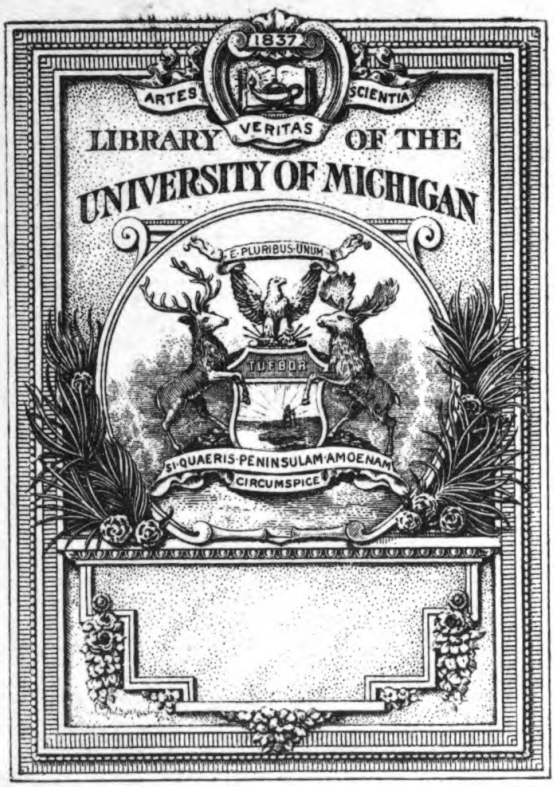

The Journal

OF THE

British Homœopathic Society

NEW SERIES

VOL. II.

SESSION 1893-1894

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NOTICE.

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OF THE

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All communications and exchanges to be sent to Dr. Hughes,
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INTRODUCTORY ADDRESS.[1]

BY HUGH CAMERON, PRESIDENT.

In the name of the British Homœopathic Society, and in my own, I do heartily bid you welcome and congratulate you on this the joyful occasion of the first meeting of the Jubilee Session of our beloved Society. It is impossible for me to express my gratification in having the privilege of taking a part in this celebration, and in witnessing the full realization of those sanguine hopes (not unmixed with anxieties and fears), which animated that little band of devoted men, only eight in number, who, fifty years ago, rallied round Dr. Quin on that night when he laid the first stone of the foundation of this Society, and of whom I alone survive. When I think of that scene, that round baize-covered table we all sat at, with room to spare, of the faces of so many friends — Quin, Partridge, Giglioli, Mayne, Dunsford, Hering, Wood (whose features and expressions and manners are as clearly in my recollection at this moment as if I had seen them only yesterday), notwith-

[1] Delivered at the Opening of the Session, 1893-4.

standing the cordial satisfaction which I experience at present in beholding the splendid proportions of this gathering, and then recall to memory that little circle half a century ago, the retrospect, I assure you, is one of no small sadness to me. Our present most prosperous condition could not be more enthusiastically hailed by us than by those first members, could they have witnessed it. In one glorious respect our Society, however large its proportions and however general the influence of homœopathy may become, can never surpass that lofty spirit of honour that permeated the whole of that little band—a spirit that in all ages, and in the noblest traditions of our great profession, has ruled the conduct of all medical men worthy of the name. May that vital spirit be the guide of every colleague whom the Society admits to its ranks! Success may not always attend even our most worthy members, but honourable conduct is within the possession of us all; no success can ever be a recompense which is won by the sacrifice of honour.

Probably you all know in what circumstances I came to have the honour of occupying this chair on this occasion, so remarkable in the history of the Society. At any other time some member, eminent in literature or in other great service to our cause, to which I have no claim, would naturally be appointed. At the end of June I received a very gracious request from the Society that I would accept the office of President for the Jubilee Session—a proposal which lost none of its grace by being conveyed by Mr. Knox Shaw, a *persona grata* to us all. As I always felt very doubtful of my ability to discharge the duties of the chair adequately at any time, and now more particularly in a Session so important as our Jubilee one, and as my age was so great, and my health so uncertain at its best, I hesitated to accept the honour, and asked for two days before giving an answer, in order that I might consult our wise and able colleague, my dear friend Dr. Yeldham, who knows me so intimately and all my shortcomings for such an office. Notwithstanding all these drawbacks, he strongly urged me to accept the offer, and represented that step as my

absolute duty. Under the circumstances of the case, I accordingly followed his advice, but with fear and trembling. I have been so accustomed to the kindness of my colleagues for so many years, that I felt I could in all confidence absolutely rely on its continuance, and could obtain their indulgence in all my shortcomings. Without that confidence I could not venture to undertake this office.

This moment is very tempting for one like me, who has been associated with the Society since its very dawn—before its real foundation—to enter fully on the history of its chequered career, but I dare not do so, as that duty will more appropriately belong to the anniversary day of the foundation, April 10th. Never did this Society approach the high state of prosperity which it enjoys at this present moment. I am perfectly confident that there is not a member on the roll of our Society who does not frankly and cordially acknowledge that we owe this marvellous success to the energy of our Secretary. Although other members have conferred great benefits on our Society by innumerable services, I know very well that they would be the first to repudiate any claim that would seem to bring their services, valuable as they always have been, into comparison with those that we owe to the industry and perseverance of Mr. Knox Shaw in enlisting recruits for our body. He certainly will have his reward. My time is getting short now, and I can do no more than glance at a few of the facts which show the wonderful increase in our numbers lately. At the present moment there are 193 names on the roll of the Society; of these no less than 79 have joined in the years 1891, 1892, 1893, and I shall be surprised if at least seven more do not enroll themselves before the Jubilee Anniversary day of the 10th April, bringing up our total numbers to 200. If it were only possible for our numbers to continue to grow at this rate, we should soon have to reckon our members by thousands instead of hundreds; but that is impossible. The eight members who constituted our Society fifty years ago have developed into 200; in fifty years more what will our 200 have become? Arithmetic cannot answer that question, but there is every prospect of a great increase. I daresay that

the question has occurred to most of us, "How am I most effectually to advance the interests of the Society?" The short and practical answer to that question is—first, by doing everything in your power, by throwing yourself heart and soul into the most earnest efforts to increase the number of our members, and secondly, by spreading as widely as in you lies the circulation and perusal of the Journal of the Society. I believe that in no other way can we promote the progress of the Society at this moment so effectually as by steadily prosecuting those two aims. There are many declared homœopathic practitioners scattered over the kingdom, who decline to enter our fold; they are isolated, solitary, without a colleague anywhere, exposed to every kind of petty annoyance from professional opponents, and obliged to bear their insults in silence. A child can snap the feeble twig that he draws from the bundle, while no ordinary force can injure it when bound up with its fellows in the faggot. "Union is strength." Besides the great professional advantages that flow from co-operation, membership confers lasting friendships, social intercourse and fellowship of untold value and enjoyment. We all know that there are great numbers of allopathic medical men who secretly practise homœopathy, many of them with a sincere desire to test and study the system, but who dare not avow their actions. We are too apt to doubt their honesty and to disparage their motives; we should be very careful that we do them no injustice thereby, we should treat them kindly, encourage them, help to teach them our principles and practice, and make them friends. If you act with sympathy and charity in your relation with them, you will take the most effectual method to win them to your side. It is probable, nay, we know that in many of these cases this secret apprenticeship is only the period of probation that precedes the full and frank declaration of public adhesion to our cause, and that by your friendly treatment of your neighbour "you have gained your brother."

Affiliated as the Society and the hospital are by their very constitutions, with vital interests which intertwine so intimately that you cannot touch the one without a corre-

sponding response from the other, I shall not offer any apology for referring very briefly to the latter on this the occasion of our Jubilee, as to which all who are supporters of the hospital fully partake your gratification and sympathise with your congratulations. You know that the Board of Management has instituted a "Quin" Lectureship and appointed Dr. Dyce Brown lecturer: also a "Bayes" lectureship and appointed Dr. Burford lecturer; and arranged last Session a series of Post-graduate lectures, which were delivered by Dr. J. H. Clarke, Mr. Knox Shaw, Mr. Dudley Wright, Dr. Roberson Day and Dr. Edwin A. Neatby. These lectures have been remarkably well attended. The Board has also instituted "The Hahnemann Gold Medal Thesis," and has announced that a £10 gold medal will be offered biennially for the best thesis on some subject to be named by the staff. I cannot mention the name of Dr. Quin in connection with the hospital without referring for the benefit of our younger members to his munificent legacy to it, amounting with other donations to £18,000, besides many other smaller though very substantial gifts to relieve pressing wants. As to the progress of the building, the digging out of the foundation is nearly completed. The architect has finished the designs, which are in the hands of the surveyor for quantities necessary to secure tenders. The managers anticipate the actual signing of contracts very shortly, after which the speed will depend entirely on the time allowed to the builder. Exceptionally fortunate is the rapidity with which the fund money has been received, more than two-thirds of it being already paid; but there is no doubt that another £10,000 will be requisite. It is gratifying to know that the in- and out-patient work of the hospital has not suffered any interruption, the temporary hospital offering every promise of maintaining the in- and out-patient work during the period of the construction of the new building.

Dr. YELDHAM said he rose to thank Mr. Cameron for the very interesting address they had just listened to, an address which was full of good feeling, good taste, sound judgment, the use of

admirable language, and which in fact was full of all which did credit to a man's head and heart. He assured the President how much it gratified all the members to see him occupying the position which he did at that moment. Nothing could be more felicitous than his appointment to the Presidency of the Society during the coming twelve months. The fact of his having been one of the oldest and most intimate friends of the late Dr. Quin, to whom they had just heard homœopathy owed so much, and the fact of his being the only surviving member of that little band which he had so graphically described, and which had met fifty years ago to inaugurate the Society, were strong arguments in favour of his appointment. Although the fact that fifty years had elapsed since that time bespoke a long career, he was sure that they would all feel with him that one of the most welcome feelings of their heart was that the President might be many long days spared to enjoy the affection and esteem of his friends and colleagues.

Dr. HAMILTON said he was most happy to second a vote of thanks to Mr. Cameron for his address. He felt very gratified at the honour of supporting their most worthy and excellent President in the chair.

The PRESIDENT said he thanked them most cordially for their kind reception of the words spoken by Dr. Yeldham and Dr. Hamilton. It was an immense gratification to him to find himself again amongst them. Many old faces were gone, and there were a great many new ones; the old ones had done their work and had done it well, and the young ones would do it as well, perhaps better. The later members had a great many advantages. The system they represented was no longer simply allowed; it had taken a position amongst the institutions of our nation. Formerly a homœopath was declared to be an exception to the general condition of mankind, but now homœopathy was heard of as a prominent matter of custom; its existence was no longer doubted, nor were its claims any longer ignored. The old prophecies of its suffering extirpation, which had been so prevalent only a few years ago, were no more heard, and he thought it would be difficult for them to be repeated after the report they had heard of the success of the Society this year.

ON THE VALUE OF SOME OF THE LESSER KNOWN DRUGS IN THE TREATMENT OF DISEASES OF THE NERVOUS SYSTEM.[1]

BY J. W. ELLIS, M.B. (VIC.); F.E.S.

Honorary Medical Officer to the Hahnemann Hospital, Liverpool.

In selecting me to fill the position of President of this Liverpool Branch of the British Homœopathic Society—an old and honoured society under the guise of a new name—you have paid me a compliment which I greatly appreciate, and have shown a measure of confidence in me which I trust my conduct of the business of the Society during my year of office may serve to maintain. And while I assure you that I, on my part, will do my utmost to render the meetings of the Society pleasant, I hope to have your hearty co-operation in making them profitable, and this can only be done by each individual member doing his best to interest his fellow members by the reading of papers, by the exhibition of cases and specimens, and last, though by no means least, by each contributing something of his individual experience or opinion of the subject under discussion. And in a comparatively isolated body like ours much can be done towards mutual assistance in our life's work by informal and friendly gatherings, and though they are not under the actual cognisance of the Society, I hope that the system of social evenings may be continued through the ensuing session, for not only do these gatherings contribute to the enjoyment of life, and form a pleasant change from the daily cares of practice, but they provide an opportunity which the regular meetings of the Society often cannot give for the discussion of matters affecting our interests.

In selecting a subject upon which to address you this evening, I have decided to speak, not of the past history and progress of homœopathy, as being rather the province of one whose age and experience would lend value to such a

[1] Presidential Address delivered before the Liverpool Branch, October 12, 1893.

subject; not of homœopathy in its abstract sense, for with that we ought all of us to be familiar; not of homœopathy in its ethical relations to the dominant school of medicine, for of that we have much, too much, in our periodicals; but rather would I take as a text, if it were not too long for repetition here, the paragraph with which Dr. Richard Hughes concludes his excellent address delivered in May last at the World's Congress. In this paragraph he suggests the desirability of the study of the materia medica, with a view to its purification, by specialists in the different departments of medicine, by men who, presumably, would be better able to interpret the meaning and significance of the symptoms recorded in provings and experiments. And so in electing to lay before you to-night some thoughts upon the probable value of some of the lesser known drugs in the treatment of diseases of the nervous system, I am endeavouring to act the part of a guide-post; and as that useful roadside structure loses nothing of its value by reason of its never having travelled the way it indicates, so I trust that some of the suggestions that I shall make may not prove the less acceptable because opportunity has not yet been afforded me of putting them to the test of actual practice.

Scarcely any department of medicine has made so much progress within the last two decades as that of neurology, a progress, however, rather in our knowledge of the nature and causation of the diseases of the nervous system than in our ability to cure them, for ordinary medicine is lamentably at fault in this respect. And scarcely are we of the opposite school one whit in advance of our brethren, for in wading through the pages of the literature in which our clinical records are chiefly contained, not only are the cases of cure of chronic spinal-cord disease few and far between, but the carelessness of the observations and the fragmentary nature of the symptoms of many of those that have been reported are such that a critical reader may well doubt the accuracy of the diagnosis.

