure in proposing "Success to the Homœopathic Hospitals, Dispensaries, and School." (Applause.)

Major VAUGHAN-MORGAN rose with great pleasure to return thanks for his part of the toast. He certainly should plead guilty to the fact that he took a very great interest in homœopathy, and, he might add, he should also confess that he had

rather a selfish interest. It was perfectly true that all paths lead to the grave, but he believed that the homœopath led to it very much more slowly, and much more pleasantly than the other path. (Cheers and laughter). Believing in that he naturally did what he could for himself, and also for his fellow creatures. The London hospital, with which he was connected, was doing remarkably well, and they were looking forward to hospitals being opened at Brighton and Bromley before a long distance of time. (Hear, hear.) He took it that everyone in the room looked upon the London Homœopathic Hospital as the central homœopathic hospital of the homœopathic medical men, and he wanted to impress that upon them, because it was to them that he looked for support. In the meantime he was happy to say the hospital was doing remarkably well. When he took office at the period of Dr. Quin's death, the invested funds of the hospital amounted to £8,000. At the present time they amounted to close upon £80,000. In addition to that between the time of the decease of Dr. Quin and the present moment, they had spent upon the hospital in round numbers close upon £7,000. They would therefore see they were in possession of £80,000, and they had spent £7,000 in a profitable manner. (Hear, hear). He thought they might well claim they were in a capital position. The weak part of the hospital was the difficulty in keeping up a lively interest in it. Within the last fortnight they had had £1,000 left them by Mr. Jones-Gibbs, of Tunbridge Wells. He, like several others who had died, was a very strong supporter of the hospital. As their annual subscribers died off, they were not renewed in the way they ought to be, though he found numerically they were kept up very well. But where a subscriber used to give £5, £10, or £20, they now only gave their single guinea, and that with a greater amount of reluctance than they did the larger sum. That arose from the fact that people did not take the same active interest in homœopathy, looking upon it as an established thing. In this way the hospital was put rather under a shade. With regard to annual income, they would compare favourably with other hospitals. They paid their way, and during last year they had a surplus of £100. They hoped to do the same next year. Still he thought with the increased number of homœopathic public they ought to have an increased number of annual subscribers, and when they left this world for a better they would be very glad to have their legacies. (Hear, hear.) The medical men would render great assistance if they would simply make known the existence of the hospital and get a few annual subscribers. They had lately established, or rather he would say extended their nursing institute. It was done at the instigation of one or two old medical friends. He was personally a strong advocate for it, because he thought they

were not only spreading the knowledge of homœopathy, but also providing a right hand institution for the benefit of the medical profession. Some of their medical friends had made use of the institute, but there was a very much larger number who might do the same. They used to have ten or twelve nurses only, but now they had thirty-seven, and they had quite that number in waiting—women desirous of becoming homœopathic nurses. They were only waiting for the medical men to call for their services. If there were any reasons against employing these nurses it was the duty of the medical men to inform the governing body what they were. If there were no reasons then why not employ the nurses? There was one other point in which the medical men could assist the hospital. They had got £80,000 invested in funds which brought in more than £1,000 a-year, but they did not get so many patients as they should like. On the question of nursing they had decided that week to establish monthly nurses, or rather a monthly nurse. They had sent one of their best nurses to Queen Charlotte's Hospital to learn thoroughly the duties of a monthly nurse. If they found the medical men appreciated it they should send more. One other point he wished to mention was they were about to publish very shortly a hand-book to the hospital. At present they only issued their annual report to which there was an objection on the part of some medical men to give it to their patients. They intended, therefore, to publish a handbook not dealing so much with the present position as with the past, a little history showing what it is, which would be circulated largely. He hoped medical men would make it known amongst their patients. They were able to take in 72 patients, and now they had a larger ward in which the Congress had met to-day, and in which they could accommodate the best part of 20 more. With the valuable assistance of the medical men they would get those patients and be able to cure them. He thanked the company on behalf of the hospital and dispensary. He had not said a word about the school, not that he took no interest in it, for as they all knew he took a great deal of interest in it, but he thought that he ought to leave something for his friend, Dr. Clarke, to speak about, and he should, therefore, leave the schools to him. (Applause).

Dr. CLARKE said he always thought Dr. Pope's word was to be taken as law, but he had been assured on his appointment by that gentleman that he would have nothing whatever to do until after Christmas, yet he found himself before he was many hours old as a lecturer having the tremendous responsibility thrown upon him of answering for the school, and thanking Dr. Holland for the kind way in which he had proposed the toast. However, burdened as he was with the new responsibility, and the weight of the new dignity put upon him, and having fortified himself

with a deep draught of cold water and forgiven Dr. Pope, (laughter), he would say what he could for the School of Homœopathy. He was one of the first students at that school, when it was instituted by Dr. Bayes, and he could answer for the lectures then delivered by Dr. Hughes, Dr. Dyce Brown, and Dr. Cooper. He gained a very great deal from those lectures that had been of immense use to him since. The lectures that had been delivered there had been always of the most excellent kind, and the only pity was there had been so few to listen to them. At first there was a goodly number, and there had been some very good classes since, but the attendance had been fluctuating and had sometimes been very low indeed. He could see no reason why more should not attend those lectures, and as there had been good classes before why should there not be good classes again? It had been said that in these days students did not care for lectures on what they could read in their books. He was quite sure that until Dr. Hughes' latest edition was published they could not get all his lectures, and he was further sure that what Dr. Dyce Brown gave his students could not be found in books, he had sometimes wished they could. Then he knew Dr. Pope's lectures were such that no student could find in any book. He could also promise them that he should give his students something they would not be able to go home and read of in books. (Hear, hear). He was much obliged to Dr. Holland for the kind terms in which he had spoken of the school, and he hoped, if they all tried their best, to keep it up to something like the dimensions it ought to occupy, and that it would do good service for homœopathy. He would at any rate do all he could to support it. (Applause).

Dr. YELDHAM said that, like his friend Dr. Hughes, he had been called upon unexpectedly to propose a toast, which demanded the greatest consideration, and therefore he must claim their indulgence for the very imperfect way in which he felt he should discharge the duty imposed upon him. There was an old saying, "show me the company you keep and I will tell you what you are." He thought one might safely paraphrase that by saying of almost any system whether it be religious, political, social, scientific or what not: show me your literature and I will tell you what your system is. (Hear, hear). They might well be proud of their literature. He understood when the toast was given him that it applied specially to homœopathic literature. He felt that homœopathic literature generally was almost too wide a subject for a toast, inasmuch as it would be impossible to specify or identify the subjects upon which one would wish to speak: therefore, with permission, he would confine himself more particularly to their periodical literature, which occupied a smaller sphere. He would

speaking first of all of the *British Journal of Homœopathy* a journal of which they might all be supremely proud. That journal had been conducted from its earliest days with an almost singular and unvarying ability. (Hear, hear). At this they could not be surprised when they bore in mind the men who had had the conduct of the journal. Amongst those men they had Drysdale, Black, Russell, Dudgeon, Atkin, Hughes, and others whose names escaped his memory. Some of those gentlemen, he believed, sat at the feet of the master, and drew their inspiration from him. Others of younger date, although they might not have enjoyed that privilege, were still imbued with the true spirit of Hahnemann, and not only so, but they were men of great ability, representative not only of homœopathy but of medicine in all its aspects. (Hear, hear). Therefore he would say they might well be proud of the *British Journal of Homœopathy*, which was one of the oldest medical periodicals in England; if he was rightly informed, it was the oldest quarterly medical journal. Therefore they might say it was classical not only in age, so far as the term applied to age, but also in its character and composition. Next he would speak a word of the *Monthly Homœopathic Review*. He thought here he might again make use of his first illustration and say, "Show me the editor, and I will tell you what the book is." Dr. Pope—(cheers)—for many years past had been the guiding spirit of the *Monthly Homœopathic Review*. He need say no more to assure them that the book was exceedingly well conducted. Its style, its tone, in every respect was such as to throw credit upon homœopathy. (Hear, hear). There was another periodical which was less distinctly scientific than those he had alluded to—*The Homœopathic World*—which was at the present time in the hands of gentlemen of high attainments—scholarly attainments. It was conducted in a very spirited and lively manner, and he was sure it enjoyed that large popularity it deserved. (Applause). He had to propose the toast of "Success to Homœopathic Literature, particularly the Periodical Homœopathic Literature of Great Britain," and may its editors live long to continue their duties. (Applause).

Dr. Dyck Brown, in response, begged to thank them most heartily on behalf of himself and his colleagues, who had the conduct of the various journals in connection with homœopathy, and of whom Dr. Yeldham had spoken in the most kindly terms. Owing to the faulty acoustic properties of the room they had, unfortunately, at that end of the table to take for granted a great deal of what had been said, but they were pleased to find that this periodical literature was doing good. Unfortunately a great deal had been written over and over again and never seen by those for whom it was chiefly intended. They would, however, go on doing their best, believing that it was only a question of time for

the homœopathic treatment to be the treatment of the future. (Applause).

There being loud calls for "Pope."

Dr. POPE also rose to respond. He had not the slightest intention in the world to speak that evening, as he thought when the toast list was drawn up that afternoon it was so constructed as to allow him to be solely a listener. He joined with his colleague, Dr. Dyce Brown, in thanking the company most cordially for the manner in which they had responded to the toast of homœopathic periodical literature, and to his friend Dr. Yeldham for the kind manner in which he had spoken of the journal with which it had been his pleasure to have been connected for the last twenty years and upwards. One thing he wished to impress upon them, he would thank them a great deal more if they would accord to him and his colleagues more help in making the journals a great deal more useful than they were. There were many gentlemen present who, by contributing the results of their experience, observation, and reflection to the *Review*, would both enhance their own reputation and do a great deal of good in their day and generation in the science and art of medicine. Journals depended far less upon the skill and management of their editors than they did upon the character of the contributions they contained. He could assure them he was very sorry indeed to see in the last number of the *Review* not one single paper contributed by an English homœopathic practitioner. The pages were filled up with admirable papers from America, France, and Germany. It was an excellent number, but he confessed he felt very great regret that their colleagues at home had not contributed one single paper. He hoped that that was an event that would never occur again, and that each number of succeeding *Reviews* would be filled by contributions of English practitioners of homœopathy. (Hear, hear). He thanked them for the way in which they had spoken of their efforts to advance homœopathy, and their kind and complimentary call upon himself. (Applause).

Dr. DRYSDALE hoped they would allow him to interpose a toast that could not be called for by the Chairman. He alluded to "The Health of the President of the Congress." (Cheers). He had now seen a great many congresses, and he thought he might safely say they had all been presided over by men who had been worthy of the position. Amongst those who were no longer amongst them he might instance Dr. Henderson, a man of great parts and experience, of knowledge and reputation in allopathy before he joined the ranks of the homœopaths. He, as they knew, made an excellent president, and was an example of men who had already attained the highest eminence going over to homœopathy. They should, therefore, always retain his memory green amongst

them; not that homœopathy was different or less worthy, but the men were very few who would imperil their reputation by giving adherence to a new truth—putting themselves out of a reputation already attained. Dr. Henderson was one of those men who had attained to that high pitch of virtue and excellence. Amongst others he called to mind the genial Dr. Atkin, of Hull; Dr. Black, who presided over the congress at York; Dr. Madden, over that of Oxford, and a host of others who had unfortunately left them. In this, however, there was nothing peculiar to their body, they must lose their best men sooner or later. Those who were still living he hoped would be long spared. He had the greatest pleasure in proposing the health of their President, Dr. Hayward. He had known him from the beginning of his career, during which he had evinced the highest excellence. As a young man he had all the difficulties of contending with the exigencies of a private practice amongst those who had not shewn faith in their system. He did not think the *Materia Medica* could have been in its present position without Dr. Hayward's immense services in the conducting of the Hahnemann Publishing Society. There was no doubt the work was done better than any business man or paid agent would have done it. He had filled the post of President that day with the highest excellence. He therefore called upon them to drink to "The Health of Dr. Hayward." (Applause).

The PRESIDENT in response said it was with very deep feelings that he rose to thank the company, and Dr. Drysdale for the handsome manner in which he had been alluded to personally, and the cordial manner in which the toast had been responded to. Dr. Drysdale had said he had known him (the speaker) from the beginning of his life in homœopathy. That was so, and he was proud to own Dr. Drysdale as his teacher in homœopathy, and not only his teacher, but his guardian, for he had often felt inclined to go off at a tangent to do something wild, but Dr. Drysdale's steady, firm hand had held him in, and had prevented him saying and doing many things which afterwards he should have been ashamed of. He had indeed the greatest pleasure in acknowledging his indebtedness to Dr. Drysdale and to the company for the kind manner in which they had accepted his services as President of the Congress. He should ever remember the kindness he had received whilst occupying that position. He had pleasure in being able to present, through the kindness of Dr. Pope, a copy of his address to the members present. (Applause).

Dr. RAMSBOTHAM said it must be a great pleasure to those who were what he might call the second generation of homœopaths to attend these meetings, not merely for the benefit they got scientifically and professionally, but for the pleasure of socially meeting those veterans who had been, and were still, doing such

good service in the cause of homœopathy, and with whom they, as it were, kept touch with the past, and further to look round and see the younger faces of those who were coming on, and by whom they would be able to keep touch with the future—to look hopefully forward to the future. If, in saying that he represented the feelings of those who came to the Congress, and he was sure they would all join with him most heartily in drinking the healths of the Secretaries, Dr. Dyce Brown and Dr. Lloyd Tuckey, to whose excellent arrangements they owed so much of the convenience of this meeting (applause), and the Treasurer, also, for whom he could only say that if with the funds at his disposal he had been able to feast them thus royally, then “Long live the Treasurer.” (Applause).

Dr. LLOYD TUCKEY in reply said it had given him the very greatest pleasure to be of use at the Congress.

Dr. MOORE had much pleasure in proposing the toast of the “Guests present.” They were favoured with several friends, especially with two that he should single out. One was an old Liverpool friend, Mr. Tate, who had taken very great interest in homœopathic hospitals, and who he was sure they all welcomed. (Cheers). The other was his friend Dr. Ludlam, with whom he had once travelled from Chicago to St. Louis, and with him had crossed the Mississippi in a violent thunderstorm, which made a great impression upon him. The friendship he then formed had never been broken, and those who formed a friendship to-night would years hence find it as green as he did. If any of his hearers happened ever to get into trouble in America, he should advise them to apply to Dr. Ludlam, of Chicago, whom they would find a true friend. He had to couple with his toast the names of a layman and a professional friend. (Applause).

Mr. TATE assured them he felt very highly honoured for the compliment Dr. Moore had paid him, and he felt very gratified at Dr. Hayward's invitation to be there that evening. He considered he owed a very deep debt of gratitude to homœopathy, and it was only his duty to do all he could for it. He thanked God that he possessed the means to be of service, and he hoped before he died, to do something very considerable to promote the progress of homœopathy. (Applause). He would not say any more about it now, as his plans were not quite matured. (Applause).

Dr. LUDLAM said that when he conducted his friend Mr. Moore through that thunderstorm he had no idea it would have such an echo as this any more than he had an idea of what he had promised for them in case they should go to Chicago and put themselves under his care. Contrary to most of those who had spoken that evening and had complained they had been called upon unexpectedly he had been shivering in his boots all the



evening expecting to be called upon for a speech, but they had in catching a bird far away from his home what the negro would call "the disadvantage of him." He was not accustomed to public speaking, for in Chicago after dinner speeches were not very much in vogue. However he could say he was very glad to be present. He had seen that in one of the American newspapers the other day a party of ladies who were travelling through the Alps, were described as "taking a tramp" through the Alps this summer. The fellow who wrote the squib went on to congratulate the "tramps" who were being "taken" through the Alps. Now he was in this position; two ladies of his acquaintance had been "taking a tramp" through Germany and he was the "tramp." (Laughter). He had managed to take this Congress on his way home, telling the ladies, who were Americans, that it was his last and perhaps his only chance to go to Congress. (Laughter) He had already had the pleasure of attending two meetings of the Society, one 9 years ago in Manchester, and the other 2 years ago at Edinburgh. This made the third and he should come again as often as he could. (Cheers). In Manchester they had such a jolly good time that he promised to come every 25 years so long as he lived. He tried to keep that promise but could not stay away so long, consequently, he was coming oftener and oftener as the years went round. And now he had made up his mind to go to Brussels two years hence. As old Dr. Maxwell had said when he was ordered up into the Indian regions, and when asked when he would be back, said "I don't know, but whether I go to Heaven or—Halifax, I shall go by way of Chicago" (laughter), so with him, whether he went to Brussels in 1886 or Halifax, he should go by way of London. (Loud laughter). He had to thank Dr. Hughes too for the kind words he had spoken. He should always remember this Congress, especially as the one most fully attended and one perhaps in which the members filled themselves up about as well as any other. (Laughter). There was a good deal of difference in doctors all the world over, and in this he was reminded of a story—it was an American prerogative to tell stories, a sermon could not be preached without one, and the worst was one did not give exemption. The story was one told him by Mr. J. B. Gough, who happened to be a patient of his for 30 or 40 years. He had a singular experience. It had been his custom, travelling round the country, on Sunday night to go to church—he never went in the morning—whatever the city he visited. Wherever he was he made it a rule, without distinction of party, to go to the first church, the nearest church, no matter what kind of church it was, and there worship quietly *incognito*. Being in New York he went into a little mission church where he

thought nobody would know him. He wore a slouched hat and looked like the last rose of summer. (Laughter.) It was a little mission Methodist church. The preacher was a young man, and for some unaccountable reason he stumbled through the sermon. He was embarrassed—off his eggs, as they said—and blundered, and then gave out a hymn, and next apologised to the congregation, as was the custom sometimes in that wild country, for such an indifferent sermon, winding up with: "The fact is, I should like to know who could preach with William Morley Punshon on his right, and John B. Gough on his left." (Cheers, and loud laughter). One earnest old fellow, near the door, groaned out a very loud "Oh, we are all poor worms!" By this time the parson had recovered himself, and said: "My good brother, there is a great deal of difference in worms." (Laughter). So there was a great deal of difference in doctors, and with such a large gathering of the stars of the profession, was there not an excuse for his blunderings? He found himself among a class of doctors different from that he had seen in some quarters in America; although he could assure them they had some very excellent men over there. He was very glad that the bond of union had been declared between the two countries in this matter of pushing forward homœopathy, for he felt sure the best results would follow. He should like to see such men as Drs. Drysdale and Dudgeon pay them a visit; he could guarantee them a good audience, publish their lectures for them, circulate them and read them. He could show them a good army of recruits at their colleges. They had now a good body of old workers ready to join hands to do all they could to build up not only a *Materia Medica*, but also every other department which in their own estimation and in the estimation of the world would show they were physicians in the largest, broadest, and best sense of the term. He hoped he should be excused from making a long speech that evening, for notwithstanding he had had a great deal of time and plenty of means of preparing himself, he did not have time to make a short one. (Loud laughter and cheers).

The proceedings were now brought to a close.

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## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

THE Annual Hahnemann Lecture will be delivered to-morrow (Thursday, Oct. 2nd), by Dr. POPE, at the Hospital, Great Ormond Street, at 5 p.m. "Hahnemann: His work and Its Results" will be the subject of the address. All medical men admitted on presentation of visiting card.

At a Meeting of the Board of Management, held on the 18th ult., Dr. J. H. CLARKE was appointed to the Lectureship on Materia Medica lately vacated by Dr. BURNETT.

The Lectures on the Practice of Medicine, by Dr. D. DYCE BROWN will commence on Friday, the 8rd of October, at 5 p.m., and be continued every Tuesday and Friday throughout the session. The Materia Medica class will assemble on Monday, 6th, when the introductory lecture will be delivered by Dr. POPE. Lectures on Materia Medica will be given every Monday and Thursday during the winter.

Again we have much pleasure in announcing that our generous friend Dr. PRATER has offered two prizes of £10 each to students regularly attending the course of lectures on the Practice of Medicine and on Materia Medica, who shall pass the best examinations in these subjects at the end of the winter session.

Clinical Instruction by Dr. GALLEY BLACKLEY and Dr. J. H. CLARKE will be commenced on Wednesday, October 8th, at 5 p.m., and will be continued every Wednesday, at the same hour throughout the winter; also in the wards of the hospital, and in the out-patients' department, as follows:—

Diseases of the Eye, by Dr. BYRES MOIR, Monday and Thursday, 8 p.m.

Diseases of Women, by Dr. CARFRAE, Tuesday and Friday, 8 p.m.

Diseases of the Skin, by Dr. GALLEY BLACKLEY, Thursday, 8 p.m.

Diseases of the Ear, by Dr. COOPER, Saturday, 8 p.m.

It is expected that during the ensuing Summer Session Dr. RICHARD HUGHES will deliver a Course of Lectures on "The Institutes of Homœopathy," embracing its Literature and Principles. There will also be a Summer Course of Lectures on the Principles and Practice of Homœopathic Medicine, by Dr. DYCE BROWN.

Any particulars regarding the school may be obtained either by letter addressed to the Honorary Secretary (Dr. C. L. TUCKEY), or by applying personally to him at his residence, 14, Green Street, Grosvenor Square, or to the Lecturers either before or after each Lecture.

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#### PROPOSED BRIGHTON HOMŒOPATHIC HOSPITAL.

We understand that the dispensary which was opened a few months since in the northern part of Brighton, as a memorial of the late Dr. Hilbers, has proved such a complete success, attracting an

unexpectedly large number of patients, that Dr. Belcher, who was mainly instrumental in establishing it, is anxious to extend its operations and to add to it hospital accommodation. To guide him in arranging preliminary and other details, he has issued a circular asking for suggestions from those of his colleagues who are or have been connected with hospitals, more especially with regard to working expenses and the amount of capital necessary to support a hospital having ten or more beds. Any hints our medical friends experienced in such matters are able to give they will, we are sure, gladly supply him with.

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#### THE SOCIETY FOR THE PREVENTION OF BLINDNESS.

We learn from the Parisian paper, *Le Temps*, of the 31st of August that our indefatigable friend, Dr. Roth, read a paper on the Prevention of Blindness, at the Congress recently held at the Hague a few days previously. On this occasion he announced that the Prize of 2,000 francs offered by the Society a year ago for the best Essay on the "Causes of and the Means for Preventing Blindness" had been awarded to M. Fuchs, Professor of Ophthalmology at the University of Louvaine. Seven Essays were sent in, four written in German, two in English, one in French. M. Fuchs's Essay was in German.

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#### THE CHOLERA IN FRANCE.

WHILE the cholera is spreading throughout the length and breadth of Italy, it shows marked signs of abatement in France, where its ravages are entirely limited to a southern strip of territory. Considerable attention is being given to the fact that the homœopathic doctors who have treated the scourge in accordance with Hahnemann's method have effected a remarkably large number of cures; and it would indeed appear that of several hundred people afflicted with cholera at Cette, all of those treated by homœopathy have recovered, whilst a large number of those doctored by the usual methods have died. This is vouched for by Dr. Bouffier, of Cette, and by Professor Fonssagrives, of the faculty of Montpellier, who tells us he has been converted to homœopathy by the remarkable cures effected at Cette under his very eyes. At Marseilles, where the disease has now almost died out after causing 2,000 deaths, the Mayor has just taken a most extraordinary decision. By a municipal *arrete* placarded throughout the city and the suburbs he formally forbids the inhabitants to keep and rear any such animals as pigs, rabbits, goats, pigeons, and fowls, either inside the city proper or in any of the outlying villages within the jurisdiction of the municipality. Marseilles, as is well known is surrounded with pleasure and market gardens,

having fowl-yards attached to them, and the Mayor's *arrête* has caused the greatest sensation among the inhabitants. They loudly declare that they are not going to deprive themselves of poultry and fresh eggs simply because the Mayor foolishly believes that fowl breeding promotes cholera. They have, moreover, decided to resist all attempts that may be made to seize their rabbits, goats, or fowls, and to refuse the municipal search agents access to their dwellings. Indeed, Marseilles seems to have been revolutionised by the Mayor's singular decree, which all the newspapers deride. "Dr. Koch," they say, "told us to kill the microbe; but our Mayor wants us to kill our poultry. It is unworthy of Marseilles that such a blockhead should remain any longer at the head of the municipality. We don't want to become the laughing-stock of the whole world."—*Scarboro' Evening News*.

#### ESSAY ON HYDROPHOBIA.

It will be remembered that in October, 1882, Dr. Prater offered a prize of £80 for the best essay on hydrophobia. The essay was to dwell on the following points:—

1. Its history, pathology and symptoms.
2. The various measures, surgical and medical, for the prevention of the disease after inoculation of the virus.
3. Curative measures after its development, stating the pathogenesis of the medicines recommended as far as they relate to the disorder, and the more or less close similarity of each to the disease in its different stages.
4. Cases on record or unrecorded illustrating the value of the treatment adopted before and after the development of hydrophobia.

In response to this offer one essay only was received. This one bore the motto *Per Augusta ad Augusta*. It was of considerable length, showed a large amount of research and of careful observation, together with much thoughtful reflection. It contained not only a large amount of useful knowledge concerning hydrophobia, but some practical suggestions chiefly of a police character, which are worthy of the attention of the magistracy and sanitary authorities. The essayist, however, not only did not comply with the third clause in the prospectus of terms, but he made no attempt to do so.

The object Dr. Prater had in view—the demonstrating the drugs which stand in a homœopathic relation to hydrophobia—not being attained, valuable as the essay is from many points of view, it cannot be said to come up "to the required standard of excellence," and therefore, in the terms of the prospectus, "the prize will not be awarded."

The same sum is now offered again on the same terms. Essays to be sent to Dr. Dyce Brown, 29, Seymour Street, Portman Square, W., on or before November 1st, 1885. All essays to bear a motto, and to be without a name. The name and address of the author to be placed in a sealed envelope bearing the motto attached to the essay. *Any essay to which a name is otherwise appended will be disqualified.* Dr. Hughes, Dr. Pope, and Dr. Dyce Brown are the adjudicators of the prize.

If no essay comes up to the required standard of excellence the prize will not be awarded.

#### SCIENTIFIC CAUTION OR SUPERSTITION ?

As an instance of the absurd regulations which the authorities at some of the Continental ports have thought it necessary to adopt in order to guard against a visitation of cholera, it may be stated that on the arrival at Lisbon on the 80th August of the £50,000 which had only been taken out of the Bank of England on the Saturday previous, the sovereigns, though packed in a tin-lined case, were ordered to be sent to the Lazaretto, so that they might be duly disinfected.—*The Financial News*, September 9th.

#### CAUSE OF ALLOPATHIC HYSTERICIS.

UNDER the above title, the *Hahnemannian Monthly* has the following item:—

“And now, U.S. Minister Lowell, another ‘able’ man, ‘has been ill and is recovering under the innocent ministrations of a homœopathist,’ Dr. Dudgeon, of London. But for mercy’s sake, don’t tell the *London Medical Times and Gazette*.”—*Hahnemannian Monthly* (Philadelphia).

### CORRESPONDENCE.

#### REVIEWING MADE EASY.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Permit me to bring under your notice the following “remarkable coincidence.”

In 1862 I published a small volume on the homœopathic treatment of venereal diseases, which was favourably noticed by *The British Journal of Homœopathy*, and other periodicals. I culled a few brief extracts from some of these, and appended them, on a fly leaf, to the third edition of the work in 1874. They were thus easily accessible to any one disposed to appropriate them, either with or without permission. In the last issue

of Boericke & Tafel's Bulletin of Homœopathic News (July, 1884), the identical extract from *The British Journal of Homœopathy*—with the slightest variations, as will be seen by comparing the two subjoined copies—is added to an advertisement of a new edition of Berjeau's work on venereal diseases, by J. H. P. Frost, M.D., as though it was a favourable notice of this book taken from *The North American Journal*.

From a review of "Yeldham on Venereal Disease," *British Journal of Homœopathy*, Oct., 1862.

"This is unmistakably the production of a practical man. It is short and pithy, and contains a vast deal of sound practical instruction. The diseases are briefly described; the directions for treatment are succinct and summary. It is a book which might with profit be consulted by all young and many old practitioners of homœopathy."

A notice of "Berjeau's Syphilis," from Boericke & Tafel's *Bulletin*, July, 1884.

"This work is unmistakably the work of a practical man. It is short, pithy, and contains a vast deal of sound practical instruction. The diseases are briefly described; the directions for treatment are succinct and summary. It is a book which might with profit be consulted by all practitioners of homœopathy."—*North American Journal*.

Personally this is a matter of perfect indifference to me, but I should like to know whether plagiarism of this kind is recognised in America as a legitimate mode of reviewing? Messrs. Boericke & Tafel will no doubt be able to inform me.

I am, GENTLEMEN,

Yours faithfully,

London, Sept. 22, 1884.

S. YELDHAM.

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#### A NEW INDIAN DISPENSARY.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—We have been requested by a correspondent to send you the notification over leaf, with the object of making the announcement as widely known as possible. Will you kindly give it publicity and oblige

Yours faithfully,

HENRY TURNER & Co.

170, Fleet Street, E.C.,  
August 25th, 1884.

"A second homœopathic dispensary has been opened in Bombay by Babu Tookaram Talya. It is called 'Theosophical Society's Homœopathic Charitable Dispensary.'"

## HOMŒOPATHIC PHARMACY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN.—The last week in August we issued a circular to our agents in which we recommended them to stock a few of the most useful medicines in  $\phi$ , 1x and 3x strengths; in this list, by an oversight, *arsenicum* and *phosphorus* appeared, but fortunately the error was detected before many had been sent, and we need hardly tell you, was at once corrected. Kindly insert this letter in the *Review*, to prevent any misunderstanding arising upon this matter.

Yours truly,

London, Sept. 24th.

LEATH & ROSS.

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

Communications, &c., have been read from Dr. YELDEHAM, Dr. COOPER, Dr. TUCKEY, Dr. DUDGEON, Mr. CROSS (London); Dr. HAYWARD, Mr. HURNDALL (Liverpool); Dr. HUGHES, Dr. HALE, Dr. BELCHER (Brighton); Mr. WALTER ROTH (Oxford); Mr. NIXON (St. Louis, U.S.A.); Messrs. OTIS, CLAPP & SON (Boston, U.S.A.); Messrs. LEATH & ROSS and Messrs. WHITE & Co. (London).

## BOOKS RECEIVED.

*The Knowledge of the Physician.* A course of lectures delivered at the Boston University School of Medicine, May, 1884, by Richard Hughes, M.D., Boston. Otis, Clapp & Son. 1884.

*Report of the Norwich Homœopathic Dispensary, 1883-4.*

*American Medicinal Plants.* By Charles F. Millsbaugh, M.D. New York and Philadelphia: Boericke & Tafel.

*The Homœopathic World.* September. London.

*The Students' Journal and Hospital Gazette.* September.

*The Chemist and Druggist.* September.

*The Monthly Magazine of Pharmacy.*

*The Calcutta Medical Journal.* July.

*The New York Medical Times.* September.

*The New England Medical Gazette.* Boston. September.

*The Hahnemannian Monthly.* September.

*The American Observer.* Detroit.

*Homœopathic Journal of Obstetrics.* August.

*The Therapeutic Gazette.* Detroit.

*The United States Medical Investigator.* Chicago.

*The St. Louis Periscope.* August.

*Boericke & Tafel's Quarterly Bulletin.*

*Bibliothèque Homœopathique.* July.

*Allgem. Hom. Zeitung.* Leipsic.

*Revue Homœopathique.* Brussels.

*Revista Omiopatica.* Rome.

*Boston Advertiser.* September 10th.

*Le Temps.* Paris. August 31st.

*Revista da Sociedade Homœopathica Bahiana.* Bahia. June and July.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORB, 15, Church Road, Tunbridge Wells, or to Dr. D. DREW BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



THE MONTHLY  
HOMŒOPATHIC REVIEW.

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*THE BRITISH JOURNAL OF HOMŒOPATHY.*

It is with great and most sincere regret that we chronicle the appearance of the last, the final number of a homœopathic Journal the first of which was published forty-two years ago. It is withdrawn from our periodical literature on the ground, as stated by its editors in their farewell address, that its *raison d'être*—the exposition of the system of Hahnemann—has ceased to exist; that its mission—the defence of homœopathic practitioners from the persecution of interested opponents—is accomplished. While hardly able to take so flattering a view of the degree of appreciation in which homœopathy is now held by the profession, as our colleagues appear to entertain, we gladly recognise the wide difference between therapeutics in 1842 and 1884, the large approach, which has, during this interval, been made to the method of HAHNEMANN by physicians who would be the first to scout the bare idea of the existence of any similarity between their therapeutic methods and his; we equally rejoice to know that the coarse, violent and intemperate language of a TOM WAKLEY meets with much less general approval *now* than it did then; that professional courtesies

between homœopath and anti-homœopath are much less rare than once they were; that public medical appointments are more readily obtainable by homœopathically practising physicians and surgeons than was the case forty years ago; that coroners' inquests are no longer held in *terrorem* over both patients and doctors; that to commit a man to Newgate on a charge of manslaughter (as did a jury under the direction of Mr. MEMBURY WAKLEY) because he endeavoured with homœopathic medicines to cure his brother of cholera, and did not succeed, would be simply impracticable to-day; but, nevertheless, we must admit that much work remains to be done ere the teaching of HAHNEMANN shall meet with that general approval and adoption by the profession we know that it will receive; aye, and ere those who openly express their conviction of the truth of his doctrine receive their full share of those rights and privileges which are attached to membership of the medical profession. In short, we are not "out of the wood" yet. A great advance has been made upon our position as medical men, and in the position of homœopathy, as a therapeutic method, during the career of *The British Journal of Homœopathy* but the full work is not accomplished, is not completed yet.