I fear that many of the homœopathists of a few years ago confined their medical reading too much to the homœo-

pathic periodical literature of their time, to the exclusion of those publications which contained the latest advances of pathology and differential diagnosis; and while I know that there are many conditions in which the study of pathology does not in the least assist us to successfully treat our patients, there are yet others in which it seems to me the knowledge of the pathological condition present in the patient is of as much value in the selection of a medicine as the symptoms complained of by the patient or observed by the attendant physician. Do not let me be misunderstood. I would not for a moment desire to controvert the dictum of Hahnemann, that we must study the totality of the symptoms—both objective and subjective—of the patient; but in my selection of a medicine for the treatment of a case of disease, if I know that any drug, in addition to producing the symptoms present in my patient, has also given rise, as a result of poisoning or experiment, to the anatomical changes or pathological condition from which I know my patient to be suffering, I feel much more certain of attaining my desired end.

Very much has yet to be done in the study of our materia medica, and especially we want more observations of the *objective* symptoms produced by drugs—of the subjective ones we have often enough and to spare; and, above all, we want, as far as possible, careful observations of the anatomical changes produced as the result of chronic poisoning, and particularly do we need careful records of the *post-mortem* condition of the brain and spinal cord in cases of poisoning by such drugs as the salts of barium, lead, zinc and silver, oxalic acid, ergot, &c. Anywhere, everywhere, it would seem, have pathological changes been sought, *except in the spinal cord;* and had more attention been bestowed upon the macro- and microscopical appearances of this organ in cases of poisoning by drugs such as those just mentioned, our knowledge of their power for good in disease would be greatly increased. And, with a view to the purification of our materia medica that is so greatly needed, I trust that the suggestion of Dr. Hughes, that certain groups of drugs should be studied by specialists in

the several departments of medicine, will meet with the attention it deserves.

As a slight contribution towards the study of some of the less known drugs, the symptoms of the provings and poisonings of which are contained in the "Cyclopædia of Drug Pathogenesy," I desire to lay before you a few considerations on the homœopathicity of some of these drugs to certain diseases of the spinal cord and the nerves connected therewith, leaving for another occasion all reference to brain diseases.

The first drug to which I desire to call your attention is one which has so far attracted little notice as a therapeutic agent, although Hughes concludes his reference to the drug ("Pharmacodynamics," 5th ed., p. 367) with the remark that "it is a medicine which ought to have a wider application." I allude to the *bisulphide of carbon*, a heavy, colourless liquid, with a disagreeable odour somewhat like that of coal-gas, obtained by passing the vapour of sulphur over red-hot charcoal. The drug is very volatile at ordinary temperatures, and although the results of provings of the drug administered internally do not indicate any very decided sphere of action ("Cyclopædia of Drug Pathogenesy," vol. ii. p. 29), workmen and workwomen exposed to its vapour in rubber factories, where it is largely employed as a solvent of india-rubber, suffer from most distinct and characteristic symptoms. Numerous cases are recorded in the "Cyclopædia of Drug Pathogenesy" (*loc. cit*), but the monograph by Delpech ("Mém. sur les Accidents chez les Ouvriers en Caoutchouc," &c., 1886) gives the best and most generalised account of this form of industrial poisoning. From these observations we find that the employés, after being exposed for some time to the influence of the vapour of bisulphide of carbon, sometimes after a brief period of cerebral and spinal excitation indicated by a more lively disposition, increased appetite for food, excited sexual feelings, &c., sometimes without any such marked prodromal symptoms, become depressed in spirits, the memory fails, the area of the field of vision lessens so that the sight is obscured, the hearing becomes defective, the sexual function

is quite, and in many cases permanently, abolished, the victims become anæmic, and suffer from loss of power, with wasting of the extremities. It is this paralytic affection of the extremities that I wish more particularly to allude to, and I preface a special description of the condition produced by reading from the "Cyclopædia" (Appendix, p. 535) some particulars of a case recorded in the *Lancet*, April 7, 1890.

From a consideration of this case, and of others recorded by Delpech and elsewhere, we find that the most striking feature of the attack on the nervous system consists in a gradual failure of muscular power, showing itself at first, and chiefly, in the extensor muscles of the extremities, preceded or accompanied by some disturbance of the sensory nervous system, such as formication, prickling, lancinating or so-called "rheumatic" pains, numbness, anæsthesia, or icy coldness of the extremities. In the case just read to you there was not any evidence of muscular atrophy, although faradic contractility was impaired, but slow wasting of the affected muscles has been observed by Delpech, and we may note that in one case recorded by Fuchs (*Trans. Oph. Soc., U.K.*, V., 152) there was atrophy of the thenar and interossei muscles. The loss of muscular power is usually attended by cramps and fibrillary twitchings.

Could we have a more expressive picture than is here presented of the disease—only within recent years differentiated from the various conditions formerly massed as "paraplegia"—multiple or peripheral neuritis? This affection is not a very common one, or perhaps it is occasionally overlooked, therefore I give a brief outline of the principal symptoms as observed in that form which is most frequently met with, and which is due to long-continued immoderate indulgence in alcohol, more especially in the form of distilled spirits and essences. Several cases of the disease—as usual, in women, for it is almost always in women that it is met with—have been brought under your notice by Dr. Hawkes during recent sessions of the Society. The disease is usually insidious in its onset, complaint being made of tingling, "pins and needles," or numbness in the toes, or less frequently in the fingers, followed by a slowly

progressive (but sometimes rapid) loss of power in the muscles which flex the ankle upon the leg and which extend the toes, wrists, or fingers—in fact the muscles supplied by homologous nerves, the radial branch of the musculo-spiral in the upper, the peroneal branch of the anterior tibial in the lower extremity. The loss of power, which leads to a very characteristic "foot drop" or "wrist drop," is usually accompanied by cramps, twitching, and severe aching pains, which are frequently attributed to rheumatism; and tenderness along the course of the nerve trunks, and of the affected muscles, is usually so severe that any attempt to handle the parts, or the use of electricity, is followed by long-lasting pain. There is usually (and sometimes rapid) wasting of the affected muscles, which quickly lose their power of contracting to the interrupted current, and according to Osler the paralysis differs from that from anterior polio-myelitis in that the affected muscles lose their capability of being stimulated by galvanism much more quickly than where the cause of the paralysis is disease affecting the nerve cells of the anterior cornua. The difference is probably one of degree only, and the condition varies much in different cases. There may be tremor of the paralysed muscles, and some loss of co-ordination is usually noticed, leading to a characteristic gait which has to be distinguished from that of true tabes dorsalis. There is almost invariably complete abolition of the patellar reflex, though this may be exaggerated very early on in the disease. In most cases the neuritis, and, therefore, the paralysis, is symmetrical in its distribution—indeed, the trio of symptoms most characteristic of the condition are paralysis of the extensor muscles, the symmetrical distribution of the paralysis and sensory symptoms, and loss of the patellar reflex.

The great majority of the cases met with depend, as already stated, upon alcohol; the disease occasionally supervenes upon some of the acute infectious diseases and upon septicæmia. The paralysis which frequently follows diphtheria is almost always a peripheral, but not always symmetrical, neuritis, and I need scarcely remind you that loss of the patellar reflex in a case of diphtheria is an almost sure sign of impending paralysis. The disease may accom-

pany diabetes; it sometimes arises from exposure to wet and cold, especially if combined; and a peculiar form of multiple neuritis is endemic in Japan, the East Indian Archipelago, Ceylon, &c., where it is known as "beri beri."

While the prognosis of the acute forms of the disease is unfavourable, the chronic cases usually recover, providing the cause ceases to act, but the time taken in recovery of muscular power is often so long—frequently being measured by months and even years—that any agent that will in any way shorten this period of helplessness would be a valuable addition to the physician's armamentarium, and I venture to predict that we shall find in the bisulphide of carbon a medicine of value in the treatment of this disease. The nauseous taste and the foul eructations it gives rise to after ingestion are drawbacks to its employment, but I may mention that by digestion with copper filings the nauseous odour can be almost completely removed, and if this can be done without impairing its physiological effects its administration in capsules or otherwise would be robbed of much of its discomfort. Probably the lower dilutions would be sufficient to produce the curative results that I expect from its use in suitable cases, and if in any case no improvement were found to follow its administration I should be inclined to give it by inhalation, a few drops of a low dilution being dropped upon a handkerchief or into a specially constructed respirator.

[Before leaving this drug I should like to call the attention of the oculists and aurists of our school to the remarkable influence manifested by bisulphide of carbon upon the eye and ear; the teaching of our school leads me to believe that the drug will be found useful in the treatment of certain affections of those organs].

In suggesting bisulphide of carbon as a probably useful medicine in the treatment of peripheral neuritis, I have not forgotten another and better-known medicine, which has been almost the only one used in such cases up to the present. I refer to *lead*.[1] Certainly the cases of alcoholic

[1] Arsenic produces a form of neuritis closely resembling that of alcohol and bisulphide of carbon, but I am not aware that it has been used in the treatment of this disease.

peripheral neuritis under the care of Dr. Hawkes seemed to benefit from its administration (but let me remind you how difficult it often is to judge of the effect of drugs in cases of disease that tend to slowly get well as soon as the patient is placed under favourable hygienic conditions). And the description of peripheral neuritis that I have given you, and of that produced by bisulphide of carbon, must have reminded you of the "wrist-drop" which more often than from any other cause occurs in cases of plumbism. Although lead is a very frequent cause of peripheral neuritis, we find, if we study the symptoms produced as a result of chronic lead-poisoning, certain differences which lead me to conclude that plumbum is not usually so homœopathic to alcoholic peripheral neuritis as is carbon bisulphide. Alcoholic paraplegia (as the disease used to be called) nearly always attacks the lower extremities first and chiefly, often not extending to the arms even in severe cases. Lead attacks the upper much more frequently than the lower extremities, indeed the peroneal type of saturnine poisoning in which the extensor muscles of the lower extremity are attacked occurs only in about 13 *per cent.* of the cases of lead paralysis recorded. Alcoholic peripheral neuritis, too, is nearly always symmetrical in its distribution; that produced by lead is not usually symmetrical (and hence, probably this drug will be found perfectly homœopathic in diphtheritic paralysis).

The sensory nervous system is not so frequently or distinctly affected in lead poisoning, although pains in the affected limbs and localised anæsthesia are not very uncommon. When one studies the pathological condition produced by lead we find that, compared with that present in neuritis, this drug has a much farther-reaching influence. In pure peripheral neuritis, apparently the disease commences as a degeneration of the nerve *fibres*, and is always most intense at the periphery, and though the degeneration tends to spread centripetally it is only rarely, and then in a very late stage of the disease, that the degeneration attacks the multipolar cells of the anterior cornua. Gowers suggests that the symmetrical distribution and peripheral

origin of the degeneration in neuritis depends upon a toxic agent circulating in the blood, and that as the portions of nerve attacked are those farthest removed from the ganglion cells upon which the nutrition of the nerve fibres depend, they are the portions which first come under the influence of the poison. This does not explain, however, why certain nerves are more prone to attack, while another difficulty in the way of accepting this hypothesis lies in the fact that some forms of peripheral neuritis, known to depend upon a toxic influence, those of lead poisoning and diphtheria, are not usually symmetrical. Now, while lead does seem capable of setting up a peripheral neuritis, it more usually produces paralysis by attacking the nerve *cells*, and more especially the group of multipolar cells in the anterior cornua, the axis-cylinder processes of which are directly continuous with the motor nerves. Degeneration of these cells immediately leads to degeneration of the nerve fibres proceeding from them centrifugally, and it seems to me possible that the neuritis set up by lead may be, after all, only secondary to the influence of the drug upon the nerve cells. When we come to examine the forms of paralysis due to plumbism we find that they fall into four groups. First in order of frequency is that series in which the extensor muscles of the hand and wrist, *except* the supinator longus, are attacked; second, where the muscles of the shoulder and upper arm (the deltoid, biceps, brachialis anticus, and, in addition, usually the supinator longus) are primarily affected; next come those cases where paralysis begins in the intrinsic muscles of the hand, the thenar and interossei muscles; and last, the comparatively few cases where the muscles supplied by the peroneal nerve are the first to lose power.

It is rather, then, in cases of paralysis due to inflammation of the anterior cornua, with degeneration of the motor ganglia, that I would expect lead to prove most useful. Such conditions we find in acute infantile paralysis (the anterior polio-myelitis acuta of recent writers) and in the sub-acute form of this disease which is said to occasionally attack adults, especially those who have suffered from the acute form in infancy. That lead is perfectly homœopathic

to those forms of spinal disease is shown by the occurrence of cases of lead poisoning in which paralysis and atrophy have been very rapid and complete. But more than all do we find a resemblance between the symptoms produced by lead and those of the disease variously known as progressive muscular atrophy, anterior polio-myelitis chronica, or Duchenne's paralysis. Commencing in nine-tenths of the cases in the intrinsic muscles of the hand, those of the ball of the thumb and the interossei muscles being first attacked, or in an equal proportion of cases in the muscles about the shoulder, the paralysis gradually extends towards the trunk, death taking place in many cases from involvement of the muscles of respiration, while, being attended by marked atrophy of the affected muscles, the sufferer often presents the aspect of a living skeleton. Such cases would be homœopathically treated by the administration of plumbum, for we have just seen that the paralysis and atrophy produced by chronic lead poisoning commence in the same muscles. Gowers writes that the general muscular atrophy of lead poisoning is not as a rule progressive when its cause has ceased to act, but that it resembles ordinary progressive muscular atrophy in seat and features,[1] and as evidence of the extent to which the paralysis and atrophy of lead may reach we have the remark of Tanquerel (" Maladies de Plomb ") that if the case be prolonged the whole body becomes the subject of atrophy and resembles "a veritable skeleton in a transparent envelope."