That this advance has been so extensive in both directions we are largely, few know how largely, indebted to the editors of the Journal the last number of which is now before us. Begun at a time when homœopathy had been little more than heard of in this country, when the commercial success of such a periodical was impossible, when the labour of preparing it for the press was immense, when contributors were few and readers scarce, the pluck such an enterprise required was great indeed, and during the years of bitter opposition to the principles the Journal so ably taught and illustrated every quarter, the patience and

perseverance needed to carry it on without a break for forty-two years must have been no less considerable.

The *British Journal of Homœopathy* may to-day be regarded with indifference, and probably contempt, by the large majority of the profession, but the time is not very distant when it will be felt, and, we trust, acknowledged, that, by having expounded, defended, and sustained an interest in homœopathy during nearly half a century, it has performed a work of the deepest and most vital importance to therapeutics. The names of those who initiated and have since carried on the Journal will in the time to come hold high rank among those of the successful cultivators of therapeutics in this country. DRYSDALE, RUSSELL, BLACK, DUDGEON, ATKIN and HUGHES have, each in his own way, done more effective, more lasting work for therapeutics in teaching, illustrating, and developing the method of HAHNEMANN, than any other half dozen members of the profession in this country. Of them three have "gone before;" the others are happily still amongst us, active, energetic and useful—and long may they remain so! Long may they be here to witness the growing advantages medicine has derived from their self-imposed, generous, arduous and, we fear, often thankless efforts to improve the art thereof! Long may it be ere they cease to receive the gratitude of those whose views in therapeutics are akin to such as they have espoused, whose cause they have ever strenuously defended, whose interests they have so effectively supported!

Practical common sense, a ready wit, and sound medical learning have ever characterised the editorial articles of the Journal, while the contributions with which its pages have in a great degree been supplied have been furnished by some of the most highly cultivated and largely experienced members of the profession who, in this country, have practised homœopathically. HENDERSON, MADDEN, GEDDES

SCOTT, OZANNE, MCGILCHRIST, HAYLE, KER, BAYES, and others have largely assisted in making the Journal the very valuable work that it has been and ever will remain. The editors have also rendered good service in bringing under the notice of their English colleagues some of the most important essays of German and French writers. The papers of SCHMID, of Vienna, of ELB, TRINKS and HIRSCHSEL, of Dresden; of MULLER, of Leipsic; of BUCHMANN, of Alvensleben; of JOUSSET, of Paris, and of many more have, through translations of them in its pages, rendered the names of their authors quite familiar to English ears, and their sound practical teaching of great service to us in our daily work.

It is no ordinary, no easy task which the editors of the *British Journal of Homœopathy* have just concluded. On the contrary, to have written and collected materials for, to have prepared and published during more than forty years a Journal of this kind must needs have been one of considerable difficulty and incessant labour. In proportion as it has been so is the greatness of the debt of gratitude owed to its editors by those whose views and interests they have so well, so thoroughly supported during this long period. RUSSELL, BLACK and ATKIN have departed this life—let us cherish their memories as those of men who have done right good service to their profession! DRYSDALE, DUDGEON and HUGHES are with us—and we trust that they will not be allowed to desist from their editorial labours without some public acknowledgment from their colleagues of the sense they entertain of the eminent services they have rendered to homœopathy, and, in so doing, to the art of medicine, of the profession of which they are distinguished ornaments.

In taking leave of *The British Journal of Homœopathy* we are parting from an old, valued and thoroughly useful

friend, we regret the separation now and know full well that we shall miss our quarterly in the future. We trust that its editors may long be spared, and that the power and opportunity to further the progress of therapeutics may for many years yet to come be within reach of each one of them.

We heartily thank them for what they have done during such a long series of years, and hope that, though we may no longer read the results of their researches, observations and reflections in the Journal with which their names have so long been associated, we may have frequent opportunities of deriving instruction from their learning and experience both in our own pages and in independent publications.

### THE FLITWICK NATURAL WATER, AND SOME OF THE NEWER ARTIFICIAL PREPARATIONS OF IRON.\*

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THE analysis of the Flitwick water, which was undertaken by Professor W. White, in October, 1878, at his laboratory in Finsbury Circus, and confirmed by Professor Redwood, shows it to contain the very large proportion of 144 grains to the gallon of iron in the form of oxide and carbonate, united with, roughly, 80 grains of magnesia salts and 4 grains of silica, and 14 grains of vegetable acids, chiefly the ulmic and malic acids.

His official analysis is as follows:—

This natural mineral water contains in each gallon—		Grains per Gallon.
Oxide and carbonate of iron ...	...	144.00
Sulphate of magnesia and soda ...	...	59.20
Carbonate of lime ... ..	...	11.54
Muriate of magnesia (chloride) ...	...	15.16
Carbonate of magnesia ... ..	...	5.42
Silica ... ..	...	3.40
Carbonate of soda ... ..	...	0.22
Ulmic, malic, and other acids, constituents of vegetable matters ...	...	19.92

\* Read before the British Homœopathic Congress, London, September 18th, 1884.

The proportion of oxide and carbonate of iron is, as far as I can learn, larger than in any other known carbonated chalybeate water. The strongest Harrogate, Leamington, Tunbridge Wells, Pymont, and Schwalbach waters do not contain anything approaching this quantity of iron, and these part with their iron much more readily than the Flitwick; so that, unless we look to the sulphate springs, some of which have as much as 600 grains to the gallon, and many of which are regarded, and rightly so, more as mine wells than as natural medicinal waters, we can find no natural ferruginous water so powerful, and absolutely not one in which iron in the form of carbonate exists in such quantity.\*

The Muspratt spring at Harrogate contains 27 grains of iron, but of these 16 are in the form of chloride, and only 11 in that of carbonate. The Muspratt spring seems to be the best example of a muriate ferruginous water in existence; it however soon decomposes.†

The usual amount of oxide and carbonate of iron in those carbonated iron waters that have been analysed would be from a fraction of a grain to 12 grains to the gallon.

Then, again, the fact of the iron being held in solution, not alone by carbonic acid but in association with pure vegetable acids, gives a character to Flitwick that no other known natural chalybeate possesses, a matter that in relation to its constituent silica is of extreme importance.‡

\* It may be of interest to compare the analysis of Flitwick water with that, for example, of St. Anne's Well at Brighton. This contains in the gallon, silica 2.5 grains, protoxide of iron 6.0, sulphate of lime 29.9, sulphate of magnesia 6.4, chloride of sodium 16.0.

† The analysis of the Muspratt spring by the late Dr. Sheridan Muspratt and Professor Miller, of King's College, gives to the gallon oxide of manganese, a trace; chloride of calcium, 138.43; chloride of magnesium, 84.716; chloride of sodium, 208.468; chloride of potassium, 4.013; chloride of barium, 7.717, protochloride of iron, 16.215; protocarbonate of iron, 11.561 grains. Gases: carbonic acid, 26.28; nitrogen, 8.08 cubic inches.

‡ The influence of these vegetable acids upon silica is to us who attach such value to the therapeutic properties of silica of the highest interest. Professor Geikie, in his *Text Book of Geology*, pp. 452-4, published by MacMillan & Co., London, 1882, thus refers to it. We quote the paragraph in full:—

“Plants in several ways promote the disintegration of rocks.

“1.—By keeping the surface of rocks moist they provide means for the continuous solvent action of water. This influence is particularly observable among liver-worts, mosses and similar moisture-loving plants.

“2.—By their decay they supply an important series of organic acids, which exert a powerful influence, upon soils, minerals and rocks. The humus, or organic portion of vegetable soil, consists of the remains of

Seeing some advertisements of the Flitwick water in the medical journals, and being much struck with the remark-

plants and animals in all stages of decay, and contains a complex series of organic compounds still imperfectly understood. Among these are humic, crenic and apocrenic acids. The action of these organic acids is two-fold.

"(1.) From their tendency to oxidation they exert a markedly reducing influence. Thus they convert metallic sulphates into sulphides, as in the abundant pyritous incrustations of coal-seams, shell-bearing clays, and even sometimes of mine timbers. Metallic salts are still further reduced to the state of metals. Native silver occurs among silver-ores in fossil wood among the Permian rocks of Hesse. Native copper has been frequently noticed in the timber props of mines, it was found hanging in stalactites among the timbers of the Ducktown copper mines, Tennessee, when the mines were reopened, after being shut up during the Civil War. Fossil fishes from the Kupferschiefer have been encrusted with native copper, and fish teeth have been obtained from Liguria completely replaced by this metal.

"(2.)—They exert a remarkable power of dissolving mineral substances. This phase of their activity has probably been undervalued by geologists. Experiments have shown that many of the common mineral rocks are attacked by organic acids. *There is reason to believe that in the decomposition effected by meteoric waters, and usually attributed mainly to the operation of carbonic acid, the initial stages of attack are due to the powerful solvent capacities of the humus acids.* Owing, however, to the facility with which these acids pass into higher states of oxidation, it is chiefly as carbonates that the results of their action are carried down into deeper parts of the crust or brought up to the surface. Carbonic acid is, no doubt, the final condition into which these unstable organic compounds pass. During their existence, however, they attack not merely alkalis and alkaline earths, *but even dissolve silica.* The relative proportion of silica in river waters has been referred to the greater or less abundance of humus in their hydrographical basins, the presence of a large per centage of silica being a concomitant of a large proportion of organic matter. Further evidence of the important influence of organic acids upon the solution of silica is supplied by many silicious deposits.

"Wherever a layer of humus has spread over the surface of the land (as in the Flitwick district, R. T. C.), traces of its characteristic decompositions may be found in the soils, subsoils, and underlying rocks. Next the surface the normal of the subsoils is usually changed by oxidation and hydration into tints of brown and yellow, the lower limit of the weathered zone being often sharply defined. It has recently been proposed to ascribe mainly to the operation of the humus acids the thick layer of decomposed rocks above noticed (p. 338), as observable so frequently south of the limits of the ice of the glacial period, and the inference has been drawn that even where the surface is now comparatively barren, the mere existence of this thick decomposed layer affords a presumption that it once underlay an abundant vegetation, such as a heavy primeval forest-growth. How is the chemical action confined to the superficial layers? The organic acids are carried down beneath the surface, and initiate that series of alterations which carbonic acid and the alkaline carbonates effect among subterranean rock-masses."

From this the inference would appear to be that the stable character of the Flitwick water, in contrast to other chalybeate waters, is due to the presence in it of the large amount of vegetable acids, and equally allowable is the supposition that silica in the presence of these acids has increased penetrating powers in the tissues of the human body, as it is proved to have in the interstices of the earth's surface.

able proportions of iron and silica it contained, I determined to make trial of it in cases where our silicea was indicated, and where, as is so often the case in disease, the combination of silica with iron would be likely to prove beneficial.

It is evident that the medicinal virtues of a mineral water are not to be gauged with any exactness by an acquaintance merely with the proportion and nature of its chemical constituents. Something more than this is required; and if, as I most unhesitatingly do, I express the pronounced opinion that in the Flitwick water we have medicinal properties that, roughly speaking of course, are precisely what we might anticipate, thanks to our provings, from our acquaintance with its two—we might include the magnesia and say its *three*—principal ingredients, this opinion is formed not from mere *à priori* reasoning, but after an extensive clinical experience of it during the last three or four years both in dilutions and in material quantities.

Indeed, so increasingly interested did I find myself becoming in its action, and so convinced of its remedial worth, that during the Whitsuntide holidays I resolved upon paying the spring itself a visit, and ascertaining on the spot whether the supply were plentiful, and what other particulars might be of interest concerning it.

Flitwick is a small village in Bedfordshire, of some eight hundred inhabitants, and is an easy run by the Midland Railway, being but forty miles from London; there is no hotel nearer than Ampthill, which is about two miles from the Flitwick spring.

We put up at the White Hart Hotel, Ampthill, and can heartily recommend intending visitors to go and do likewise.

The spring is situated rather more than a quarter of a mile from the village of Flitwick, and is in possession of the freeholder, Mr. H. K. Stevens.

Before going further I may mention that my intention is simply to give more a general outline of what I believe to be the rough action of the Flitwick, as I conceive this would meet the requirements of the members present, and prepare them for the larger experiences that in my special line of practice I have had with this and other preparations of iron, and which I may have to give at some future time.

You will, therefore, I know, excuse me if some of the inferences drawn are founded upon what may appear to you insufficient evidence. Comment will be made as we



proceed upon the information tendered, in the hope that with your aid it will be put to the test of more extended practical experience. The important conclusions come to are such as you yourselves will see ought not to be accepted without a prolonged experience of this water in disease, as well as, if possible, an elaborate proving of it upon the healthy.

Mr. Stevens I found living in a small farmhouse, connected with which he has erected a home for children of the labouring classes only, the inclusive payment for each child for board and lodging being at the rate of ten shillings a week; and the benefit these derive from the waters and the pure country air he points to with commendable pride. The surrounding country is flat, and is constituted principally by an undrained valley, the surface of which consists of a crumbly black peat that readily dries, and that is remarkable in containing a large quantity of "meadow" or "bog iron ore,"\* while underneath the peat there lies, in the immediate vicinity of the well, a stratum of marly clay, and under this again is a deep stratum of sand, known to geologists as the lower green sand, and which ordinarily underlies the chalk. This green sand, which belongs to the Oolitic or Jurassic period, is known to be rich in iron-shale, and to be studded with ferruginous nodules, while it owes its coloration to the silicate of iron that enters into its composition.

The whole district bears evidence of having at no very remote period been covered with water; it is everywhere rich in alluvial deposit, the peat formation being due to the deposition of peat-moss and vegetable material left by the water. The action of the *humus*, the name applied to the organic portion of vegetable soil, has long been and still is in active operation in the neighbourhood.

The analysis of the Flitwick water establishes its peaty character, but its rich and varied mineralisation is not to be accounted for entirely by the constitution of the surrounding clay, and this, taken with the fact that its temperature remains uniformly at 45° Fahr. throughout the

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\* An assay of the clay taken from the neighbourhood of the Flitwick Well was made by Messrs. Johnson, Matthey & Co., in May, 1879, and found to contain, in every 100 parts, of sesquioxide of iron 76.10 per cent.; phosphoric acid 0.60; alumina traces, insoluble matter 0.60; water 22.60; loss 0.10. It would appear, therefore, that this clay is almost a pure iron ore.

year, would lead to the supposition that it is derived from a deep source owing to a fault or fissure in the underlying strata.

The Flitwick Well is an unpretending looking surface cutting, made about a foot and a-half in depth, through a layer of black peat, that readily dries, of less than a foot in thickness, the remaining portion of the excavation being through a stiff marl. The entire cutting is about 30 feet in length by two and a-half feet in width, and is wisely kept covered over with iron sheeting so as to exclude the light. The well is entirely of modern construction; the old Roman remains and sepulchral curiosities so often found in the vicinity of medicinal springs have yet to be unearthed. So far, its discovery would appear to be wholly due to the intuition of Mr. Stevens himself; for, on first coming to inspect the property some five or six years since, he seized a spade, and, drawing as it were a bow at a venture, dug it boldly in and was rewarded by turning up a sod, underneath which there welled up the disease-expelling waters of Flitwick. He may be said to have then and there "struck ile."

On approaching the well we find it upon a rectangular piece of ground, about 60 yards by 25; to get to it we cross a small stream flowing along one of the shorter boundaries of the rectangle, rich in iron, but which fails to hold its iron in suspension, as can be seen from the colour of its bed. This stream serves to isolate the Flitwick well, and prevents risk of contamination from the washings of an adjoining garden, as about fifteen feet from this and upon a higher level the Flitwick spring is placed, and about six feet from the spring a trench exists filled with water, that forms one of the longer sides of the rectangle. This trench, which is about two feet in depth, is not a little remarkable; Mr. Stevens has divided the waters contained in it by means of six boarded partitions, each of which spaces contains a spring, that obviously from the colour is separate and distinct from the others, though all of them are alike in containing iron. One is of a deep green colour, another a lighter green, a third has a muddy appearance, while the colouration of the fourth, fifth, and sixth seems to be a modification of the bright chalybeate hue of the Flitwick itself.

What the properties of these are it is impossible to say; they have never been analysed, they are said to

retain their iron almost as well as the Flitwick. Their colouration changes in thundery weather; like the Flitwick they retain an even temperature of 45° Fahr. all through the year, and consequently the air about this plot of ground is noticeably of higher elevation.

From this it is evident that the Flitwick district, like some of the Harrogate fields, is a bog district. The carbonated chalybeates are usually found where *clay-iron* ore abounds, and if properly tilled such districts are extremely fertile. I have been much struck with the rich green colouration of the vegetation in the neighbourhood of both Flitwick and Trefriew. The clay, of which we have previously given an assay, would probably, without admixture with other soil, be too strong to sustain vegetation.

The Flitwick water must be considered the typical carbonated chalybeate not merely of Great Britain, but of the world, the Muspratt spring of Harrogate the typical muriate chalybeate.

The sulphate chalybeates, of which we have the unsurpassed British specimens of Trefriew in North Wales, Sandrock in the Isle of Wight, and Vicar's Bridge, near Dollar, in Scotland, are found in rocky districts where iron pyrites abound.

It may afford some satisfaction to John Bull to know that he has, near at home, the finest known specimens of *carbonated, muriated and sulphated chalybeates*, and when we add to these the strong brines of Nantwich and Droitwich and the strongest bromo-iodated water at Woodhall, in Lancashire, as well as that of Purton, in Wiltshire, we may safely do battle with his predilections for Continental waters, and insist upon his keeping money in pocket, and advise him to repair for the cleansing of his body from disease to his Abanas and Pharpars at home.

The Flitwick water oozes up through the stiff marl that forms the bed of the well, and the level to which the water rises remains unchanged, except in very rainy weather. Its temperature is, as we said, 45° Fahr., it is of a light, clear, sherry colour, and to the taste combines a pleasant acid with an astringent flavour; specific gravity, 1.005.

Within 200 yards of it is a spring, said to contain no iron whatever, but to be rich in sulphates; while within some fifteen yards is a pure and apparently non-medicinal spring. The neighbourhood is wholly free from chalk and

gault formations; these strata terminate at a distance of rather more than two miles from Flitwick.

It is a question whether the draining of the valley would not cause the Flitwick Spring to disappear; deep excavations in the neighbourhood would be almost sure to do so, and as we have lost the Epsom waters in this way, I may express a hope that the march of civilisation will not occasion the disappearance of a well that, though small and insignificant looking, promises to be invaluable.

The Flitwick water is said to be powerfully antiseptic, sprinkled about a sick room, it prevents all unpleasant smells; exhausted of its watery constituents it leaves behind a powder that is a powerful preservative, and which entirely arrested the putrefaction of carcasses of mice buried in it by Professor Redwood; such is the statement made by Mr. Stevens himself.

Applied locally to bee and wasp stings it is said to remove the pain, and I can testify to its having exhibited a like property in the case of a severe dog-bite on the calf of the leg that had been cauterised; however extensive a burn may be, if cloths are kept wetted with it, the pain is said to remain away as long as the cloth keeps damp. As, however, the like will occur when dressings wetted with ordinary water are placed upon a burn, or the limb kept immersed in an ordinary warm bath, local repute may possibly, it seems to me, make too much of this experience.

Mr. Stevens himself takes the Flitwick water plain and by the tumblerful, and is, as we said, fully convinced it can have no harmful effect in health or disease.

My knowledge of the water leads me to a very different conclusion. I have seen most pronounced aggravation from its use. This is nothing more than as homœopaths we expect from all valuable medicinal agents—*ubi virus, ibi virtus*.

It is, however, of surpassing importance to find that many persons, myself among the number, can take large quantities of it without any pronounced ill effect. It shows that though a very strong chalybeate, it necessarily is an unirritating, and, may we not say, a digestible form in which to administer iron.

One of its most constant pathogenetic symptoms is a splitting headache, often in the back of the head; this prevents some persons whose cases might otherwise appear suitable for it from being able to take it. I must admit,

however, that one lady in whom it aggravated when given in a diluted form was afterwards able to take it by the wineglassful and with immense advantage.

Another effect of it is constipation, but this not nearly so pronounced as might be expected, and is generally followed, probably by reason of its containing such a large proportion of magnesia salts, by loose motions. The presence of magnesia in the water probably gives it much the same character as the celebrated prescription of the late Dr. Jephson, of Leamington, of muriate of iron and sulphate of magnesia, and which has ever held its own among the allopaths, and was in particular a great favourite of the late Mr. Startin.

Again, it has a decided effect over sleep, but the sleeplessness caused by it is not followed as ordinary sleeplessness would be by fatigue; on the contrary, patients are better able, after a night rendered sleepless by the Flitwick, to go about their work than they would be by a night passed in the usual way. In the twelfth dilution I have seen it give the greatest possible relief to an extremely sensitive middle-aged lady who suffered from sleeplessness and in whom the cerebro-spinal and sympathetic systems of nerves were chronically deranged. When such a result follows from a high dilution I would warn the prescriber not to go on with it, but to enjoin an interval of rest.

Amongst the aggravations from Flitwick I have noticed a tendency to rectal congestion with piles. This may partly arise from its constipating tendency; also, a strong urinous ammoniacal smell from the urine. It also causes, like all iron waters, a determination of blood to the head, with flushings of the face, affecting particularly the nose, from the tip of which it caused in one patient an oozing of blood. In high dilutions I have often seen good results from it where an apoplectic tendency existed. Its strong influence upon the nervous system was shown in a sensitive woman at the hospital, in whom in tea-spoonful doses it caused a numbness and loss of power in the whole left side of the body with inability to move the corresponding leg, and which ceased on her leaving it off. It had no such effect when diluted. The Flitwick mixes freely in the proportion of about half and half with milk, and also, I may add, with koumiss. Indeed, I know of no more pleasant "pick-me-up" for convalescents from septic diseases than a wine-glassful of Flitwick with a bottle of koumiss. With

lemonade also it forms a pleasant drink, while a little syrup of lemon added to it improves its flavour to some palates. Increasing experience of it, however, convinces me that the admixture with other substances causes it to lose the natural—as it were—electrical influence imparted to it in the bowels of the earth, and besides, really delicate palates prefer its flavour when undiluted.

To prevent misunderstanding, let me then at once explain, that if we wish to get the immediate powerful controlling effect that the water possesses over the nervous system, and which we are about to refer to, we must, experience teaches me, employ it in material form; while if, on the other hand, we wish to obtain a more searching, permanent and directly curative influence upon the system generally, we shall have undoubtedly to resort to the dilutions, as I have, in many most successful cases, been obliged to do.

In non-parasitic skin affections, attended with irritation, it proves palliative when locally applied, and is of curative value when given internally. Patients with very delicate skins, particularly in cases of slight dermatitis of the face, have testified to me of its being a very soothing and agreeable application used both undiluted and mixed with milk.

In a remarkable case of *lupus exedens* at the London Homœopathic Hospital, where the nasal cartilages were ulcerated away, and the face covered with eruption, and in which I was consulted for the accompanying deafness, I effected a brilliant cure of the skin affection by giving the Flitwick in teaspoonful doses. Unfortunately for science, other local applications, to wit, iodide of sulphur and afterwards the 3rd decimal of *kali bichromicum* were used in the early stages of the treatment.

In one case of severe eczema of the arms and legs, in a lad about nineteen years of age, that followed upon a succession of boils, attended with a good deal of irritation, I effected a complete cure by local and internal exhibition of the Flitwick, after much treatment had been resorted to in vain. In this case I used it mixed with milk for external exhibition, as I find that in this form it is preferable for lotions, though, as before remarked, the milk seems to modify its exhilarating influence upon the nervous system.

In cases of what appear to have been examples of diffuse erythematous cellulitis of the legs, with ulceration, it is

said to have, given internally, proved curative. In these cases, as well as in erysipelas, I would advise its being applied diluted with hot milk. In one case of erysipelas of the face the symptoms were aggravated by applying it cold and undiluted to the part. In one case of long-standing varicose ulcer of the leg, I found it have a very satisfactory effect.

In conditions of debility attended with sweaty hands and feet, I have found it of immense service; also in trembling of the hands, due to fatigue of the nervous centres, it is extremely helpful. As a pick-me-up for riflemen and billiard players it probably has no equal.

Mr. Stevens showed me letters from patients that had been given up by skilled medical opinion as being beyond recovery in consumption, and in which the Flitwick had brought about complete restoration to health.

I would not refer to this were it not that my own experience shows it to have been curative in what I take to have been a pulmonic abscess. The case was that of a man to whom I had given, for other symptoms, small doses of the Flitwick (half-an-ounce to go over a fortnight), and who afterwards volunteered the statement that for some seven years since an accident to the lower part of his chest, he had had, regularly once a month, until he took my physic, a copious discharge of blood and matter from the mouth, that always appeared to him to come from the side of the chest where he had received the injury.

In cases of chronic piles and other irritable conditions of the rectum, I have used the Flitwick, diluted with milk, as an injection, with decided advantage.

In the dysuria attendant upon gonorrhœa, I have found a wineglassful of it, given internally, not only keep up the patient's strength, but exert a beneficial influence upon the inflammatory symptoms, and it seems to be of use employed as an injection for the same complaint. In this latter respect, however, it is probably surpassed by the glycerol of hydrastis, as well as other remedies. In vesical and uterine, catarrhal, and ulcerative affections, I have facts by me that prove it to be of great utility. In a letter recently received from a patient who asked for a lotion for uterine discharge and bearing down, and to whom I gave a lotion of Flitwick and milk, the extraordinary testimony was vouchsafed that "crowds of piles have been dismissed, and others are on their way." I leave it to specialistic

instinct in this department of medicine to divine the pathology of the affection.

In anæmia and chlorosis, as well as in certain menstrual irregularities, it will, as may be expected, prove an easily assimilated chalybeate. In one case of chlorosis where the best advice in London had been sought for, and where all sorts of iron preparations had been given, I entirely restored the patient to health by giving it by the wine-glassful three times a day.

It may be given with confidence in caries of the bones, in mastoid caries particularly, I can speak in the highest terms of it, as well as in rickets. In glandular swellings of the neck it has proved with me extremely beneficial, and in goitrous enlargements of the thyroid we may expect good results from it. But by far the most important, because the most special, and contrasted with other preparations containing iron, indeed with all other known medicinal combinations is its peculiar and powerful influence upon the nervous system. In this respect the Flitwick water stands, I contend, to quote the words of a well known author in reference to a wholly different subject, "*an isolated production, unrivalled, unimitated, and inimitable*"

To us who wish to disperse, and not merely to obscure the symptoms of disease, it would be in this respect impossible to exaggerate its importance. My contention is that it possesses the invaluable property of giving tone to the nervous centres when temporarily exhausted of their energy, and when disarranged by central irritation, not, as with bromide of potassium by overpowering, but, as our American cousins would say, by energising and becalming the exhausted and irritated centres, and in this way restoring vigour to the whole nervous system.

A case in point was that of a former old dispensary patient who sent for me one evening. Her condition was as unlike that ordinarily indicative of iron as anything could well be. She was a thin, spare woman, of about 47 years of age, of a highly bilious, dyspeptic temperament, with a coated and fissured tongue, and at all times extremely nervous, but on this occasion she had just met with a great mental shock, that had shaken to the lowest depths her whole nervous system, so that she was now trembling like an aspen leaf. Her very voice quivered, and sleep and appetite had entirely disappeared. I saw her late in the evening, and gave her three ounces of Flitwick water, one



to be taken in milk that evening, another next morning, and the third in like manner the succeeding night.

On seeing her a few days afterwards she assured me the medicine had had a splendid effect. It steadied her whole frame and enabled her to sleep well the first night she took it. This she most positively would not have done, judging from her state, had it not been administered; nor do I know any remedy, save a palliative, that would have had a similar influence upon such disquieted nerves. This case makes me think that the claim put forward for it by Mr. Stevens himself is a reality—that a couple of wine-glassfuls of it, given plain, will steady a tottering inebriate in an incredibly short space of time. He asserts that it will sober a drunken man in a few minutes. If this be the case, I need hardly say it will become a necessary diagnostic addendum to the shelf of each of our police barracks. The Flitwick water certainly enables those who are accustomed to partake of stimulants to dispense with the use of them more easily than would otherwise be possible. Beyond this my alcoholic experience with it does not travel.

(To be continued.)

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## THE THERAPEUTIC PART OF THE *REPERTORY*.\*

BY J. GIBBS BLAKE, M.D.

WHEN I first arranged with the President and Secretary to give a title to a paper to be read at this meeting, the subject chosen was Acute Nephritis, but on further consideration it appeared to me that the therapeutic part of the *Repertory* would be better illustrated if the chronic forms of inflammation and degeneration of the kidney were included.

Accordingly I shall attempt to lay before you, as a sample of the therapeutic portion of the *Repertory*, the treatment of those diseases of the kidney which at some part of their course are discovered by the presence in the urine of albumen and casts of the tubules of the kidney. This is no mere pathological classification, but is a practical and clinical one. For before we can treat a case of albumi-

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\* Read before the British Homoeopathic Congress, September 18th, 1884.

nuria satisfactorily, we must investigate the cause of the ailment, and that alone will, in the great majority of cases, decide the class into which the case is to be placed. An enquiry into the totality of symptoms will generally settle the question, without reference to chemical or microscopic examination. How different is the case of a gouty man with a contracted granular kidney from that of the possessor of waxy kidneys, as a result of prolonged suppuration, with his liver, and perhaps his spleen similarly affected! The symptom *albuminuria* may be almost the only one common to a long array in each patient.

I have not included the albuminuria that is entirely due to calculous pyelitis, nor to cystitis, nor to any other accidental admixture of pus or blood with the urine. The small quantities of albumen frequently to be found in the urine by the new delicate tests need not be noticed in a therapeutic classification, because the physiologist may, before long, tell us that a minute quantity of albumen exists in normal urine.

Some cases of copious albuminuria are only an exaggeration of the insensible albumen, so that even these may be called cases of physiological albuminuria. Dr. Saundby\* states that of 145 male patients, taken seriatim amongst the out-patients of the Birmingham General Hospital, 105 had albumen in the urine; of these 26 could not be classified in the recognised forms of morbid albuminuria.

Alimentary albuminuria also need not be included, unless it is accompanied by some abnormal condition of the kidney which would entitle it to classification.

Acute nephritis;  
Chronic ,, large white kidney;  
Granular or gouty kidney;  
Lardaceous disease;

are the four forms of kidney disease which will serve to illustrate the plan of the *Therapeutic Repertory*.†

Acting on the suggestion of Dr. Drysdale, the *Repertory* is divided into four sections. The first section contains the definition of the disease, and on this point I wish to take the opinion of my colleagues. Should the definition

\* Quoted by Dr. Roberts in the discussion on Albuminuria, Path. and Clinical Soc., Glasgow.

† Fatty degeneration is met with in all these in variable degrees, and therefore I have not made a separate heading of this pathological state.

be full or short? Pathology and etiology are only given in part and for purposes of differentiation—more than this is needless, as any good treatise on the practice of medicine gives those subjects fully, and will be in the possession of everyone for whom this paper is intended.

Section I. further contains three lists of medicines.

- \* 1st.—Those medicines which have been found useful in the treatment of the disease, and which, in experiments on the healthy, have produced symptoms similar to those which enable us to diagnose a case of the disease in question.
- ° 2nd.—Those medicines which have been found useful, but not proved in this respect.
- ? 3rd.—Those medicines which have been proved, but which, as far as I can find, have not been clinically tested in the treatment of the disease in question.

I have retained the signs of Jahr and the older *Reper-  
tories* (\* ° ?) for these classes.

SECTION II.—The purely homœopathic treatment of the disease—indicating the dose and frequency of the drug; the treatment of different stages of the disease, of complications, of local affections, and of sequelæ.

SECTION III.—General management, diet, regimen, climate, clothing, &c. Palliatives, medicinal and non-medicinal auxiliaries.

SECTION IV.—Alphabetical list of remedies mentioned, and clinical information, including references to published cases.

I have added an appendix of recent provings, not intended to form part of the *Repertory*.

### *Therapeutic Repertory.*

#### Chapter xii.—Diseases of the urinary organs.\*

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\* Since reading this paper I have come to the conclusion that all that relates to a disease should follow its name, and not be divided into sections as in the text.

It is intended to take the Nomenclature of Disease of the College of Physicians, and to follow the main divisions of it. In that case the urinary system would be chapter 12, then the alphabetical plan would be followed. This would have two advantages: 1st, the diseases of an organ would be kept together, and with a few references no index would be necessary. 2nd, each chapter could be published as soon as ready, with the name of the author. If the paging be urged as a difficulty, why not begin each chapter with an increment of 20 or 50?