Progressive muscular atrophy is rarely preceded by defective sensation, such as coldness, numbness, &c., but often the paralysis is accompanied by pains of a rheumatoid character. Here, again, we note the similarity to lead. By progress of the disease we find the motor centres in the medulla oblongata involved, producing bulbar or glosso-labio-laryngeal paralysis. Does lead give rise to anything analogous? Trembling of the tongue and embarrassment of speech are not at all uncommon in chronic lead poisoning (I have a case under my care at present), and in one case recorded (" Cyclopædia," vol. iii., p. 664) there was

[1] Gowers, "Diseases of the Nervous System," i. 474.

anæsthesia of the right side of the face; the arch of the palate was insensible to touch, and reflex movements could not be excited by contact with it; the uvula was drawn to the left, the palatal muscles acted indifferently, deglutition was impaired, and the tongue was strongly diverted to the left.

Charcot has described, as distinct from the ordinary form of Duchenne's paralysis, under the name of *amyotrophic lateral sclerosis* a form of progressive paralysis attended with *rigidity* of the affected muscles and by exaggerated patellar reflex, the two latter symptoms being found to coincide with sclerosis of the lateral tracts of the cord. Now, while all cases of progressive muscular atrophy are characterised by degeneration, affecting especially the anterior nerve roots and the cells connected with them, even to the extent of complete disappearance of the cells and atrophy of the anterior cornua (while the posterior cornua and nerve roots are always healthy), there has been observed, in every case that has come under Gowers' notice, degeneration to a greater or lesser degree of the upper segment of the motor tract—of the fibres leading from the cerebral cortex through the pyramids and anterior and lateral columns of the cord to the motor cells; and most recent neurologists agree that Charcot's disease is but an exaggerated form of progressive muscular atrophy, in which, while the paralysis of the upper extremity has been so complete as to completely mask any spasm that may be present, the loss of power of the lower limbs is sufficiently small in amount as to allow the condition of spastic paraplegia, the spasm of the muscles and increased patellar reflex, to become noticeable. Gowers regards this involvement of the upper segment as contemporaneous with that of the lower, and not either as secondary to the other, for each one of them may exist without giving rise to the other, as in acute anterior polio-myelitis and true lateral sclerosis. Now, involvement of this upper segment, of the crossed or direct pyramidal tracts, always—if the muscles are not too paralysed to show it—gives rise to spasm, to rigidity of the affected muscles, and to exaggerated reflex excitability, as

indicated by increased patellar reflex and presence of marked ankle clonus, and we find that among the symptoms produced by lead such conditions as cramp and spasm are very frequent. "The muscles of the affected part are thrown into painful rigidity and cramp," says Tanquerel (*loc. cit.*). Wibmer, quoted by Christison, found that in dogs slowly poisoned by the acetate of lead there was gradually increasing weakness and *stiffness* of the legs. In a case quoted in the "Cyclopædia" (iii., 665) there was noted "increased reflex excitability, especially on left side." In another case ("Cyclopædia," iii., 664) the toes of the right foot were "contracted like claws." An admirable picture of the spasms produced by lead is afforded by a case in the Appendix to the "Cyclopædia" (p. 685). It is that of a painter who suffered as a result of lead poisoning from attacks of spasm of the flexor and adductor muscles, so that the legs were forcibly flexed on the thighs, and the thighs on the abdomen; sometimes one leg was carried over the other; the arms were drawn so forcibly against the chest that it was impossible to raise them; the forearms and wrists were forcibly flexed; contraction of the sterno-mastoid and other cervical muscles drew the head down on the thorax; and if he attempted to talk he made indistinct sounds, but could not articulate. From all that I have stated it would appear that lead is perfectly homœopathic not only to the ordinary form of progressive muscular atrophy, but probably also to the amyotrophic lateral sclerosis of Charcot, with paralysis of the upper and spasm of the lower extremity. [Lead having a specific action upon the nerve cells, and as spasm and rigidity and increased reflex excitability can be produced as a result of irritation of the motor nerve cells, as is the case in strychnia poisoning, it may be objected that as the spasm in cases of amyotrophic lateral sclerosis is due not to irritation of the cells but to degeneration of the fibres of the upper segment of the motor tract, that therefore lead is not homœopathic to this condition. Possibly this is a correct view of the case, and the difficulty here is an illustration of the error that it is possible to fall into by prescribing for symptoms

alone without reference to the corresponding pathological condition]. In a disease characterised by actual destruction of the trophic cells one can scarcely expect a renewal of these essential parts and a return to healthy nutrition of the fibres connected with them; but if, by the administration of plumbum, one can check the progress of such a disease, then, indeed, we may consider ourselves fully entitled to score a triumph for homœopathy.

While I believe that the majority of the drugs which, in poisonous doses, produce cramps, spasms, and exaggerated reflex excitability, do so by setting up an irritable condition of the motor cells in the cord or cerebral cortex, there are a few, I think, which produce the same result by setting up a degenerative change in some portion of the upper segment of the motor tract, so that not only is the transmission of motor impulses from the cerebrum through these degenerated portions impaired, but also the power which the brain normally possesses of controlling (to some extent) reflex action becomes lessened. In disease such a change may result from anything which impairs the conducting power of the nerve fibres proceeding from the grey matter of the convolutions through the pyramidal and lateral tracts of the cord; and the cause may be a hæmorrhage in any portion of the tract, destruction of the tract by pressure, injury, or by localised myelitis; or, possibly, the condition may begin as a degenerative change in the nerve fibres just before they reach the motor cells of the anterior cornua—a change analogous in character to the peripheral neuritis which affects the lower segment. Such a condition, no matter how produced, is recognised by the loss of power, the spasm of the muscles, and the increased patellar reflex, and the disease which is common as secondary to hemiplegia, and also occurs, but more rarely, as a primary affection, is known as spastic paraplegia or lateral sclerosis. Have we any medicine which produces a similar condition?

Between the years 1859 and 1868 James King published some important communications upon a peculiar paralytic condition which many of the natives of India suffered from

as the result of using for food, especially in times of scarcity, the meal of a species of vetch mixed with other grains; and since his time others have studied and recorded similar conditions both in India, South Europe, and Algeria. The vetch, or rather vetches—for at least two species are known to be poisonous—are the *Lathyrus sativus* and *L. cicera*, known in commerce as the "chick-pea," and the paralytic state produced has received the name of "lathyrism." Let me read to you from the "Cyclopædia of Drug Pathogenesy" (iii., 117) a description of the symptoms of poisoning as observed by Brunelli, of Rome, and Giargieri.

I have accentuated the symptoms characteristic not only of the poisoning but of the disease so closely resembled as to be indistinguishable, these symptoms being the stiffness in the legs and impaired power of movement, adduction of the thighs and cross-legged progression, the peculiar gait, the exaggerated tendon-reflexes, the absence of atrophy of the muscles and of affection of the sensibility. The drug appears to be very little known to homœopathic or to allopathic practitioners, but I venture to believe that its use in cases, at any rate of primary spastic paraplegia, will be attended by amelioration of the condition. I would suggest its being given in the lower dilutions, though only experience can decide as to this point. I find that Messrs. Thompson and Capper have the mother tincture of the *Lathyrus sativus*. Although I have suggested its administration mainly in primary cases of the disease, we may possibly obtain some useful result from it in hemiplegia with descending sclerotic changes, leading to a condition of tonic spasm and permanent rigidity of the paralysed limbs.

I am in doubt whether the spasm produced by the salts of *silver* is due to some influence upon the upper segment of the motor tract, or whether to a condition of hyperæmia of the grey matter of the brain or cord. But, however produced, we find, among the symptoms of poisonings and provings, great weakness of the lower limbs, some degree of wasting and rigidity of the muscles of the legs; and the reflexes are either unimpaired or exaggerated—a symptom which indicates that this poison does not act upon the

peripheral terminations of the nerves like the allied metals, lead and copper.

The salts of *barium* produce, in repeated doses, a gradual loss of power extending from below upwards, finally involving the sphincters of the bladder and rectum. Sensibility is not affected; there is exaggeration of reflex excitability, but there has not been noted any tendency to spasm. Dr. Hughes observes ("Pharmacodynamics," 283) that Dr. Hammond, of New York, professes to have found benefit from the chloride of barium, given in doses of one or two grains three times a day, in sclerotic conditions of the brain and cord. I would expect, however, from the pathogenesy of the drug, that it would be found more applicable to the cases so frequently met with in practice, which we term, in the absence of knowledge of any definite pathological condition, spinal exhaustion or spinal neurasthenia, and which arise from any debilitating cause, such as prolonged mental strain, over-exercise of the sexual function, or as a *sequela* of such a disease as influenza. The symptoms usually complained of in such cases are rapidly induced fatigue, the patient being unable to walk more than a few yards without being tired, aching in the back and legs, various sensory disturbances, such as numbness and "pins and needles" in the extremities — symptoms usually accompanied by increased patellar reflex. In such cases the medicines I have found most useful have been the zinc salts, especially the oxide in the second trituration, oxalic acid, and—especially where the spinal symptoms have been attended by others pointing distinctly to sexual excitement, or where I have believed this to have been the cause—picric acid. Both oxalic and picric acid have a special influence upon the spinal cord. In the provings and symptoms of poisoning by *oxalic acid*, we find such conditions as weakness and stiffness of the lower limbs, passing on into more or less complete paralysis, attended by an ataxiform gait from want of power of co-ordination, The sensory nervous system is affected, for we find, in addition to pains extending from the loins to the thighs (indicative rather of spinal meningitis), that numbness, formication, and anæsthesia of the

lower extremities are not uncommon. The whole condition seems to be rather one of inflammation of the substance of the cord, myelitis; but the results of over stimulation of the cord, as we see them in spinal neurasthenia, differ only in degree from those of congestion and inflammation. *Picric acid* appears to differ little in its effects from oxalic acid—the provers suffered from excessive weakness and tiredness of the lower limbs, attended in one case at least with a hot feeling in the lower half of the back, while in the case of several provers the sexual function has been highly excited. (We should think of picric acid in any case of priapism of nervous origin; possibly it might be found useful in chordee supervening upon a gonorrhœa.) In animals poisoned by picric acid similar paralytic symptoms have been observed — the hind legs become completely paralysed so that the animal has difficulty in supporting the body, sudden spasms of the affected muscles giving rise to an ataxy-like gait. In the animals so poisoned it does not appear that a *post-mortem* examination of the cord has been made, but I feel sure that the symptoms indicate a condition of myelitis. Both oxalic and picric acids are drugs well worthy of more extended study. I would remark that in prescribing these drugs in spinal neurasthenia I have found it necessary to give them in the medium dilutions—the sixth usually. In several instances I have seen disturbance of the sexual system arise from the third centesimal dilution of picric acid.

A few observations upon one other spinal disease—and that, perhaps, the most interesting to neurologists—and I must conclude. I refer to the one variously known as tabes dorsalis, locomotor ataxy, or posterior spinal sclerosis. Although so frequently—probably in 80 *per cent.* of the cases—a result of syphilis, this disease, as you are aware, is not only not improved by iodide of potassium or mercurials, but is frequently made worse by such treatment. According to Gowers, a cure is impossible, although the disease may remain stationary, often for a long time. Can we homœopathists, then, do better for the unfortunate patient than our brethren of the other school? Before we can ascertain

whether we possess a drug which is homœopathic to a disease with such varied symptoms as tabes dorsalis, we must decide, first of all, what are the essential characters of the disease, those present in every case, and without which our diagnosis is uncertain. I think, in this case, we must endeavour to find a drug, or drugs, which possess, as the most essential of all symptoms, these two: first, the power of causing complete abolition of patellar reflex; and second, disturbance of the sensory nervous system, more especially in the direction of shooting and darting pains. Without these two symptoms we cannot be sure of our disease or medicine.

To these we must usually add one or other, or both, of the following conditions: a state of muscular inco-ordination, produced, not like the irregular movements of chorea by uncontrollable spasms of the muscles, but by deficiency of the muscular sense; and ocular symptoms, of variable nature, such as diplopia, pin-point pupils, absence of action of the iris to light, or optic atrophy. Again, we must look for the same anatomical lesion to be found both in the disease and in the drug which is to cure it; and this, in the disease in question, consists essentially in degeneration of the posterior nerve roots, with sclerosis of the posterior columns of the cord to an amount varying with the part of the cord examined. So far as we are aware *agaricus* and *secale* are the only drugs which are known to produce these symptoms; and secale alone has been observed to give rise to a pathological condition at all resembling that of tabes dorsalis. Osler remarks that "a condition similar to tabes dorsalis is gradually produced" in ergotism as a result of slow degeneration of the posterior columns of the spinal cord—a condition which was observed in the four fatal cases of ergotism met with by Zuczek;[1] and the last author notes, among the symptoms produced by partaking of ergotised bread—ataxia, impossibility of standing with the eyes closed, girdle pains, and, in every case, absence of the knee jerk.

[1] He does not seem to have examined the posterior nerve roots, in which the degeneration of tabes dorsalis first commences, a change, however, which is very liable to be overlooked unless specially sought for.