## SECTION I.

*Albuminuria.*

*a* Acute nephritis (Syn. Congested kidney). Tubular nephritis after scarlet fever, diphtheria, and more rarely after other exanthemata or exposure to cold and wet. Dull pain in loins and legs, scanty urine, sometimes bloody, generally albuminous, hard pulse, hot dry skin, coated tongue, flushed face, dropsy of cellular tissue, later of serous cavities. Coma, perhaps with epileptiform seizures; in children, more frequently inflammation of lung or pleura.

*β* Chronic tubular nephritis (Syn. Large white kidney.) forms a connecting link between the foregoing and the granular kidney. After some weeks of weak state of health, urine dark and scanty, œdema beginning in the face, then extending to the whole body, ascites, hydrothorax, effusion into the pericardium, vomiting, anæmia, slight febrile disturbance, sometimes œdema of larynx, diarrhoea, later retinal hæmorrhage, epistaxis, and other symptoms that are met with in granular kidney, and indicate that a further stage is reached.

\* *Apis. Arsenicum alb. Arsenite of copper. Crotalus. Ferrum. Mercurius corr. Mercurius cyan. Phosphorus. Terebinth.*

## Complications.

*Aconite. Bryonia. Digitalis. Ferrum. Ipecac. Opium. Scilla.*

° *Apocynum cannabinum. Kal. nitrate.*

? *Arseniuretted hydrogen. Chromic acid. Copaiba. Cubebs. Manganese. Normal chromate of potash. Normal chromate of soda. Sabina. Vespa.*

*γ* Granular kidney. (Syn. Chronic interstitial nephritis. Gouty kidney). Excepting the few cases which are the result of tubular nephritis, this form of kidney disease is gradual and insidious. Gout, lead poisoning, alcohol, and the pregnant state predispose. Anæmia not so marked as in last form of kidney disease, but whitey brown or red mottled face; nausea, vomiting, urine copious, pale, low sp. gr; passed frequently at night, often free from albumen and casts. No œdema or other form of dropsy at this stage. Retinal mischief; mistiness of sight, or complete amaurosis. Hard pulse, hypertrophy of left ventricle. Sometimes pain in the loins; mental depression; dyspnœa, asthmatic in type, with frothy sputa; hæmorrhagic attacks;

epistaxis, hæmatemesis, apoplexy; hæmorrhage of the retina.

\* *Canth. Digitalis. Merc. corr. Plumbum.*

◦ *Acid: Nit.*

? *Chromic Acid. Cobalt. Manganese. Nickel.*  
*Normal chromate of potash. Normal chromate of soda.*

♂ Lardaceous kidney. (Syn. Waxy, amyloid, depurative).

Causes: Suppuration and syphilis. All organs affected by morbid deposits, first in coats of arteries, later affecting surrounding tissue. Cachectic look; urine albuminous, often copious at first and low sp. gr., scanty later; casts fibrinous, sometimes epithelial; œdema gradual, beginning about ankles; ascites; loss of appetite, nausea, vomiting, diarrhœa frequently serious; pneumonia and pleurisy frequent; liver and spleen often enlarged; cerebral symptoms uncommon.

◦ *Acid: nitric. Acid: phosph.*

\* *Mercurius. Phosphorus.*

## SECTION II.

### *Tubular Nephritis.*

When suspected after scarlet fever, pain in loins, scanty urine without blood, begin with *aconite*.

When blood appears, give *terebinth* 1x gttij. 2nd dilution, and continue for some days.

If dropsy of cellular tissue and serous sacs, *arsenic* in high potencies, as well as in drop doses of *liq. pot. ars.* has been found useful.

If frequent micturition of scalding urine, with irritation of bronchial, laryngeal, or intestinal mucous membrane, *cantharis* 3x.

Inflammation of serous membranes, *arsen.*, *bryonia*.

œdema of lung, causing irritable dry cough, *ipecac.* 1x.

For coma, *opium* 1x is the most indicated, but *cantharides* 3x, *cuprum aceticum* 2x should be tried, the latter if accompanied by cramps and rigidity of muscle.

If the disease becomes chronic, the scanty urine may be increased by *digitalis*, and is indicated by increased tension of the arteries.

In the chronic form of tubular nephritis, anæmia with exhaustion and lassitude, *ferrum. sulph.* 1x. The dose must not be large, to avoid aggravation of kidney symptoms (see appendix).

When the dropsical effusion is accompanied by diarrhœa, *helleborus* 3x.

*Granular Kidney.*

When the kidney is in an advanced state of granular degeneration, we can only speak of palliation, but it is satisfactory to read the opinion of Professor Henderson (*B. J. H.*, vol xiv.) that the law of similars enabled him to manage cases better than he did with only his allopathic experience.

Unfortunately it is so difficult to discover in the early stages that the majority do not come under treatment till far advanced. In the early stages of degenerative disease, associated with stricture or calculous disease, *cantharis* 2x; when caused by abuse of alcohol, *merc. corr.* 3x; when caused by lead poisoning, *merc. virus* 3x; if not owing to lead poisoning, *plumbum. acet.*

In this form, too, for hæmaturia, *terebinth* should be given.

For the vomiting *kreosote* 3x., nausea and mucous expectoration, *pulsatilla* 1x.

For the nausea, with slimy secretion about mouth, bitter taste, anorexia and constipation, *acid. nit.* 1x., *chelidonium* under similar circumstances.

For the dropsy, *ferrum mur.*, 1x., *digitalis*;  $\phi$ , *scilla*, 1x.

Pericarditis, *arsen.* 3x.

Bronchitis, *arsen.* 3x.; *kali bich.*, 3x.

Laryngeal œdema, *apis*.

*Lardaceous Disease.*

Especially if of syphilitic origin, *merc. cor.*, 3x, continued for some weeks.

If evidence of fatty degeneration, *phosphorus* is indicated.

This only applies to the fringe of the subject, as no drug, as far as I know, gives rise to more than some accompanying conditions of this disease, the treatment must be looked for under Section III.

## SECTION III.

*Nephritis and Granular Kidney.*

In all cases free action of the skin must be kept up.

In acute cases bed with vapour baths at 96° to 98°. Hot air or hot brick bath. Tepid soft water and soap washing, followed by brisk dry friction, wet pack.

In chronic form, regular exercise in flannels in dry elevated region, dry and warm climate, Egypt, Malta, Malaga

or the Riviera. Shampooing downwards for dropsy of limbs and chest. Brisk friction for cramp of limb.

Diet.—Unstimulating albuminous and farinaceous food, as milk, eggs, fresh fish, peas, beans, bread, biscuits, cocoa, fresh vegetables and ripe fruit. Animal food, especially butcher's meat to be sparingly used. Alcohol to be avoided if possible, claret the least objectionable form.

For the renal asthma, *amyl. nitrite*, 2x.

For the vomiting, ice, soda water and milk, in addition to medicines in Section II.

For the epistaxis, plugging with perchloride of iron and cotton wool—ice. When the accumulation of water is great, elaterium necessary to relieve the stasis to enable a specific medicine to act.

Diluent drinks, hot linseed meal poultice to the loins help the kidneys to act freely.

For the coma and convulsions in the nephritis of pregnancy *apocy. cann. φ*, or the subcutaneous injection of the strong extract.

#### *Lardaceous Disease.*

Diet: generous and plentiful; beef tea, and Liebig's Extract, especially valuable for the salts contained.

Any continuous suppuration should, if possible, be arrested to avoid the onset of lardaceous disease. Supply salts of potash but avoid making urine alkaline.

*Amm. muriat.*, *acid nit.*, 1x, and *acid phosph.*, 1x., help to arrest progress.

If owing to syphilitic poison, *kali hydriod.*

#### SECTION IV.

*Ac. nit.*: In cases of granular kidney with nausea, slimy secretions from mouth and throat, yellow tongue, bitter or acid taste, bilious diarrhoea, or constipation, with piles and anorexia.

*Aconite*: If after scarlet fever or diphtheria fever returns during convalescence the commencement of nephritis may not be made out, *aconite*.

*Apis*: Dr. Eidherr reports a successful case of nephritis after scarlet fever (*B. J. H.*, vol. 27, p. 50, translated from *Allg. Hom. Zeit.*), also in the same report, two cases of Bright's disease (chronic tubular nephritis) in which *apis* was useful.

*Apocynum cann.*: A useful intercurrent palliative when the urine is scanty. (Atkin, *B. J. H.*, vol. xvii., 282).

Dropsy removed in case of albuminuria (Dr. G. Moore, *B. J. H.*, xxiii., 629) which came on during pregnancy. Dr. Fahnestock records two successful cases of coma and convulsions during pregnancy by subcutaneous injection of a strong extract of *ap. cann.* (*B. J. H.*, xxxviii., 280—*U. S. Med. Invest.*, Nov., 1878.)

*Arsenicum*: Dr. Eidherr reports (*B. J. H.*, xxvii., p. 50) that *arsen.* 80 was useful in diminishing the amount of albumen in two cases of Bright's disease, which came to a standstill after improving under *apis*. Dr. Pope found *ars.* 8x efficient in an acute nephritis. (*B. J. H.*, vol. xii., p. 485.) Five drops of Fowler's solution benefited a case of acute nephritis. (Dr. F. Farr, *Lancet*, 1862, vol. 1, p. 68—quoted in *B. J. H.*, vol. xx., p. 944.) In the acute nephritis following scarlet fever with ascites, and for the coryza of granular kidney. (Kidd, *B. J. H.*, xiii., 566.) A striking case of chronic nephritis cured by *liq. arsen.* reported by Professor Henderson. (*B. J. H.*, vol. xvi., p. 20.)

*Cantharis* used by Dr. Atkins with advantage in two cases of nephritis after diphtheria, urine scanty, blood discs, epithelial scales and albumen. (*B. J. H.*, vol. xvii., p. 287.) Early stages of degenerative disease and in acute and chronic tubular nephritis. Scanty high-coloured urine, scalding irritation of bladder and urethra, aching in loins or testicles. Epithelial scales in urine, anæmia, coma. Especially useful in cases associated with stricture or prostatic disease. (Kidd, *B. J. H.*, vol. xiv., 566.)

*Chelidonium*: A case probably of granular kidney, reported by Dr. Buchmann, in which *chelid.* 6 acted well.

*China*: Of great service in relieving exhaustion and lassitude, complained of in every stage of the disease. (Kidd, *B. J. H.*, xiii., 567.)

*Colocynth*: A case of albuminuria combined with sciatica, cured by *colocy. φ*, Dr. Peters. (*North Amer. Journ. Hom.*, vol. iv., p. 226).

*Crotalus*: The albuminuria of the exanthemata. (Dr. Hayward, *Mat. Med. Physiological and Applied*, vol. i., p. 810).

*Cupr. acet.*, 1st dil.: Cramps and rigidity of muscles, with neuralgic pains disturbing sleep. (Kidd, *B. J. H.*, xiii., 574.)

*Ferr. sulph.*, 1st dil.: Exhaustion and lassitude.



*Helleb.* : When the dropsical effusion is accompanied by diarrhoea. (Atkin, *B. J. H.*, vol. xvii., p. 282).

*Ipecac.* : For the irritable dry cough caused by œdema of lungs, and for nausea and abundant mucous expectoration. (Kidd, *B. J. H.*, xiii., 567).

*Kali bichrom.* : Bronchial complications.

*Merc. cor.* : Useful in the early stage of granular kidney caused by abuse of alcohol. Successful cases reported by Dr. Peters in *North Amer. Journ. Hom.* vol. iv., p. 216 *et seq.*

*Merc. vivus*, 1st. cent. trit. : Benefit in a case of albuminuria, probably granular kidney from lead poisoning. (Dr. J. Moore, *B. J. H.*, xxiii, 632.

*Mercury*, a supposed cause of lardaceous disease. (Graves and G. Budd.)

*Nux Vomica* : Useful for heaviness and stupor.

*Opium* : Is a palliative for stupor.

*Pulsatilla* : Useful for the nausea and abundant mucous expectoration.

*Terebinth* : Most useful when blood is present in urine. (Atkin, *B. J. H.*, vol. xviii, p. 282.) Indicated by scanty urine, deep coloured, containing blood, abundant albumen, extensive anasarca, irritability or relaxation of the bowels, anorexia, abundant mucous expectoration. (Kidd, *B. J. H.*, vol. xiii, p. 566.) Professor Henderson reports a successful case of hæmaturia of three months' duration, probably due to chronic nephritis, a sequela of typhoid fever (*B. J. H.*, vol. xiv., p. 15), also a case of the same disease after scarlet fever (*B. J. H.*, xiv, 19).

The points that I wish to invite discussion upon are :

1st.—In Section I. The length of the definition of the disease. I have intentionally given a full one, enumerating many symptoms, so as to avoid too pathological a standpoint, and to assist in differentiating cases.

2nd.—In Section II. and III. Should references be given to treatises, or should all references be reserved for Section IV.?

3rd.—In Section IV. Should references be exhaustive, or typical?

4th.—In all Sections should articles, pronouns, verba and other words be omitted as far as possible?

## APPENDIX.

I am induced to give the following provings of *cantharides*, because Dr. Buchner in his book on Bright's disease \* says:—"There are no organ remedies," and speaking of the fibrinous exudation of *cantharides* he says it is "not of sufficient importance, because the cylinders, the emulsive globules, the epithelia, the exudation casts are not found in the provings on healthy persons."

M. Bouilland † has shown that *cantharides* causes a true albuminous pyelo-nephritis, which was confirmed by the researches of Morel-Lavallée and Gubler. Thadäus-Brovicz (*Centralblatt*, 1st March, 1879) found an effusion of paraglobuline in the capsules of the glomeruli, and interstitial nephritis.

Rabbits were killed by the subcutaneous injection of 100 grammes of *cantharidine* dissolved in acetic ether. One of these, which died in twenty minutes, had albumen and flakes of fibrine in the urine. The epithelial cells and nuclei of the inside of the capsule were swollen, and some white corpuscles were found between the glomeruli and the capsule.

In rabbits dying from one to four hours after the injection of the poison, intense congestive distension of vessels and blood-red pyramids. In the glomeruli the vascular branch was separated from the capsule by a zone of liquid, more or less thick, containing white corpuscles and yellowish granules. The capsular membrane presented sometimes swollen endothelial cells containing some granules, sometimes only the nuclei, as if the epithelial walls had been liquefied and destroyed. The epithelial cells of the convoluted tubes were filled with yellow granules and liquid.

After two hours, inflammation of the straight tubes and collectors appears, attended by a modification of form of the cells and migration of leucocytes.

The bladder, after the first emission of a considerable quantity of urine, which happened fifteen to twenty minutes after the poisoning, remained contracted. The

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\* *Morbus Brightii*, by Dr. Buchner, Lilienthal's Translation, 1872, p. 60.

† *Comptes Rendus*, vol. xc., p. 188. Sur les lésions du rein et de la vessie dans l'empoisonnement rapide par la *cantharidine*. Note de M. V. Cornil.

surface was red; some drops of cloudy urine, which contained minute leucocytes and large spherical cells or long and flat cells.

\* With the object of studying the phenomena of a nephritis resembling in duration the acute or sub-acute albuminous nephritis on the human subject, small doses of *cantharidine* were given to a dog, every two or three days for a month. At each dose diarrhœa and vomiting occurred, and the urine contained red globules and hyaline casts, the kidneys of this animal presented all the lesions which are observed in an acute or sub-acute albuminous nephritis in man. (A detailed description to be found in the *Journal de l'Anatomie de Robin*, 1879.) These experiments show that *cantharides* can produce lesions altogether like the albuminuria produced by exposure to cold, or that following infectious diseases, as diphtheria and scarlet fever.

The mucous membrane of intestines, lung, trachea, and larynx is also affected. The capillary vessels of the liver are engorged with white corpuscles and the swollen epithelial cells almost all have two nuclei.

Poisoning† with the normal salts of chromium brings on a severe parenchymatous kidney mischief. In animals which survived the poisoning at least twelve hours, the epithelium of the injured urinary tubules was more or less swollen, metamorphosed into a dead mass without nuclei, either granular or homogeneous. The glomeruli and the straight tubules had normal epithelium.

When smaller doses of chrome salts were used no cell necrosis was produced, and the casts which were found in the urine were simply fibrine casts.‡

1. Manganese§ is not poisonous in the stomach, but in the blood it is one of the strongest metallic poisons.

2. Manganese, as well as most other hard metals, produces a peculiar nephritis which is of the greatest

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\* Cornil.—*Comptes Rendus*, Vol. xc., p. 537.

† *Die-Fortschritte der Nierenpathologie von Lépine*. German translation by Havelburg.

‡ A fuller account of the pathogenesis of chrome salts given by Gergeus *Archiv für Experimentelle Pathologie*, bd. vi. 148. Weigert *Virchow's Archiv*, bd. lxxii., 254.

§ Zur pharmacologie des Mangans und Eisens. Von Dr. Rudolf Kobert. *Archiv für experimentelle Pathologie*, xvi., p. 390. 1883.

importance for the study of the connection between parenchymatous and interstitial nephritis.

\* "In two cases of chronic nephritis, three injections of *citrate of iron* were made in order to diminish the albuminous condition of the urine. The fact that Kobert saw, in chronic iron poisoning, nephritis immediately appear, seems to me not absolutely a contra-indication, for we frequently employ, against diseases, those remedies which, given in larger doses, straightway produce those diseases. *e.g.* gr. *turpentine* and *copaiba* in nephritis and cystitis and *caffeine* in hemicrania."

"But hitherto my experience has not borne out my therapeutic expectations, for in both cases of nephritis the *citrate of iron* injection were completely valueless."

(Was the dose too large?—J. G. B.)

#### DISCUSSION.

The PRESIDENT then invited discussion, and

Dr. HOLLAND said he must confess he was intensely interested in the paper just read. He did not think it would be at all beside the question if he mentioned very briefly a singular case which came under his care for some years, and for which Dr. Dyce Brown could vouch. It was a case of chronic nephritis, and the amount of albumen discharged was so great that by the application of nitric acid and the boiling test one could almost invert the tube without any escaping, so solidified were the whole of the contents. The patient, a lady, had been attended by Dr. Bayes before he (the speaker) went to Bath, and had been more or less ill for about eighteen years. Sometimes she was better and sometimes worse. Some two years after he first saw her a tumour appeared in the left hypochondrium. There was no vomiting. The discharge of albumen was enormous and he (the speaker) believed it was connected with the kidney. He could not feel on percussion anything like fluctuation, but at all events, he was determined, after turpentine, cantharides, and all the other things had been tried, to put her under the *hepar*. In three days the discharge from the kidneys and the bowels was great. The discharge of pus was enormous, amounting in its entirety to several quarts. The lady got perfectly well. He strengthened her by every means he possibly could and some time ago she came to London. She inquired for Dr. Dyce Brown who saw her and who had just informed him he had since analysed her water and had not detected a single particle of albumen. Her health now was good. He mentioned that

\* Ueber sub-cutane Eiseninjectionen, Dr. Glaovecke. *Archiv für experimentelle Pathologie, u. Pharmacologie*, bd. xvii., p. 471.

case, not that it had any precise bearing on the paper read, but as one which was very interesting.

Dr. DRYSDALE said it was important they should get a list of all the medicines homœopathic to each particular disease in as short and concise a form as possible. He produced a book, Dr. Burt's *Clinical Companion to the Materia Medica*, which, he said, was a very useful work, comprising a great deal of information in a small compass. He looked upon works of the kind as of the utmost importance, so he hoped the Society and the body generally would try and help on such a work, which he looked upon as by far the best propagandist method.

Dr. SMITH: What advantage would your proposal have over Burt's?

Dr. BLAKE: It is not so correct. One man can hardly do it. There is such a mass of literature to be got through that one man could not do it.

Dr. POPE was of opinion that the paper they had had that afternoon from Dr. Gibbs Blake was an eminently useful one, in which he had put, in a very concise and useful form, knowledge which was of the first importance to everyone. He quite agreed with Dr. Drysdale, if a book were prepared upon that basis just at the present time it would be of immense use to them, because he was fully persuaded it would be a strong incentive to the study of homœopathy by the profession. A book like that put into the hands of gentlemen whose minds were beginning to be influenced towards homœopathy would be of the greatest possible service. They wanted something of the kind very much. The work divided amongst a dozen or twenty men would not be very excessive, and he should be very glad indeed if some arrangement could be made by which the Hahnemann Publishing Society, or the British Homœopathic Society, or some other body could arrange for gentlemen to take up definite parts and carry them out. Dr. Blake had already published a specimen chapter on Rheumatism or Rheumatic Fever, or both, in the *Monthly Homœopathic Review*. In the *Review* for November he hoped the paper just read would appear, and he trusted that when gentlemen read it over two or three times, were able to feel its importance and grasp its method, some one able to do the kind of work would come forward and undertake to do a given part. It might practically be divided amongst a dozen men so that in the course of a twelvemonth they would have something of very great importance. One plan which had been devised was to leave out little words such as "buts" and "ands." He could not agree with that as it would make hard and unpleasant reading. He for one should have no pleasure in reading a book of the kind. He felt pretty certain that if the sentences were fully expressed they would be much more easily grasped and much more

pleasantly read. He had only risen in the hope of stirring up some interest in a matter, which he felt to be of the greatest importance, and he hoped the issue of their meeting that day would be that some gentlemen would come forward to help them. If there were such, he should feel that this was the most important Congress they had ever had.

Dr. NICHOLSON would like to ask Dr. Blake one question, whether opposite the medicine he would put the symptoms indicating it in the disease.

The PRESIDENT said it was, no doubt, a very important subject, which would give them a stand scarcely any other book could give. When they had their *Materia Medica* homœopathic practitioners ought to think themselves well equipped. As Dr. Pope had said, if it could be undertaken by one or two gentlemen writing out one or two diseases, in the way Dr. Blake had treated nephritis, they might publish a volume immediately. If a dozen gentlemen would now say they would write out this and that, bound up together with Dr. Blake's paper they could issue a volume on the practice of physic at once.

Dr. E. BLAKE said he should be very happy to contribute a small paper on the inflammatory changes of the uterus.

Dr. POPE said it must be done under a given plan. It was with the idea of having a series of papers on the plan suggested that he asked for help. He should be happy to contribute a paper on the diseases of the larynx.

Dr. DRYSDALE feared they were misconceiving the nature of the book altogether. It must be alphabetical, it could not be in detached portions. They could not have treatises upon particular diseases; they wanted a nosology, with medicines at the end. The book he held in his hand, (*The Clinical Companion to the Materia Medica*), gave them a very good example as to what it should be: it was not so formidable.

Dr. GORDON SMITH thought there were some very good books that came from the other side of the water. *Johnson's Therapeutic Key* was a book he confessed he always carried about with him in his practice. It enabled him to distinguish in what cases and under what circumstances he should give particular medicines on the patient presenting certain symptoms. He did not think it would be any great help to them to have a list of medicines given under the name of diseases, if they had nothing to enable them to distinguish in or under what circumstances they were to be given. A great many people took a popular hand-book, and commencing with A, went through the alphabet until they got what suited them. That was not helpful. They must have a few symptoms given under each medicine, to enable them to rapidly come to a conclusion as to which they ought to give. Another book he found very useful was *Lilienthal's Therapeutics*, a

much larger book. He would suggest if there should be material got ready soon for printing a volume it should be small and handy, so that they could put it into their pocket. They wanted very often in a sick room to be able just to glance over the medicines because they could not carry in their minds the distinguishing features between one medicine and another. If they went to a case of typhoid fever or pneumonia they could take a volume and readily see which medicine, after examining the patient, was most likely to fit into the symptoms on this particular visit.

Dr. HARMER SMITH said there was an American book, *Bryant's Repertory*, which he was in the habit of taking with him, and had found it very valuable.

Dr. DUDGEON said the objects of the books mentioned were very patent. There was a great deal too much copying one from another—no originality or research exhibited by the authors, so far as he had been able to examine them. He hoped the work undertaken by this society would have more claim to science and to accuracy, and to everything that constituted a work they would not be ashamed to put into the hands of their professional brethren, than the manuals that had hitherto been mentioned. Of course those manuals were very useful as a sort of help to the memory in the sick room, but they did not come up to the standard which he thought they ought to hold out to themselves.

Dr. BLAKE, in reply, said he thought Dr. Nicholson's question was the first definite question asked, and in answer to that he should say they must recollect this was only a therapeutic *Repertory*, and was intended to form a portion of a series of papers. It did not seek to be put down as an authority for every medicine in ordinary use that they got in the *Materia Medica*. They had already their *Materia Medica*, and then came the *Therapeutic Repertory*. There was no intention to give references to the *Materia Medica*. Those will be supplied by reference to the *Materia Medica* and the *Repertory* to it. The only cases in which reference would be given to the provings would be in the third division of the medicines for distinct diseases. First, there would be those that were proved and found useful; secondly, those that were useful and not proved; and thirdly, those proved and not tested. In the case of those proved and not tested it would be desirable to put down references to those provings, because, in a great many cases, they might be new. With that idea he had written an appendix to his paper. They would go down opposite those medicines suggested in the third division. The other questions Dr. Dudgeon had answered for him. Dr. Smith had suggested it would be like Burt's and others, but when Dr. Gordon Smith asked for the differentiation between these medicines, and in a book of very small size, it reminded him of a man going to his architect and asking him to erect a small house with large rooms. It could not be done.

IODIDE OF ARSENIC IN ORGANIC DISEASE OF  
THE HEART.\*

By JOHN H. CLARKE, M.D.

Mr. PRESIDENT AND GENTLEMEN,—We are sometimes told that when the British army has won its greatest battles it has always been helped by allies—that if it had not been for these its victories would have been defeats. I find on going over my cases that the medicine whose praises I am about to set forth is very much in the position of the British army. It has fought the greater number of its battles in alliance with other very respectable warriors. But as we are not inclined to admit that all the glories of Blenheim are due to the forces of Prince Eugene, or of the Peninsular War to the Spaniards, or of Waterloo to the Prussians, so I think I shall be able to show that in the cases I am going to relate the medicines given along with the *iodide* were what our orthodox friends delight to call “adjuvants” and the *iodide of arsenic* itself the agent-in-chief.

The cases all showed evidence of valvular affection, and I cannot say that in any of them was there any improvement in the condition of the valves. That is not what we look for. When a valve is damaged the cardiac muscle is at once placed at a disadvantage, and until it has grown larger and stronger by hypertrophy all the symptoms of weak heart are experienced. When once the heart has recovered its balance these symptoms cease, and persons may and sometimes do go on for years and never know there is anything wrong with them. But the cases that come for treatment are not of this kind. They have, in addition to the valvular trouble, weakness or degeneration of the heart-walls. Unless something is done to arrest this degeneration or to enable the weakened muscle to recover its strength, a short life in great misery is all that the patient can expect. Now, it seems to me that *iodide of arsenic* performs this function of strengthening the heart muscle and arresting degeneration better than any other medicine I have employed. I have given it almost exclusively in the third decimal trituration two grain doses twice or thrice a day immediately after food.

CASE 1. *Mitral stenosis and incompetence with angina.*—Mrs. McC—, æt. 52, rather above medium size, grey eyes,

\* Read before the Homoeopathic Congress held in London, Sept. 18, 1884.



dark hair, thin, rather pale, consulted me April 22nd, 1882. She was taken ill in Scotland the previous July. She went to bed one night quite well, woke up with a feeling as if the ribs were being pressed into the heart; for thirty-six hours was in agony. It was a month before she was well enough to travel to London. She has the same sensation (of pressing in of the ribs) and palpitation at the same time. Has had two or three attacks since that in July, but not so severe or long-lasting. Has frequent severe palpitation and rush of blood. Is faint after the attack; in the night she wakes with a feeling of going over a precipice. If the feeling comes on when she goes to bed she cannot sleep at all and has to be propped up. Cannot go upstairs or exert herself as it brings on pain in the side—not the pain at the heart; that comes on when she is quite calm and still.

She has a cough night and morning and raises much phlegm. Has to be very careful with her diet. Never was strong; for ten years attended the Victoria Park Hospital for Consumption. Had her right arm broken twice, at six and at sixteen. Since the second break has had rheumatism in the arm, but never had rheumatic fever. Not having time to examine the chest thoroughly on that occasion I gave her *salvia* 1x, gtt. j, and *bry.* 3, gtt. j, 3 h. alt., and told her to return in a week.

The sphygmogram taken on this day is of great interest, the beat being regularly triple. The following week it was double and gradually became a single beat as the symptoms improved. It need hardly be said they were all taken with Dr. Dudgeon's sphygmograph.

Right, 4 oz.



Left, 4 oz.



April 29th.—Palpitation has been the same till the last two days. Has had a very bad cold, is coughing much;

cough is in fits. She raises a good deal of phlegm at night. Pulse 46.

*Examination.*—Vertical dullness begins at lower border of third costal cartilage. Transverse dullness at level of fourth costal cartilage extends two and a half inches to the left of the sternum. This part is bulged forwards. The apex beat is felt but very faintly, the impulse is felt near the sternum.

*Sounds:* regularly irregular. One strong beat is felt, followed by two smaller ones which make no impression on the pulse at the wrist. Sometimes there is a soft systolic bruit, and at tricuspid area a rough bruit apparently diastolic. The heart-sounds are clear at pulmonary and aortic areas. *Bruit de diable* in neck.

*Lungs:* dullness and slight flattening with increased vocal resonance and fremitus at right apex; exaggerated expiration.

Presc. *ars. i*, gr. ij, n. et m. p. c.; *dig. l*, gtt. j, t. d.

Right, 3½ oz.



May 6th.—First part of week worse; twice she fainted right away, but last part of week much better, less fluttering, less pain, less flushing, cough looser.

*Examination.*—The secondary beat is felt like a thump at the apex, where a soft systolic bruit is heard with the primary beat; it is heard nowhere else. The region of the apex is very sensitive. Rep.

Right, 3½ oz.



Left, 3½ oz.



20th.—Very much better. Has not had the heart so quiet for months, only has palpitation now when called suddenly, and then only slight. Appetite good, but she cannot take

ment. *Examination.*—Action of the heart quiet and regular, but instead of the two sounds three are heard; after the systolic comes the diastolic and then a sort of rebound. With the systolic sound, in the mitral area and over the third left costal cartilage a soft systolic bruit is heard. This is not heard with the third sound, and it is not heard to the right of the sternum. In aortic area the first is very feeble and the second stronger. In the pulmonary area all three sounds are heard, but not the bruit. Rep.

Right,  $4\frac{1}{2}$  oz.



June 3rd.—Keeping very much better. Phlegm hard to raise. *Examination.*—Lungs: prolonged expiration both apices and increased vocal resonance, the latter most marked on right side, with increased vocal fremitus. Heart-sounds much steadier, there is a thump with the first sound; a præ-systolic bruit can now be distinctly made out in mitral area: no apex beat is felt; cardiac dullness extends from half an inch to right of sternum five inches across. Rep., also *kali. bich.* ʒ, gtt. j. p. r. n. (for difficult expectoration).

Right, 4 oz.



She did not return till August 25th, 1883. Pulse 82, has no pain at heart now, though she feels it weak and is faint; there is a præ-systolic thrill. She returned on account of blocking of the nose and loss of taste and smell. I discovered a polypus in each nostril, the right the larger. Eighteen years before she had polypus, which she said was burnt. *Ars. i.* ʒx, gr. ij, n. et m.; *thuja* ʒx, gtt. j, q. d. *thuja* ʒ to be applied with brush three times a day.

September 8th.—Heart better, pulse 76, not so faint and low. Tastes better, can smell sometimes. Sleep poor. Rep.

19th.—Unable to sleep since 15th; has the "falling" sensation; continual fidgeting with the limbs. Pulse regular. *Act. r.* 1., gtt. j. q. d.; *coff.* ʒ, gtt. j, 1 h., p. r. n. *thuja* applied.

October 3rd.—Very much better. Sleep good after three days, fidgetiness better, nose better—less stopped. Rep. *Act. r.* and applications.

24th.—Very much better generally, can smell now and then.

November 14th.—Very much better; smells quite well, tastes better, sleeps well. Rep.

December 5th.—Very much better as regards the polypus, it gives no inconvenience now. Heart troublesome again; sleep not so good. Has pressure on the back of the head. The application of *thuja* now causes pain.

Right, 4½ oz.



29th.—In the early part of this year she had a great shock—the news of the wreck of a ship with her son on board. She was for many days in suspense as to his fate; but learned at last that he was among the saved. She does not think she has been well since the shock. She has nausea after all food. Tongue white, bowels confined. Has pain in the side. Nose fairly clear. Præsystolic still heard, only faintly, at apex. Pulse a little irregular; cough in fits; sleep bad till she used *coffea*. *Thuja* still causes pain. *Ars. i.* 3x, gr, j, n. et m.; *ign.* 1, gtt. j, q. d.; *thuja* application.

Right, 8½ oz.



January 12th, 1884.—Very much better. Had a faint on Dec. 31st, but much better on the 2nd and has continued so. Bowels rather difficult. Nose a little stopped; has flushes. Rep.

February 23rd.—Says she is “pretty well,” the polypus is the worst of her troubles. Is losing taste and smell; has rheumatism in left foot and arm. *Ars. i.*, n. et m.; *thuja* 3x. gtt. j, t. d.; *thuja* application.