In numerous other cases of poisoning we find distinct evidence of affection of the sensory nerves, from formication to complete anæsthesia, and severe pains (which, however, do not appear to be quite like the lightning pains of tabes dorsalis). According to Von Boeck (Ziemssen's "Cyclopædia"), diplopia and contracted pupils frequently occur as a result of poisoning by ergot, and other eye symptoms are met with. In one point, however, ergot does not resemble the disease in question — that is, in its power of causing spasmodic contraction and twitching of the muscles, and, finally, paralysis—conditions which are not present in true tabes dorsalis, except, perhaps, in the latest stages. I have alluded to agaricus as possessing some of the essential symptoms of locomotor ataxy, but careful perusal of the narratives of poisoning by the fly-agaric reminds me much more of spinal meningitis—that is, so far as spinal symptoms are concerned—than of any system disease of the cord. In ergot alone we have, in my opinion, the one analogue of locomotor ataxy, and in any case of this disease I think we shall do well to give the drug in various dilutions, but steadily and continuously. Only, in conclusion, before rushing into print and recording the cure of a case of locomotor ataxy by secale or by anything else, let us just make sure of our cure, and, even then, be quite certain that we have properly differentiated the condition from some closely allied neurosis.

THREE CASES ILLUSTRATING THE USE OF HYPNOTISM IN MEDICAL PRACTICE.[1]

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

Hypnotism as an Anæsthetic in Surgical Operations.

Case 1.—Last June I had to open an abscess of the cervical glands in a girl of 13 years. She had had several such abscesses previously, and had never been hypnotised before. I hypnotised her in a few minutes by making her gaze intently at the end of a silver pencil-case. Her eyelids became paretic, but she was not "asleep." She sat upright in a chair, and was fully conscious of all that was taking place. I repeatedly "suggested" that I would take all pain away from the neck, and kept testing sensation with the point of a Syme's knife. When she declared she could not feel the knife I opened the abscess deliberately. She did not flinch in the least, and said she felt no pain during the incision, nor afterwards when the pus and caseous matter came welling out. Next day I saw her, and was informed that she had had no pain from first to last.

Remarks.—At the time of the incision, and for a few minutes afterwards, she turned very pale, thus showing that the sympathetic was affected, although the sensorium felt no pain. I was only in the house a quarter of an hour.

Case 2.—Soon after the above, I had to open an abscess the size of an orange in the glands below the symphysis menti in another girl aged 13 years. I proceeded as in Case I., and when she said she could not feel the knife I plunged it in, and let out a quantity of fœtid pus. This child showed by the expression of her face that she felt some pain, but said it did not hurt her much.

Remarks.—These two cases show the slight degree of hypnosis that is generally required to produce anæsthesia by its means. The time required in each case was very short; and although the second child felt some pain, it was

[1] Clinical Cases, Liverpool Branch, May 11, 1893.

certainly worth the slight extra trouble to attempt the hypnosis. Both children were intelligent, the first belonging to the working class, the second to the upper class.

Hypnotism in Torticollis.

One evening in January, 1890, a poor hard-working woman came to the dispensary complaining of neuralgic pain, nearly constant, and increasing in severity, extending down the neck and back and left shoulder, as far as the left elbow. Her head was drawn low down on to the left shoulder by tonic contraction of the left trapezius and sterno-cleido-mastoid. This wry neck and the neuralgia had, she said, been coming on for the past two months. It was impossible to raise the head voluntarily or by force. On January 23, as she seemed no better after aconite 3x and bryonia 3x, taken for three days, I offered to try what hypnotism could do. She consented and fell into the sleep in four minutes by gazing at a diamond. The moment that hypnosis was produced her head assumed the median line, but could not be forced over to the right side. Now by the employment of "passes" as a means of suggestion her head could be deflected somewhat to the right side. All the pain was gradually removed in the same way. After being awakened, her head remained as movable as it was during the sleep. She went out smiling without a trace of the pain. My notes, under date of January 27, say that the pain had returned severely for a short time on several occasions since the 23rd. She had on this date a slight sore throat. During hypnosis a further improvement took place in the extent of the movement of the head. The sore throat likewise disappeared by means of suggestion. On February 7 the patient reported that she now slept better at night than before the hypnosis, and had rarely any pain. Her head could now be moved from side to side to the normal extent.

February 10.—Sleep was produced in two minutes. She is now quite free from pain, and only feels a slight stiffness in the neck and left arm. This stiffness was soon removed in

the usual way. A year later I saw her for other causes and was told that the above symptoms had not returned.

Remarks.—It may be thought that the after-effects of the three days' treatment by aconite and bryonia helped towards recovery. I do not think so, as decided benefit took place *at once* during each hypnosis. She took no more drugs after beginning the hypnotism. On being awakened, she had no recollection of anything that had taken place during hypnosis. While awake this patient was very dull and disinclined to speak, but became animated and loquacious during each hypnosis. Any hallucination or paresis could be induced by suggestion, and as easily dispelled. Once the telephone bell rang close to her without her appearing to notice it.

SCURVY.[1]

BY JAMES GIBBS BLAKE, M.D.LOND.

Physician to the Birmingham Homœopathic Hospital.

WHEN our Honorary Secretary asked me to read a paper before the British Homœopathic Society, I selected a subject that had caused me some difficulty. It is possible that many of those present may have had similar experience; if so, my paper will lose its value and interest. That is a risk, however, that frequently attends the presentation of a communication to any Society.

On the last day of July, 1892, I was asked to see a baby with a slight ulceration of the gums around four incisors which were already cut. On examining him I found the distal end of each radius enlarged, slight beading of the ribs, copious perspiration of the head, abdomen rather prominent, and the former healthy colour of the face altered to a marked pallor. I took it to be a case of rickets with

[1] Read before the Society, November 2, 1893.

ulcerative stomatitis. The diet then consisted of fresh milk, Mellin's food, salt, sugar of milk, and lime water. The quantity of lime water was increased from one to two tablespoonfuls at each meal. Calcarea carbonica, 3x trituration, was given regularly for a fortnight; then mercurius solubilis and corrosivus. The child did not improve. I consulted repertories and the Materia Medica, and went back to calcarea carbonica, and persevered with it for some time. I gave several other remedies as indicated, but the child got worse. Intercurrent remedies were needed for diarrhœa, vomiting, and bronchial catarrh, with elevation of temperature. That, however, was never above 101° F. The distal ends of the tibiæ and radii became more enlarged. The proximal end of the left tibia was also much enlarged. The tenderness of the skin was so great that any examination made the child cry. The ulceration of the gums increased.

At the end of October a blue swelling was noticed on the inner ankle of the right foot, but I hesitated to diagnose scorbutus because the diet and general hygienic conditions were so unlike those usually existing whenever scurvy appears. The milk was delivered fresh twice a day, and came from a dairy in the country which is somewhat of a show place. From the same dairy not only four other children in the same house, but many other families whose children I knew, were regularly supplied, but none of the other children were similarly affected. The mother of the scorbutic baby took great interest in her children, and the nurse was experienced and careful. The house was large and airy, situated in its own garden of considerable extent, and quite detached. Theoretically it appeared as if it could not be a case of scurvy, but the facts asserted themselves.

On November 1, other livid swellings appeared on the skin; both legs were swollen, and on the left side the epiphysis of the upper end of the tibia appeared to be displaced. Some effusion of blood took place under the periosteum of the shaft of the left tibia. That leg lost its proper outline, was very boggy, and lay, everted, in a condition of pseudo-paralysis, and the child was not able

to move it without great difficulty and pain. The right leg was also swollen and altered in shape, but was not so helpless as the left leg. The gums became more spongy, ulcerated, and bled a good deal. The odour from the mouth was very offensive.

As soon as the diagnosis of scurvy was made the lime-water was left off, potato-flour was substituted for Mellin's food, and oranges were given to the child to suck, which he did with avidity. Vomiting was still troublesome, and he did not keep the potato down. He became more and more exhausted.

In the first week in December he was moved to the house of a relation, where a large south room was placed at his disposal, and all milky and farinaceous foods were discontinued. He was fed with nothing but raw beef juice, with a little bit of orange, apple or lemon to suck, and although it was a cold December he was taken out of doors on a pillow almost every day, even when the snow was on the ground.

The improvement under this new regimen was most marked, and he rapidly recovered health and strength. Milk from one Alderney cow belonging to a neighbour was added after a few days, and given alternately with the raw beef juice. This diet was continued for some months. The raw meat juice was prepared according to the plan of Dr. Cheadle:[1] "The best rump steak is to be minced finely, then add cold water in proportion of one part of water to four of meat. This should be well stirred together, and allowed to soak for half-an-hour, cold. The juice should then be forcibly expressed through muslin by twisting it. It should be prepared fresh twice a day."

The legs were kept straight with splints, and on February 28 he went to the coast of North Wales for three months. He returned home in good health and spirits. The only evidence of the past illness was a carious condition of the incisors, which were cut *before* he was seen by me in the July of last year. A teaspoonful of cod-liver

[1] "Artificial Feeding and Food Disorders of Infants," second edition, p. 114.

oil was given twice a day as soon as the vomiting had subsided. All medicines were left off when he went to the seaside. As soon as the decided scorbutic character of the case was established, dietetic treatment was relied upon except as regards the cod-liver oil. And when the right food was found the recovery was most marked and rapid. In a few days after he was apparently moribund, he was active and lively, and this state was observed in spite of the long period of illness and the grave pathological changes in the legs.

This is a typical case of what was formerly called acute rickets, but first described by Dr. Barlow in the *Medico-Chirurgical Transactions* for 1883, as "probably a combination of scurvy and rickets, the scurvy being an essential, and the rickets a variable, element."

Doubtless many of the members present are familiar with the literature of the subject, but I will ask those who are so to bear with me whilst I mention some points in the history of what may be called the discovery of infantile scurvy, and of its pathology. This was the first case that I had seen, and it was, therefore, interesting, and induced me to look up the literature of the subject. By a curious coincidence, on November 16, 1892, a man, aged 39, was admitted into the Homœopathic Hospital under my care in a very exhausted condition, and suffering from scurvy. He died an hour after I saw him for the first time the day after his admission, copious hæmorrhage from the mouth completing his exhaustion. A *post-mortem* examination showed that he had scarcely any kidney structure remaining, both kidneys being almost entirely represented by cysts which made the kidneys appear four times their normal size. Dr. Wynne Thomas remarked that it was the first case of scurvy of any kind that he had seen for many years, and this was also my experience with the exception of the case detailed above, and which was then under observation. We were unable to obtain any previous history of the case, either from himself or from relations. Thus the only cases of scurvy that I had seen in thirty-two years' practice in Birmingham came under notice at the same time.

The first case to which the title of infantile scurvy is given is reported from Copenhagen, and appears in Virchow's *Jahresbericht*, vol ii., 1872 (not 1873, as quoted by Dr. Barlow). A boy, 15 months old, latterly fed entirely on amylaceous food, had pallor, painful limb affection, and gums smelling like carrion. Dr. Ingerslev treated the case with quinine, iron, and anti-scorbutics, but the child did not recover till the spring, when he could have garden cress. In the same volume of the *Jahresbericht* another case is published by Hirschsprung as acute rickets, but the reporter compares the two cases, which are very similar.

In 1875 a child died of what Mr. Thos. Smith described[1] as " hæmorrhagic periostitis of the shafts of several of the long bones, with separation of the epiphyses. In the *Lancet* for November, 1878, and again in July, 1882, Dr. W. B. Cheadle has given two cases, and shows that the disease in question is a combination of rickets and scurvy. Dr. Gee, in *St. Bartholomew's Hospital Reports* for 1881, has given notes of five cases which he calls " osteal or periosteal cachexia." These cases are also examples of infantile scurvy. The most complete account is given by Dr. Barlow in the paper in the *Medico-Chirurgical Transactions*, vol. lxvi., 1883, and read the same evening as one by Mr. Herbert Page on the same subject. This was a child 9 months old. Free incisions were made in the left thigh and leg, and huge blood clots were broken up and removed. Both femur and tibia were denuded of periosteum throughout their whole shafts. The child made a rapid recovery with a complete change in the mode of feeding. No sponginess of the gums nor bleeding from them was noticed. Dr. Colcott Fox, in the *Illustrated Medical News*, October 6, 1888, has published a large chromo-lithograph which is a good illustration of sub-periosteal hæmorrhage in a child aged 11 months. In this case the humerus, the bones of the pelvis, and all the long bones of both lower extremities were affected, and the periosteum stripped from them.

[1] *Path. Trans.*, vol. xxvii., p. 219.

Before 1872, a number of cases of acute rickets were published, especially in German periodicals. They were evidently of the same nature, and we can see from this enumeration of cases how the true nature and pathology were gradually made clear. There is perhaps no disease which can be so easily identified by the effects of treatment as scurvy, and it is one in which pathology is most important, because the successful treatment is not medicinal but dietetic, and based upon its pathology.

The mortality of infantile scurvy is great; of the thirty-one cases collected by Dr. Barlow, seven died, but the earlier cases are included, and in them the treatment was not anti-scorbutic, and consequently not so successful. Another source of error is that sponginess of the gums is absent in 20 per cent. of ordinary cases of scurvy, and in six out of Dr. Barlow's thirty-one cases of infantile scurvy.

A case of spastic paralysis due to scorbutic hæmorrhage into the membranes of the lower part of the spinal cord is given by Dr. Eades in the *British Medical Journal* for 1881, vol. ii., p. 112. In this case the food was scorbutic. Recovery took place when repeated doses of lemon juice were added to the dietary.