March 12th —Better; nose better, tastes better, has little pain. Rep.

April 12th.—Has neuralgia, nose pretty well, has smell the last fortnight. *Spigelia* 1, gtt. j, q. d.

Right, 3½ oz.



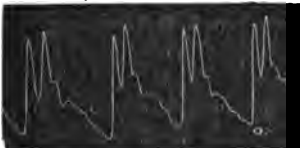
This case was two years under observation. She came originally for an opinion merely, not expecting to receive much benefit, knowing she had heart-disease. She was restored under treatment to activity and comfort, and I ascribe the chief share of credit to the *iodide of arsenic*. In the next case there will be less room for doubt, as the treatment was less complicated. By a curious coincidence he came to be treated for polypus.

CASE 2.—Wm. B—, æt. 26, cabinet-maker, rather below middle size, but well made and well nourished, pale, fair, came under my care May 26th, 1883, for polypus of the nose. He was treated with *thuja* internally and locally, and received much benefit, the polypus diminishing much in size and ceasing to give him trouble. He continued to attend at long intervals.

May 5th, 1884.—He complained that he felt ill in himself and was low-spirited, and suffered from giddiness. He attributed it to having three stumps taken out under gas about Christmas-time. Had chorea as a child. On examining his heart I found there were no proper sounds, all being replaced by bruits, the heart itself being much hypertrophied. I gave him *ars. i.* 3x, gr. ij, n. et m., p. c., and continued the application of *thuja*.

Left, 2¼ oz.

Right, 2¾ oz.



Right, 2¾ oz.



17th.—He expressed himself as much better generally, and gave a like report on the 31st.

On the 28th of June the improvement was still maintained, though he had not had medicine all the time. Rep.

On July 28th he was quite free from any symptoms relating to the heart.

The first (left) sphygmographic tracing shows the aortic collapse and rebound. The other tracings, taken the same day on the right side, show this peculiarity less marked. A further sphygmogram was taken on July 26th, and the tracing was much more like a normal one. The heart-sounds remained the same.

In this case the steady improvement in the heart's condition can only be attributed to the *iodide*, as this was the only new element introduced into the treatment.

On the 26th of July the following tracing was taken—

Right, 3½ oz.



CASE 3.—The next patient whose case I have to relate first came under treatment at the hospital in September, 1881, complaining of palpitation, faintness, weakness, general debility. I find also in the book this additional note: "No organic disease of the heart; appears anæmic; never had rheumatic fever." She received *digitalis* and afterwards *Ferr. mur.* 3x. She returned in June, 1882, complaining of pain in the left side on taking a deep breath, and for this she received *Bry.* 2x.

She came under my care in the following month. She was then sixteen years of age, pale, delicate looking, rather dark hair and fair eyes. The pain in the left side was then very bad. She has palpitation, preventing her lying down. As a child she had severe illnesses, chiefly cough troubles, for which she was leeches and bled. At nine months she had cramps and convulsions. She never had either scarlet fever or rheumatic fever. Palpitation and pain were the first things she noticed of present illness; she knows no cause; before these came she could run about like other children; the pains came before the catamenia appeared. Tongue clean, bowels regular, appetite varies. Catamenia on at present, not for three months previously; first appeared

nineteen months ago. She is constantly drowsy. Her feet swell at times; she has much pain in the legs. On examining the chest I found the physical signs of mitral stenosis and slight induration of apex in the right lung. She received *ars. i.* 3x, gr. ij, t. d. There was marked and immediate improvement.

Right, 4 oz. standing.



July 26th.—Better generally, appetite better; less palpitation. Still has pain in the right side; no pain in the legs. Rep.

August 9th.—She was seen in my absence by the house surgeon, who added *Bry.* 1x to the prescription, probably for the pain in the side.

It is important to follow the progress of this case as she has quite recently again come under treatment, and now presents the physical signs of aortic valvular disease as well as mitral. The treatment has therefore done nothing to arrest the progress of the valve lesion, but it has again and again given strength to the cardiac muscle. That the obstruction will in the end prevail in this case I fear there is little doubt, but I have also little doubt that the end may be indefinitely postponed, and life rendered much more endurable by medical treatment. The sphygmogram taken on the first occasion is one very commonly obtained in cases of mitral stenosis—small and quick but not otherwise abnormal. It is interesting to compare this with two recently taken since the development of aortic disease and hypertrophy of the left ventricle.

23rd.—Appetite rather better, tongue white, bowels regular. Palpitation not quite so bad. Still has pain in the side and right across the back, no tenderness, numbness in left arm and hand. *Ars. i.* 3x, gr. ij, n. et m.; *spig.* 3, gtt. j, 3 h.

September 6th.—There was improvement. The pain had gone from left arm and was better in the side. Catamenia regular. Rep. (*Spig.*, t. d.)

She now went without medicine for a time, but soon felt the worse for not having it. She was put on the *iodide*

alone, but as pains came on in both arms *spig.* 3, p j, was added every three hours.

November 29th.—Strength keeps about the same. Sleep good, appetite good, tongue clean, bowels regular, pain in the arms better; pain in the right side catches her when she talks; no cough. *Bry.* 3, pil. j, 3 h., replaced *spig.*, *ars. iod.* as before.

January 3rd, 1883.—Kept better for a time; not so well now. Pain in right arm from fingers down to side. *Ars. iod.*, n. et m.; *lach.* 6, gr. j, 3 h.

31st.—Much better, pain in arm much better. Appetite good, pulse quite regular. After this she remained much better till July 18th, when she came complaining of pains in chest and legs. The last prescription was repeated for a month. For the first fortnight she was better, but after that she was not so well. Numbness in arms and up the neck very bad; drowsy. *Spig.* 3, gtt. j, 3 h.

On September 19th there was not much improvement. Pain in the chest, worse on lying down and after eating bread; not much wind. Tongue clean. The pain is sharp. Catamenia returned after three months. *Naja* 6, gtt. j, 3 h.

October 17th.—Very poorly the first fortnight, better the last. Rep.

31st.—Very ill indeed. Pain in chest is very bad; it takes her breath. I now returned to *ars. iod.* and *spig.*, and the next report was better; pain catching in right side, but not so sharp; tongue clean, bowels regular, appetite fair. Rep.

November 28th.—Again not so well; gnawing at heart. Arms bad again. *Cala. c.* 6, p. j; *spig.* 1, p. j, 2 h. alt. She remained without treatment now for seven months.

June 25th, 1884.—She kept pretty well for a few months, but is now bad again. Cold weather suits her better than hot. She has pain in the side and left arm, and pains in the legs as if cold water were running down them. Catamenia regular now.

*Examination.*—Vertical dulness begins at third rib; transverse dulness extends from half an inch to right of sternum to three inches to left: visible pulsation in scrobiculus cordis and fifth space; beat strongly felt on palpitation. Apex: first accentuated and reduplicated, followed by second sound, no bruit; reduplication heard as far as sternum, but not to the right of left sternal edge; sounds



heard loudly at angle of left scapula. Aortic area: short-systolic bruit prolonged into carotids, where it is heard louder, the same bruit heard less loud in pulmonary area. No diastolic bruit in aortic area.

*Diagnosis.*—Disease of aortic valves and mitral stenosis, hypertrophy of left ventricle.

I put her on the *iodide of arsenic* three times a day, and gave her *act. r.* 1, *gr. j.* 1 h., to take when she had a "sinking" sensation she complained of.

Right, 3¼ oz.



July 9th.—Has been ill, but to-day is brighter. Has much aching in the arms, especially the left. The *actæa* seemed to help her. Her mother tells me that she is very nervous; she fears to go out alone. This has been so for some long time. I gave her the *iodide* night and morning, and *naja* 6 gr. j, to be taken when the pain in the arms was severe, the *actæa* when required, as before.

Right, 3¼ oz.



CASE 4.—*The next case (mitral stenosis) occurred in private practice.*—A lady, æt. 58, tall, very dark, blue lips, nervous, consulted me in September, 1883. From six months old had been subject to ague. She had married rather late in life, had had no children, and had been a widow some years when she consulted me. Had never had rheumatic fever. Fifteen years ago had had scarlet fever and inflammation of the lungs. Her breath had never been quite as good since, but she only noticed distinct difficulty for six years. This has been much worse for two years. A few days before consulting me (September 17th, 1883) she had an attack of diarrhoea. This was stopped by brandy, and immediately a "cold" in the chest came on.

cough hard and dry, unable to raise anything. She feels as if the windpipe was twisted and knotted, and *crows* with the difficulty she experiences as if she had whooping-cough. She feels very weak; is unable to walk more than a short distance, and not at all if there is a wind. The heart seems to stop and flutter. Sometimes she goes off into a kind of faint, but recovers very quickly. The feet swell about the ankles. Appetite poor; bowels confined. There is no tenderness about the larynx or trachea. The lung-sounds are feebler at left apex than right. There is a præ-systolic bruit.

She can sleep lying quite flat. Sleeps badly the fore part of the night, but well towards morning.

I gave her *digit. φ*, gtt. j, 1 h., ante cib., and *arsen. iod.* 1, gr. 1-20th, post cib.

Three days after she was very much better, lips less blue, expectoration easier. Much better generally. No alteration was made in the treatment. Her appetite improved, her walking powers returned, and on the 8th of October she considered herself quite well, and for anything I know to the contrary has remained so since.

(To be continued.)

## REVIEWS.

*The Knowledge of the Physician.* A Course of Lectures delivered at the Boston University School of Medicine, May, 1884, by RICHARD HUGHES, M.D. Boston: Otis, Clapp & Son. 1884.

BRITISH homoeopaths may well feel proud that one of their number has been specially invited by the authorities of the Medical School of the Boston University to deliver a course of lectures to the students of that school. They know of course that Dr. Hughes is fully competent for the task, but they must be gratified to learn that the genius of their fellow-countryman and colleague is so highly appreciated beyond the seas, that the rare honour of an invitation to lecture in an established medical school in another hemisphere was awarded to him. Dr. Hughes, though he does not say so, must have felt considerably embarrassed in the selection of a subject or subjects for his course, seeing that the Boston Medical School is provided with a competent staff of talented lecturers on all the branches of medical education. To a certain extent his choice was facilitated by the desire expressed by the school authorities to hear

him on a theme in which he has acquired a world-wide reputation by means of his published works and his lectures at the London School of Homoeopathy, to wit, *Materia Medica* and *Therapeutics*; but then that is such a wide field that he could not hope to exhaust it—scarcely, indeed, do more than touch it in a course of twelve lectures. Dr. Hughes surmounted the difficulties of selection in a most satisfactory manner, and gave his Boston audience a varied course. The first four lectures are devoted to generalities, such as are most appropriate for the introduction to the study of medicine. The next four contain the special treatment of two common diseases. The three following show the utility of the most recent discoveries in pathology to the further development of our specific therapeutics. The last is entirely taken up with general observations on *Materia Medica*.

The first lecture is on the knowledge of *life*. The lecturer sets forth the hypotheses regarding life current before Hahnemann's time, and that adopted by him. He then traces in a clear and precise manner the history of the most modern hypothesis of life through Brown, Fletcher, Drysdale and Beale, and he points out the weakness of the vital hypothesis maintained by our French colleagues of the *Art Médical*. We do not remember to have seen the subject set forth in such a lucid manner as it is here shown by Dr. Hughes. The second is on the knowledge of *health*. This lecture deals not only with the definition of health, but with the means necessary to maintain health under different circumstances. It is, in fact, a discourse on the hygiene of the body, including air, exercise, food and drink. The questions of vegetarianism and teetotalism, the use of tea, coffee and tobacco are calmly and sensibly considered. As regards the last named substance we fear Hahnemann himself could not have altogether met the approval of Dr. Hughes. He asks "how can the physician warn his patients against nicotian intoxication if he smokes all day?" Perhaps as Hahnemann smoked all day he did not warn his patients against the evil effects of tobacco, but as he inveighs against the use of coffee probably he did not care so much for this neurotic.

The third lecture, on the knowledge of *disease*, gives Dr. Hughes an opportunity to defend Hahnemann from the accusation so often brought against him by his ignorant opponents of being a mere treater of symptoms. Dr. Hughes shows that Hahnemann's method of examining patients is the best possible for ascertaining the morbid conditions, and the only possible one for selecting the remedy according to his therapeutic rule—*similia similibus curentur*. He admits that if we were dealing with disease as an object of science, a branch of natural history, symptomatology would be an insufficient basis

for our knowledge. But on the other hand for the purpose of ascertaining what medicines will cure it, symptomatology is the only sure guide. He gives an interesting extract from a speech of Dr. Russell Reynolds, urging the importance of attending to the subjective symptoms.

As in the third lecture the relation of diseases and drugs was expounded, in the fourth Dr. Hughes treats of the knowledge of medicines. As diseases must be studied clinically, so must medicines. He points out the impossibility of studying the action of a medicine in the schema-form adopted by Hahnemann, and he shows that it is only by the connected narrative of the medicinal malady produced in provings and poisonings that a clear idea of the action of medicines can be obtained. The schema ought only to be looked on as a kind of index to the effects of a drug: it is consequently to be used for reference, not for consecutive reading and study.

The subject of the *Materia Medica* and how it should be perfected is continued in the last lecture. The pathogeneses furnished by Hahnemann in the *Materia Medica Pura, and Chronic Diseases*, are criticised in Dr. Hughes' well-known style, and an earnest appeal is made for aid in the preparation of the new and more scientific *Materia Medica* projected by the British Homœopathic Society and the American Institute of Homœopathy, the editing in chief of which has been intrusted to the able and willing hands of Dr. Hughes.

Lectures five and six are upon a special subject, *Pyrexia and the Anti-pyretics*. The nature of force is first considered and the remedies for it are given in detail, the indications for each being set forth as fully and precisely as the actual state of our knowledge permits.

The seventh and eighth are devoted to a similar treatment of *Rheumatism and the Anti-rheumatics*. These four lectures are a valuable contribution to practical medicine, but in spite of their excellence they somehow seem out of place in such a course. Probably coming as they do after the opening four with their brilliant speculations, grand generalisations and masterly survey of the whole field of medicine, these being on such commonplace subjects as fever and rheumatism come in rather as an anti-climax. Still, taken by themselves, apart from their surroundings, they are by no means unworthy the great reputation of their author, indeed we may say they are the best essays on the subject our literature can offer, and are probably of more real value to the practitioner than those which precede and follow them.

If the lectures from five to eight are rather prosaic, the same cannot be said for the ninth, tenth and eleventh, on *Cerebral Localisation and Drug Action*. In these the latest develop-

ments and speculations of modern pathology are set forth in an attractive and lucid manner. The substance of many books is presented to us clearly and succinctly. The minute anatomy and modern physiology of the great nervous centres are graphically described, and every page of these three lectures gives evidence of the thorough acquaintance of the author with all that has recently been written on the subject, and of his marvellous faculty of presenting a complicated and obscure subject in a clear and intelligible manner. We will not say that Dr. Hughes has rendered it absolutely certain that the recent speculations and experiments of cerebral physiologists have been of great service to therapeutics, but we must allow that he has made this very probable; anyway, the whole homœopathic world must feel grateful to him that he has here shown that only homœopathic therapeutics can derive any advantage from the discoveries by physiological scientists. It is pleasant to think that the labours of the illustrious physiologists, which can only excite the admiration of our therapeutical opponents, but can afford them no manner of assistance in their practice, should be at once seized upon and utilised for the development and perfecting of our art by those who possess the key to scientific therapeutics—*similia similibus curentur*.

It would be superfluous to attempt anything like a full review of Dr. Hughes's admirable course of lectures, for we are convinced that all who wish to keep themselves abreast of the latest developments of the school of Hahnemann will hasten to read them for themselves.

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## NOTABILIA.

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### LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

THE Annual Hahnemann Lecture was delivered at the hospital on the 2nd ultimo by Dr. Pope, when the audience was both large and appreciative. As this lecture will probably appear at length in our January number it is unnecessary here to do more now than give a brief outline of its scope.

The lecturer commenced by giving a short sketch of the leading events of Hahnemann's career as a student, a physician, a scientific investigator of therapeutics, a public lecturer in connection with the University of Leipsic, his enforced retirement into private practice at Cöthen, and his residence and death in Paris. Having noticed those features in the career of Hahnemann which stamped it as one of exceptional greatness, he said: "The work which Hahnemann took in hand, that to which his whole life was

dedicated, that from the prosecution of which neither the sure prospect of professional advancement (would he but consent even to appear *stare super antiquas vias*), nor the most relentless persecution could make him swerve, was the laying the foundation of the science of pharmacology—"the science of the action of remedies"—that which *The Lancet*, the other day, defined as one 'which deals with the modifications produced in healthy conditions by the operation of substances capable of producing modifications.' Aye! and he went further than this, he built upon those foundations. He bridged over 'that wide and deep gulf' which, we have lately been told, 'has always been fixed' 'between the pharmacologist, labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapist struggling to apply these results to the successful treatment of disease.' The writer of the article in *The British Medical Journal*, from which this sentence is quoted, proceeds to say: 'we believe, however, that signs are not altogether wanting, which lead us to see that this gulf is beginning to fill in, and that in the not very remote future it will be successfully bridged over.' Gentlemen," Dr. Pope continued, "this gulf has been spanned; the bridge which crosses it has stood for well nigh a century! When, nearly ninety years ago, Hahnemann proved that it was the similarity between the action of a drug and the nature of the morbid process constituting individual disease, revealed by the symptoms arising from the administration of the one, and marking the occurrence of the other, as that which alone directed the therapist how to avail himself of the labours of the pharmacologist, he constructed that bridge! From that day to this evidence has been constantly accumulating, in all parts of the world, that its foundations were well and truly laid, and that the erection they supported was substantially and firmly built."

The indirect evidence of the truth of Hahnemann's therapeutic doctrine, which had of late years appeared from the practice and writings of physicians who deny the existence of a therapeutic doctrine, was then examined, and from this source it was shown that the fact that there was such a principle, such a doctrine in therapeutics, was being demonstrated every day. Having noticed the foreshadowing of the appearance of such a doctrine by Sydenham, Alison and Sir Thomas Watson, the inauguration of the pharmacological section of the British Medical Association was noticed, and the means of therapeutic research proposed by its President criticised and shown to be as inadequate for their purpose as they were wanting in originality. It was then argued that to find the clue to the labyrinth of the modes of action of remedies, all investigators of therapeutics were shut up to taking the line pointed out by Hahnemann. While, that practical,

clinical advantage of the results thus obtained might be taken, the truth of the homœopathic relations between medicines and diseases must be admitted. He then endeavoured to press the making of such enquiries upon the attention of the profession, concluding by describing our knowledge of this method of study as the direct result of the life work of Hahnemann, whose constancy and consistency, courage and self-sacrifice in pursuing it, constituted him one of the most genuine heroes who ever devoted a life to the ascertainment of truth in medicine, or ever laboured to diminish the physical suffering disease entailed upon mankind.

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### AN IMPERTINENT EDITOR!

FOR a journal like the *Medical Press and Circular* to refer to the proceedings of a meeting of medical men who practise homœopathically without a misrepresentation of them, and without a sneer at them, is as nearly an impossibility as most things! Accordingly, we find that in the number of this periodical for the 8th ult., Dr. Hayward is represented as having, in his presidential address at the late Congress, said that "homœopathic physicians held a separate Congress *not* because they were excluded from the meetings of the British Medical Association," &c.—when the real truth is, that Dr. Hayward alleged our exclusion from such meetings as the *raison d'être* of the British Homœopathic Congress! Then the fact that Dr. Hayward argued that though homœopathic practitioners raise no objection to the germ theory of disease, they yet maintain that it affords no help whatever in the cure of disease, is cited as an illustration of an instance in which the "force of impudence and self-sufficiency" can no further go! Impertinence is no argument. Can the editor of this Anglo-Hibernian organ of medicine show one instance in which, through discovering the particular form of germ which appertains to a given form of disease, anything has been done towards discovering a remedy for that disease? Sneering is a very simple process, a demonstration of therapeutic facts one of some difficulty. It is easy to discover germs—the grand question to be solved is how to destroy them without, at the same time, destroying their host! Messrs. Koch and Pasteur have done the one, will the editor of the *Medical Press and Circular* disclose the answer to the still open query?

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### THERAPEUTIC TRUTH *versus* PROFESSIONAL EASE.

IN *The Chemist and Druggist* for October appears a paper *On Homœopathy*, by Dr. W. B. A. Scott, whose name will be remembered by some of our readers as that of a scholarly writer of a few papers on the history of medicine. The *raison d'être* of

this contribution to the pages of our contemporary is to state that the writer is himself no longer a homœopathist. It is not attempted to show that homœopathy is untrue, or that any other mode of drug selection is more useful, because more successful, in practice than this. But homœopathy is a *questio verata*, and for the sake of it Dr. Scott does not think it worth while "to forego the cordial and intimate association of the bulk of a liberal profession, the inestimable advantages offered by admission to its societies and journals," and so on. Whether homœopathy is true or not is apparently a matter of no consequence to Dr. Scott! We are sorry for this, but, from other portions of his paper, are in no way surprised that such should be his feeling. Referring to homœopathists, he writes:—"I practised their system myself, according to my lights, for some years, and received nothing but kindness from members of that body, for many of whom I have the very highest respect, and towards one of whom every motive of filial piety and personal veneration combines to heighten that regard. But the late Professor Handerson, of Edinburgh, whom no one will surely charge with having been a lukewarm or ignorant homœopathist, himself dissuaded a brother physician from declaring himself a homœopathist, not because he entertained any doubt of the latter's perfect sincerity, but because he perceived his friend to lack some of the qualities essential to every useful adherent of a new community." Dr. Scott presently shows what he lacks in the following sentence. "For myself, I can truly say that, in my own practice, I never saw the smallest result of any kind attend the use of infinitesimals, *although I have witnessed striking phenomena follow their administration by abler and more experienced hands.*" (The italics are of course ours.—Eds.) Being then, on his own confession, incapable of practising homœopathically, we think that Dr. Scott has done wisely not to allow it to be supposed or even suspected that when he prescribes he attempts to do so.

#### THE HASTINGS HYDROPATHIC ESTABLISHMENT.

THE opening of a hydropathic establishment in a health resort so well known and of such importance as Hastings and St. Leonards, forms a matter of considerable interest to medical men, and no less than to the general public. The mild and equable climate of Hastings is much appreciated by invalids suffering from pulmonary disorders, and upon the character of the accommodation provided for them when residing there, in search of health, greatly depends the degree of advantage they will derive from their visit. As a summer resort, Hastings has also been growing in favour of late years. With a fine open seaboard to the south, and a country to the north abounding in



charming scenery and interesting historical remains, it is a town which the wearied and over-worked man of business, the convalescent requiring rest and freedom from home cares, may visit, with every prospect of sources of interest and amusement consistent with the quiet they need. The hotels and lodging-houses of Hastings have always maintained a good reputation for providing for the wants of visitors—but, nevertheless, an institution such as that which was opened with a large and most enjoyable garden party on the 10th of September, offers advantages which cannot be secured either in the one or the other, advantages which many will prize highly, and by which all may be benefited.

The situation, management, and general arrangements of such an institution must needs be of the best to enable it to meet the requirements of the invalid, the convalescent or the weary. Feeling the advantages which a hydropathic establishment in a town like Hastings is calculated to afford are considerable, we have taken some pains to ascertain how far the one we have referred to is adapted to supply them.

Passing up the somewhat steep ascent of the quaint old High Street of Hastings, we come into the Old London Road, and after a few minutes walk up the continuous hill, arrive at the mansion which has been adapted to the purposes of the establishment. It is at a considerable elevation above the town, but having much higher ground lying behind, and on the east side, it is admirably sheltered from the north and east winds so much dreaded by invalids. The aspect is full south, with as charming a sea view from the windows as one could desire to contemplate. This combination of elevation, with full protection from cold winds, is one that we are sure will be felt to be of the greatest importance, and to ensure an unusual degree of comfort during the winter months.

The house was one occupied for many years by the late Mr. North, a former member for the borough, and was originally one of good size; the company by whom it has been secured, have, however, added largely to its accommodation by building a very considerable wing on the north side, an addition which will enable them to accommodate fully seventy visitors. This has been well and thoroughly done, and is designed in so much harmony with the older part, as to give but little idea of its having been an after thought. It is in the lower portion of this part that the baths have been erected. These of course constitute the leading feature of the institution, and are, in a measure, its *raison d'être*. They comprise a well arranged Turkish bath, with its hot, hotter and hottest chambers—it being possible to raise the temperature in the last to 250° Fahr. The plunge bath is of sea water, the supply of which is continuous,

and hence constantly changing. Great care has been shown in securing full and free ventilation here. In addition, there are the ordinary hot and cold baths, arrangements for "packing," hot and cold ascending and descending douches, Droitwich brine, needle and rain baths. The appliances used in constructing these baths represent all the most recent mechanical improvements, and it is obvious, at once, that in their arrangement no expense has been spared to render them as efficient and comfortable as ingenuity could design or money purchase. The whole have been placed under the management of an attendant of great experience acquired at Malvern and elsewhere.

The furniture and fittings of the house in all its departments, the public rooms, private sitting rooms and bedrooms, are abundant, elegant and simple. The billiard and smoking rooms, the reading room and library, are all comfortable, appropriately furnished, and fairly supplied with newspapers and periodicals, and we doubt not that as the necessity for additions presents itself they will be so still more fully.

The drawing room has an excellent grand piano, is luxuriously furnished, and the view from the ample window is one of which no one, we imagine, could ever tire.

The dining room is very handsome, and has an equally good view from its windows both on the south and east sides of it.

The bedrooms are comfortably arranged and of a good size. *En suite* with some are prettily furnished private sitting rooms, of the comfort of which many invalids will feel the advantage.

The general management of the house is under the charge of a lady who would seem to have received *carte blanche* in providing for the wants of the guests. The table is excellently kept, the food ample, various, simple and well cooked.

Lastly, the house is surrounded by between four and five acres of well-laid out garden and pleasure grounds, with green-houses, arbours, excellent lawn tennis grounds and beautiful walks.

The water supply is abundant in quantity and good in quality; and the whole is filtered, purified and tempered by a new and ingenious apparatus, the joint invention of Mr. Baldwin Latham and Professor Way. The warming, ventilation, and drainage have all been studiously attended to, under the direction of Mr. S. B. Goslin, a well-known authority in sanitary science.

No medical officer is connected with the establishment. It is desired that those visiting it should select their medical attendant from among the many well qualified medical men of the town. As all our readers are aware, homœopathy is well represented in Hastings and St. Leonards; the physician and surgeon of the homœopathic dispensary there are Dr. Croucher and Mr. C. Knox Shaw.

To render such an Institution as this attractive, several things are essential. The house must be comfortably furnished, warm, and well ventilated. The table must be well supplied. The officials and servants civil and attentive. In all these particulars the Hastings Hydropathic Establishment will, we feel assured, bear comparison with any similar institution in the country. Another source of comfort which is gradually being carried out by the directors, and which is scarcely less important in an establishment of this kind is occupation in the form of amusement for the visitors. So far as billiards, lawn tennis, and music are concerned, they can scarcely, if at all, improve upon what they have done. The reading room, too, is moderately well supplied. Here, however, a greater variety of papers and periodicals will, we understand, shortly be furnished. Chess, draughts, a quiet game at whist on "the love system," as we have heard it described; bezique, dominoes, bagatelle, and similar amusements, which some excellent, energetic, and, at the same time, healthy and active people denounce as "frivolous," are, nevertheless, the very best means of driving away anxious thought from the weary, of relieving the tedium of convalescence, and dispelling the *ennui* which ever hovers about enforced idleness or incapacity for exertion, and is oftentimes the demon who "finds some mischief still for idle hands to do." Having done all that well can be done to minister to the material comforts of their visitors we have no doubt but that such thoroughly practical business men, as the directors are, will provide fully and liberally for their amusement.

In a locality admirably adapted for its purpose, comfortably furnished, and very well managed in all its departments, the Hastings Hydropathic Establishment thoroughly deserves success and we sincerely hope that it will meet with it.

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### EDUCATION.

At the annual meeting of the American Social Science Association, September 11th, 1884, the Secretary of the section on Education, Mrs. J. T. Talbot (the wife of the Dean of the Medical Faculty of the Boston University) read her report on recent educational work. In the course of it she made the following very practical strictures on the latest educational whim of certain *doctrinaires*, whose chief delight it is to pose as "advanced thinkers."

"There can be little question that to a certain extent, it is desirable to instruct children in regard to the functions and normal condition of the human system; yet this should be done with the greatest caution, otherwise erroneous and often injurious notions will be inculcated. Recently, legislation has been secured

in the States of Michigan, New York, Vermont, New Hampshire and Rhode Island, requiring that 'physiology and hygiene shall be taught in the public schools of these States, with special reference to the effect of alcoholic drinks, stimulants, and narcotics upon the human system.' The advocates of this law propose not only to introduce this proposed instruction into advanced schools, but, according to the statute of Michigan, instruction in these special topics must be given to 'all pupils in every school.' Thus the pupils in primary, infant and kindergarten schools supported by the State *must* be instructed in 'the effects of alcoholic drinks, stimulants, and narcotics on the human system.' We think it quite time to enter an earnest protest against this method of nurturing children. This whole plan, however philanthropic may have been its origin and aim, is, to say the least, a misconception of the function and duty of the public school, and is impracticable in execution.

"It is not proposed by this legislation to teach the normal, but the abnormal; not health, but disease; it is not physiology, but pathology; it is not temperance, but intemperance; a line of instruction, the farthest possible, from the true work of the public school. That it is impracticable in execution is apparent from the fact that teachers themselves cannot be prepared to give correct instruction upon 'the effects of alcoholic drinks, stimulants and narcotics on the human system' where authorities differ so widely as to these effects, which are so unlike under different conditions.

"The civilisation of to-day demands that the atmosphere of the school-room be pure and wholesome, that the instruction be adapted to the capacity of the pupils, and that a temperate and rational manner of living may be incited by the lives and examples of their instructors. On the other hand, let children suffer from long and continuous hours of confinement in school, let their brains be crammed and their bodies over-worked, let their food be improper and their sleep deficient, and we shall soon discover morbid appetites and a craving for stimulants, which often lead the way to inebriety, lunacy and kindred diseases."

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### MERCURY AND SYPHILIS.

THE homoeopathicity of *mercury* for syphilis was recognised at a very early period. In the reign of James I., when the then Countess of Somerset contrived the murder of Sir Thomas Overbury she sent him presents of poisoned food. The poison chiefly employed was the *bichloride of mercury*, which was then known as the *sublimate of mercury*. In the "History of Crime," chap. vii., p. 147, we read that "the crafty apothecary whom

they employed was aware that this preparation would produce symptoms *undistinguishable from those of a loathsome disease*. It thus appeared possible to disgrace Overbury in the very process of killing him and to increase his malady under the pretence of attempting to alleviate his sufferings."

PERCY WILDE, M.D.

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### TINCTURE OF *NUX VOMICA*.

SOME new remarks on this tincture have been published by M. Conroy, who has studied the effect of alcohol of various strengths on *nux vomica*. From the results obtained it appears quite evident that the rectified spirit of the Pharmacopœia and alcohol of greater strength are *unsuitable* as menstrua for the extraction of *nux vomica*.

The reason he assigns is that the strong spirit hardens the cell-walls, by coagulating albumen and absorbing water, and therefore impedes the necessary osmotic or diffusion process; whereas dilute spirit softens the cell-walls, causing them to swell up, and promotes diffusion. The best menstruum he declares to be a spirit which has a specific gravity of 0.88.—*Magazine of Pharmacy*.

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### GRANDILOQUENT !

IN a paper in the *St. Louis Periscope* (July) entitled "A Plea for a Southern Institute," Dr. Monroe of Birmingham, Alabama, urges its establishment in the following flight of American oratory:—

"It throws us into an ecstasy at the thought that some day we will squeeze the honest metacarpals of Breyfogle, Valentine, Franklin, Ludlam, Dowling, Farrington, and an hundred others equally dear, right here on our own beloved soil. All we want, friends, is a chance, and we'll throw the records of Southern Hospitality into the dreamy and forgotten past. We'll tickle your gustatories with the crimson strawberry and the golden orange, fresh from the everglades of Florida. We'll stimulate your brain cells with the fermented juice of the grape, reared upon the genial soil that gave us birth. Our fairest maidens will attune their vocal chords and waft a welcome of sweetest music to your semicircular canals. Our rarest exotics will meet the eyes so inured to scenes of suffering and death, and give their fragrance in prodigal degree to titillate the olfactories accustomed to the perfumes of carbolic acid and cancer. Downy couches will soothe their great nerve centres to perfect rest, and so on, until a nightly 'hurrah' shall go up for the land of Clay,

of Calhoun, of Holcombe, of Dake and of Orin. A hurrah that shall echo from the Golden Gates of California to the snow capped summits of the White Mountains. We'll all meet here some day, 'the blue and the grey,' but we'll be under one flag this time, and we won't come together for murder or rapine. With our swords turned into lances, we'll meet on Christ's own mission in the interest of health, of home and of happiness. 'Twill be a war council, but the war will be waged against the demon of disease. And behind the beautiful insignia which the smoke of a hundred battles has only served to brighten, we'll be arrayed in solid phalanx, ready for the fray; and another flag will be borne aloft by our noble band—a black flag—a token of undying and unending strife; a strife without quarter. Heroes will fall as victims to the enemy's shafts, as heroes have fallen and are falling. Other and younger hands grasped these flags, the white flag and the black flag, when they fell from the hands of Hahnemann, Hering and Dunham. And when these hands are feeble, and the noble hearts that nerve them to their task shall cease their muffled beat, younger hands will come again, and so on and on, into that eternity that we cannot compass with our mortal minds.