Ætiology.—We have been so accustomed to consider scurvy a disease only noticed amongst sailors or other adults who are not able to include vegetables in their dietary that it is surprising to find cases amongst the children of the well-to-do who have plenty of fresh milk. The question naturally arises, Is infantile scurvy entirely dependent upon a faulty dietary? We will consider, first, the predisposing causes. *Age.*—By far the greatest number of cases occur between 6 and 18 months of age, and the case reported this evening confirms this statement. *Sex* seems to have no influence in the ætiology of the disease. *Time of year.*—Hirschsprung asserts that the disease always occurs in the winter months. Dr. Barlow's cases do not corroborate this statement, although more were observed in the winter than the summer. My case occurred in what is usually the hottest part of the year, and in 1892 was warm. *Social position.*—Most cases have appeared amongst

the children of the poor, but many cases have been observed amongst the well-to-do, and in some where the dwellings of the patients were perfectly satisfactory. *Heredity.*—In many cases the mother is delicate, and in this the mother and other members of her family have shown symptoms of phthisis. Two other children have had strumous glands, but no rickets have been observed. No suspicion of specific disease existed in this case, nor was it a factor of any importance in the cases given by other writers. It seems doubtful if true rickets predisposes to this disease. In a large proportion of cases the children have been quite healthy before the symptoms of infantile scurvy have been observed. The mother of my patient volunteered the statement that she thought this baby was the most healthy of all her children up to the time he was taken ill. *Diet—Breast milk.*—My patient had been hand-fed entirely. It is doubtful if any typical case has been observed during lactation. In many of the cases no fresh food was given, and when milk was given the quantity was small, and the quality doubtful.

There is no satisfactory evidence of the disease having appeared whilst taking raw meat juice or fresh vegetables as part of the diet. In a large proportion of the cases absolutely no fresh food was given. The various ready-made foods, as Nestlé's, Ridge's, or Neave's, made with water or Swiss milk. The condensation of the Swiss milk is said to be the cause of its ceasing to be anti-scorbutic.

After these general remarks on the ætiology of the disease, I will consider the cause in the case that I have narrated. The rapidity with which the child recovered when put upon a diet of raw meat juice may fairly be accepted as a proof that the cause of the scorbutic condition was a faulty dietary. The quantity of salt—two and a-half saltspoonfuls in the twenty-four hours—was certainly large. The development of scurvy in a ship's crew seems to be accelerated by the use of salt meat.

Dr. Domingo Freire, Professor of Organic Chemistry and Biology in the Faculty of Medicine at Rio de Janeiro, has published some investigations on the parasitic nature of

scorbutus, which were undertaken to clear up the question of its contagious nature. M. Villemin,[1] from his experience of scurvy during the siege of Paris, came to the conclusion that it is a contagious disease, and should be classed with typhus fever. The inhabitants of Paris during the siege were like a large ship's crew, without power to get a choice of food. The result of Dr. Freire's experiment was that he was able to cultivate the micrococcus obtained from the blood drawn from the gums of a scorbutic patient in a preparation of gelatine and a saturated solution of sea-salt. The gums were carefully washed with a solution of bichloride of mercury before the blood was taken. The attempt to cultivate the micrococcus without the addition of the salt failed, although repeated with blood obtained from four well-marked cases of scurvy. The amount of salt used may have been a predisposing cause, but does not alone satisfactorily account for the development of the disease.

The tendency to tubercular disease may have been another factor in its production. The early appearance of anæmia in scurvy also raises the question whether the absence of iron in the blood is concerned in the production of the symptoms. All milk is very deficient in iron, but in a healthy state the infant begins life with a store of iron in the liver. The percentage of iron in milk is only one-sixth of that in the fœtal tissues. The explanation seems to be that the fœtus obtains a large supply of iron from the placental circulation. This iron is stored up in the liver, and is probably used for the formation of blood corpuscles. (Bunge, quoted by Halliburton, "Chemical Physiology and Pathology," pp. 552 and 588). It is not, however, supposed that the anæmia is the cause of the hæmorrhage in scurvy, but that a diseased state of the bloodvessels allows the blood to extravasate. A child of a tubercular mother may start life with an insufficient capital of the precious metal, iron, as an anæmic condition is so common in phthisical patients.

The anti-scorbutic quality of the milk was prob-

[1] *Gazette des Hôpitaux*, 1874.

ably destroyed. Dr. Cheadle says[1] that "Children fed on fresh milk never get scurvy, except when the quantity is extremely small, or in the very rare cases where the mother, who is suckling the child, becomes scorbutic." The quantity of cow's milk given to this child at nine months was two pints. The quality and not the quantity was at fault. What is this mysterious anti-scorbutic element? By some it is supposed to consist of a combination of organic salts with potash, but some recent investigations go to show that the anti-scorbutic element is a very complex proteid. Although chemists have been investigating the constitution of milk, and although the ultimate analysis of milk has been laboriously made and published, it is not yet possible to state exactly how the inorganic matters are combined with the organic, or in what form the organic substances exist in the milk. Professor Halliburton, in the "Chemical Physiology," says there are only two proteids in milk—caseinogen, which becomes casein when clotted, and a form of albumin which he calls lacto-albumin, and which coagulates slowly at 77° C. It has a higher percentage of sulphur than serum-albumin, and is not separable into several proteids by fractional heat coagulation. But in addition to these two proteids, there is a substance called nuclein, which is a combination of a proteid and nucleic acid. This acid is rich in phosphorus, 11.6 per cent., and milk nuclein itself contains carbon, hydrogen, nitrogen, sulphur and phosphorus in comparatively large, and iron in minute, quantity. All the iron that the milk contains is in the nuclein. Hoffe-Seyler and Halliburton classify caseinogen as a nucleo-albumin.

Dr. Allen, Professor of Physiology in Mason College, tells me that he thinks the anti-scorbutic element is a nucleo-albumin of very complex character, and that it is likely to be broken up by the addition of borax to the milk, especially if it be boiled. We know that boiling diminishes the anti-scorbutic element, and that a part of the phosphorus is precipitated as tricalcium phosphate. Nucleo-albumin, which is rich in phosphorus, is more soluble in alkaline fluids, and it is probable that the phosphorus of

[1] "Artificial Feeding," p. 25.

milk exists entirely in this form. If so, the deposit of the tricalcium phosphate when milk is boiled may be taken to show that some nucleo-albumin has been decomposed by the heat. We know also that beef-tea, however made, is not so anti-scorbutic as raw beef juice.

Halliburton[1] found that nucleo-albumin, which has the power of causing intravascular coagulation of the blood, ceases to have this power when repeatedly purified with chloride of sodium. Professor Haycroft (*British Medical Journal*, 1893, vol. i., 630) thinks that an inactive sodium chloride compound of proteid is formed in the process of purification. In this case we see that a certain action of a proteid is prevented by the free use of a salt and, analogously, the anti-scorbutic element may be rendered inert by the addition of salts to the milk. The consideration of the chemical composition of milk shows that the anti-scorbutic element is easily destroyed, and that it is a very unstable body. It is probable that the addition of a large amount of chloride of sodium, and probably also biborate of soda, to the milk, which was always boiled before it was given to the patient, was the cause of the production of the scurvy.

With regard to the question of the presence of biborate of soda in the milk, I ought to state that we have no positive evidence of the addition of the glacialin to the milk. Some of the milk was analysed for biborate of soda, but none was found. That is not conclusive, because a good deal of enquiry had been made as to the quality of the milk, and such enquiry may easily have led the farmer, who supplied the milk, to discontinue the use of glacialin. However, I am informed by a large dairyman that it is usual to put glacialin into milk in the summer, and this case of scurvy came under my notice at the end of July.[2]

One lesson that I learnt from this case is that we must

[1] Gulstonian Lectures, *Brit. Med. Jour.*, 1893, vol. i., p. 629.

[2] Since reading this paper I have received a letter from a lecturer on dairy work employed by a County Council in the West of England. "I should like to take your opinion on the use of antiseptics in dairy produce. Do you think the effect of the constant use of them in milk, cream, and butter would be injurious to health? The mixing of antiseptics in all dairy produce is

not put aside a diagnosis which is indicated by the symptoms, because the ætiology does not appear to confirm it. I shall be glad to hear the experience that other members of this Society have on the disease, infantile scurvy.

The possible injury done to milk by the addition of glacialin indicates that the admixture of this or any other salt should be treated as an adulteration.

The CHAIRMAN (Dr. Madden) said that he had had a case last year, which if it were not scurvy, he did not know what it was.

Marjory——, age 8 months, was seen on December 6, 1892. She was hand-fed, and got two bottles of Nestlé's Milk Food and four of Benger's Food, daily. She seemed strong and hearty, but for five days had passed a little blood with all her urine; there was no evidence of pain, no sickness or fever, the urine on examination yielded no abnormal signs except from the presence of blood. Dr. Madden prescribed terebinth. 2x. ♏i. o. 3 hor., for 4 days, and after that, hamamelis 1x. for 3 days, and then thlaspi ϕ ♏ss. in alternation with it, but with no benefit. He then went back to the terebinth., giving the 1x. in ♏ss. doses. About this time a second examination of the urine showed the presence of a large number of crystals of triple phosphates, and the child began to lose flesh and became fretful, and slime was observed in the stools. On December 22, Dr. Wynne Thomas gave chloroform and they sounded the bladder and palpated it *per rectum* with purely negative results. The blood continued to pass with all the urine and was equally mixed throughout the whole flow. His idea now was that the blood was probably caused by the presence in the kidney of a phosphatic calculus or some gravel, and he gave calc. c. 3x. and acid. phos. 2x. in alternation, at the same time ordering the child to have as much water sweetened with glycerine as she would take, and to have some deep massage over the kidneys night and morning. All this proving of no avail, on January 3, 1893, she was taken, at his request, to see Mr. Hurry Fenwick, who examined her very carefully, and finding some uric acid crystals in the water he also suggested the probability of a calculus, but expressed a fear that it might turn out to be a case of malignant disease of the kidney. He ordered hazeline, ♏xv.; citrate of potas., gr. v.; extr. of

now carried to such an excess that it seems to me that the danger is getting a very real one. The Danish butter and the New Zealand butter are full of it, and the milk and cream in jars are also full of it."

liquorice, ℥xv.; aquæ, ad ʒj.; to be taken twice daily in some milk, and the diet to be changed to cow's milk and barley water with milk sugar. Now came in the most interesting part in connection with the present discussion. The second day after the consultation he met Dr. Edward Blake, and mentioned the case to him. With that marvellous fertility for which he was well known, he at once said "scurvy, nine cases out of ten of infantile hæmaturia are cases of scurvy." Dr. Edward Blake suggested that he should treat the case on that assumption, giving the child lime juice in addition to its other food. He did so, giving the child a teaspoonful of lime juice in barley water three times a day. From that time the child began to gain ground, and in three weeks the hæmaturia had disappeared, and the child remains completely cured. He wrote to Mr. Hurry Fenwick, stating the result of the treatment; and he had replied that he could not see his way to acknowledging Dr. Edward Blake's diagnosis of scurvy, but there was no doubt that the lime juice cured the disease. He (the Chairman) had never seen a case of scurvy fully developed in the same way as Dr. Gibbs Blake's case, and with regard to Dr. Edward Blake's statement that nine cases out of ten of infantile hæmaturia would prove to be scurvy, it so happened that for the last two months his partner, Dr. Wynne Thomas, had been treating a case of hæmaturia in a child of the same age and with the same absence of other obvious causes in the same way, namely, with lime juice and anti-scorbutic diet, without the slightest effect. Of course one negative proved nothing, but still that was the case.

Dr. Edward Blake said that scurvy was by no means so great a rarity as one might imagine. He believed that many cases resembling the psilosis of the tropics, many cases in old men treated for Bright's disease and stone, were really scorbutic. It must be remembered that very often the only salient symptom in little children is hæmaturia. He considered scurvy to be by no means rare but was treated for something else. Two cases recently came under his notice; one of these was being treated as an example of lacerated kidney, the other as an instance of vascular growth in the bladder. Both these children had parents in comfortable circumstances; in neither were there any mouth symptoms. The classic signs of scurvy are divisible into plus and minus symptoms. In children the minus signs predominate. Dr. Gibbs Blake has reminded us that in their case innutrition underlies the condition. But there is more than this in adult scurvy. In sailors' scorbutus, which once formed such a terrible

scourge in our navy, there was not only innutrition but a plus of sodium salts, of foul air and filthy water. There is a large group of symptoms of septic origin superadded. These were due partly to the causes stated, partly to absorption of pus products from ulcerating surfaces in the mouth and on the lower extremities. There was also the storage in the tissues of katabolic products. We get a dystrophic condition from defective anabolism in the scurvy of the young; on the other hand, we have in the scurvy of middle life incomplete katabolism, hence the recognised differences between the two types. The provings of the soda salts certainly coincide to a curious extent with scurvy; on board ship there was an absence of potash salts in the food and a dangerous abundance of sodium in "salt-junk.' But the fact as to gingival bacteria flourishing in saline media proves nothing, as bacilli usually perish in 24 hours in pure distilled water whilst they flourish in a normal salt solution. Nearly allied to adult scurvy are purpura hæmorrhagica and urticaria hæmorrhagica, but both these are more purely septic in origin. They complicate cases of ptomaine invasion in the poorly fed, they are seen in the course of severe gonorrhœa and in the later stages of uræmia. Dr. Cheadle told him (Dr. Edward Blake) that pure idiopathic hæmaturia complicates rheumatism, which is often a mere symptom of chronic sepsis. Osteo-myeloid degeneration, running a long and scarcely regarded course, precedes these cases, paralysing the sympathetic, causing peripheral neuritis with which every form of so called "rheumatism" commences. As to iron, Dr. Blake had recently shown that it does not act as "physiological pabulum" in controlling the various forms of anæmia, but that it works as a potent germicide.