“Let's have a Southern Institute.”

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#### “HUMANITY'S BONFIRE.”

Of the many sensational headings in which transatlantic newspapers allow themselves to indulge, that of “Humanity's Bonfire,” which figures in the *Indianapolis Herald*, is not the least curious. The occasion of it is the destruction by fire of the instruments of restraint in use in the Indianapolis Asylum, of which Dr. W. B. Fletcher is the medical superintendent. A pile, twenty feet high, we are told, composed of cribs, fetters, halters, straps, and other mechanical means of restraint, was the material for an imposing bonfire, which the doctor invited his friends to witness. In terms as glowing as the fire itself, the narrative tells how, “in the presence of the rejoicing inmates and visitors, the torch was applied to the hideous pile, and the implements of restraint were consumed.” The superintendent addressed the patients in terms of kindness, and they in their turn cried and shouted for joy, and blessed their benefactor. Prayer was offered by a clergyman. Major Gordon congratulated the asylum-managers on the event, and predicted a similar movement in prisons. The Rev. Oscar McColough said the first great fire in the world was the burning the Pope's Bull by Luther; the second, the burning of the Bastille; while the third was the burning of the instruments of restraint by Dr. Fletcher. The asylum closed these extraordinary services by singing the dox-

ology. So far as this proceeding is an indication of a more humane treatment of the insane than that which obtains in some of the American asylums, we rejoice at it; but the account reads a little too much like a spasmodic effort to introduce a better system without a logical consideration of the whole bearings of the subject of the non-restraint of the insane. Every one knows that there are occasionally cases in the best conducted asylums, in which mild forms of restraint are the kindest modes of protecting the patient from injuring himself and others. The correct discrimination of such cases is not aided by fanaticism, nor yet by "Humanity's Bonfire," however excusable it may be, regarded as a reaction from an intolerable amount of cruel restraint such as appears to have existed at Indianapolis.—*British Medical Journal.*

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#### DOCTORS' FEES.

THE celebrated Dr. Radcliffe, who was for many years President of the Royal College of Physicians, made over £7,000 a year when in the height of his fame. This was a large sum in those days. It was this same Dr. Radcliffe who gave his name to the Infirmary at Oxford, and was the owner of the renowned "gold-headed cane" which he had made of a particular pattern for himself, the shape being that which we now call a crutch. This was not the orthodox form, which we see in Hogarth's picture, of a rounded, elongated knob, generally of ivory, but often of gold or silver. The gold-headed cane was inseparable from the doctor, and on his death the symbol of authority passed successively into the hands of the Doctors Mead, Askew, Pitcairn, and Baillie.

It is stated that Dandridge, the Apothecary, whom Dr. Radcliffe patronised, died worth more than £50,000.

Dr. Radcliffe's successor, Dr. Mead, is stated to have made from £5,000 to £6,000 a year. An anecdote is told of these eminent men:—"What," said Radcliffe, "you read Hippocrates in the original? Take my word for it, when I am dead you will occupy the throne of physic in this great town." Mead: "No, sir; when you are gone, your empire, like Alexander's, will be divided amongst many successors." Dr. Mead was an accomplished and varied scholar. He devoted his attention to studying the nature of the plague, which had made such serious havoc; strongly recommended inoculation in case of small pox, at the instigation of Lady Mary Wortley Montague; and attended the last illness of Sir Isaac Newton. Dr. Baillie realised by his practice from £9,000 to £10,000 a year. It is

said of Sir Henry Halford that he made the largest income ever known in the profession at his time. It is, however, reported that he and Dr. Baillie, who were the two fashionable physicians of the day, were posting down to Windsor to attend on Royalty, and they compared their annual incomes; Halford had made 9,500 guineas, Baillie 100 guineas more.

Sir Henry Halford's family name was Vaughan. His father, Dr. James Vaughan, was an eminent physician at Leicester, who had five sons, and devoted the whole of his annual professional income to their education, and they all became distinguished in their callings. Sir Henry Halford, Bart., whose professional income is said to have reached £11,000 a year, was Physician in Ordinary to four successive Sovereigns. Almost every member of the Royal Family from George III. to George IV. had been under his professional care. His patients were the Court Guide.

As to special fees, it is well known that a grateful patient threw his nightcap at Sir Astley Cooper, which insult the celebrated surgeon pocketed, and on examination was found to contain a cheque for £1,000. But this has been eclipsed by others:—Radcliffe received for visiting Lord Albemarle at Namur, £1,600; Grandville received £1,000 and his travelling expenses for a journey to St. Petersburg; and a popular physician of the present day, £1,000 for each of two visits to Pau, and £1,500 for travelling to Perthshire and remaining a week with his patient. The fee of fees, however, was that received by Dr. Dimsdale, in 1768, for inoculating the Empress Catherine and her son at St. Petersburg. It consisted of £12,000 paid down, and £500 a year for life, and the dignity of a Baron of the Empire!

Coming to our own time, the London correspondent of the *New York Medical Record*, speaking of Sir Andrew Clark, says: "He begins to see patients in his consulting-room every morning at half-past eight, and even then he cannot be seen without making an appointment in advance. After seeing his morning patients he drives out on his rounds, and only returns home to dine towards eight o'clock." "There is no doubt," says the *Student's Journal*, "Sir Andrew has an enormous practice, probably the largest and most lucrative in London. Some years ago, before receiving his baronetcy, it was said he was making £15,000 a year. He must be making considerably more than that now. A patient calling upon him a few weeks ago was astonished to find a large room filled with patients, although he had been seeing them without intermission for some three hours, whilst his appointment-book was quite filled up for the remainder of the day."—*Burgoyne's Journal of Pharmacy*.



### A YANKEE.

A CURIOUS and very typical nineteenth century character died at New Haven, Connecticut, about a month ago. This was Rufus Porter, the founder of the *Scientific American*, one of the most popular and useful of all the technical journals published. That paper gives a sketch of Rufus Porter's career. He dates from 1792, and was, therefore, in his 98rd year when he died. He had two or three little scraps of schooling, but finished his education at the age of twelve, by which time he seems to have been a more or less accomplished mechanic, musician, artist, and poet. He filled up his time in constructing and inventing and fiddling till he was fifteen, when he was apprenticed to a shoemaker. He tramped 106 miles, from Portland to West Boxford, to take up this profession, but soon abandoned it, and got his living for a time as a musician. At eighteen he took to sign-painting. The war with Great Britain broke out in 1812, and he painted gun-boats; then he painted sleighs; wrote a book on the art of drumming; went into actual military service; taught school; constructed a grist-mill and then invented a sort of camera obscura, which enabled him to take accurate portraits.

He was now between twenty and thirty years of age, and from then on for some years he alternately tramped about the country with his portrait machine on a light handcart, and abandoned it to carry out any new idea which flashed into his never-resting brain.

Sometimes he wrote a book; then turned to painting; then edited for a time; generally doing well, but always abandoning every scheme when he was getting on with it, because some new idea had struck him. Notwithstanding the activity of his brain, he had in a high degree the gift of contentment. He was satisfied if he had liberty to follow up any scheme which occurred to him.

It was in 1845 that he established the *Scientific American*, and he worked it for six months. Then he sold it to its present owners, and went off on other tracks. Always moving, always inventing, always happy.

The moment a new thing occurred to him he made a drawing and description, and sold the whole or a share for a small sum; and then worked out some other idea, to be sold in the same manner. The mere catalogue of his inventions would be tedious. Among them were a flying-ship, an air-blower, punching-press, trip-hammer, pocket-lamp, pocket-chair, fog-whistle, wire-cutter, engine-lathe, clothes-drier, grain-weigher, camera obscura, spring pistol, engine cut-off, balanced valve, revolvidal boat, rotary plough, reaction wind-wheel, portable house, paint-mill, water-lifter, odometer, thermo engine, rotary engine, and scores of other inventions.

Mr. Porter's long and active life is another proof that it is worry, not work, which kills.—*The Chemist and Druggist*

## A CORRECTION.

In our last number we reprinted from a Yorkshire newspaper a paragraph giving an account of the progress of cholera in the South of France, which had originally appeared in some other periodical. *Inter alia* it was stated, that all cases of cholera occurring at Cette had recovered, and that this was vouched for by Dr. Bouffier, of Cette, and Professor Fonssagrives, of Montpellier, who had been so struck by the results he had witnessed, that he had already acknowledged the truth of homœopathy! The Paris Correspondent of *The Yorkshire Post* is, we believe, responsible for the origination of these assertions—but that regarding M. Fonssagrives is certainly incorrect. Dr. Claude, of Paris, on seeing the extract in the *Review*, wrote at once to M. Fonssagrives to ascertain how far it was true. In the course of his reply to Dr. Claude, M. Fonssagrives says: "I have not been in Cette for the last six years; and I have not seen a single case of cholera during the existing epidemic. The doctrines I hold are set forth with great sincerity and perfect clearness in the introduction to the second edition of my *Principles of General Therapeutics* published within a year. These leave no doubt upon the point."

How the story got into circulation is to us a mystery. Perhaps some homœopathic physician in or near the scene of the epidemic could enlighten us. If so we shall be glad to hear from him.

## CORRESPONDENCE.

## MEDICAL PLAGIARISM.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—In the course of Dr. Pope's very excellent address, delivered at the Hospital on October 2nd, he mentioned several instances of the principles of homœopathy being carried out by many of the leading practitioners of the day without acknowledgment. As another example of this fact I would wish to relate the following circumstance:—On the 15th of February of this year, at the Military Medical Society held at Woolwich, Sir Joseph Lister, in the discussion which took place upon the question of the best application as a dressing for the first aid to the wounded in the field, advised applying a solution of corrosive sublimate 1-1000 of a grain dissolved in glycerine. He spoke very strongly of its value as an antiseptic dressing for all wounds, and stated that it took sixteen parts of cold water to dissolve one of corrosive sublimate, and several parts of spirits of wine, but that glycerine dissolved it with remarkable rapidity. *Hahne-*

man (one hundred years ago), in his work on *Old Ulcers*, which appeared in the *British Journal of Homœopathy*, in April last, mentions that he found a solution of corrosive sublimate of inestimable value in the cleansing of old foul ulcers, and, also, attests its value as an antiseptic. He advised twenty grains to be dissolved in one pound of water, and to be applied only sufficiently strong to cause a slight smarting. He mentions as well that *nitrate of mercury* is even of more value as an antiseptic than corrosive sublimate. Since reading the result of Hahnemann's experience I have used a lotion of the sublimate and glycerine with satisfactory results. At the present time I am attending an old lady suffering from varicose ulcer; it extended almost round the leg, a few inches above the ankle joint, and was covered with a dry black offensive slough. After applying the corrosive lotion for a few days the slough commenced to separate from the edges of the wound; discharge of a healthy character was set up and a new skin commenced to form; although the wound is still far from being healed it is in a healthy condition and is making satisfactory progress.

I am, Gentlemen,

Yours faithfully,

A. H. BUCK.

48, Primrose Hill Road, Haverstock Hill, N.W.

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### HOMŒOPATHY IN BOMBAY.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—A lady patient has brought under my notice the claim and necessity of the great city of Bombay to have a good resident homœopathic practitioner. The second largest city in Her Majesty's Empire, with a large number of European and influential native inhabitants, many of whom are decided believers in our system—it certainly presents a fine field for successful and interesting practice. An Austrian physician was there for about two years and succeeded in obtaining a large connection, but left through ill-health. There are two dispensaries under native management, doing good pioneer work. There is no doubt that a well educated and enterprising physician would very speedily acquire a lucrative practice. Should any such wish for further information I will be glad to correspond, and also to ensure valuable and influential introductions to any suitable practitioner.

Believe me,

Yours faithfully,

WM. ROCKE.

Ipswich, Oct. 14th, 1884.

## THE CYCLOPÆDIA OF DRUG PATHOGENESY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN.—You say that the "*Cyclopædia of Drug Pathogenesis*," now in progress, will be of little use to the practitioner until its index is compiled, which cannot be for some years to come. Allow me to point out that this is hardly so, as the existing *Repertories* are—roughly speaking—indices to any *Materia Medica* that may be compiled, and can be used as such for ours as far as it may have gone.

Yours very faithfully,  
RICHARD HUGHES.

Brighton, October 9th, 1884.

## ALLOPATHIC HOMŒOPATHIC DISPENSING.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As an illustration of the above, permit us to mention that a prescription of Dr. Dyce Brown's for *cannab. ind. 8x*, sent by mistake to a neighbouring allopathic chemist (who styles himself "Homœopathic" on his labels, and has a conspicuous display of "Homœopathic Medicines" in his window) has been handed to us with an enquiry whether it was correct?

We have taken the liberty of sending you the phial and contents, which is either the B.P. tincture or the mother tincture of the drug; in any case it is not carrying out the prescriber's intention and is a dangerous substitute for 8x.

There are, however, honourable exceptions to this plan of dispensing homœopathic prescriptions; many allopathic chemists prefer sending such to the nearest Homœopathic Pharmacy to be dispensed for them.

As an additional illustration of the danger of obtaining "Homœopathic Medicines from questionable sources," we enclose three samples (viz. :—*ars. a. φ*, *phos. φ*, *merc. sol. φ*,) originally obtained from a "depot for Magnetic Belts and Homœopathic Medicines" in London.

Such instances could no doubt be multiplied if Homœopathic Chemists noted the samples of impossible preparations presented to be re-filled at their respective pharmacies.

We are, Gentlemen,  
Yours faithfully,

20, Bishop's Road, London,  
September 22, 1884.

WHITE & Co.

[The foregoing letter is an additional illustration of the necessity for exercising caution in the selection of a shop from which homœopathic medicines may be safely purchased. The people referred to in this letter have an announcement con-

spicuously placed in their window that they sell "Homœopathic Medicines," and have a set of labels in which they describe themselves as "Homœopathic Chemists," and, nevertheless, when handed a prescription for the third decimal dilution of a drug they deliberately put up the pure tincture of it! This has every appearance of fraud about it, and ought to be treated as such.—Eds. *M.H.R.*]

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### THE PROPOSED HOMŒOPATHIC HOSPITAL IN BRIGHTON.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Will you permit me, through the medium of your valuable journal, to most cordially thank those of my colleagues who have so promptly and kindly replied to my circular, which, I am sorry to find, seems to have generally conveyed the impression that I was endeavouring through it to attack their pockets. Than this nothing was more foreign to my intention. The facts are simply these, some wealthy and influential friends being desirous of seeing established in Brighton a hospital such as its population of upwards of 140,000 demands, and having promised to support me in setting it on foot, it occurred to me that the most ready plan of getting general information on the details to lay before these friends would be to ask for information from all whose names appeared in our Directory. Having now received what I desired I shall proceed to mature my plans, and I can only say if any one will come forward more capable of undertaking the labour of love, I will not only most willingly make way for him, but do all in my power to assist him in bringing about this most laudable and excellent scheme.

Yours very truly,

HENRY BELCHER.

12, Pavilion Parade, Brighton.

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### "REVIEWING MADE EASY."

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Dr. S. Yeldham could have found in the eighteenth volume of the *N. A. Journal of Homœopathy*, page 287, a review on Berjeau's *Syphilis*, written by the late Dr. Hunt, then its managing editor.

I feel sorry that Dr. Yeldham felt so hurt about what was an unintentional error of Messrs. Boericke & Tafel, who are the last ones to be guilty of plagiarism, and they are perfectly able to set themselves right before the public.

As I was the only editor since the new series began, I feel sorry to see such a charge made; as the *North American* is very careful to give full credit where it belongs.

By inserting these lines in your most valuable *Monthly*, you would greatly oblige.

228, West 84th Street, New York.  
October 14, 1884.

Yours truly,  
V. LILIENTHAL.

[We do not think that Dr. Yeldham intended to cast any reflection upon *The North American Journal of Homœopathy*. The notice of Dr. Berjeau's book, referred to by Dr. Lilienthal, is worthless for commercial purposes; that by *The British Journal of Homœopathy*, of Dr. Yeldham's, is valuable. But Dr. Berjeau's has to be sold in America—hence the "unintentional error." That is how we should interpret the "plagiarism." Neither do we suppose that Dr. Yeldham feels "hurt," but only a little "shocked"!—Eds. M. H. R.]

#### HAHNEMANN'S DOSAGE.

To the Editors of the "*Monthly Homœopathic Review*."

GENTLEMEN,—The mischief arising from an erroneous statement is directly proportional with the authority of its perpetrator; and the reputation which Dr. Hughes has among a large class of professed homœopaths is my excuse for troubling you with another refutation of a fallacy to which I have already replied *usque ad nauseam*.

At page 612 of your *Review*, Dr. Hughes says: "In truth, some limitation must be made; this sort of thing, as Hahnemann said for the high-potentizers of his day, cannot go on *ad infinitum*. He proposed the 80th as the limit for the sick. We choose the 6th for the healthy—which, having regard to the difference of susceptibility in the two states, seems fairly correspondent." Now this line of argument seems at first sight very plausible; only, unfortunately for Dr. Hughes, it is founded on an error. It is true that at one period (I think the year 1831), Hahnemann suggested in a private letter to Dr. H. Schreter the advisability of adhering to the 80th potency; but he distinctly states that he made that suggestion *simply for the sake of uniformity*. Why continually quote this letter, when Hahnemann's later teachings are altogether at variance with it? I need not occupy your space by giving you all the quotations, but I would especially call attention to the following facts:—

(1). In the note to section 287 of the *Organon*, Hahnemann declares that the higher the potency the more rapid and penetrating is the action, even when carried to 60, 150, 300, and higher.

(2). In part 5 of the *Chronic Diseases* he says: "We obtain, even in the 50th potency . . . medicines of the most penetrating efficacy."

(3). Bœnninghausen, who corresponded with Hahnemann up to two months previous to his death, reports two of his cases, treated in 1842—8. Of these he says: "Whenever the potency is not distinctly indicated in these two reports, the reader will please understand the 60th—a form of expression implying that Hahnemann frequently used the 60th at that time" (See *Amer. Hom. Rev.*, vol. 200).

(4). In *The Organon*, I., 284-5, is published a letter written by the late Dr. Malan to Dr. Hughes, in which he says: "I often saw him (Hahnemann) use very high dilutions, and one of his most remarkable cures was with one single dose of a very high one (Jenichen's I believe), and I have frequently heard him say that the 80th was not to be fixed as the limit."

But if Dr. Hughes quotes Hahnemann—however erroneously—as an authority on the proper potency for making the sick well, why does he reject his evidence as to the proper potency for making the healthy sick? In Section 128 of the *Organon* (published 1839), Hahnemann advises provings to be made in *globules of the 30th dilution*. Is it either just or logical for Dr. Hughes to quote only that portion of Hahnemann's writings which coincides with his own pre-conceived ideas? It would, however, be extremely interesting if Dr. Hughes would inform us upon what grounds he bases his conclusion that the action of the 6th potency on healthy persons corresponds to that of the 80th on the sick. It seems to be a sort of rule of three, thus: Let *a* represent the susceptibility of the sick, and *b* that of the healthy, then:— $a : b :: 80 : x$ .

But how Dr. Hughes discovers that  $x = 6$  is a problem which I have not been able to solve by any mathematical work in my possession.

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

[The Editor having brought the foregoing letter to Dr. Hughes' notice, he writes as follows: "I was, of course, quite aware of the fact Dr. Berridge brings forward; and, indeed, in an article on 'Hahnemann's Dosage,' published in the *British Journal of Homœopathy* for April, 1878, had myself set them down in print. It remains true that, in 1829, Hahnemann expressed himself as I have stated; and this, not merely (as Dr. Berridge alleges) for the sake of uniformity, but (as I mentioned) because—to quote his own words—'there must be some end to the thing; it cannot go on to infinity.'\* I may be pardoned for regarding this limitation as wiser than his later excursions into higher regions. Hahnemann's subsequent recommendation of the 80th potency as good for proving as well as curing had no such

\* See *British Journal of Homœopathy*, v. 398.

relevancy to my point that I had need of citing it. As to the choice of the 6th as the uppermost limit for the *Cyclopadia* it was not—to my knowledge—determined by any such mathematical calculation as that Dr. Berridge indulges in. I found it generally received in America as a reasonable *terminus ad quem*, and had no difficulty in accepting it on behalf of the British Homœopathic Society.”]

## ERRATA.

Page 608, line 2, for *names* read *name*.

Page 610, line 4, for *prescribing* read *describing*.

Page 617, line 8, for “*medical*” material read “*medical material*.”

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

It will interest our readers to learn that we have received, and hope to publish in our next number, a paper by Dr. T. CIGLIANO, of Naples, on the Cholera as it has appeared in that city during the past summer and autumn.

Communications, &c., have been received from Dr. DUDGEON, Dr. YELDEAM, Dr. C. L. TUCKEY, and Dr. CLARKE (London); Dr. HUGHES, Dr. BELCHER (Brighton); Dr. PERCY WILDE (Bath); Dr. HAYWARD and Dr. MOORE (Liverpool); Dr. CIGLIANO (Naples, &c.).

## BOOKS RECEIVED.

*The Materia Medica, Physiological and Applied.* London.  
Trübner & Co.

*The British Journal of Homœopathy.* London.

*The Homœopathic World.* London.

*The Students' Journal and Hospital Gazette.* London.

*The Chemist and Druggist.* London.

*The Monthly Magazine of Pharmacy.* London.

*The Calcutta Journal of Medicine.*

*The New York Medical Times.* New York.

*The American Homœopath.* New York.

*The Hahnemannian Monthly.* Philadelphia.

*The New England Medical Gazette.* Boston.

*The United States Medical Investigator.* Chicago.

*The Medical Era.* Chicago.

*The Therapeutic Gazette.* Detroit.

*The Medical Advance.* Ann Arbor.

*Revue Hom. Belge.* Brussels.

*Allgem. Hom. Zeitung.* Leipsic.

*Populare Zeitschrift für Homœopathie.* Leipsic.

*Revista Omiopatica.* Rome.

*Bulletin de la Société Médicale Homœopathique de France.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



THE MONTHLY  
HOMŒOPATHIC REVIEW.

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THE THERAPEUTIC PART OF THE *REPERTORY*.

THE work which the HAHNEMANN Publishing Society was formed to carry out was originally divided into three sections, each being designed to render the study and clinical application of the numerous pathogeneses of drugs more simple and more exact.

The *first* part contemplated an elaborate and exhaustive series of essays setting forth the physiological action of drugs. The *second*, an analysis of the symptoms produced by them, so made as to render it easy to find the medicine required to meet any symptom or group of symptoms arising in any part of the body. And the *third* was intended to point out the special indications for the medicines which are homœopathic and have proved successful in the treatment of concrete forms of disease.

So far some nine or ten essays on the physiological actions of drugs have appeared, and a very considerable portion of the *Repertory* has also been published, but of the third, the Therapeutic part of the *Repertory*, we are only on the eve of finishing the discussion as to the best and most clinically useful manner of preparing it. We hope, however, that the plan brought before the recent Congress will meet with such general approval that discussion may now be

allowed to cease, and active exertions to carry out the work be forthwith commenced.

In a very carefully written paper which appeared in this *Review* in November, 1871, Dr. DRYSDALE discussed the difficulties surrounding the preparation of such a work, and insisted on the urgent necessity there was for a volume which should form a comprehensive digest of the practical experience of the entire homœopathic body, concluding with a sketch of a plan which he thought would prove satisfactory. Two years later, Dr. DRYSDALE and Dr. GIBBS BLAKE prepared a practical illustration of this plan, and at the meeting of the British Homœopathic Congress immediately following its publication, this proposed plan was submitted to discussion after a paper upon it read by Dr. PROCTOR.

The scheme laid before the Congress, held in London in September, differs but little from that brought forward ten years ago. It was again set forth in the very practical manner of illustration. In this way, all interested have been able to ascertain how far such a method would be an aid in daily practice.

The ideal of scientific therapeutics consists in regarding each case as a separate disease, one requiring for the precise and accurate selection of its remedy to be studied in the same way as though the physician had never seen such a form of disease before. The symptoms must all be carefully collected, and compared by means of the *Repertory* with the pathogeneses of proved drugs. Past experience in the treatment of disease in realising such an ideal goes for nothing. But *vita brevis, ars longa!* It is impossible for any physician so to examine each case at each visit. The exigencies of life demand that some *via media* should be found between this and the rough and coarse routine of giving a certain medicine in all cases of the

same form of disease, at the same time in endeavouring to reconcile the concrete with the abstract we should strive to approach as nearly to such an ideal as we have described, as is possible.

A *Therapeutic Repertory* is a work which is intended to meet the requirements of practicable, rather than ideal homœopathy. The plan proposed by Dr. BLAKE is one which we think accomplishes this end as fairly and fully as any can do; while in its third section it goes beyond this in supplying the practitioner with hints as to the general management and hygienic requirements of a patient suffering from a given form of disease, and in so doing not only supplies the physician with references to the medicines which, being homœopathic to, have been found most useful in similar cases, but directs him to the employment of non-medicinal therapeutic agencies which are ever of value, which are indeed indispensable to the successful treatment of disease.

It is, then, in this work proposed to point out the medicinal and hygienic treatment of each form of disease as it is defined in the *nomenclature* of diseases of the College of Physicians. Every chapter, one being devoted to each form of disease, is to be divided into four sections.

The *first* is to commence with a concise but clear definition of the symptomatology and morbid anatomy of the disease to the consideration of which it is devoted, and the tendency it has to give rise to complications. This is to be followed by a list of medicines divided into three classes.

A. Those which are both purely homœopathic to the morbid state, and have proved useful in individual instances of it.

B. Those which have been found useful, but have not by provings on healthy persons been shown to produce a similar state. We must confess that the insertion of these

purely empirical agents we regard as unnecessary and undesirable. If such resources are mentioned at all, they ought to be named in a very subordinate manner. A footnote or the third section is their proper place—if indeed they can be said to have any place at all in a purely scientific *Handbook of Therapeutics*. The evidence of their value is remarkably slight in any case, and very questionable in the majority of instances.

C. Those medicines the provings of which indicate that they might be useful, but of the successful employment of which there has so far been no record. This collection we regard as most desirable and as being one which, in a difficult or obstinate case, might oftentimes prove valuable to a practitioner, who was prepared to proceed in the study of his patient's case from the *Repertory* to the *Symptomen-Codex*.

In the *second* section we are to pass from mere lists of medicines to the special indication for each. This, if carefully done, will, we believe, prove to be of the greatest service to the practitioner. Here also it is proposed to indicate the dose of the drug and the frequency with which it should be prescribed. These two points must be derived from recorded cases, therefore where there are no recorded cases there will be some difficulty in being precise. The most successful dose of a medicine depends so much upon the degree of morbid action present in the constitution of a patient, on the climate in which he lives, and on his habits and family surroundings, as well as upon the quality of the drug itself, that in the present state of our knowledge only an approximate estimate can be formed either of it or of the frequency with which its administration is required. Still a definite statement having a tolerably substantial foundation in individual observation, would have its value.

The *third* section is to be devoted to practical hints on

the general management, diet, regimen, climate, clothing, &c., which have been endorsed by experience in the treatment of the form of disease under discussion, and to the enumeration of such palliatives, medicinal and non-medicinal substances, as have been found useful.

In the discussion which took place on Dr. PROCTOR'S paper some years ago, this section was opposed chiefly on two grounds. *First* it was argued that the proposed book should relate exclusively to homœopathic medication, and that to insert an antipathic medicinal palliative, that had been proved to answer its purpose, was to cast a doubt upon our confidence in the principle of similars, as our guide in the selection of remedies. *Secondly* it was urged that such information could be readily obtained elsewhere, and it was also objected that it would unduly add to the size of the work. Neither of these objections are, we think, tenable. Such medicinal palliatives as might be mentioned could only be of service when organic disease had so far advanced as to render the prescription of specifics either impossible or useless. To cure disease such specifics are indispensable; to afford temporary relief to incurable suffering they are not so, on the contrary there are cases and parts of cases, more especially, where an antipathically indicated medicine comes to be the best we can prescribe. As such cases, or parts of cases, are few in number, we must be prepared to meet them, and it is infinitely better that such empirical remedies as have been shown to afford relief in them, should be mentioned in a work of this kind rather than that a practitioner should be driven to hunt for them by the aid of DR. NEALE'S invaluable *Medical Digest*. Further, the rare occasions on which such a *dernier ressort* as an empirical palliative could be mentioned, would prove the richness of the resources of specific medicine.

The *second* objection is met by the importance of placing in the hands of the practitioner as complete a therapeutic handbook as can be produced. Omit such matter as is introduced in this third section, limit the contents to the mention of drug remedies alone, and the volume so far from being complete is an imperfect one. Dr. BLAKE'S illustration of this section shows fully how valuable it would be in practice. We hope that it will not only be retained but be well worked up.

The *fourth* and last section is to consist of an alphabetical list of medicines which may be homœopathic, with their special indications as derived from recorded cases. The references to published cases in which the medicine named has proved useful under the conditions stated, will serve to complete those furnished in the *second* section, and to inspire that confidence which past experience of the use of a medicine is so well calculated to afford.

Such, then, is the plan upon which it is proposed to construct *The Therapeutic Repertory* of the Hahnemann Publishing Society. That it will be of great service to the busily occupied physician, we have no doubt, but that it will entirely supersede the more laborious method of comparing the symptoms of a patient with those of several medicines more or less alike in their action, we do not suppose. Still, in the majority of cases of acute disease it will be a sufficient guide and a useful aid to the memory. Each practitioner may make it still more serviceable to him, by having an interleaved copy and making notes therein derived from his own personal experience.

The all important question now arises—who will undertake its preparation? It is a work urgently required; we have waited long for it; and now that as complete a consensus of opinion has been obtained regarding the plan to be adopted as we are likely to secure, no time should be

lost in carrying it out. To be done well, and at the same time done quickly, it cannot be the work of one man. We require the aid of all who are both capable and willing to take a share in it.

Taking *The Nomenclature of Diseases* issued some years ago by the College of Physicians as our guide, we find there that diseases are divided into about twenty classes. If, then, twenty homœopathic physicians would each undertake to prepare one class, the whole could be accomplished with ease. All that is required is, that the plan illustrated by Dr. GIBBS BLAKE in the article *Nephritis*, published by him in our last number, shall be strictly adhered to. In such a book there must be uniformity of design, or it will be more or less imperfect throughout. Dr. HAYWARD, of Liverpool, the indefatigable secretary of the Society, will, we are sure, be happy to receive the name of any gentleman willing to undertake a part of the work. We hope that he will be speedily supplied with a strong corps of active and zealous workers. There has been a great deal of talk of how the several articles should be arranged—the time has now come for action. We will only add that *bis dat qui cito dat*.

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THE FLITWICK NATURAL WATER, AND SOME  
OF THE NEWER ARTIFICIAL PREPARATIONS  
OF IRON.

BY ROBERT T. COOPER, M.A., M.D., T.C.D.

(*Concluded from page 661.*)

A CLAIM I make for Flitwick is that it responds, in its rough effects, to the indications for *silicea*, given by Hahnemann, more usefully than the *silicea* itself. This is a very important, and, I need not say, from a homœopathic standpoint, a barbarously unscientific position to take up. We must, therefore, be allowed some preliminary explanation. Hahnemann's great gift consisted in his ability by means

of provings, long continued and carefully pursued, to reveal the hidden medicinal effects of drugs apparently inert. This power is illustrated better, perhaps, in the case of *silicea* than in that of any other drug.

If we look to his proving, we find under the head of "weakness and fits" a number of symptoms of which the majority of us make no use whatever. This is a plain statement, and it is useless disguising the fact, even though a repertorian may occasionally avail himself of single ones. We accept fully enough Hahnemann's revelations as to the action of *silicea* upon osseous and peri-osseous tissue, not from any love to Hahnemann, and not so much because the symptoms are in the proving, and that we find them borne out in practice, but, if we analyse our thoughts, more from a feeling that there is a reasonableness in supposing that a chief constituent of bone will affect the osseous structures, while we fail to recognise in our every day prescriptions an action fully as determined, and in practice equally satisfactory upon the nervous system.

Are we then to place faith in the whole body of the symptoms of such a proving as that of *silicea*, or are we, like Dr. Hughes, in theory to discard them altogether, but in practice to continue to use only those we have a fancy for, in the particular instance of *silicea*, the symptoms that it produces in connection with bone?

My way of looking at it is simply this: I believe most thoroughly in the genuineness of these symptoms as representing an influence upon the nervous system as a whole, but not in the sense that each particular symptom must necessarily at all times, and under all conditions, be a characteristic indication for *silicea*.

We must call to mind these symptoms in order to understand the basis upon which we rest our argument. They are of course taken from Hahnemann's *Chronic Diseases*:—

"The boy has a kind of teething fever, although he has all his teeth; the saliva runs out of his mouth, he grasps his gums, and has heat in his head in the evening." This points to the fever of dentition, in itself a paroxysmal affection; and then we get the truly significant symptom, the importance of which in this investigation cannot be exaggerated:—

"Tearing in all the joints and soles with involuntary jerks in the feet, as if affected with St. Vitus' Dance, which gave him a hundred sleepless nights." You must either



disbelieve this symptom altogether, or else admit that it establishes what we claim to be a special action of *silicea* upon the nervous centres, an action that may be disturbing or controlling according to the dose used and the conditions under which it is administered.

Then we have, under "weakness and fits," "a feeling of coldness in the whole left side of the body, frequent slumbering and starting as if she would go away without knowing whither; after this she began to lose her senses, spoke unintelligibly, recognised nobody, and became so weak she was not able to turn to the other side without being aided; next came violent convulsions with staring look, distortion of the eyes, twitchings of the lips, heaviness of the tongue, with indistinct articulation, stretching and distortion of the head and limbs, for a quarter of an hour; this was followed by frightful roaring, falling of tears from the eyes, foam at the mouth; afterwards a warm sweat made its appearance over the body, the breathing became freer, slumber came on, and senses and speech gradually returned in a couple of hours."

This establishes its influence upon the brain and nerves of special sense, and if we study it along with other symptoms in the proving, the power of *silicea* to produce such nervous disturbances as epilepsy, paralysis, somnambulism, cannot, as long as we believe in the reliability of Hahnemann as a prover, be questioned.

Next we get "fit; she turns pale, becomes still and loses her appetite, sheds tears and complains of violent stitching in the ear, vomited, and her hands became so weak that she was not able to raise the cup to her mouth." This evidently occurred during a meal.

Then we have "want of appetite, pale, wretched countenance, every morning sweat which was very profuse, heaviness and weariness of the limbs obliging her to lie down; nausea; chilliness every evening before going to bed; stitching, now here, now there, in the sides of the chest, abdomen and limbs, sometimes so violent that she started; pain under the sternum during an inspiration, and itching of the arms and legs with small pimples."

This symptom seems to have occurred day after day and was due to cerebro-spinal, rather than to sympathetic disturbance.

Then "disagreeable sensation in the genital organs; afterwards a sort of cutting in both sides of the trunk

from below upward, extending into the shoulders and then into the arms, which felt as if gone to sleep with a rigidity in them; this fit came on while at rest, mostly when sitting or standing, every quarter-of-an-hour, but not in the night."

"Epileptic fit at night, about new moon; first, the body becomes stretched, afterwards it is jerked into the air, but without a cry, and without biting the tongue." "In the evening, after lying down and having begun to doze, he began to strike with his hands and with his feet without knowing about it, and accompanied with a jerking of the body, with his eyes closed, without exclaiming, and while snoring loudly the foam appeared at the mouth; afterwards he lay motionless as if dead, was quite rigid when raised, opened his eyes, which were immovable, and began to articulate indistinctly."

There, again, the brain comes in. These symptoms (pray, bear in mind), taken collectively, as stated, convey to my mind a wider meaning than that each separate one is a characteristic indication for *silicea*; they teach me that *silicea* exerts a controlling influence upon the nervous centres, and that its not being usually credited with this property arises (firstly) from our not putting a proper interpretation upon our provings, just as was the case with the antiperiodic action of sulphur,\* and which I was the first to point out; and (secondly) from the fact that this controlling power requires for its successful, and generally applicable demonstration, an efficient preparation of the drug. Looking, then, at these symptoms as an evidence of a strong influence on the part of *silicea* upon the nervous system, are we, when we give it in disease, more likely to obtain the desired effects from our *silicea*, or from a preparation into which *silica* so largely enters, as it does in the Flitwick? This resolves itself into the question as to whether our preparation, *silicea*, is, as presented to us by Hahnemann, an efficient and available one or not, taking

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\* *Sulphur, as a Remedy for Neuralgia and Intermittent Fever*, by Robert T. Cooper, M.B. Henry Turner & Co., London, 1869.—This action of sulphur in miasmatic affections is now receiving considerable attention, in consequence of Mons. d'Abbadie's labours, though, without acknowledgment of my having been the first to point to this influence. In homoeopathy we do not expect fair play; could we but obtain civility we would think ourselves passing fortunate.

into consideration the exigencies of disease and the demands made upon us by our suffering fellow-creatures? If we can answer this in the affirmative, well and good; but if not, however unscientific and apparently inexact you may think me, I, for one, will look elsewhere for the kind of silicious preparation I require.

What then you may ask me is it that I do require? Simply this, a pharmaceutical preparation of *silica* whose medicinal powers can be regulated at the will of the prescriber, for I look upon it that it is not enough to show that *silicea* acts in its dilutions, but if its preparations are generally available in disease, these must be such as can be increased or diminished at the will of the prescriber.

*Silicea*, according to its proving, ought to exert a very considerable controlling power over the nervous system; how far it does so is beyond the scope of this inquiry; it is enough for our present purpose to substantiate by facts the statement that, backed up by the *magnesia* and *carbonate of iron*, *silica*, in the form of Flitwick water, does exercise such control, and that therefore *silica* in this form is more available in practice than are our preparations of *silicea*.

In a word, then, my position would be this: that Flitwick water has not a *silicea* action, but that it has a marked *silicious* action.

For this purpose we bring forward a case that some friend mentioned to me of St. Vitus' Dance. I recommended treatment at the London Homœopathic Hospital. She derived no benefit; and this induced them to make further inquiries of me.

I requested them to let me see the child. I found her a weak and imperfectly developed girl of ten years. Her mother stated that when two years old she was taken to an Ophthalmic hospital for her eyes; as she was suffering as well from worms, they prescribed an enema. The parents, as far as I could gather from the account given, attempted to administer this while the child was asleep; the child woke during the operation, and was extremely terrified. From this time, her mother states, the child's appearance changed completely, she became pale and looked poorly. Six months after this the shakings began, she got rapidly worse, became speechless, and lay in a condition of complete powerlessness, was admitted into St. Mary's Hospital, where, in three weeks, she decidedly improved;

in the next attack, during which she was extremely giddy and unable to stand, they kept her in the hospital two or three days and then treated her as an out-patient. And so she went on having one seizure after another, ten or twelve altogether, until, four years ago she was galvanised at St. Thomas' Hospital, and has never since been so much affected.

For the last four months she has been having several minor seizures whenever frightened, otherwise the nervous symptoms are comparatively subdued; she remains, however, weak and poorly, and at any moment may be thrown into agitation. Digestive functions naturally performed.

Prescribed 8 oz. of Flitwick, in two drachm doses three times a day.

This was all that it required to re-establish her health, and though I advised another bottle, the opinion of her mother was that she was quite well, and stronger than she had ever known her.

The effect of the Flitwick in this case may have been due, some will reasonably argue, to the well-known "tonic action," whatever that may be, of iron.

Then, what are we to make of the next case? It, too, came under me in much the same way. Some patients were complaining that a little friend of their's had been to University College Hospital with St. Vitus' Dance, and that Dr. Gowers had refused to treat him unless he was left as an in-patient, and that this his mother would not listen to; so I asked to see the lad. He was brought to me 18th June, 1884. The boy looked younger than his age, which was eleven, and his appearance was very peculiar; his head was bent forwards, and as he sat down he kept crossing his legs and folding his arms continually, which, with the contortions of his face, had a most fidgeting effect upon an on-looker.

The account given by his mother was that after a fall, in which he had hurt the back of his head three weeks ago, headache came on, followed in three or four days by these movements; they are constant all day, and he cannot keep quiet for a moment in any part of his body; makes grimaces, is constantly protruding his tongue, and speaks so very indistinctly that his mother can hardly understand him, and besides his remarks are devoid of sense and coherence, and are becoming increasingly so.

His mind is evidently giving way; for instance, complained lately of a child making faces at him which was not at all the case, and two weeks ago, when to all appearances asleep, he sat up with his eyes open and saw his mother looking at him. "When he came to" this set him shrieking and crying, and has never been the same since; half-an-hour after this his eyes squinted, and since, his voice and intellect have been gradually getting worse. There was nothing unusual in his mother's presence at his bed-side, and the circumstance seems to have been wholly due to cerebral imperfection. The examination of the heart shows a faltering intermittent action, but with no marked bruit.

*First week's* prescription; Flitwick water, 6 oz. 3 j., t. d.

*20th June.* Seems to take more interest in things, has had a thick unpleasant discharge from his nose. Appetite is improved.

*Second week:* Flitwick, 8 ij., three times a day.

*30th June.* Speaking very indistinctly, seems better otherwise, and more lively. Appetite not very good. Up to this point the Flitwick may be said to have acted fairly; the improvement was not, however, very marked. During the *third week* I therefore changed the dose to an ounce night and morning. Rapid improvement, satisfactory in every way, now set in, movements became less, speech improved and intelligence returned.

During the *fourth* and *fifth* weeks the same prescription was continued, and when last seen (*8th July, 1884*) he was quite well, except that some weakness of the heart and left side of the body remained; his voice was nearly perfect.

That the Flitwick answers the legitimate expectations we form from our acquaintance with *silicea* in its action upon the nervous system, this case also shows: A clergyman put into my hand a letter asking my advice as to what to do in the matter. It was from his parochial school-master, and ran thus: "I am particularly obliged for your kindness with respect to my little maid. When a fit takes her the mouth is contorted very much, her feet go cold and the hands are clutched. After a fit, which will sometimes hold her for 10 or 15 minutes, she will stay in a very comatose state and hardly care to be touched. Every now and then spasmodic croup will take her, when for some seconds she can hardly take breath." This was

written on the 12th June, and on evening of 15th my prescription, which consisted of 15 drops of Flitwick to 2 oz. of water, 5 drops every 8rd hour, reached her. The age of the little girl I understood to be a year and a half, and the convulsions had been going on for some weeks. On the 19th the father wrote, "The little maid seems much better after the medicine, she seems much brighter and sleeps longer and is much less restless in her sleep. I think the treatment has done her much good, and I must again give you my best thanks." A recent report testified to complete restoration to health.

These, then, are the cases in which I feel confident the Flitwick is to gain laurels. In treating one very severe case of epilepsy with general break-down of the system, and attended with deafness, I was enabled with the aid of Flitwick to break the patient off the habit of taking enormous quantities of *bromide of potassium*, which previously had been a daily necessity. While placing such stress upon the action of *silica* as it exists in this combination of nature, it may be thought that I do not take sufficient account of the other ingredients in the Flitwick water.

*Magnesia carbonica* is not held in general repute as a neuro-tonic. In our high dilutions its action is most distinct and pronounced, and whether it exerts a like effect in the form in which it lies combined in the Flitwick it is impossible to say. About a year ago I forwarded a paper pointing out its indications to an American colleague, but it was unfortunately lost in the post.

I may state, however, that in cases of nervous deafness that have not advanced too far, and when the system is weakened by over-anxiety and over-exertion, and where the deafness is markedly increased, as most of these cases are, by fatigue, the high dilutions of *magnesia carbon.* are at times of inestimable service. The following is a typical case:—

Mrs. R., aged 47, living at Guilford Street, W.C., stated: that some eighteen months back she had gone through a great deal of distress and anxiety that quite upset her system, and then she began finding herself getting quite deaf. Whenever the system became exhausted from overwork or worry the acuteness of hearing lessened, and she found her sense of hearing was gradually becoming duller. On testing her hearing I ascertained that she could only hear on contact with the left ear, and though the watch

hearing for the right was but little impaired, it yet was evident from her description that it too was becoming affected, as the power to hear conversation was at times very feeble.

Mrs. R. was subject to rheumatic gout, with an evidently unstrung nervous system.

Finding the general bearing of the case to indicate *magnesia carbonica*, I gave it in 200th on the 12th January, 1884.

On the 1st March, she returned and made this statement: "I am now hearing quite well, there seems as if a weight had been lifted off my ears, and that continued recurrence of powerless feeling has left." On further inquiry I found that during the first week her power of hearing seemed to go altogether, but that during the second week she rapidly improved, and now is hearing as well as she could possibly wish, and without being influenced by trivial causes as before. The power to hear a watch tick with the left ear is perfectly normal.

Then we must bear in mind that the *carbonate of iron*, from the time of its introduction as remedial in tic douloureux by Mr. Hutchinson, of Southwell, in (about) 1820, has, up to the present time, maintained its ground, and that the stomach will tolerate it in larger quantities than it will any other salt of iron. It undoubtedly is an all-potent helpmate to the other ingredients of the water in its action upon the nervous system.

There are many other conditions not particularised, in which the Flitwick water will prove useful, in the debility induced by the use of the salicylates after recovery from rheumatic fever. Dr. Goddard Rogers testifies to its extreme utility. In locomotor ataxy I have found it give great help. In inflammatory and irritative affections, as well as in diseases due to imbibition into the system of septic material; in, in fact, the entire class of diseases denominated psoric by Hahnemann, it will, when its action is better understood, be found often indicated.

In the forms of nervous disease for which I advance the claims of Flitwick, we require to be in possession of an agent that satisfies us not merely that it has a curative action, but to be of any real advantage it must be one in which this action is prompt, decisive, and overpowering.

To be of much use in severe epileptic convulsions, for instance, it must possess, to begin with, a regular shillelagh-

like "knock-him-down" action, and this must be succeeded by an action dictated by what in political circles we would term "a policy of sympathetic and remedial legislation." The drug will require to be not alone a controlling agent but such a philosopher's stone as will effectually remove the disturbing influences at work.

In order to compass the first of these requirements, it would seem to be absolutely necessary that the amount of mineral constituents in the water be large; but in order to secure the second of them, the qualitative rather than the quantitative character of the water is to be considered. In all this there is nothing that contravenes the principles upon which homœopathy is based, but were there, I for one would have no hesitation in accepting it; the *salus populi* is with me, I am proud to own, the *suprema lex*.

#### *Bromide of iron.*

The occasion may not be the most suitable, but as we are engaged in considering ferruginous preparations and wish to prepare the way for further inquiry, your indulgence is craved, while I give a few particulars regarding the action of some of the newer preparations of *iron*.

I was led to use the *bromide of iron* in the hope that it might be found to exert a subduing effect upon that obstinate symptom tinnitus aurium. A woman of 70, extremely sensitive to medicines, suffering from deafness and tinnitus, took three drops of a watery 1 to 10 solution of *bromide of iron* in 6 ounces of water, a drachm three times for a dose. She returned in two weeks complaining the medicine sent the blood to her head, though the tinnitus was less, and that she had to discontinue it.

I then thought I would give a second decimal made with water from the above solution, 6 drops to 12 ozs. of water, same dose.

She returned after three weeks saying the tinnitus was much worse, it overpowered her and prevented sleep.

But what we wish to draw attention to is her declaration that on getting up in the morning her face was, soon after beginning with it, a mass of crimson; her eyes ran with water, and her nose, tongue and mouth were horribly swollen and painful, so much so as to prevent her speaking.

The appearance now left, after the subsidence of the above symptoms, is that of a blotchy redness of the skin



of the face, a true facial erythema, usually comprehended in our text-books under the term acne. When seen, she had been without medicine for three days, nevertheless the redness remained, and never before had she had facial eruption.

This aggravation reminds us forcibly of the action of *apis mellifica*, and it shows how powerfully the branches of the fifth nerve may be disturbed by *ferr. bromidum*.

Has not this *bromide*, as well as *bromide of potassium*, widely extended symptom producing properties?

This case certainly shows that *bromide of iron* promises to take a place along with *brom. of camphor* as a fruitful symptom-producer. Does not *bromide of potassium* in material doses exert an overpowering influence upon the brain which, in dilutions, would manifest itself in health as a disturbing or symptom-producing influence, and as in disease, a curative of the like conditions?

#### *Ferrum picricum.*

This salt, in doses of from 1-50th to 1-100th part of a grain, causes a tendency to night perspirations; patient wakes up in a fright and finds herself in a perspiration. A tendency to neuralgia of the teeth going up to the temples exists, the throat and ears feel stuffy, and there is some singing in the ears.

It also causes a tendency to constipation and headache, the headache being markedly worse after meals. It causes, too, a pain along the urethra with a desire to urinate during the day, its enuresis being more painful than that of other preparations of iron, and besides, the pain extends along the entire urethra and is not confined, as with the *phosphate of iron*, to the neck of the bladder. Voice and respiration become feeble, hence the patient suffers from oppression of the chest going up stairs, and perspires more easily than usual.

These symptoms point to two conditions for which *picrate of iron* will be found to surpass other ferruginous salts; namely, *Indigestion*, with symptoms of biliousness and tendency to headache and furred tongue, and *Phthisis pulmonum*, with possibly such symptoms as night-sweats, oppressed breathing, and restless semi-delirious sleep. In bilious, dark haired persons, with whom iron usually

disagrees, it will be found, should the symptoms indicate, of the greatest service.

*Salicylate of iron* (1 to 33 solution) caused in 1-3rd drop doses, a recurrence of hemorrhage from the lungs in a patient subject to this affection; and even in the third decimal dilution it had a like effect. This is worth recording as the effect was clearly established; otherwise there is nothing special in this action.\*

## IODIDE OF ARSENIC IN ORGANIC DISEASE OF THE HEART.

By JOHN H. CLARKE, M.D.

(Concluded from page 686.)

CASE 5.—The next case has been under my care off and on for three years. The greater part of the time she has been treated with other medicines than the *iodide*.

W. Mary D—, æt. 21, pale, fair, above medium size, eyes very large and prominent. She came to me on October 29th, 1881. She complained of short breath, palpitation, and pain at the chest. Three years ago had rheumatic fever, pleurisy, and bronchitis badly. She got well, but cough, short breath, and pain in the legs came on gradually. She has had palpitation for years. She is low spirited, and gets extremely cold and numb. Her father suffers from "weak heart," but otherwise the family history is not remarkable. Tongue clean; bowels regular; appetite good. Catamenia scanty, worse the last twelve months, never regular, came on at seventeen. Sleep good, but dreams, cries out in sleep, starts. Is rather nervous. The feet do not swell.

*Examination*.—Cardiac dulness increased. Apex beat in nipple line. First sound exaggerated at apex, præ systolic and systolic bruits. A short bruit in pulmonary area, heard occasionally, varies with inspiration and expiration. Mitral stenosis and regurgitation. *Digit.* 1, gtt. j, 4 h. She improved considerably, but the breath remained short, and the palpitation was no better. *Digitalis* 1x, gtt. j. t. d.,

\* I find that I have at p. 658 erroneously ascribed the green sand stratum to "Jurassic or Oolitic" period. I ought to have said "the Cretaceous." Trefriew, p. 655, ought to have been "Trefriw."

was given and *thuja* 30, gtt. j. n. et. m. The *thuja* was given now, and *calc. carb.* later, chiefly with a view to seeing if any impression could be made on the diseased valves. *Calcarea* seemed to do good to the general condition, but I can say nothing as to whether either affected the valves.

December 21st.—Has been a week without medicine, and is not so well; more palpitation and breathlessness. Has pain in the legs on going upstairs. Is not so nervous as she was.

*Examination*.—Cardiac dulness increased. The first sound is thumping in character, and a sharp bruit is heard in mitral area and over the left auricular appendix. It is long in the mitral area and short in the other. It vanishes while listening. It was not audible in pulmonary, aortic, or tricuspid areas. Apex beat strongly felt in fifth space; also felt in sixth space. Repeat *dig.* 1x and *thuja* 30.

After this she complained chiefly of digestive troubles and deafness with discharge from right ear. She received *natrum muriaticum*, under which the breathlessness improved, and afterwards, *pulsatilla*. A cold with cough and hoarseness came on in April, and she received *bry.* 3, gtt. j, *calc. c.* 6 gtt. j. 3 h. alt. The cold improved.

On May 31st, being hard-worked at the time, she complained of great breathlessness. *Calc. c.* 6, gtt. j, *spig.* 3, gtt. j, 3 h. alt. After this she was better.

January 28th, 1882.—Has taken fresh cold; much cold in the head; is deaf; feet swell at times; much breathlessness since she has had much standing. Tongue dirty; appetite good; bowels regular; sleep good. *Examination*.—Loud venous hum in neck. Systolic bruit in cardiac areas very faint. *Merc. sol.* 6, gtt. j., *spig.* 3, gtt. j, 3 h. alt.

She improved steadily under this treatment until September. She then took a bad cold from a chill; she fainted; throat sore; tonsils large; tough expectoration in the morning. Had been a week without medicine when this came on. Has had no suffering in the heart. *Examination* (September 9th).—Venous hum in neck. Both heart-sounds heard in the carotids. Rep.

On October 4th *cal. c.* 6 gtt. j, and *spig.* 3, gtt. j, 3 h. alt. were given. She again improved.

On November 14th *bry.* took the place of *spig.*; chiefly on account of a cough, and as she was subject to chilblains, *agaric* 3 was given to be taken if required. She

remained much in this condition for some months—better as regards heart symptoms, and suffering off and on from cold, ear-trouble, and falling of the hair, which *fluoric acid* seemed to check.

On August 8th, 1883, she complained of giddiness. There was some acne on the face.

September 19th, 1883.—Very bad headache. Right ear painful and stopped. Hearing  $\frac{1}{2}$ . Is looking pale. Tongue pale; appetite good; bowels confined. Palpitation occasionally. Is drowsy. Dreams badly in sleep. *Nat. m.* 6, gtt. j, q. d.

October 3rd.—Indigestion still very bad. Breath very short. Bowels much confined. I now for the first time gave her the *iodide*, with *digitalis* (which she had had before). *Ars. i.* 3x, gr. ij, n. et m. *Dig.* 1, gtt. j, q. d.

17th.—Very much better. Bowels regular. Heart better, less indigestion and headache. Much phlegm in morning, which makes her sick. Rep. She remained away for two months. The breathlessness had then returned (December 12th) on exertion. She became faint on standing and had digging pain in the body. *Spig.* 3, gtt. j, in place of *digit.*, the *iodide* as before.

January 2nd, 1884.—Is working hard. Has pain at chest and indigestion. *Calc. c.* 6, gtt. j; *spig.* 3, gtt. j, 3 h. alt.

This patient was working at her business all the time of her attendance.

The *iodide* received only a short trial in this case, but its action was prompt and decided.

CASE 6. *Mitral incompetence*.—Eleanor B—, æt. 20, bookfolder, dark, sallow, unhealthy complexion, spare.

March 4th, 1882.—Complains of pains in the limbs and red patches on them; pain in the ankles. Had rheumatic fever at nine years old. Tongue furred; bowels regular; appetite good. *Sulph.* 1. gtt. j, t. d.

March 11th.—Pains are better in early part of day, worse towards evening. The left ankle is painful in bed at night. Tongue furred; bowels much confined. *Examination*.—Cardiac dulness increased. Loud systolic bruit at apex and rest of cardiac area, especially over the left auricular appendix. *Diagnosis*.—Mitral regurgitation and dilatation of right side of the heart. *Bry.* 3, gtt. j, t. d.

25th.—The bowels became regular in the course of the next fortnight, but the pains did not much improve.

April 8th.—Pain in knees much better; feels better generally. Tongue dirty; bowels regular; has no palpitation except on exertion. Has a ganglion on the wrist. *Bry.* 3, gtt. j; *ac. benz.* 3x, gtt. j, 3 h. alt.

At the next visit the pains were better and the ganglion no worse. I repeated the medicine, only giving two-drop doses of *ac. benz.* instead of one drop.

On the 3rd of June the ganglion had nearly gone.

On the 17th she first began to complain of heart symptoms—occasional palpitation. I gave her *digit.* 1, gtt. j, t. d., and in a fortnight she reported herself better. The prescription was repeated.

July 15th.—No further improvement. For some years she has been in the habit of bringing up a little blood, dark, mostly in the morning. Lately (in the last two months) has brought up more, as much as a teaspoonful at a time. Tongue dirty. I now put her on the *iodide of arsenic* for the first time, giving her a grain of the 3x trit. three times a day.

August 12th.—Better; not so much pain in the chest; has spat up a little blood. Rep.

26th.—Keeping better; less pain; no more blood. Rep.

I am not quite clear as to where this blood came from; as far as I can remember it was this symptom that led me to give the *iodide* in this case. The improvement was very manifest. However, on the next visit (September 9th), she complained of giddiness whilst walking in the street and pain at the heart in the evening. I gave *dig.* 1, gtt. j, t. d. as well as the *iodide*. She did not return for three weeks after this, and was a week without medicine. She felt worse during the week she was without. I repeated the medicines, and she returned in a fortnight complaining of constant aching at the heart. I gave her *naja* 6 in alternation with *arsen. iod.* and I have not seen her since.

This is not a very complete or a very striking case, but it does illustrate the action of the medicine both alone and in company with others.

CASE 7.—Emma F—, æt. 41, needlewoman, dark, sallow, nervous. May 5th. 1883. Has numbness and tingling in right leg, and cramp in right foot; numbness in arm. The lower jaw jerks to; she never had anything like this before. Has great pain in right side of head and burning at the top; the face flushes, has pain in the back on waking. Has been ailing since last summer, when she

had erysipelas and chronic rheumatism. Has had the numbness a fortnight. Tongue clean, bowels regular, appetite poor, sleep poor, catamenia not more than twice in the last twelve months. Pulse 102, small. Complains of her heart and breath.

*Examination.*—Thumping first sound, indicative of mitral stenosis, at apex. Lungs: right apex, exaggerated expiration; left apex, breathing feeble. *Ars. i.* 3x, gr. ij, n. et m.; *ign.* 3, gtt. j, t. d.

May 19th.—Her condition has varied; has now pains all about her, pressure at the top of the head; palpitation. *Ars. i.*, n. et m.; *dig.* 1, gtt. j, t. d.

June 20th.—Better; no pain in left arm, has sparks before the eyes. Rheumatism: pain in the back. Tongue white, bowels much confined. *Spigelia* 3, gtt. j, t. d., was now given with the *ars. iod.* instead of *dig.*

July 4th.—Better. Bowels regular (I have again and again noticed this effect of *spigelia* in relieving constipation in cardiac patients to whom I have been giving it. I have never given it for constipation alone, but I see no reason why it should not be of use; in this case, however, the relief was not permanent). She has now no sparkles before the eyes, but there is much numbness in right foot and leg. Rep.

21st.—Yesterday had a bad attack; has felt giddy; breathing is difficult. Has much flatulence coming upwards, bowels confined. I replaced the *spig.* with *lyc.* 6, continuing the *iodide*.

September 25th.—Very giddy at times; flatulence bad; catamenia have returned. Rep. The following month she returned, complaining of pain through the left chest, for which she received *bry.* 3, gtt. j, q. d., alone. The next fortnight this pain was better, but she complained of a choking cough rising in the throat, making her sick at times; the cough came suddenly whilst talking. She had numbness down the leg, and the bowels were rather confined. *Bry.* 3, gtt. j, *lach.* 6, gtt. j, 2 h. alt.

After this she continued in much better health till January of this year.

January 16th, 1884.—For the last fortnight she has had pain round the sacrum, coming on between 4 and 5 a.m., and preventing sleep after that. She trembles all over, low spirits, pain in side of the head. Tongue white, lips parched. I repeated the last prescription of *bry.* and *lach.*

30th—Pain round the back better, but the chest is bad—this comes back when she exerts herself. Has a creeping sensation under the skin.

I now returned again to the *iodide*, giving it night and morning, and continuing the *lach.* three times a day. The next report was much more favourable, and the improvement was steady and rapid till she ceased to attend on the 15th of April.

There was a steady improvement both of the heart symptoms and the general condition whilst taking the *iodide* on the first occasion, though it was never given separately, and therefore the observation is not pure. On the second occasion the improvement was much more decided, and here, as the patient had been taking *lachesis* before, the increased rapidity of the improvement may fairly be attributed to the *iodide*. The case was complicated by climacteric sufferings, but the signs and symptoms of heart disease were unmistakable.

CASE 8. *Mitral stenosis with angina.*—Emily T—, æt. 43, dark, small, housewife. May 31st, 1882. Has pain in left side and down left arm, has had it for three or four months; it came first eight years ago, then it took the whole side. The pain is constant and does not depend on exertion. She has palpitation, but only when she exerts herself. She always has a little cough; much expectoration in the morning, none at night; coughing makes the pain bad. She cannot lift her left arm.

Her father died of old age, her mother of consumption when patient was born. Three of her children and her husband have died of consumption. Patient's previous health has never been very good, but she has had no severe illnesses. A few months ago she had pain in the right side with retching, taking the strength out of her like labour pains.

Tongue white, bowels regular, sleep restless, catamenia ceased three years. She has flushes. Has headache at vertex and across eyes. I made a memorandum to examine the heart at her next visit. I gave her *bry.* 3, gtt. j, t. d.

June 14th.—Head better; she is a little better generally, but arms and side still very bad. The pain is relieved at times by motion; the arm swells at times. Bowels rather confined. Examination of the heart showed the existence of stenosis of the mitral valve. *Spigel.* 1, gtt. j, t. d.; *sul.* 3, gr. iij, h. ss.

28th.—Arm not any better, bowels same. I now gave her the *iodide*, two grains three times a day, and this, as generally happened, soon told beneficially on the general health, causing some improvement in the pain.

July 12th.—Feeling better generally, pain not quite so bad, breath much the same. Rep.

Feeling better she did not return for six weeks.

August 23rd.—Arm has been better, but it is very painful again to day. Rep.

September 13th.—Arm better at times; for a few days it has been bad, it feels cold, aching is continuous. *Naja* 6, gtt. j, 3 h. *Ars. iod.* 3x, gr. ii n. et m.

The next report was that the arm was much better. This was the last attendance. *Naja* was given again with the *iodide*.

In this case the improvement was initiated by *arsen. iod.* alone, but this did not give complete relief; this was left for *naja* to accomplish.

CASE 9. *Mitral incompetence, dilatation of left auricle, and hypertrophy of right side of heart.*—Salome B—, æt. 38, single, housekeeper, dark, blue lips. Aug. 30th, 1882. Complains that she feels bad in the morning, can hardly raise herself from her pillow. Two years ago she had "congestion of the liver" and now she feels just as she did then; she has a heavy pain in the left side, depression of spirits. The pain lies at the chest; she gets no rest, comes over faint, especially on walking. Has headache across the forehead and vertex on waking. Tongue clean, appetite poor, bowels regular, sleep bad, catamenia scanty, regular.

She has never been strong; her mother died of consumption; also one brother and one sister. Her father is living, but in poor health.

*Examination.*—Has scar of ulcerated gland on right side of root of neck. Lungs: spices clear. Heart: apex beat not visible, it is felt in the fifth space three inches to left of sternum. Vertical dulness begins in the middle of the second space. Transverse dulness at the level of the fourth costal cartilage extends one inch to the right and three inches to the left of the sternum. In the mitral area is a soft systolic bruit, heard also sometimes in the third space. The second is accentuated and occasionally reduplicated in the pulmonary area.



I put her on the *iodide* night and morning and gave her also *digit.* 1, gtt. j, t. d.

The following fortnight (Sept. 13th) she attended again. The pain was rather better and the palpitation was better, but she had taken a cold and (as is usually the case with her when she takes cold) had lost her voice. I repeated the medicines.

October 4th.—Better generally, voice better. She complained, however, that the medicine (*digitalis*) made her ill; it seemed to make her heart beat. The palpitation and pain were worse; has pain between the shoulders. She had had something to upset her during the week. I left off the *digit.* and gave *ign.* 1x, pil. j, q. d. with the *iodide* instead.

25th.—Not nearly so much pain; less palpitation. She has a sinking sensation sometimes. This was her last attendance. There was a great improvement in her general condition as well as in the special symptoms. I ascribe the chief share of this to the *iodide*. I am inclined to believe the patient was correct in attributing the aggravation of her symptoms to the *digitalis*, and certainly either the omission of this drug, or the substitution of *ignatia* for it, was followed by very marked improvement.

CASE 10. *Mitral stenosis and incompetence, hypertrophy of right side of heart; chronic congestion of the lungs with emphysema.*—James W—, æt. 11, schoolboy, rather diminutive, chest distended. Looks ill and anxious.

June 27th, 1883.—Has been losing flesh and strength for three months, since he had a violent cold and inflammation of the lungs. He has always been subject to chest affections, but before this illness he could run about like other children, though he soon got tired. He has violent palpitation which sometimes disturbs his sleep; otherwise he sleeps fairly well. Tongue whitish at the sides; bowels fair; appetite varies. He has a slight cough in the morning.

*Examination.*—Right front of chest more resonant than left, except at apex, which is duller than left. Right back duller than left. Increased vocal resonance and fremitus generally on right. Breathing feeble at right back, and apex. Above the clavicles there are moist sounds, and the breathing is very feeble.

Heart ; Cardiac impulse strong, and spread over a large area ; apex beat far to left. A rough bruit in mitral area followed immediately by a soft bruit. The latter can be traced to the right and upwards, and is lost in a rough bruit heard in the pulmonary and left auricular areas followed by an accentuated second sound. In the tricuspid area both sounds are heard.