Dr. Dyce Brown wished to say a few words upon the treatment of scurvy and upon the medicines suitable for it. Lime juice was referred to as being part of dietetic treatment; perhaps it was. It might not, however, be generally known that it was more of a medicinal than of a dietetic article, and, moreover, it turned out that its action was entirely homœopathic. There were one or two papers in the *British Journal of Homœopathy* showing the power of lime juice to produce scurvy. One remarkable illustration was that of the expedition to the North Pole of Sir George Nares, about sixteen or seventeen years ago. Knowing that scurvy was one of the things to be specially avoided, the sailors had been given a double allowance of lime juice for a week before they left the ship, besides receiving the ordinary good food. The remarkable result was that within two

days after these sailors left the ship they were all down with scurvy, some being exceedingly severe cases, much more severe than the ordinary run. We know that when lime juice was not used at all scurvy by no means always developed, and the almost immediate outbreak of scurvy after the administration of a double dose for a week previously nearly conclusively proved that the over-dose of lime juice had produced the scurvy. There were two other medicines which were exceedingly important, namely, chloral and phosphorus. At the time when chloral became the rage, and was given for nearly everything, there were constant reports in the medical journals of the diseases produced by over-doses of it, and several cases were reported almost exactly like scurvy—hæmorrhagic patches, bleeding of the gums, and the other general symptoms. Phosphorus also showed a remarkable power of producing a condition allied to scurvy. Those three medicines were their sheet anchors in the treatment of scurvy. Lime juice was a medicine as well as chloral and phosphorus.

Mr. HARRIS said that with regard to the use of calcarea carb., he noticed that Dr. Gibbs Blake and Dr. Madden both used it in the third decimal trituration. He had tried that dilution time after time and failed, but since he had given calcarea carb. sixth dilution, he had found infinitely better results. With regard to heredity, some fourteen or fifteen years ago he had had a very bad case of purpura in a man which resisted treatment a considerable time, but finally yielded mainly to the action of phosphorus. During the past week he had seen one of that man's children, about 5 years old, who was suffering from hæmaturia. In the first instance he treated her with hamamelis and terebinth, which failed to produce any result. Then he was reminded of the father's illness, and taking into consideration the general character of the child and of the father's family, which was very scrofulous, he put her on calcarea, and in two days the hæmaturia ceased and the child began to make a rapid recovery.

Dr. MOIR said Dr. Gibbs Blake seemed to make a distinct difference between rickets and scurvy, and to say that the cases he brought forward were pure scurvy. Dr. Barlow's paper was on acute rickets—a mixture of rickets and scurvy—the scurvy being superinduced on the rickets. That was an important difference in many ways, because with regard to the first case there was a distinctly tuberculous history, and that would in the great majority of cases put out the question of rickets. Rickets was not often seen in tuberculous families; the case seemed to

be one of pure scurvy. He had had two cases of scurvy in children, both in connection with rickets. The first one was that of a child about 18 months old, where he found that the gums were bleeding and fœtid, and very much swollen around the teeth, only one or two of the teeth being well developed. There was swelling and pain in the limbs, and also hæmorrhages about the body. It was as true a case of scurvy as he had ever seen. This was before Dr. Barlow's paper appeared. The child was taking Ridge's Food and fresh milk, but on questioning the grandmother, who had charge of her, he found she was in the habit of giving her a table-spoonful of brown sugar in every food supply she had; that had gone on for some months, and the child was kept in a close, small, over-heated room. He stopped the sugar and the scurvy very soon passed off, but the condition of rickets remained, and the child now had the well-bowed tibiæ and the enlargement of the joints of rickets. The other case was one which he had still under observation. Dr. Barlow saw the case some years ago, and considered it to be scurvy associated with rickets. When he (Dr. Moir) first saw the boy he was between 3 and 4 years of age. He had been a healthy baby up to 9 months, and then his mother left him to go to India, and he was hand-fed. He began to waste directly, and the symptoms of rickets came on. The child, although 4 years old, was not able to walk or speak. It had begun to speak when about a year old, and had given it up entirely, and was not able to stand alone. The gums were very fœtid, spongy, and bleeding, and the child was continually crying with pains which seemed to be in its lower extremities. Dr. Barlow recommended fresh meat and also fresh juice of oranges and lemons. The child was put on that treatment and the scurvy quite disappeared, but the rickets still remained; and although the boy was now 8 years old, he was scarcely able to stand by himself. He had begun to talk again in the last six months. Dr. Gibbs Blake had made a very interesting suggestion about milk and its anti-scorbutic property. In London, there was a custom of putting boracic acid into milk to preserve it, and that might destroy its anti-scorbutic property. With regard to medicines, he did not think they need go into that, because these cases of scurvy improved rapidly as soon as the diet was altered. In fact, medicines were no use at all unless the food was altered, but the diet seemed to be all-sufficient.

Dr. CARFRAE thought they might sometimes derive very great benefit from medicines. There was a medicine which had not been mentioned at all in the discussion, namely, secale. He had

had very little experience in the treatment of scurvy, and therefore could not say anything beyond the fact that he had been struck over and over again, after reading the pathogenesis of secale, with the intense similarity of the symptoms to scurvy.

Dr. HUGHES said that cases of scurvy were indeed rare, and he had never himself encountered them in children, but he had seen two very marked cases in adults. They were both treated some twenty years ago, so that he could not describe them in detail, but both occurred in maiden ladies somewhere between 50 and 60 years of age. It was such a rare disease that he had not at first recognised it. In the first case the symptoms were mainly shown in the legs, consisting of petechial effusions, but what arrested his attention was the matting of the muscles, which he had never seen in such effusions from any cause. He made inquiry into her dietary, and found that on account of flatulence she had been abstaining from vegetables. He ordered fresh vegetables to be used, and gave her lemon juice, and she rapidly recovered. The second case occurred a little later. There the one symptom was the spongy state of the gums. They were bleeding and hanging down over the teeth. He had not suspected that to be a case of scurvy in the first instance, and he had treated it with mercurius and such medicines, but without any result. There again he had found that vegetables had been neglected, and had put the patient back on vegetables and lemon juice, and again a rapid cure ensued. He was, therefore, very pleased to hear Dr. Gibbs Blake say that scurvy was a disease for diet and not for medicine. Nor could he agree with Dr. Dyce Brown that lemon juice acted homœopathically as a medicine in this malady. He could not criticise the Arctic voyage cases without further enquiry; but in the two of ill effects of long-continued use, one of citric acid, one of lemon juice itself, in the "Cyclopædia of Drug Pathogenesy," the symptoms were certainly in the latter, and probably in the former, those of purpura hæmorrhagica rather than of scurvy. All the vegetable acids thinned and liquefied the blood, and their abuse might well lead to its effusion; but scurvy is much more than this.

Mr. DUDLEY WRIGHT thought that there had been a certain amount of confusion between the two different types of cases which had been narrated. Dr. Gibbs Blake had given them a very good digest of a well-marked case of so-called infantile scurvy, but the other cases which had been reported were, to his mind, not true types of infantile scurvy, but rather of severe

purpura. A factor in the etiology of the disease had been neglected altogether, namely, rheumatism. In 1890, when the influenza was prevalent, they had some cases at the hospital of this form of purpura, for which it was rather difficult to assign a cause, though some were doubtless due to rheumatism.

Dr. NEATBY said he had had a case which he had not recognised at its onset as scurvy. There was well-marked ulceration and spongy condition of the gums, and also intramuscular and subcutaneous hæmorrhages and periostitis, or what appeared like it. He treated the condition of the gums with mercury, and, locally, borax. No improvement took place for a fortnight of that treatment, although bovinine, as a raw meat juice, was used at the same time. Afterwards he gave chlorate of potash, internally and locally, and the case rapidly got well. The hæmorrhages under the skin disappeared, and in the course of five or six days the condition of the gums was practically normal.

Mr. GERARD SMITH thought it was difficult to know what was anti-scorbutic food, having seen reports of an equal number of cases caused from the absence of meat and of vegetables from the dietaries. In both cases the patients had extreme repugnance to the articles of diet which they did not use, and in both cases cure took place when those articles of diet were resumed. He had seen a *post-mortem* examination on a case of scurvy at the Children's Hospital in Great Ormond Street. The whole of the periosteum was completely stripped from the bone, and there was a considerable amount of atrophy of the bone, and the whole of the muscles round both thighs were infiltrated with serum, giving one the idea of a perfectly specific disease. He thought the most wonderful thing about those cases was that the periosteum, when the patients got well, should at all retain its bone-forming power.

Dr. GIBBS BLAKE, in reply, said that with regard to Dr. Madden's case, he thought there was no doubt that his was a case of hæmaturia which depended upon scurvy. There was no disease which could be diagnosed so easily by the effect of treatment as scurvy, and he thought the treatment which suited was a tolerably good evidence that it was scurvy. With regard to Dr. Dyce Brown's remarks concerning lime juice as a cause of scurvy, he would suggest that some other article of diet was at fault. He thought from the investigations that had gone on with regard to the anti-scorbutic element of food it was evidently a very unstable compound, and it was quite possible that the excess of any chemical agent—even an excess of lime juice—might

injure that anti-scorbutic element, and so bring about mischief. There was another consideration which told very strongly against the production of scurvy by lime juice, namely, the way in which the Italians eat lemons. If lemons produce scurvy, the Italians ought to be all scorbutic. Chloral and phosphorus were certainly remedies to be considered. The progress towards recovery was so rapid that there was really no time to give medicines. The patient got well in a few days on an anti-scorbutic diet. He should certainly adopt Mr. Harris's suggestion of using calcarea 6. With regard to Mr. Gerard Smith's question as to what was anti-scorbutic diet, the anti-scorbutic element was an organic compound of a very complex character, and existed in raw meat, fresh milk, and fresh vegetables, but it was destroyed by cooking and by the introduction of certain chemical compounds. To Dr. E. Neatby he would remark, bovinine is not fresh raw meat juice, because it required the addition of whisky in order to preserve it; and the presence of alcohol in any form, or any other antiseptic, might thoroughly spoil its anti-scorbutic power. It must be fresh meat juice or it would not be anti-scorbutic.

CASE OF CHRONIC OBSTRUCTIVE JAUNDICE, WITH ENLARGEMENT OF THE LIVER, IN A GIRL AGED 13.[1]

BY BERNARD THOMAS, M.B.

Stipendiary Medical Officer to the Northern Homœopathic Dispensary, Liverpool.

THE girl has always had bad health. About three years ago she had an attack of jaundice from which she recovered. Six months ago she had a second attack, and soon after a swelling was noticed in the abdomen. She was then taken to the Children's Infirmary, where abscess of the liver was diagnosed, a trochar introduced, and some dark-coloured fluid withdrawn. After six weeks she was taken home, as

[1] Clinical case, Liverpool Branch, October 12, 1893.

her mother was told she could not get better, and that the lungs were affected as well as the liver. She is emaciated, distinctly but not deeply jaundiced. The liver is enlarged and hard, but not very painful. The usual symptoms of obstructive jaundice are present—clay-coloured stools, itching of the skin, bilious urine. But there is no distinct history of rigors. She sometimes complains of acute darting pains across the hypochondrium, sometimes occurring every few hours and sometimes two or three times a day. There are indications of some pulmonary mischief. She has a tickling cough with purulent expectoration, and harsh breathing may be heard anteriorly over the apices, with dulness posteriorly. She is taking phosphorus at present, but I have thought, on account of the general condition, iodine in some form or other might be beneficial.

OUR TRIUMPHS AND OUR FAILURES.[1]

BY THE LATE A. H. BUCK, M.D.

UPON being requested by our present energetic Secretary to contribute a paper to this Society during the forthcoming session, I at once began to turn over in my mind and look up what cases I could find that might prove of interest to you this evening.

A friend of mine, upon hearing of such and such patient getting better or well, would exclaim "Hah! another triumph for homœopathy!" Cases, however, that might be looked upon by a layman as triumphant, would hardly attain to so exalted a position in the opinion of the faculty.

We have our triumphs and often nothing more.

We read and hear of brilliant cures in homœopathy from the action of one remedy; some men are more fortunate than others in obtaining these results. I must confess, I have not

[1] Read before the Society, October 5th, 1893.

yet come across many: I cannot remember ever being able to prove a truly brilliant cure with one remedy only and in a high potency. I fancy these said cures are more to be found in America than in this country. I had a patient some time back (an American Minister) who told me that he had suffered from a most troublesome cough for weeks. He had gone to several homœopathic physicians, both in New York and Philadelphia, who had all given him the same remedy, viz., sulphur. He had it in various attenuations, from the ϕ to 30. The last man he went to having heard his previous experience said, "Well, sir, I guess it's the right remedy, but I will give it to you in the 200th dilution," and that acted like magic. I need hardly add that the last man got the credit of this brillant cure.

Dr. Ernest Sansom (I quote from his Lettsomian Lecture on "Valvular Disease of the Heart"), in speaking of progress and precision in the future treatment of disease, says, " He would by no means enunciate a therapeutic dogma. Crystallize it into a phrase and marshal the facts in such wise that they might support them, and if they refused, so much the worse for the facts. Apart from the consideration that such dicta as *similia similibus curantur*, *contraria contrariis curantur*, &c., present to my mind some of the most pernicious of hasty generalizations of our day, is the one consideration that they are based on the treatment of symptoms, and as I shall presently show that the diseases we are about to study are oftentimes accompanied by no symptoms at all, the practical application of the dogma becomes therefore an impossibility and its universality an absurdity." How far this statement has been refuted I do not know, but to my mind Dr. Sansom has taken too narrow a view of the word symptom. His statement is specious and clever, but at the same time obviously fallacious, for can there be any disease without symptoms of some kind? Unfortunately, there is much confusion between these terms, signs and symptoms. They are often used synonymously, although the derivations of the words are by no means the same. The term symptom means according to its derivation simply a coincidence, that is to say it coincides with certain phenomena.

The term sign is more distinctive and seems more directly to point to some special or peculiar conditions.

There are rational signs which we gather by our faculties of reasoning, physical conditions of an objective character such as the dull note produced by percussion. Upon applying the stethoscope we hear certain sounds which by our rational or reasoning powers we understand and know to indicate such and such a condition. Subjective symptoms are those described by the patient, as in the character and localization of pain and so forth.

The diseases Dr. Sansom alludes to in this statement, as not being accompanied by symptoms, are those affecting the valvular apparatus of the heart and the adjacent pericardium, especially as we meet with them in children, many of which diseases we know well may exist and develop in a manner so subtle that they are not apparent.

In the same lecture he goes on to say, "Excluding the question of scarlet fever and measles as predisposing to the development of endocarditis, there yet remains a very considerable minority of cases of endocarditis in which no traceable disease has led to the valve destruction. The condition is only recognisable by various morbid states, the result of concomitants of rheumatism." Dr. Sansom gives evidence taken from notes of 27 cases, which tends to prove that in the child endocarditis can arise and progress without special symptoms, without pyrexia, and without the disturbing influences of any acute disease.

I have had recently several cases which I think are of interest, of pericarditis, two of which are illustrative of the kind of case Dr. Sansom speaks of as having no suggestive symptoms.

Case 1.—About ten years ago a female child was brought to me, aged 2 years, the mother's attention having been drawn to the fact of there being a constant noise, as she described it, in the child's chest. The patient presented a perfectly healthy appearance, with the exception of rather more pallor than was consistent with perfect health. There was no sign of cyanosis or any other objective symptoms indicating congenital malformation in connection with the

circulation. Upon stripping the little patient she was found to be well nourished and in good condition. Dentition had proceeded without any trouble. The breath sounds were normal, but upon auscultating the heart I found a continuous rough friction rub existing all over the cardiac region, evidently of a pericardial nature. The question of its being congenital, of course, occurred to me, and I shall be glad to have the views of my colleagues as to the probability or otherwise of congenital pericarditis existing in this case. The apex beat was in its normal position, but the præcordial area of dulness was decidedly enlarged. I could not ascertain that she had had rheumatism at any time or in fact any illness that would account for this condition. From time to time I have had opportunities of examining this patient during the past few years. She has never been a strong child, but as a rule enjoys fair health. The pallor of the skin before alluded to has never left her. Two years ago she had all the characteristic symptoms of epidemic influenza, such as pains in the limbs, back, and head, &c. The temperature rose to 101°. On the second day of her illness I detected crepitation, of a moist character, at the base of the left lung, and she had a dry hacking cough ; she was much depressed in spirits and anxious looking. The breathing became more hurried and difficult, the tongue coated and the urine scanty and high coloured ; there also had been slight delirium during the night. The cardiac symptoms had during the previous two years much improved, that is to say, the rub had diminished in intensity. On the fourth day from the commencement of the present illness she complained of pain situated in the left mammary region, and there was noticed a loud creaking double friction rub of a superficial character extending all over the cardiac region but heard loudest in the mitral area. She was unable to lie down with comfort. The breathing was more oppressed and the percussion dulness increased. The temperature varied from 100° to 102°. The pulse was rapid, regular and soft. The lung symptoms developed into those of broncho-pneumonia, together with exudation of lymph in an organ already thickened and disorganised. I have never been able to make up my mind

owing to the loudness of the pericardial rub as to how far the mitral valves may be implicated or not. I need not go into further details of the history of this case; sufficient to say that she made a satisfactory recovery, leaving the præcordial area of dulness somewhat larger than before, and of course the friction sounds still exist. She is now 14 years of age and inclined to put on flesh, but the pallor still continues.

With regard to treatment, I gave her first aconite, as I have done in all my epidemic influenza cases. My experience is that if after taking the remedy for a few hours the patient is thrown into a profuse perspiration, and the pulse and temperature comes down to normal, the patient gives you no further anxiety. On the other hand, if this result is not produced in about twelve hours, then we should look out for some form of complication. In this case the aconite did not have any particular influence, any way it did not produce the effect I have described. The next medicine she had was bryonia and ipecacuanha followed by spigelia, but the remedy that relieved her most when the symptoms were at their height, with the base of both lungs engorged, frequent hacking cough, no expectoration, sensation of suffocation, &c., was the etherial tincture of phosphorus,—soothing applications in the way of poultices, belladonna liniment and so forth being applied locally. When the acute symptoms had subsided, arsenicum iodide was given, and the whole area of dulness in the cardiac region was painted with iodine tincture. The recovery was slow, and in October she had a relapse, and I had again to give bryonia and ipecacuanha. At the present time she has to be careful about her diet, as anything that disorders her stomach and produces flatulence gives her inconvenience by causing pressure upon the heart. Lycopodium is a remedy that gives her much relief when in that condition. It is to be noted that in this case there were no arthritic symptoms nor any that might be defined as rheumatism, contrasting in that respect with the following case.

Case 2.—C. W., aged 8 years, a pale, flabby-looking boy with a dusky complexion, was brought to me with a thickly-coated creamy-white tongue, anorexia, constipation and

headache. The lungs and heart were found to be in a normal state; he had merc. cor. and nux vomica prescribed. Two days afterwards I was sent for to see him. He was in bed, complaining of stiffness of his ankle and knee-joints. I found them swollen and tender, the tongue was still coated, urine scanty and high coloured; there was considerable thirst and he had been very restless during the night. I had him enveloped in a flannel night-shirt and put into blankets. The next day the arthritic symptoms extended to the joints of his fingers, and subsequently to the wrists and elbows. The temperature varied from 100° to 103° during the next few days. On the fifth day of the arthritis, I detected a soft friction sound in the præcordial region, presumably pericardial, but he had no pain, and was quite unconscious of any discomfort about the heart. This friction rub lasted about four days and then disappeared; it had not the rough, harsh, creaking sound as in the previous case, owing to the fact, I take it, that the pericardium was in a previously healthy condition. He had no lung complication whatever, and as the pericardial symptoms subsided, so also did the polyarthritis. The medicines he had were bryonia and spigelia, after which he got kali iod. and arsen. iod. He has not had any recurrence of the rheumatism, but he is very liable to attacks, varying in severity, of gastro-intestinal irritation and catarrh.

Case 3.—I will now put before you a very interesting case of rheumatic endocarditis and pleurisy that I have had an opportunity of watching for some years. A. B., aged 26 years, a tall, spare, rather delicate-looking man, but who had never had any serious illness before. In the spring of the year 1879 he was exposed to a severe wetting, after considerable exertion and fatigue. The attack commenced with pain and swelling in the ankles and knee-joints, the wrists and hands being but slightly implicated. The temperature did not rise high, but the tongue was thickly coated and he had a sallow, bilious appearance; the urine was high coloured and scanty, depositing urates copiously upon standing; the pulse was full and regular, about 95 to 100. He was placed between blankets, and temperature of the room kept

uniform. He remained in much the same condition for about five days, when the joint symptoms subsided, but there was no corresponding improvement in the tongue. The urine was still scanty and thick, and he had the usual characteristic rheumatic odour. He now complained of pain in the left mammary and axillary region, increased upon deep inspiration. There was partial dulness extending to the axilla. The heart sounds were normal, and there was no friction rub. The temperature, which had previously subsided, again rose, especially towards evening. During the next day or two the respirations increased. The patient next developed a short, hacking, dry cough; his nights were disturbed, accompanied with occasional delirium. The pulse became more rapid and less tense, but regular. There was absence of vocal fremitus over the lower part of the left chest and dulness over the same region, extending behind from the base of the lung to the angle of the scapula. There were weak breath sounds over the same area, except in the left axilla, where they were markedly bronchial, probably from some compression of the lungs. The position of the heart's apex could not be well defined. It certainly was not displaced to the right of the sternum. The heart sounds were fairly clear. He rapidly became more prostrate, and was evidently seriously ill. At the same time the joint symptoms quite subsided. Poultices were applied of linseed and mustard at regular intervals, with occasionally belladonna liniment. He was now entering the third week of his illness, and evidently there was considerable inflammatory exudation and effusion going on. It was in this stage that I was sent for hurriedly in the afternoon to see the patient for the second time that day. Upon my arrival I found him propped up with pillows, his head thrown forward on his chest. The extremities were cold, beads of perspiration standing out upon his forehead and lips. Pulse rapid and feeble, 140. The breathing oppressed. The countenance was that betokening great anxiety, accompanied by utter prostration. He was quite unable to answer questions, and seemed in a state of mental hebetude; further, there were evidently all the symptoms of a severe attack of rheu-

matic myocarditis. The temperature had dropped to a subnormal point. At my morning visit it had been 101°. I at once gave a subcutaneous injection of ether (ɱ.x.); and applied flannels wrung out of mustard and hot water to the feet and calves of the legs. The hands were put into mustard and water, and a mustard-leaf applied to cardiac region. Brandy and water was given every half hour with two drops of arsenicum album 3x. every half hour between the doses of brandy. Owing to his prostrate condition I did not make any physical examination. In about an hour the pulse improved and the temperature had risen to 99°. In other respects he was much the same. I explained to the friends the very critical condition he was in; that, although the case was not hopeless, he was in such a state of prostration that any return of the symptoms he had recently had might prove fatal. I left instructions for the mustard applications to be renewed every half hour, and the arsenicum and the brandy and milk to be administered every half hour as before. If symptoms of syncope came on to send for me; in the meantime to give ten drops of sal volatile mixed in water. I saw him again about nine o'clock. Mentally he was much the same. He seemed in no pain; the pulse was still rapid and very feeble, but regular; the breathing short and laboured. The urine upon examination I found free from albumen, but highly acid and phosphatic. The heart sounds were very indistinct; I did not examine the lungs. The pupils responded fairly to light and the conjunctival reflex was normal.

A curious feature in this case is now coming, which is that I was not allowed to see my patient for two days, as the friends, having given up all hope, wished to see what a minister could do in place of a doctor; I insisted upon a report three times a day, and devoutly hoped that the arsenicum alb. I sent was given.

On the third day I saw him again; he was still propped up with pillows, his countenance was pallid, but less distressed. The voice was so feeble he only spoke in a whisper; the tongue was still thickly coated, creamy white and moist, the pupils normal in their action. The bases of both lungs were

dull on percussion, more especially the left, and physical signs of consolidation existed. In the infra-axillary regions where previously the intercostal spaces were prominent there was now decided depression; at this part the chest wall was not expanded or affected by either normal or deep inspiration. The apex beat was slightly displaced to the right, and in the mitral region a soft but distinct murmur was audible. The pulse was rapid and irregular. The sphygmographic tracing indicated full dicrotism or hyper-dicrotism and irregularity of rhythm. The abdomen was considerably distended by flatulence, there was constipation of the bowels, and the ankles were somewhat œdematous, but he made a slow and steady recovery. The œdema of the ankles subsided, the flatulence and abdominal distension became less as the bowels acted in time naturally. The lungs took some time to clear up, the right side being the first to recover. The mitral murmur of course remained.

The remedies throughout this very severe attack were not numerous; in the early stage aconite and bryonia were given, the latter being continued during the pleurisy stage in alternation with sulphur, and until the myocarditis crisis, when he had arsenicum alb., which medicine he took for some time. Phosphorus, digitalis and lycopodium were also given, but the medicine that assisted most in clearing up the lung condition was mercurius cor. The salient points in this case were, I think, the mental condition, and also the absence of any real acute pain during the pleuritic and pericardial attack. Also the absence of any friction sounds. He remained in good health until four years after this illness, when in the autumn of 1883, he had a severe attack of enteric fever whilst staying at Lowestoft, although he had contracted the fever in London previously. I was requested to go and see him, the medical man in attendance having diagnosed ulcerative endocarditis. He certainly had some indications of that condition, but, on the other hand, he had the suggestive typhoid tongue, diarrhœa, and other symptoms of typhoid fever, together with the fact that he had come from a neighbourhood in which enteric fever was at that time epidemic. The sequel proved the case one of typhoid, and not malignant

endocarditis. He made a satisfactory recovery; and, with the exception of having a suspicion of epidemic influenza some months ago, has had no illness since. He is able to fulfil business duties in comfort; he has a perfectly steady regular pulse, and but for the physical sign in connection with the heart there is nothing the matter.

It has been said by some learned pundit that homœopathy is the art of amusing the patient while nature cures the disease. Our sins may be of omission rather than commission, but I, nevertheless, cannot but think that had this patient been treated in the early stage of his illness with large doses of salicylate of soda and depleted by other measures, he would not have stood so good a chance of pulling through, or anyway of making as good a recovery as he eventually did.