I put him on the *iodide* night and morning, giving also *phos. 8. pil. j, t. d.* This, like some of the other cases, was not purely cardiac, but partly pulmonary. But as far as my experience goes the majority of cases are not pure. The leading symptoms in the case were certainly cardiac.

Right, 8 oz.

He returned in a fortnight much better, and in a month again still more improved. The loss of flesh and strength had been arrested, and instead he had gained. The next report was not quite so good ; he was much troubled with a morning cough. *Bry. 8, pil. j, t. d.* instead of *phos., ars. iod.* being continued. This change made no improvement, and *digit. 1, gtt. j, t. d.,* replaced *bry.* the next fortnight. After this he began to improve again. In December he weighed half a pound more than he did in August. This in a growing boy (or rather one who ought to have been growing) was, of course, no real gain, but it was also no loss, and he was losing before coming under treatment. He continued under the same treatment till February 6th, when it was reported that he was gaining weight, but an attack of diarrhoea had come on, the breath had become short again, and he had profuse and offensive night sweats. I gave him *phos. 8* and *silic. 6*, and have not heard of him since.

It is most likely he will turn up again, and then I hope to make a thorough examination of his chest, and make the notes of his case more complete.

CASE 11. *Mitral stenosis and incompetence.*—Mary T—, æt. 80, French polisher, fair. This patient had been treated by Dr. Blackley for oœna of congenital-syphilitic origin with much benefit, and came under my care for the same thing in March, 1883. I continued the line of treat-

ment adopted by Dr. Blackley—starch and iodoform snuff, and *kali bich.* in trituration internally, adding afterwards *hydrastis*.

On April 12th of this year she returned with the following symptoms: Heavy pressing pain at epigastrium; was laid up with it for six weeks; it comes after and sometimes before food and makes her sick. She is short of breath on the least exertion: has great palpitation if she hurries. Cold feet. Pulse small. Heart's action intermittent. A thumping first sound at apex, followed by a systolic bruit, heard loudest in pulmonary area, but also heard in aortic area. Tenderness at epigastrium. She never had rheumatic or scarlet fever. The nose symptoms were improved. The bowels were confined, she said, when taking *kali bichram.*, but regular when taking *hydrast.* I gave her *ars. iod.* 3x, gr. ij, n. et m., *dig.* 1, gr. j, t. d. She lived in the country and so had medicine given for a long period. In two months she reported herself as better. The pain in the chest was better, breath not so short. Bowels regular, appetite good, but is sick after eating especially after breakfast. Has palpitation and pain in the left side. I now gave *spig.* 3, pil. j, t. d. in place of *dig.*

CASE 12. *Mitral stenosis.*—Chas. H. S—, æt. 14, errand boy, dark eyes, light hair. This patient was treated by me in 1882 for epilepsy and improved under *stram.* 3. I lost sight of him after that till January 25th of this year. I then learned that he had never had a fit since his previous attendance. He stammered badly. This had been the case since he was three years old. It came on during dentition. He now complained of pain at the heart and of being weak and nervous. If he breathes hard it catches him and he has to fight for breath. The pain is sharp, pinching, and constant. He is short of breath on going upstairs. All this came on nine months ago, the pain preceding the breathlessness. It came quite suddenly; he was running to his work and the pain stopped him. Tongue white; bowels regular; sleep sound. He always has headache over the left eye. I found on listening over the apex beat the characteristic thump of obstructed mitral; there was a faint venous hum in the neck. The heart's action was not regular. The pulse was very small. I gave him *ars. iod.* night and morning, and *digit.* 1, pil. j, t. d.

He came back in a fortnight feeling much better. Has

only had two attacks of the heart-pain in the fortnight. His stammering was rather worse. He received another supply of medicine and seemed to consider that sufficient.

CASE 13. *Dilatation of right side of heart with thinning of all its walls.*—This was a lady æt. 68, who came under my care in July, 1881. Her illness dates from five years before. She has lived in the West Indies and has had much trouble. The first indication of heart disease she traced to suppressed emotion; she felt as if her heart would burst, but endured it and said nothing; she had frequent fits of dyspnoea on exertion and fits of "asthma," which were relieved if she took wine. Afterwards she had frequent attacks of bronchitis, which made matters worse. when I saw her first she complained of breathlessness on the least exertion, a stoppage when she lay on the left side, but no pain. The feet were cold, but did not swell. As long as she kept quite quiet and warm she was fairly comfortable. I found evidence of slight chronic bronchial irritation, and the examination of the heart showed as follows:—Area of dulness increased. Apex beat not felt. No tenderness. No bruit. No reduplication. Second sound slightly accentuated in pulmonary area. The sounds are weak but regular for some time; then they become irregular and fluttering for a few beats. Sometimes there is a flutter and a stop. I never could detect anything wrong with the valves. There was dilatation of the right side, displacing the apex, feebleness of action making no perceptible impression on the chest walls, indicating degeneration rather than hypertrophy. She received benefit from *arsenic 3*, and *digit. 1*. Some months afterwards she had an attack of bronchitis, and I put her on the *iodide with bry.* after *hepar* and *kali bichrom.* had done some good. The improvement became more rapid, and soon she was what she considered well. The following year in another attack I again treated her with the *iodide* with the same result—improvement both of the heart and lung symptoms. She said the *iodide* seemed to soothe her to sleep. In the early part of 1883 she had another attack. She was then out of the reach of homœopathy, and she did not recover. I heard that she died quite quietly and painlessly.

CASE 14. *Gouty heart.*—I have not used the *iodide* much in cases of gouty heart, but late experience has

taught me that it may be very useful here also. The case I am now going to speak of can scarcely be said to illustrate it, but it may be useful to mention it. The patient was a single lady over seventy; she came of an exceedingly gouty family, many members of which had died suddenly of angina pectoris or other heart affections. She herself had never had gout or any symptoms of heart disease (indeed, she was rather a famous hill-climber), but had suffered untold miseries from neuralgia, of evidently gouty nature, and bronchial attacks. It was in one of these latter that I saw her first, and then I was astonished by the irregularity of the pulse and heart's action, but I could not detect any bruit or definite sign of valve mischief. The sphygmograms were not reassuring. I saw her in several attacks of this kind. She had had much *arsenic* in her time for the neuralgia, and without very marked benefit. I gave it to her occasionally, but never saw reason to continue it long. Early this year she was seized with an attack of gouty laryngitis, in which it seemed every moment she would suffocate, and at the same time congestion of the right lung set in with very little fever; the strain of this proved too much for the heart. The *iodide* was given, and it seemed at one time that the lung would clear and the heart recover itself, and I am of opinion that the *iodide* did help towards that end, but the evidence is not quite clear. There was improvement for a time, but eventually the heart became weaker, its action more irregular, dropsy set in, and the patient succumbed from exhaustion after much suffering.

CASE 15. *Gouty heart*.—This patient was a lady, æt. 66, short, very stout, florid. As a child she was delicate; in middle life her health was good except that she suffered almost constantly from supraorbital neuralgia. Lived in India some years, and had very good health except very slight attacks of fever, which seemed to relieve her of the neuralgic pains. In 1854 had cholera in Edinburgh. Has been a great walker. Has gouty concretions about the joints of her hands, and her feet are deformed in the same way. Her present illness dates from six years back; she was climbing a hill in Scotland, and she felt at the time she had done too much; she thought she never would have got her breath again; she has never been right in her breathing since. After this she had a cold and cough for six weeks; it is unusual for her to get cold—she loves air

and open windows. When I saw her she had had cold in the head; this had left the head and gone to the chest. She complains of great dyspnoea in the night, and whistling in the chest, which keeps her awake; has a sensation about the heart as if something were nipping her there—this is confined to an area about the size of a crown-piece; then she feels as if passing away, but recovers if she is quite still. At times she has a sensation of fulness, as if something in the chest would burst. Exertion or worry will bring on cough. There was no swelling of the feet. Poor appetite. I found slight wheezing here and there in the lung. The second sound of the heart was accentuated all over, the first sound very faint except at the apex; there was no bruit. I gave her *carbo v.* 6, gtt. j, 3 h., for three days, and there was considerable improvement, which, however was not maintained. I then gave her *kali carb.* 6, gtt. j, 1 h. ante cib. and *arsen. iod.* 1, gr.  $\frac{1}{10}$ , in water, immediately after food. The improvement was marked and rapid; she could move about with more comfort, and the appetite improved. Four days after this I gave her the *iodide* 8x, gr. j, t. d., p.c., by itself. I heard afterwards that she kept much better and was able to leave town.

I may be asked if I have met with any cases in which *iodide of arsenic* has failed to do good, and to that I must answer that I have. But the two most signal cases of failure can hardly be rightly counted as such, as I found that the patients were already under the influence of *arsenic* from their own wall-papers. In one case of ulcerative endocarditis, occurring in the hospital, following an attack of pneumonia and delirium tremens, I gave the *iodide*, but failed to perceive any benefit therefrom. The patient died, and the diagnosis was verified by post-mortem. The aortic valve was almost blocked by cauliflower-like vegetations growing from the under surface of the aortic semilunar valves, some of them pressing on the aortic flap of the mitral valve, setting up partial constriction of the orifice, and giving rise to a mitral præ systolic murmur during life. In some cases of chronic valvular disease the evidence of the action of the drug has been less strong than in those I have cited; but my notes are not sufficiently clearly either positive or negative to make it worth while to report them at length.

I may sum up my experience as follows:—

1. In almost all cases of chronic weakness of the heart-

muscle, whether resulting from valvular disease or not, the *iodide of arsenic* more than any other single medicine will restore strength to the muscle and remove many or all of the attendant symptoms, both cardiac and systemic.

2. When it fails to effect improvement in the specific heart symptoms it rarely fails to bring about improvement of the general health.

3. It is often usefully alternated with, or sometimes followed by, remedies more particularly indicated by the specific symptoms of each individual case.

#### DISCUSSION.

The PRESIDENT was sure they would all agree with him that the interest and importance of the paper just read rendered it one well worthy of their acceptance and discussion.

Dr. HARMAR SMITH said there was a difficulty about *iodide of arsenic* in its not having been proved, and therefore they could only get indications for its use from the results of treatment. He had found *arsenicum* itself very valuable in inflammatory diseases of the heart, especially when there was tenderness and pressure in the precordial region.

Dr. NICHOLSON said the subject was one which was extremely interesting. *Iodide of arsenic* was most useful, but in two cases in which he had had experience with it he found *naja* much the best medicine.

Dr. BURWOOD said that since Dr. Nankivell had introduced this preparation of *arsenic* he had frequently tried it in lung and heart diseases, and it had acted extremely well. He fully concurred in everything Dr. Clarke had said. In cases of faintness, where the patient was almost gone, he had seen marked results. If they would keep the finger on the pulse, in the course of a few minutes they would see the result.

The PRESIDENT said he had not much to add to what had been advanced by Dr. Clarke or the speakers, except just to endorse what had been said. He had often used the *iodide of arsenic* in cardiac and pulmonary diseases, and it had become with him a frequently used medicine with very gratifying effects. As Dr. Clarke remarked, it was very useful in heart disease. When they had a single medicine used for a specific purpose, and when they could support that by pathological symptoms, they had facts that would stand by them. The more they investigated diseases in relation to a single medicine the more they would advance.

## THE CHOLERA AT NAPLES.

BY DR. TOMMASO CIGLIANO.

Translated by Dr. C. L. TUCKEY.

MANY writers have noticed that an outbreak of cholera is preceded, both in Naples and in the neighbouring cities, by an epidemic of spasmodic pains in persons otherwise perfectly healthy, and this last epidemic has been no exception to the rule. A very large number of patients came under treatment in the early part of the year for sudden attacks of pain affecting the chest or abdomen, or sometimes the bladder. The course run by these attacks was extremely irregular, as regards both the character and duration of symptoms.

The accompanying fever, often mistaken for the ordinary Neapolitan fever, came on as a rule in the evening and used often to remit during the night or in the morning with profuse sweating, and when this was associated with epistaxis, hæmoptysis and pleuritic effusion it simulated phthisis.

The abdominal spasms, whether attended with constipation or diarrhœa, were often complicated with hæmorrhage from the bowels, and they sometimes began with vomiting and diarrhœa. I have observed vesical spasms in two boys, fifteen or sixteen years old, in whom the feverish paroxysms came on and passed off with strangury and dysuria. It was seldom that one saw all the forms of spasm present together in one patient, and the thoracic form was that which was most common in the winter months, and the abdominal in the summer; these latter were sometimes essentially choleraic.

The height of the temperature has been a strange feature. It has varied from a slight evening rise to an increase of over six degrees in some cases, while the morning remission has been complete, or only exhibited a rise of one or two degrees above the normal. The perspiration and fall of temperature were often absent, and the height of the fever in the abdominal and thoracic forms simulated typhoid or acute phthisis. Analysis of urine, which showed an absence of uroxanthine and phosphate of lime, rendered the diagnosis plain. Such was the history of a young girl who, after sixty days, during which her temperature was  $105^{\circ}$  F. in the evening, and  $100\frac{1}{2}^{\circ}$  F. or more in the morning, is



now cured, except that when the weather changes she has paroxysms of cough and slight fever or coryza.

The duration of these attacks was always very long, although the illness might not be continuous. The fever sometimes lasted a day or a week, and then disappeared only to return after a more or less prolonged period of quiescence, and it was always noticed that it returned with a change of weather, or when a storm threatened. Sometimes patients supposed to have recovered suffered a relapse after a month or two, which would last twenty-one or twenty-eight days, and then only yield to change of air. This *dernier ressort* did not succeed in all cases, and I still have some obstinate cases of this kind under treatment. It is remarkable that in these cases nutrition apparently suffers but little, because nearly all the patients eat with a good appetite, although at the beginning of the disease they show a great repugnance to food.

The remedies tried in this irregular malady have been chiefly *iodide of sulphur*, recommended by Allen, but found quite useless; *camphor*, which sometimes succeeded as a palliative; *plumbum*, which was useful in some cases when there was hoarseness with periodic attacks of fever; *colocynth* in the abdominal, and *sarsaparilla* in the vesical forms were of doubtful efficacy. *Morphia* 6, four doses a day (at 8 and 10 a.m. and 2 and 4 p.m.) cut short the disease in children in a very satisfactory manner, provided that the fever was of an intermittent type—it was rarely successful when it was continuous.

*Dioscorea* scored a brilliant triumph in the case of a man sixty-four years of age, in whom the fever came on twice a day (at 8 a.m. and 8 p.m.), and was preceded by an imaginary smell, *as of a child's diarrhœic stool*. In other cases where this medicine was tried, but this symptom was wanting, no effect followed its administration. *Aconite* lowered the fever when it ran high, and so did *baptisia*, when the centre of the tongue was marked by red or blackish stripes, or when there was bloody diarrhœa with tenesmus.

No medicine, neither *arsenic*, *ippecacuanha*, *carbolic acid*, *mercury*, nor any other remedy prescribed according to symptoms, did any good in checking, or cutting short the disease, or preventing relapses. Often one saw the pathogenic effects of these medicines developed, but no curative results followed. I sought to find a remedy to correspond

with the genius of the epidemic and its symptoms, but did not succeed except as far as *morphia* was concerned. This remedy answered as well with children as it always has done in my hands during the many years I have used it in intermittent and typhoid fevers occurring in them.

As a rule even ordinary diseases have run a more or less irregular course this year, and chronic cases have suffered more aggravations than usual. Women who have been barren for many years have become fruitful. Dentition in some children has been earlier than usual; I have seen infants born with their incisors cut and a few days later the canine teeth have appeared.

A certain cosmo-telluric influence, which has interfered with the ordinary laws of organic life, predisposing it to the reception of injurious germs, seems to have been at work and must not be lost sight of.

II. The symptoms of this last outbreak of cholera have in no way been different from those observed in other epidemics, and I therefore think it unnecessary to record them, but simply refer the reader to treatises on its special pathology, and describe only the means adopted to combat the disease, disinfectants, prophylactics and modes of cure.

III. Disinfectants.—The wildness of theory has, even here, caused that uncertainty in practice which is always hurtful and often fatal. Yesterday the much talked of microbes were killed with carbolic acid, to-day chlorides of lime and alluminum are used, and to-morrow sulphuric acid and corrosive sublimate will have their turn. On one occasion all these compounds were mixed together and cast wholesale into water-closets and sewers and over the streets, poisoning the air, the houses and the people, and I could not tell where hygiene ended and toxicology began. Finally, to leave nothing untried, the Sanitary Council on 12th September advised the burning of sulphur in enormous quantities in the public roads and courts and alleys of the city.

If our lamented colleague, Constantine Hering, could rise from the grave he would hasten to claim the credit for originating this prescription, for he always recommended the wearing of rectified sulphur in the shoes and stockings during epidemics, especially when cholera prevailed, as a safeguard against infection. The efficacy of this was confirmed by experiments made on the comparative value of disinfectants, comprising carbolic acid, chlorine, ammonia,

and the vapour of sulphur, by Dr. George Sternborg, and published in the Bulletin of the National Board of Health, Nos. 29 and 30, Washington, 1880. In these experiments it was shown that the fumes of sulphur, bound in a closed vessel, were more efficacious in suspending and destroying the vitality of microbes and rendering vaccine matters inert than any of the other disinfectants.

From the commencement of the epidemic, therefore, the homœopathic physicians of Naples have advised the burning of sulphur, broken into small pieces, to the families under their charge, in water closets, and in bedrooms inhabited by cholera patients or occupied by their furniture. For personal disinfection we have advised the use of camphorated spirit, prepared according to Hahnemann's directions, and we found this to be both disinfectant and prophylactic. To disinfect the choleraic stools the same preparation was recommended, sprinkling it freely over them. How much is an atmosphere of camphor to be preferred to the poisonous emanations given off by the official fumigations. These latter are hurtful and barbarous and ought to have been forbidden by the authorities instead of being enforced at the point of the bayonet!

In the laboratory of the Central Homœopathic Pharmacy, eight persons were kept employed in preparing *camphor*, and all have enjoyed perfect immunity from cholera, although they were exposed to contagion in every form.

IV. *Preservative means.*—The prophylactic which has enjoyed our entire confidence here during the past epidemic, and also in those which preceded it, is Rubini's *camphor*, given in drop doses two or three times a day. A very large number of persons have used it, about fifty thousand, and all with the rarest exception affirm that they have been preserved by it, though they have nursed cholera patients and have lived in houses wherein people have died of the disease. Together with Doctors Rubini, Mucci and Orioli, I have recommended its use to all my clients—the united *clientèle* would amount to about two thousand families—and not a single case of cholera or cholerae has occurred among all these. All the workpeople in the De Angelis's printing works, numbering about a hundred, escaped infection, together with their families, through using Rubini's *camphor*, although they lived in parts of the city much scourged by the disease. A similar result was obtained in the *Casa Centrale delle Figlie delle Carita*, where over six

hundred nuns and young girls live. Among the great number who thus took *camphor* the only malady of a choleraic character which showed itself, and that but in a few cases, was a slight diarrhœa, which a few extra doses of the remedy cured. Sometimes the *camphor* caused a slight fever or headache, but these quickly disappeared when the remedy was discontinued, and were evidently its pathogenetic effects.

In two youths pains in the stomach occurred and increased with each dose of the medicine. *Arseniate of copper* 6 was given and they soon disappeared, and it was continued in these cases and subsequently as a prophylactic, in others instead of camphor, and always with success. Another youth while nursing a choleraic patient overdosed himself with camphor—taking thirty or forty drops a day—and was attacked, after fifteen or twenty days, with general coldness and other pathogenetic effects of the drug. He was cured of these in a few hours by taking ten drops of laudanum.

Other homœopathic physicians, apparently from an inexplicable dislike to the recent scientific discoveries of their own countrymen, have advised *veratrum*, *copper* and *camphor*, prepared after Hahnemann's plan, and they speak highly of the results they have obtained, whilst the German homœopaths, assembled in congress at Lausanne in August last, asserted that *camphor* was the great remedy in cholera.

IV. *Curative means.*—We homœopathic physicians of Naples had, as I have already said, no cases of cholera among our *clientèle*, and were therefore able to give our attention to the poor, who used to come to the Free Dispensary of the Homœopathic Central Pharmacy and beg help and medicine. Camphor was there distributed to them free of charge, with directions how to use it. Of eighty cases so treated we only lost three; the first, an epileptic boy, six years old, was dosed, unknown to us, with allopathic medicine at the same time; the second, a young girl, and the third, a man of forty, took an ordinary warm bath during the stage of reaction by the advice of an allopathic professor.

Besides these cases which we have ourselves attended and observed we have accurate reports of a great many cures effected by Rubini's *camphor* when given by philanthropists and by allopathic physicians. The latter, though hampered by their scepticism and theories, their uncertain

and hesitating mode of the administering the remedy when perseverance and confidence were required, yet obtained better results from it than they did from any other plan of treatment.

From observations made by ourselves and from those we have with great care collected from the aforesaid sources, as well as from the reports of patients who have either cured themselves or been cured by their friends with *camphor*, we are able to draw the following inferences:—

1. In the incubation stage of cholera it is, in every case, successful in preventing the development of the disease.

2. In the early stages, that is, when there are already vomiting and purging, it arrests the disease and prevents its further development in eighty per cent. of the cases in which it is used, and when it fails in its quickly abortive action, it will still, with perseverance and in increased doses, be the means of bringing on the desired reaction, even when the patient falls into the stage of collapse, provided that he be not disturbed with other remedies. In these cases the reaction will be developed in from two to six hours, or, more rarely, after from twenty-four to forty-eight hours.

3. In the stage of collapse it succeeds with almost certainty, provided that no other remedies have been previously used, especially such as laudanum and warm baths.

4. In women the reaction is often later in making its appearance than it is in men.

5. In children, who often reject it by the mouth, it succeeds equally well when rubbed in over the stomach, under the arm pits, and over the temples, every half hour, and then no internal medicine need be used.

6. In the fever of reaction it is still indicated, two or three doses of one or two drops being given in the twenty-four hours. The fever in the majority of cured cases lasted twelve hours, rarely as long as seventy hours. In no case where cure followed were there any typhoid symptoms.

7. On discontinuing the *camphor* during the stage of reaction, if there be any relapse it will be cured by again resorting to the same remedy. But it is more prudent not to discontinue its use for some days, even after apparent recovery; though the quantity and frequency of the dose may be reduced, one or two doses a day being sufficient. Only when each administration is followed by vertigo or other pathogenetic symptoms should it be given up.

8. In treating a case with *camphor*, any other remedy, especially *laudanum*, disturbs its beneficent action. Warm baths in the majority of cases are always injurious, and sometimes fatal. So also is changing the bed or linen during any delirium which may precede the sweating and during the sweating itself. All these rules are of essential importance in securing good results from treatment.

*Veratrum* and *copper* were given to a child and answered perfectly; but owing to an error in diet there was a relapse, and an allopath was called in. He ordered other medicines and a warm bath and the child died.

*Aconite*, *aconitine*, and *arsenate of copper*, the first two in the stage of collapse and the third during the predominance of gastro-intestinal disturbance with cramps, deserve careful trial in the hospitals; it is impossible to fairly test them in private practice.

Some homœopaths have used Hahnemann's *camphor* when Rubini's was indicated, and *vice versa*, and the comparative results of this practice have not yet been ascertained with precision; but one can prophecy what they are by arguing from the cures made by Dr. Quin, in 1830, by Dr. Luizzi of Rome, and others in 1836.

The conclusion to be drawn from all that has been written on the subject is, that from homœopathy may be derived two methods of curing cholera, and that both have been extensively and successfully used in every epidemic in all parts of the world. The *first*, that of Hahnemann, with *camphor* (1 in 6) in the premonitory symptoms; *veratrum*, when there is abundant diarrhœa and incessant vomiting; *cuprum* during the cramps, and *arsenic* and *carbo vegetabilis* in the stages of collapse and threatened asphyxia.

The *second*, that of Rubini, uses *camphor* alone (50 per cent. solution) as the preservative and curative agent in all the *prodromata*, all the stages, and all the *sequelæ* of cholera.

The first method is the more scholastic, but the second the more easy, rapid and popular. The first, when scrupulously followed out, shows a mortality of 5 or 6 per cent., the second of 0.15 to 1 per cent.; neither will show more than double this death-rate, even if not adopted until the advanced stages of the disease (excluding the final agony). It follows, therefore, that if the 500,000 inhabitants of Naples had been supervised by 500 doctors and 3,000 nurses, one doctor and six nurses to each district of

1,000 inhabitants, and if these had used Rubini's *camphor* at the outset of the epidemic in every case, treating the patient at once in his own house for only ten hours, nearly all the deaths might have been averted and the enormous expense of getting up ambulances and hospitals, barbarous and absurd means of coping with cholera, would have been saved. Contrast this picture with what has occurred.

VI. *Homœopathy and Allopathy.*—An outbreak of cholera in such a city as Naples may be a scourge from heaven, but the responsibility for the ravages it makes amongst its victims rests with men, for they abandon them to the tender mercies of the vain delusions of allopathic theories.

Of 11,384 persons attacked from August 2nd to October 10th, 6,042 have died! Granting the most favourable results to allopathy, that half the cases treated recover, we have the following results to gather from the tables of mortality of different epidemics: 5,300 in 1836, 13,800 in '37, 8,500 in '54, 1,300 in '55, 2,200 in '65, 3,470 in '66, 300 in '67 and 1,280 in 1873. In round numbers, 69,000 cases and 34,500 deaths. Is the often repeated rebellion of the people against allopathic medicine and its practitioners' prejudice or wise discrimination? A system which sacrifices half its patients and yet obstinately sets itself to combat disease again and again with exactly the same method of treatment surely does not belong to the sacred priesthood of medicine.

I must add that many of the European Governments must be held, in a measure, responsible for neglecting homœopathy, for it can be shown that if homœopathic treatment had been used in the above-mentioned epidemics only 8 to 10 per cent. of the cases would have proved fatal at the very worst, and that instead of 34,500 deaths we should only have to chronicle 6,800, or 27,700 less. In the last outbreak, instead of 6,402 deaths in Naples we should only have had 1,136, conceding the *maximum* rate of mortality even found in homœopathic practice.

What a difference these statistics show and they have been verified all over the world with a marvellous uniformity! They are endorsed by the authority of the British Parliament (Cholera Parliamentary Return, 21st May, 1855);\* and in Italy they are authenticated by many

\* We are afraid that our colleague, Dr. Cigliano, is scarcely accurate in these statistics. The mortality reported in the Parliamentary Return as occurring at the London Homœopathic Hospital in 1854 was 21 per cent.

instances—by the 708 cases treated by Dr. Rubini with two deaths, of which 391 cases were in the *Reale Albergo dei Poveri* and in the 3rd Swiss Regiment, in 1854-55; by the 641 cases with 25 deaths of Dr. Tripi in the army in Sicily in 1854 under the direction of Prince di Satriano; by the 841 cases with 72 deaths of Dr. Goth in Genoa in the same year; and by many others in 1836, as by those of Drs. Granetti of Turin, Luizzi of Rome, de Horatiüs Mauro and Romano of Naples. It seems, however, that these statistics were not accessible to the lofty intelligence of the Neapolitan Authorities! Nevertheless, the newspapers of this city have not failed to publish them. The *Corriere del Mattino* of the 27th July gave a full report of the comparative mortality, and the editor of the *Napoli* of the 16th September published the history of his own case treated with Rubini's *camphor*.

Nor has Dr. Rubini neglected to write long letters to the Syndic, the Prefect, the Cardinal and all the authorities of Naples, and he has even appealed to the King and each of his ministers, praying that *camphor* only might be used in the treatment of cholera, and that half of the cholera hospitals might be given up to homœopathic physicians. It seems incredible that this eminent Italian, who, despite his 84 years, has all the vivacity of youth, and who once more wished to place his life and long experience at the disposal of his fellow-citizens, received but one answer to his communications when he tried to save the people who were exposed to a greater danger than that of cholera—the imbecility of official medicine.

In truth only Signor Depretis acknowledged the communication, and His Excellency replied that it did not come within the province of the Minister of the Interior to discuss technical questions such as the use of *camphor* and the trial of homœopathy in cholera. As if it were not his duty to be guided at such a time of national calamity by the bills of mortality and the sufferings of the people. It is true statistics are compiled by technical persons, but they are published for the guidance of the general public and

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At Newcastle, in the same epidemic, it was 20 per cent. During the epidemic of 1848-49, in Edinburgh, the mortality under homœopathic treatment was 25 per cent.; at Liverpool, it was at the same rate; at Hull, 26; at Torquay and at Honiton it was about 10 per cent. This, while infinitely in advance of the 60 or 70 per cent. under allopathic treatment during the same period, is still much higher than Dr. Cigliano's estimate of our success, viz., 8 to 10 per cent. [Eds. M.H.R.]



especially for that of the legislators and ministers of the kingdom.

Ignoring homœopathy may indeed be justified by the plea of maintaining established usages. Perhaps the rescue of a population from cholera by means of homœopathy would not have been justified by custom; but it would have been justified on far nobler principles—the saving of an immense multitude of innocent victims from death. Such conduct as this would have been noble and legal, even in a president of the Holy Office, and how much more so in the Minister of the magnanimous King of Italy. How many bereaved ones have to lament the loss of father, mother, and children, who would now be blessing the Government and Homœopathy if the authorities had followed the way pointed out to them by statistics.

But it was not to be, and the welfare of the people has been sacrificed in obsequious obedience to Sardinian officialism, which is as careless of public gratitude now as it was in 1854, when Signor Giustiniani was forbidden to found, at his own expense, a hospital for the homœopathic treatment of cholera at Genoa. Italy has since that time become emancipated geographically, but she still requires emancipation in the matter of her public functionaries in the interest of humanity and honesty.

It is the duty of the homœopathic physicians of Europe, now more than ever, to show by statistics the comparative results attained by homœopathy and allopathy in the treatment not only of cholera, but of all diseases. Times are changed since it was necessary to appeal to authority, to whom the public weal is but an empty phrase, or to academies, in which science is a selfish interest; and we must now address ourselves to the public, who after all are the best judges to decide the question of the adoption of a system of medicine which insures the greatest longevity, the smallest mortality, and the largest saving of time and money in the treatment of every disease which affects humanity.

Such has been the course pursued by American homœopaths, and thereby they have vindicated their rights in the hospitals, universities, and public offices.

Naples,  
October 15th, 1884.

NOTE.—I have given to cholera patients as a drink little cold water with a few drops of rum or brandy in

and when this could not be borne I allowed a little ice. During the presence of vomiting I have not, as may be readily understood, advised food, nor could the patients take it at that time. The sickness past, I have waited for the sweating, and only after that have I allowed broth or weak soup, and to some wine and water.

When there has been a great aversion to *camphor* I have generally succeeded in getting the patient to take it by telling him that without *camphor* his life was in great danger. But the administration of the remedy with sufficient sugar—five drops to a small piece of sugar—renders it more acceptable. In grave cases the dose may be increased to 10 or 15 drops, and be given every quarter of an hour. When reaction is imminent, though the vomiting and diarrhoea still continue, the dose may be gradually reduced a little. *Camphor* may also be administered by friction and by enema—in the latter case with warm oil.

November 1st, 1884.

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## REVIEWS.

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*Materia Medica: Physiological and Applied.* Vol. I. London: Trübner & Co., Ludgate Hill, E.C. 1884.

THE volume before us is the first of a series which, we understand, will be published from time to time in proportion to the demand for a work of the kind. The existence of such a demand will be in direct proportion to the amount of real interest felt by the profession in the study of *Materia Medica*—in direct proportion to the prevalence of a desire for a more exact knowledge of the physiological action of drugs. Never before have the properties, effects, and uses of half-a-dozen powerful and valuable medicinal agents been set forth so thoroughly, so completely, or on so sound and extensive a basis of observation and experiment as have those contained in this work on *Materia Medica*.

The introduction, which is signed by Drs. Drysdale, Dudgeon, Hayward and Hughes, forms a powerful and well-reasoned essay showing how essential to rational therapeutics is a complete knowledge of the physiological action of drugs. Pathology, it is well argued, shows how temporary and limited is the good derived from palliatives which deal with effects rather than with causes, with results rather than with conditions. Hence a *Materia Medica* restricted to the classifiable actions of drugs is not commensurate with the requirements of a sound pathology, or with the evidence of clinical cures, for a vast number of them

cannot be explained by such actions. Such being the case, we are driven to study the exclusively pathogenic or disease-producing actions of drugs. The number and variety of drugs capable of producing such actions being practically unlimited, the extent, variety and power of the field opened up to our use is boundless. But it is so "on one condition only, namely, we must know the connection existing, if any, between the specific pathogenic action of the drug on any part and its power of curing disease of that part; in short, the law of cure by the specific pathogenic powers of drugs, if such exists. Otherwise what boots it to us to know, for example, that *ergot* produces gangrene of the toes and fingers, and disease of the spinal cord, with cramps and paralysis? or *cantharides* inflammation of the bladder, if no practical application can be made of these facts except to shun the administration of these drugs in the respective diseases here named?"

A careful study of the nature of the physiologically specific actions of drugs follows, in which it is shown that all are stimuli—specific stimuli—possessing a specificity of seat and quality. Upon this basis the writers next examine the relation between the physiological specificity of drugs in causing disease, and their therapeutic specificity which enables them to cure disease, with the view of finding a rational explanation of the latter. Hahnemann's truly scientific method of appealing to observation and experiment for this explanation, and its results in the generalisation expressed in the well known therapeutic rule *similia similibus curantur* are next described, and the truth and value of this principle are powerfully insisted upon.

This is followed by an elaborate argument on the kind of elective affinity which should constitute the pathological simile curative of the disease; and this again by some considerations on the prophylaxis of specific diseases, a field in which the homoeopathic specific plays a large, if not the whole part.

This remarkably able essay concludes with a clear statement of the requirements of a complete *Materia Medica*. The difficulties surrounding meeting these requirements are admitted, but it is believed—and no one who studies the articles composing the remainder of this volume can doubt—that they have been very fairly surmounted. Our old, well-tried, and trusty friend, *aconite*, is the subject of Dr. Dudgeon's contribution. That it is examined with all possible completeness everyone who reads the 148 pages of which it consists will at once acknowledge. After stating its synonyms, describing its botanical characters, its chemistry and pharmacy, and giving a history of the drug, with a list of the monographs that have appeared upon it, a summary is made of its general and special action. This is followed by the recital of seventy-five cases of poisoning and thirty provings. To these an index is appended, which is

described as "rather more than a repertory and rather less than a regular schema. The symptoms are given in sufficient fulness to be useful as a guide to assist the practitioner, but not sufficiently fully to enable the student to dispense with a reference to the records if he wishes to obtain a thorough knowledge of this interesting medicine." This is just the kind of schema which we have regretted the absence of in the *Materia Medica* which is being prepared by Dr. Hughes and Dr. Dake. Every symptom in this index is referred to the case in which it occurred. A symptom is therefore easy to find, and, if found, its value is at the same time easily estimated. The essay concludes with a brief commentary on the therapeutic uses of the drug, and a clinical record of *aconite* cures.

The article on *crotalus*, occupying 238 pages, by Dr. Hayward, is probably the most exhaustive essay ever written on a medicinal substance. The amount of diligent and patient research, of ingenious experiment, careful thought, and sound, practical clinical observation which it displays, is, we believe, unequalled in the literature of materia medica. As a work of reference for the preparation of a study of *crotalus* nothing could be better. It contains well nigh everything that can be said about the poison of the rattlesnake; but if all our medicines were to be treated after this manner the study of *Materia Medica* would become impracticable. In this instance, however, the novelty of the substance, and the interesting manner in which the details are set forth, will excite sufficient interest to ensure the essay being studied.

The next article, *digitalis*, is one of three which possess the very special interest of being the work of the last year or two of the active and useful life of our most genial colleague, Dr. Black. Two of these drugs, *plumbum* and *digitalis*, were the subject of enquiries by Dr. Black early in his professional career, and papers upon them by him appear in the first and fourth volumes of *The British Journal of Homoeopathy*.

*Digitalis* is arranged in a manner similar to *aconite* by Dr. Dudgeon. The provings and cases of poisoning are first given, and these are followed by a schema, or index, while to each section of this there is added a brief therapeutic commentary.

*Kali bichromicum*, by Dr. Drysdale, comes next. All are familiar with his excellent proving of this drug in the original work of the Hahnemann Publishing Society. In the present edition this has been greatly improved by the addition of the cases of poisoning, etc., and illustrations of its therapeutic value, that have appeared of late years.

*Nux vomica*, by the late Dr. Black, is set forth on a plan similar to that adopted in the case of *digitalis*; and one much the same is adopted in the consideration of *plumbum*.

Such is a brief sketch of the contents of this volume. It is one which we trust will be largely used; one we regard as well calculated to make an intelligent physician unacquainted with homœopathy pause before accepting as true the fraudulent statements regarding it circulated by the medical press and greedily swallowed by persons of the Dr. Sheen stamp!

## MEETINGS.

### REPORT OF A SPECIAL GENERAL MEETING OF THE GOVERNORS, DONORS, AND SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

Held on November 18th, 1884, in the Board Room of the Hospital.

A SPECIAL General Meeting of the Governors, Donors, and Subscribers of the London Homœopathic Hospital and Medical School, was held in the Board Room of the Hospital this afternoon, at 5 o'clock. The Lord EBURY occupied the chair. There were present: Major Morgan, Mr. Pite, Dr. Hamilton, Mr. Chamber, Mr. Grey, Dr. Yeldham, Mr. Bennoch, Mr. Gedge, Dr. Blackley, Mr. Stilwell, Colonel Clifton Brown, Dr. Moir, Mr. Rosher, Mr. Cameron, Dr. Anderson, Dr. McKechnie, Dr. Tuckey, Dr. N. Wood.

The Secretary read the following advertisement, convening the meeting:—

“London Homœopathic Hospital and Medical School, Great Ormond Street, Bloomsbury, W.C.—Special Notice: A Special General Meeting of the Governors, Donors, and Subscribers will be held at the Hospital on Thursday, November 18th, at 5 o'clock, for the transaction of the following business:—

“(1) To authorise the Trustees to appropriate for the use and service of the Hospital a portion of the invested funds not exceeding £1,700, to cover the balance of cost of New Wing for the Nursing Institute, and repairs to the Hospital Building.

“(2) To consider and, if approved, adopt amended Laws of the Hospital.

“All Governors, Donors, and Subscribers are earnestly invited to attend.”

The meeting then entered on the consideration of the first resolution. Major Vaughan Morgan, referring to the first resolution to be submitted to the meeting, said that the amount which the trustees required power to deal with would be less than had been stated in the draft resolution, as on a close examination of the figures it was found that they had not yet fully availed themselves of the power conferred on them by the resolution of the General Meeting of April 27th, 1883; therefore, the

sum they would be asked to vote would be reduced to £1,400. This amount had been spent in considerable improvements and renovation in and out the hospital, consisting of the entire remodelling of the Out Patients' Department, which had been greatly enlarged and provided with new rooms, &c., the changing of Hahnemann Ward to another part of the hospital, considerable repairs to the domestic rooms of the building and cleansing the entire outside of the hospital.

That these improvements in and outside the hospital were appreciated was proved by the increased number of patients in the wards, the number recently rising as high as 70; they would also be a great inducement to those able to support the hospital to pay it a visit. The vastly improved sanitation of the hospital, not only as regards sewerage, but also as regards light and air and other accessories to the increased cheerfulness of the in-patients, would make the work of curing the sick more easy, rapid and certain.

Lord EBURY now proposed, and Major V. MORGAN seconded the following resolution, which was carried unanimously:—

#### RESOLUTION.

“That the trustees of the London Homœopathic Hospital be and are hereby empowered to appropriate for the use and service of the hospital a portion of the invested funds not exceeding £1,400 to cover the balance of cost of the new wing, and for the repairs of the hospital building.”

The meeting next entered on the consideration of the proposed amended laws.

The TREASURER stated that as every person present had received a printed draft of the proposed amended laws, it was suggested that they should be adopted “en bloc.” After he had called attention to some inconsiderable alterations not involving principles, and after opportunity had been afforded for any amendments or suggestions on the part of the meeting,

Lord EBURY then proposed, and Major W. V. MORGAN seconded—“That the laws as submitted to the meeting should be adopted.”

Lord Ebury being obliged to leave, it was proposed, seconded, and carried that Major Vaughan Morgan take the chair.

Major VAUGHAN MORGAN then read the latest alterations of the laws, which were then approved in detail, excepting the proposed law referring to the election of medical officers, and providing that “all medical appointments, excepting the appointment of the resident medical officer, shall be for a period of seven years, the board having the power to re-appoint a retiring medical officer who retires by lapse of time without re-election by the governors, donors, and subscribers.”

Dr. HAMILTON objected to this proposed new law, and said

that assuming the law was intended to give the board powers over an erring member of the staff, it would be practically inoperative, because seven years was in such a case too long for a medical officer to remain on the staff. If any conduct on his part justified removal, his resignation might be asked for. He thought that the proposed limitation was derogatory to the members of the staff. Such a law was quite unusual in other hospitals.

Mr. CAMERON quite concurred in the remarks of Dr. Hamilton, and said that the principle of appointing medical officers for a defined period was objectionable as being derogatory to the medical profession, and apparently involving some want of confidence in the medical staff, and as being without precedent at other hospitals. He would like to hear whether the opinion of the medical council of the hospital had been taken upon the point, because, as a body constituted to advise the board on medical matters, the question was one on which their advice would be valuable. He could only suppose that the board, in framing such a provision, were actuated by circumstances that were not within his knowledge. No difficulty could exist in case of unprofessional conduct on the part of a member of the medical staff, because as he must, by the fact of his appointment, be a member of the British Homeopathic Society, it was only necessary for the board to bring the circumstances under the notice of that society, which, if the circumstances justified such a course, would vote his expulsion, and he would thenceforth cease to be a member of the medical staff. For those reasons he recorded his objection to the proposed limitation.

Major VAUGHAN MORGAN said in reply to Mr. Cameron that the proposed new provision had not been submitted to the medical council, but to the medical staff, whom it directly affected, and who were, for the most part, members of the council. The meeting of the medical staff, at which the new provision was submitted, had approved it. Mr. Bennoch, who was a member of the governing bodies of several hospitals, might be able to enlighten the meeting as to the practice at those institutions.

Mr. BENNOCH said that, as one of the oldest governors of St. Bartholomew's Hospital, he would refer to the practice of that institution which was to re-elect all the medical officers annually, and it had not been thought derogatory to the medical officers and had always worked well.

After some discussion, in which the adoption of an annual election of medical officers on the model of St. Bartholomew's was suggested, Major VAUGHAN MORGAN suggested that the new provision, stating a period of appointment of medical officers, should be omitted altogether, the law as to medical appointments to remain as in the old laws.

This proposition not receiving the approval of the meeting it was proposed by Major VAUGHAN MORGAN, seconded by Dr. HAMILTON, that the law should be adopted as far as the following provision:—"The right of election of the medical officers, with the exception of the consulting physician, consulting surgeon, and of the resident medical officer, is vested in the governors, donors, and subscribers." This was carried unanimously.

After some further discussion as to the principle of re-election annually the following new law was proposed by Mr. BENNOCH and seconded by Mr. GREY:—"All medical officers, excepting those named in Law xlvii., shall be subject to re-election annually." This being put to the vote was carried.

All other alterations in the laws having been adopted, and the proposed new bye laws having been submitted to the meeting, and approved, the TREASURER put the following resolution:—"Proposed by Lord ESBURY, seconded by Major VAUGHAN MORGAN:—"That the laws as amended at this meeting be the laws of the London Homœopathic Hospital and Medical School."

The resolution was carried and the meeting terminated.

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## NOTABILIA.

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### THE RELATIONS OF THE MEDICAL PROFESSION.

In the *British Medical Journal* of the 8th ult., will be found a very amusing paper, albeit one intended by its author to be exceedingly serious, on *The Relations of the Medical Profession*. The relationships discussed are, "with the public," "with each other," "to medical charitable aids," "with homœopathy," and "with chemists." "Our profession," says the author—Dr. Sheen, of Cardiff—"has a twofold character. It is a mission as well as a means of gaining a livelihood. Some of our members, unfortunately, look at it and practise it only in the latter aspect." How Dr. Sheen looks at and practises it may be gathered, we presume, from the way he handles the chief topics of his discourse. "We are very hard upon quacks," he says, "and rightly so, but the biggest and worse kind of quacks are those in the profession, and there are plenty of them." This is followed by three columns on fees, in the course of which we are counselled to be "more businesslike," "our fees more equitable, more commensurate with our position and the position of our patients," and as a result we are assured that "we shall be more respected and more honoured than we are." Then comes a lecture upon professional quarrels, and the questions are asked, "Are we always quite loyal and honest to each other? Do we always do unto each other as we would be done by? Do we



always behave as gentlemen should to one another?" The ready answer is "I fear not. It is needless for me to give examples; these will readily occur to all of you!" What a charming district that occupied by the South Wales and Monmouthshire branch of the British Medical Association must be for a medical man to live and practise in! No need there to cry with the Apostle Paul, "Let brotherly love continue!"—but rather must Dr. Sheen urge upon his fellow associates, let brotherly love commence!

After defining medical etiquette as "a mere question of common sense and gentlemanly feeling," he says, "We are too apt to talk of the dignity and honour of our noble profession, whilst we do very little to maintain either." What a confession to emanate from a President of a Branch of the British Medical Association!

Then medical charity, as evolved in the out-patient departments of hospitals, provident dispensaries, and clubs is discussed, not from the "mission" point of view, but from the "means of livelihood" aspect. Next comes homœopathy! Within the compass of twenty lines, Dr. Sheen endeavours to travestie Dr. John Moore's address at Matlock last year, and succeeds admirably in misrepresenting what he published. "Do we always do unto each other as we would be done by? Do we always behave as gentlemen should to one another. I fear not. It is needless for me to give examples; these will readily occur to all of you." Why, then, should Dr. Sheen have gone out of his way to furnish another? Again, referring to Dr. Moore's address, he says: "Such an address, to my mind, carries its own condemnation of homœopathy." This seems to suggest that Dr. Sheen's "mind" must be a very singular one!

We are then treated to extracts from papers by the late Dr. Anstie in *The Practitioner*, and leading articles in *The Lancet* nearly every sentence in each of which is false, and has been proved to be false over and over again during the last fifty or sixty years. Upon this basis, one of studied misrepresentation of well-known facts, Dr. Sheen asks: "What should be our relation to homœopathy?" Then he tells us what he thinks of homœopathy. Fortunately he explains why he thinks what he does think of it! He says: "I look upon a homœopath as a quack and a humbug, and for this reason: The large majority of them have given up most of the principles of Hahnemann, and simply put themselves forward as homœopathic practitioners because they believe it will pay!" One of two things is perfectly certain; either Dr. Sheen, when he wrote this sentence knew perfectly well that what he wrote was not true, or he is entirely ignorant both of homœopathy and of those members of the profession who practise homœopathically.

Finally, our relations with chemists come under review; and here the means of livelihood aspect of the profession crops up pretty strongly. Instances are related where chemists have made an erroneous diagnosis, where the measures they prescribed were useless, and the patients died. Has Dr. Sheen never witnessed such a programme follow consulting a regularly educated and duly qualified member of the profession? We ought to object to the prescribing by chemists, because "1st—We are in a sense the custodians of the health of the people, and should be jealous of their falling into untrained hands when suffering from disease." "2nd.—The other reason is, the practice of medicine is our profession; we have been educated to it; we have paid heavy fees for that education; and on this ground alone we have every right to claim a remedy for the abuse I am speaking of, namely, the practice of chemists undertaking the treatment of disease." Here is one more illustration of the means of livelihood aspect of the profession! The address, after a lamentation on the evil propensity of patients to run on prescriptions, concludes with a plea in favour of medical men dispensing their own medicines.

As an illustration of the danger done to the profession as a means of livelihood by patients running on a prescription, Dr. Sheen quotes a letter published nine years ago in the *British Medical Journal*, where the writer gave a prescription for an "alkaline colchicum mixture" to a gouty patient, and received 10s. for the same. It had been so successful that the doctor calculated that it had cost him an income of £50 a year! He, however, congratulates himself that his patient and the friends to whom he recommended this mixture were, by abusing it, "injuring their constitutions!"

"Our profession," said Dr. Sheen in his opening sentence, "has a two-fold character. It is a mission as well as a means of gaining a livelihood. Some of our members, unfortunately, look at it and practise it only in the latter aspect." Has Dr. Sheen looked at it in any other aspect than this latter throughout his address? This profession which contains, he tells us, "plenty of the worst kinds of quacks"! This profession in which instances of its members not behaving decently to one another will readily occur to anyone! This profession which is "looked down upon and sneered at" by not a small number of people! What a wretched profession Dr. Sheen depicts it as!

Dr. Sheen may take it as an ascertained fact that it is to a reform of therapeutics—to the adoption of a method of treatment that will enable the members of the profession to cure disease more frequently, more rapidly and more pleasantly than any he or his fellow associates around Cardiff are familiar with—that he must look for an increase of respect from the public, for inducements to sick people to prefer consulting a medical man to applying to a chemist for something to cure their coughs and

colds, and to enable them to pay their fees or bills with a greater readiness and liberality.

As long as consulting physicians, when meeting their medical brethren in societies, show their utter want of faith in the value of the drugs they daily prescribe, and continue to prescribe in spite of this want of faith in their efficiency, so long will Molières arise, and sneer at, and look down upon the profession.

When Dr. Sheen can give evidence that he knows something of homœopathy, both theoretically and practically, we shall have some respect for his opinion of it. At present, it is impossible for us, or anyone else, to entertain any.

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#### TESTIMONIAL TO DRs. DRYSDALE, DUDGEON AND HUGHES.

THE suggestions we made in our leading article last month that some public acknowledgment should be made to Drs. Drysdale, Dudgeon and Hughes by their colleagues of the sense they entertain of the eminent services they have rendered to homœopathy, and in so doing to the art of medicine, should be made to them on the occasion of their relinquishing their editorial duties, was, we are glad to know, present to many besides ourselves when the announcement was made that the *British Journal of Homœopathy* had been discontinued. Consequently before our article appeared a small meeting had been summoned to consider what steps should be taken to carry out the same idea.

This meeting was held at the house of Dr. Dyce Brown on Tuesday, the 28th ult. There were present Drs. Hamilton, Engall, Yeldham, Matheson, Carfrae, Galley Blackley, Lloyd Tuckey, and Dyce Brown, and letters expressing sympathy with the movement and regret at their absence were read from Mr. Hugh Cameron and Drs. Burnett, Pope and Roth. Dr. Tuckey was requested to act as Honorary Secretary.

I.—It was proposed by Dr. Yeldham, seconded by Dr. Blackley and carried unanimously: "That some mark of recognition be offered to Drs. Dudgeon, Drysdale, and Hughes for their eminent services to homœopathy in connection with the *British Journal of Homœopathy*."

II.—It was proposed by Dr. Hamilton, and seconded by Mr. Engall, and carried unanimously: "That the recognition take the form of a presentation of a piece of Plate, and that subscriptions (limited to one guinea) be invited from members of the profession."

Since this date between 50 and 60 gentlemen have signified their desire to be placed on the General Committee.

A meeting of the Committee was held on Thursday last at the hospital, the proceedings at which, occurring so closely on our going to press, we are unable to publish this month.

This is a matter which should need no appeal, but rather one in which every homœopathic practitioner should be anxious to take a part.

## THE NATIONAL HEALTH EXHIBITION.

We have been gratified at hearing that the authorities of the recently closed exhibition have awarded a gold medal to Dr. Roth for his exhibit illustrating Scientific Physical Education, and one in bronze for his models of hygienic dress.

The Educational Bureau of the United States Government have invited Dr. Roth to forward his collection to New Orleans for exhibition at the Centennial Exhibition to be held in that city during next Spring, and we are pleased to know that he has consented to do so. We commend it to the careful examination and study of our American colleagues who may visit the "Crescent City" during the Exhibition, feeling well assured that they will find in it much to interest and instruct them.

We learn from the *Bulletin de la Société Médicale Homœopathique de France* that Dr. Roth recently gave an address before the society on the Prevention of Blindness, which was extremely well received and excited a great deal of interest.

## OBITUARY.

## HECTOR BERNARD, M.D.

WE regret to learn from the *Revue Homœopathique Belge* of the death, apparently unexpectedly, of Dr. Bernard, of Mons, one of the leading homœopathic physicians of Belgium, in the 46th year of his age.

Dr. Bernard graduated at the ancient university of Louvain in 1859 and spent the two following years studying in Paris under Tessier, Simon, Teste, Milicent, and others. In 1861 he settled at Mons, where he rapidly acquired the confidence and affection of a large circle of patients. By his homœopathic *confrères* he was as beloved for his personal qualities as he was respected for his scientific acquirements. He contributed largely to the pages of the *Revue Homœopathique Belge*, and was the author of several independent treatises of considerable merit. His funeral took place on the 11th October in the presence of a large concourse of people and of a number of homœopathic physicians who travelled from all parts of Belgium to pay their last tribute of affection at his grave. Addresses on this occasion were delivered by Dr. Criquelion, of Ath; Dr. Martiny of Brussels, on behalf of the Central Association of Homœopathic Physicians at Brussels; by Dr. Dufrane, of Mons, on behalf of the Medical Association at Mons; and by M. Devillers, in the name of the Society of Art and Literature of Hainaut and of the Archæological Club of Mons.

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CORRESPONDENCE.

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“REVIEWING MADE EASY.”

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—In the October 1, 1884, issue of your valuable journal there appeared a communication from Dr. S. Yeldham concerning a review of “Berjeau on Syphilis” as published in our *Bulletin*, and attributed to the *North American Journal of Homœopathy*.

He refers to this review as “appropriated” from a fly-leaf of the third edition of his work on “Venereal Diseases,” where he quotes the identical criticism as originally published in the *British Journal* in 1862.

In the first place, and in justice to the *North American Journal of Homœopathy*, we beg to state that the review in question never appeared in that publication. The mistake is our own, and dates back as far as our February, 1873, *Bulletin*, the year before the publication of Dr. Yeldham’s fly-leaf. It is our custom to collect the criticisms of the books we handle, to keep them on file, and advertise them from time to time; and the compiler of the *Bulletin* aforementioned was guilty of the blunder, which was copied into our catalogue and the advertisement of Dr. F. E. Boericke, who conducts the publishing separately since his retirement from the firm in January, 1882.

While admitting the mistake, however, we emphatically deny the imputation of intentional plagiarism, and call attention to the fact that we devoted considerably more space to advertising Dr. Yeldham’s book in the *Bulletin* than to “Berjeau” or any other work on that subject.

Apologising for troubling you in the matter, we yet hope that you will give our explanation the same publicity as Dr. Yeldham’s accusation.

Yours respectfully,

New York, Oct. 27, 1884.

BOERICKE & TAFEL.

[We have much pleasure in publishing Messrs. Boericke & Tafel’s explanation, and only regret that we did not receive it until the 14th ult. instead of—as we did Dr. Lilienthal’s—on the 14th of October.—Eds. *M.H.R.*]

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THE HEALTH OF MENTONE.

*To the Editors of the “Monthly Homœopathic Review.”*

GENTLEMEN,—It may interest some of your readers to learn the following particulars, the accuracy of which I can vouch for personally, concerning the health of Mentone. It is natural that information received from the officials of winter stations should

be received with suspicion, it being obviously their interest to put the best face on matters, but in this case no doubts need be entertained, for I have myself seen the papers returned by the police to the civil *chef de l'état*, to falsify or tamper with which would be a misdemeanour. During the past summer, notwithstanding its unusual heat and consequent scarcity of water, and the influx of numbers of persons belonging to the poorest classes, flying from the cholera in Marseilles, Toulon, &c. (sometimes as many as 1,200 entering the town in one day), not only has there been no case of cholera, but, among the 76 deaths which occurred during the summer, out of a population of 11,000, there has only been one case of typhoid fever, a man who came from Orange, in Vaucluse, and died the day after his arrival, showing that he must have contracted the disease elsewhere.

The mortality this summer compares favourably with that of corresponding periods in previous years as the following figures will show :—

Mortality during summer of 1882	...	...	...	89
"	"	1888	...	82
"	"	1884	...	76

This favourable result is largely due to the commendable energy of the municipal authorities. The drains were daily scoured with water containing sulphate of copper in solution, and bands of men were employed to patrol the town and remove all filth, &c. Altogether six million francs (£240,000) have been spent on sanitary arrangements this summer. M. Biovés, the mayor, himself visited and inspected the worst quarters of the town.

There can be no doubt that the sanitary arrangements of Mentone have satisfactorily stood a very severe test and may now be confidently relied on.

ALFRED DRYSDALE M.B. (London),  
Officier de Santé.

15, Avenue Victor Emmanuel,  
Mentone.

#### AN OPENING.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—I enclose a copy of a note received from a friend of mine, a warm and persistent follower of Homœopathy. I have suggested to her that she and some of her friends might provide a guarantee fund for two or three years.

I am, Gentlemen, yours faithfully,

J. HAMILTON MACKENZIE.

60, Wimpole Street, Cavendish Square, W.,  
November 24th, 1884.

P.S.—I have enclosed an analysis of the "Blood-spring" water.

[Copy.]

Tor House, Glastonbury.

To Dr. Mackechnie.

DEAR SIR,—As you are, no doubt, acquainted with many gentlemen in the profession, I hope it may not be troubling you if I ask you to mention to some of them that there is a very good opening here for a homœopathic doctor to get a good practice.

This town contains a population of nearly 4,000, and the neighbouring town of Street (manufacturing) about the same; there are but two medical men in practice here, one at Street. They have as much as they can do. There is no homœopathic doctor, and people go to Bath to consult one, a distance of 20 miles.

I should be willing to let my house, furnished, at a nominal rent to any homœopathic or hydropathic doctor who wished to become acquainted with the town. An option of lease would be given after three or six months' occupation. I may mention that this house offers peculiar advantages to a medical man. In the garden is the celebrated "Blood Spring," which, in olden days, was resorted to by numbers of people for its supposed curative powers.

It certainly gives the finest drinking water in the country. There are extensive baths attached to the spring which yields 20,000 gallons daily—never lessens, never freezes.

My house contains eight rooms, it could be doubled in size, as formerly it formed one with the residence next to it. They could easily be united. In this case a hydropathic establishment could be started on the premises without much outlay. The fine air of Glastonbury would be peculiarly suited for such an establishment.

If any friend of yours wishes for further particulars, I shall be most happy to furnish him with them, and the premises could be seen at any time.

I am, &c.,

SARAH ROBERTS.

ANALYSIS OF WATER FROM THE BLOOD SPRING, GLASTONBURY,  
SEPTEMBER 7, 1880.

The results are stated in Grains per Imperial Gallon of 70,000 Grains, the Organic Carbon and Nitrogen being stated in parts per 100,000.

Total Solid Matter	...	...	...	88.50	grains.
Ammonia	...	...	...	0	"
Nitrogen as Nitrates and Nitrites=Nitric Acid	...	...	...	0.060	"
Oxygen required to Oxidize the Organic Matter	...	...	...	0.001	"
Organic Carbon	...	...	...	0.088	parts per 100,000.
Organic Nitrogen	...	...	...	0.006	"
Lime (Ca. 6)	...	...	...	10.619	grains.

Magnesia (Ng. 6)	...	...	0.828 grains.
Sulphuric Anhydride (So. 3)	...	...	4.40
Chlorine=Common Salt	...	2.016 =	8.304 "
Hardness—Before Boiling	...	...	24.8 degrees.
" After Boiling	...	...	7.0 "

There was iron in the deposit but none in solution. The water was free from odour, and had a slightly greenish tint when examined in bulk.

In a letter accompanying the analysis the analyst says: "It contained 88.50 grains of solid matter per gallon and had an initial hardness of 24.88 degrees, of which 17.8 was temporary (*i.e.*, removable by boiling) and due to the presence of carbonates of lime and magnesia, and 7.0 was permanent, that is due to the presence of sulphate of lime and magnesia. The water was singularly free from organic matter, and is, in my opinion, a good wholesome drinking water."

### NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Dr. J. MOORE.—Your paper on Cholera is in type and it is with great regret that at the last moment we have been compelled to postpone its publication until next month.

Dr. WOODGATES has removed from Redhill to 12, Bedford Circus, Exeter;

Dr. W. H. WHEELER from Richmond to Redhill; and

Dr. ORPEN from Malvern to 3, Park Terrace, Cambridge.

Communications, &c., have been received from Dr. TUCKEY, Dr. COOPER, Dr. DUDGEON, Dr. MACKECHNIE, Dr. CLARKE, Mr. CROSS (London) Dr. HAYWARD, Dr. MOORE (Liverpool); Dr. HUGHES (Brighton); Dr. BLUNSONE (Northampton); Dr. REED (Southampton); Dr. A. DRYSDALE (Mentone), &c.

### BOOKS RECEIVED.

*Surgical Emergencies and Accidents*, by J. G. Gilchrist, M.D. Chicago, Duncan Bros., 1884.

*Address delivered before The Homœopathic Medical Society of Pennsylvania*. By the President, W. R. Childs, M.D. Pittsburg, 1884.

*The Homœopathic World*. London.

*The Students' Journal and Hospital Gazette*. London.

*The Chemist and Druggist*. London.

*The British and Colonial Druggist*.

*The Monthly Magazine of Pharmacy, Chemistry and Medicine*.

*The Calcutta Journal of Medicine*.

*The North American Journal of Homœopathy*. New York.

*The New York Medical Times*. New York.

*The American Homœopath*. New York.

*The New England Medical Gazette*. Boston.

*The Hahnemannian Monthly*. Philadelphia.

*The Law of Similars the Scientific Principle of Vaccination*. By J. Compton Burnett, M.D.

*The Clinique*. Chicago.

*The United States Medical Investigator*. Chicago.

*The Medical Era*. Chicago.

*Bulletin de la Soc. Med. Homœopathique de France*. Paris.

*Revue Hom. Belge*. Brussels.

*Allgem. Hom. Zeitung*. Leipsic.

*Revista Omiopatica*. Rome.

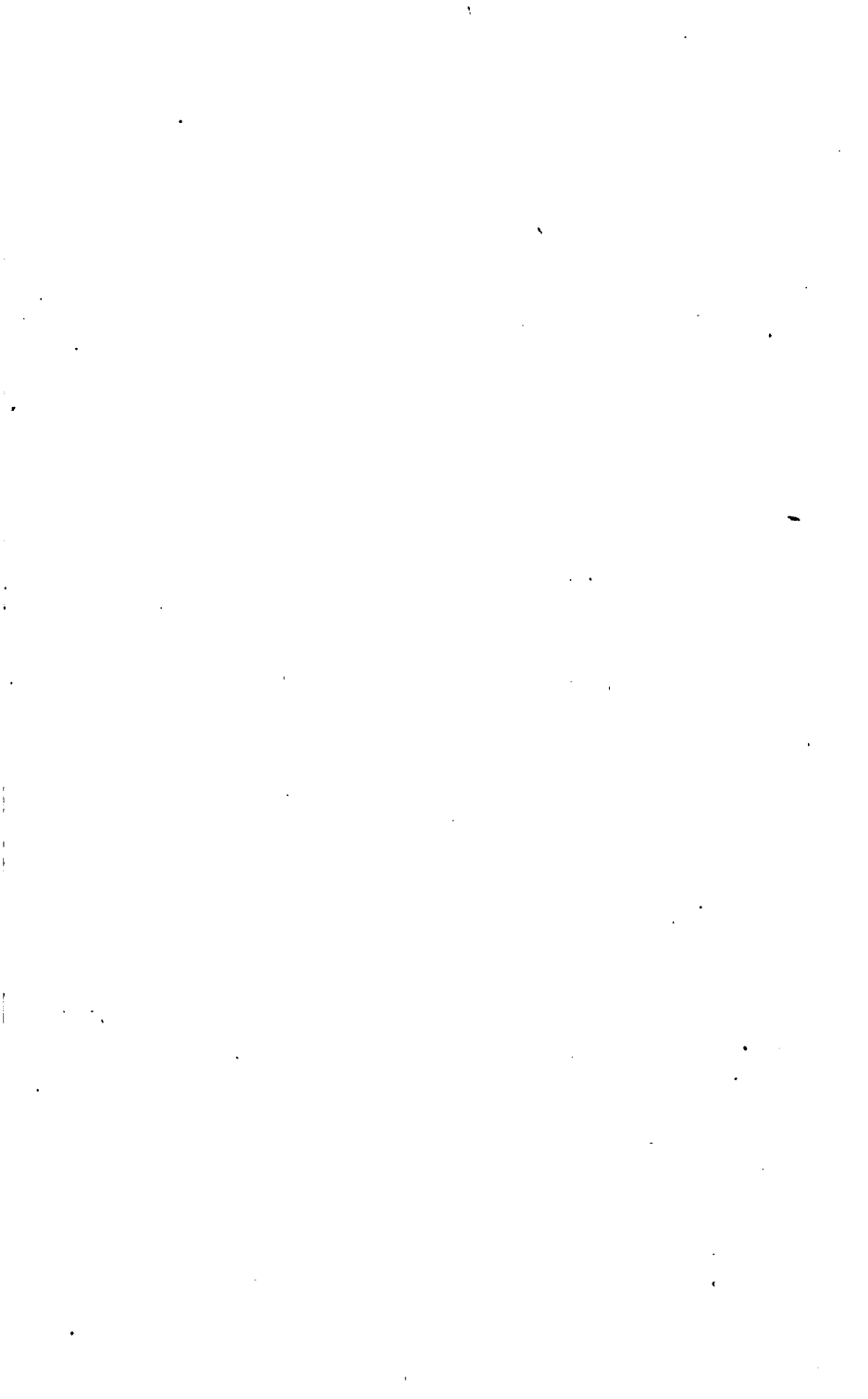
*Annual Report of the Homœopathic Hospital Melbourne*. 1884.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORD, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.











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