In an article published in the *Lancet* of July 22, 1893, I observe that Dr. Lees mentions that pericarditis may exist, and run its course apparently from the very beginning to the end without any rub at all. It is usually, he says, in cases of pericarditis accompanied with pleurisy or pneumonia; the pleural condition is diagnosed, and the condition of the pericardium escapes observation. In speaking of treatment, he goes on to say that fifty years ago there was then no question about its being energetic and not lacking in vigour. Dr. Latham, in his "Lectures on Diseases of the Heart," published in 1845, describes his treatment of eighteen cases of pericarditis. He says not a moment must be lost in the application of the remedies; which should be venesection, cupping, leeching, and blisters with opium, and from first to last mercury, and he especially insists that it is necessary to push mercury to salivation. How many of these formidable measures are in use now? Venesection, cupping, and mercury have been absolutely banished from the treatment of pericarditis. Dr. Lees further says we have to give up the idea of curing pericarditis and limit our efforts to keeping the patient at perfect rest, nursing him assiduously, to ease pain by morphia, and to apply soothing applications, fomentations, and so forth to the præcordium. He speaks of the administration of salicylate of soda with much caution. The treatment

he mostly advocates, and offers as the latest, is the local application of ice. He bases his assertion partly upon the beneficial effect it has had in cases of sciatica and perityphlitis. He only gives three cases of pericarditis treated in this manner (*vide British Medical Journal*, Feb. 18, 1893), so that the practical experience being at present so limited, it is, I think, rather premature to say much in its favour. Could not we, as homœopaths, give some favourable, if not striking, results of our treatment in this disorder? If so, would it not be well to let the results be known? I am not aware how far the statistics of the homœopathic hospitals would compare, favourably or otherwise, in the treatment of pericarditis and its allied disorder rheumatism, with those of other hospitals during the past few years, but the result anyway would be of much interest. In the same number of the *Lancet* from which I have quoted, there is a letter from a practitioner advocating the administration of calomel in $\frac{1}{10}$ grain doses for symptoms of gastro-intestinal catarrh with a $\frac{1}{2}$ drop dose of vinum ipecac., the latter to check the sickness from the same cause. I need not here make any comments upon this supposed new light thrown upon the treatment of this disorder, but simply draw your attention to the facts. This same treatment is also advocated by Dr. Chapman, in the *Lancet* of July 1.

I will now narrate another case, in which the principal organ affected was the cerebral membrane.

A. T., aged 28 years, a delicate-looking man, but otherwise healthy, sent for me on December 12 last. His occupation was that of a bottled beer merchant, necessitating his being for some hours daily in an underground damp cellar, at the same time inhaling the vapour of alcohol. I found him suffering from acute pain and swelling situated upon the sole of the foot (left); it was quite local and confined to the plantar portion. This swelling was inflamed and tender to the touch, and apparently threatening the formation of an abscess. In a day or two these symptoms subsided, and the right ankle became swollen and red. The symptoms now evidently indicated articular rheumatism for the knees; and other joints became implicated. I kept him

at perfect rest, at a uniform temperature, in a well-ventilated room. During the previous months he had been heavily worked, combined with considerable anxiety and heavy responsibilities. I mention these facts as possibly bearing upon the phase the case assumed later on. He complained much of pain in the back situated in the dorsal and cervical region. The pulse became rapid and feeble, the tongue thickly coated, and with a tendency to become dry at the tip. There was persistent thirst, and he was constantly working the tongue about in his mouth. The expression of his face was a mixture of anxiety and suspicion. At times he became very excited; especially with regard to his work, and the fact of his not being able to return to it. The inflammation in the joints rather suddenly subsided, but the temperature ran up to 105.4°; at the same time the pain in the spinal muscles increased, reaching to the occipital region. His nights were disturbed; he was inclined to mutter and wander. On December 21, nine days after the commencement of the illness, the symptoms became more aggravated, the muttering and delirium were constant; he rolled his head from side to side, and in a few hours he passed into a state of semi-coma. The urine was passed involuntarily, the tongue and lips were dry and covered with sordes. On December 22, Dr. Blackley saw the patient with me in consultation, when his condition was, more or less, as I have described, added to which he took no notice whatever on being spoken to, except to mutter some unintelligible sounds and incoherent words. The pupils were somewhat dilated and responded sluggishly to the action of light. The conjunctivæ were considerably injected. There was rigidity of the muscles of the jaw, especially upon any attempt being made to open the mouth. These symptoms suggested the question of spinal meningitis, but there was not any corresponding spasm or even rigidity of the spinal muscles, no vomiting or nausea, no retraction of the head and neck, nor alteration in respiration; the pulse was rapid, but soft and regular in its beat. The abdomen was distended and the recti muscles rigid; the bowels were confined, the lungs and heart remained normal. The whole force of the rheumatic toxen was concentrated and confined

to the spinal muscles and cerebral membranes. He remained in this condition for about four days; the first sign of returning consciousness was after he obtained some refreshing sleep, that before having only been in snatches accompanied with muttering delirium. He now had on December 25 longer intervals of sleep, of a more peaceful character; at the same time the temperature came down to 99.6°; the muscles of his jaw and face became less rigid; and the pulse improved in quality, becoming more tense. As the consciousness returned he regained control over the sphincter vesicæ. *Pari passu* with the decline of these symptoms the arthritic inflammation returned, but not to any very marked extent. He made slow but steady improvement. A sharp attack of diarrhœa considerably helped to clean his tongue, which previously had remained very thickly coated at the base.

By January 28 he was fairly convalescent. I may mention that he had no recollection or knowledge of the severe illness he had passed through, and he was much surprised to hear how much anxiety and trouble he had occasioned. The treatment of this patient commenced with sulphur. When the arthritic symptoms developed he had aconite and bryonia, in alternation, which was followed by profuse perspiration; also for a day or two soda salicylate. When the cerebral symptoms first developed belladonna was ordered, but when they became more defined and at the time Dr. Blackley saw him with me he had stramonium and phosphorus in alternation. He continued these remedies until the attack of diarrhœa set in, when he had veratrum, after which he got arsen. alb., and I think china pretty well completed the cure. The stramonium was, I think, well indicated by the cerebral symptoms, anyway his condition soon improved after commencing the remedy, and he has remained perfectly well since the illness.

During the past winter and early spring I have had a considerable number of patients suffering from subacute rheumatism; some of which have been most tedious and intractable. I looked for some brilliant result from bryonia 30, but I cannot say I was fortunate in obtaining it. One patient, a dentist, had subacute articular arthritis and bron-

chial catarrh The pulmonary symptoms soon yielded to treatment, but the rheumatism refused to depart, in spite of bryonia 30, ruta, sulphur, and other remedies. After four or five weeks, matters being more or less at a standstill, I sent him to Matlock (Smedley's). He came back in a fortnight quite cured and able to return to his work at once. His wrists and knuckles were principally affected. In other similar cases cure was certainly hastened by massage, in fact it is difficult to say as to how far recovery in these cases may be attributed to the remedies given, how much to the massage, or how much to the vis medicatrix naturæ.

There are certain diseases in which we are, it seems to me, powerless to do more than palliate. Take tuberculosis, lupus and cancer, all more or less allied. The whole disease picture presented by cancer offers so many points of resemblance to that of tubercle that the probabilities of a parasitic origin of it also has taken strong possession of the minds of pathologists at the present time. The occurrence of minute organisms of the class of sporozoaria in connection with cancer is, I think, held to be demonstrated. At a very interesting lecture given during the summer months on the topographical distribution of cancer, Dr. Burford showed his audience these organisms existing in cancerous growth by means of the oxy-hydrogen lantern, but I do not think any causal relationship has yet been proved between them and the disease. We have nothing, as yet, beyond the nature of conjecture as to the essential cause of cancer. It is, therefore, at present impossible to find a cure. It must be a matter of prevention of disease.

These are the cases I bring before your consideration. It may be remarked that I have not introduced anything out of the common or novel in the way of medicines or treatment. This is due partly to the fact that the homœopathic system of medicine remains unchanged, yet constantly growing. Our materia medica is rich in material, and unlike other medical literature it does not become obsolete.

Dr. Byres Moir said no subject could be more interesting than the question of endocarditis and pericarditis. It was continually before them, and anybody who saw the poor children of London had to keep close watch upon them for those diseases. Whether they occurred without symptoms or not he rather doubted. He thought that the absence of symptoms was simply due to want of care in making the observations. He saw no reason why pericarditis should not be congenital. Of course the congenital form of endocarditis was common, and he did not see why they should not have congenital pericarditis. With regard to symptoms, he thought the children had a few aching pains, but not enough to call rheumatism. Then if they listened they would find a bruit beginning. There was scarcely a day when he did not find two or three children among his out-patients with well-marked symptoms of endocarditis. Dr. Vincent Green had been looking through the cases of rheumatic fever at the hospital to see at what ages pericarditis and endocarditis were most prevalent. It was found that it was most marked among the young; as the age increased the percentage became less. The form of pericarditis in children was very interesting. He had seen several cases where the pericardium was totally adherent. Those cases were very often associated with chorea. With regard to medicines, if there was any feverishness, of course aconite was of undoubted value. In pericarditis, if there was effusion, bryonia and mercurius were most useful. Another medicine which he thought they ought to use much more than they did was baryta carb. With regard to myocarditis there was nothing more difficult to tell than when the muscle itself was involved. In nearly every case of pericarditis, if the attack was at all severe they must get a certain amount of the muscle involved. They had a good many cases in the hospital where it went on to purulent pericarditis; he had noted that great debility, exposure, and bad food led to it very easily.

Dr. Galley Blackley said that the time had now come when we ought to review the treatment of rheumatism by means of the favourite homœopathic remedies, and compare the results with those obtained under antipyretics like the salicylates. He had used the latter freely about a dozen years ago, and found the results not satisfactory. He had not seen any shortening of the total duration of the attack worth speaking of, and beyond the fact of there being perhaps a little less pain he thought on the whole the cases did better under aconite, bryonia, rhus, sulphur, &c. He felt very much tempted, as Dr. Moir had begun the thing, to try the salicylates amongst his own cases in the wards again. They had

had a case, within the last few weeks, where salicylates had been given, and he was bound to say that it had been carried to a successful termination. Dr. Buck had mentioned congenital pericarditis with hypertrophy in one of his cases. He thought that the combination was met with a good deal, and also congenital *endocarditis* with hypertrophy. One patient who had been about the hospital for 16 years had very considerable hypertrophy of the heart, and there was every reason to believe it was congenital with him. His symptoms went back to his very early childhood. He had an apex beat which was about 2½ inches outside the nipple line, and from the character of the beat he (Dr. Blackley) had the impression that the pericardium was largely, if not wholly, adherent. The action of the heart was tumultuous and irregular to the last degree. The tracing of his pulse was a great curiosity. Two of the man's children had also been in-patients in the hospital, and had both died there; *post-mortems* showing the heart to be hypertrophied and almost wholly adherent to the pericardium. From what the parents had told him he concluded that this condition had probably been in existence from birth in both cases. There were a good many of the sub-acute cases which Dr. Buck mentioned, which he looked upon as the *opprobria medicorum*. If the patients were unable to go to Matlock, Buxton, Bath, or any of those well-known mineral water resorts, he (Dr. Blackley) sent them to the Turkish bath. He got more good out of the Turkish bath than out of any remedy that he knew of. If the patient were not strong enough to go out to the Turkish bath in the ordinary way he advised him to have a cabinet bath at home.

Dr. VINCENT GREEN said he would like to refer to the patient mentioned by Dr. Blackley. The patient had come to him a week before he was admitted, complaining of rheumatism in the feet. A week later, as he found him suffering from a severe attack of pericarditis, he was admitted as an in-patient. He had previously been treated with aconite and bryonia. He was at once put on the salicylate—four doses of 15 grains each. After the four doses, the temperature fell from 102° to 98.8°. The pain remained very severe for three days, and then finally yielded to spigelia.

Dr. DYCE BROWN said he thought they should be careful of diagnosis in putting cases down as congenital. Speaking of rheumatism, he had received a letter two or three days before from the Hon. Dr. Alan Campbell, of Adelaide, Australia, saying what excellent results he had obtained from *lycopodium*. He had found better results from that than from any other treatment

he had adopted, and asked Dr. Dyce Brown if he could get it used in the hospital. Unfortunately, not being on the visiting staff, he could not, but perhaps some gentlemen who were on the staff would think it worth while to try it.

Dr. HUGHES said that Dr. Buck's paper had started a discussion upon one of the most practical and urgent questions which assailed them in their medical life, namely, the treatment of acute rheumatism. There was, perhaps, no severe disease that was more frequent in this country or which was more painful, disabling and altogether miserable to the patient. It required a great deal of care on the part of the medical man to conduct the cases to a successful issue, while giving the patient as much relief as possible in the meantime. He was impressed with the importance of this, because he had just lost his first case of hyperpyrexia occurring in acute rheumatism. What had struck him most about it was that the hyperpyrexia was accompanied by, even if it did not depend upon, evident pneumonia. He said that because of the respiration. The respiration became quickened *pari passu* with the elevation of the temperature, which went up to 107° before the patient died. He had never seen it go up in that way in simple pneumonia. The patient was so helpless that he could not turn her over to practise auscultation and percussion; but when he mentioned that the respiration went up to 60 in the minute, the pulse being little over 120, he thought there could be no doubt that pneumonia was present. She had been going on quite favourably until that time. Pericarditis, which had occurred in the early days of the fever, had soon yielded to spigelia, the shooting pains characteristic of that medicine, from front to back, being very marked. Under aconite, with or without spigelia, she was going on favourably till the temperature, which had fallen to 101°, was found one morning at 102°, rising that evening to 104°, afterwards to 105°, 106°, and finally 107°, when she died. The curious thing about the case was this. He had always understood that in hyperpyrexia the cerebral symptoms were very marked. This patient had practically no cerebral symptoms. There was a little passing delirium, but no more than fever would account for. She was perfectly clear in her mind, and spoke quite readily till within a few hours of death. He had thought of cold baths for her, but it was simply impossible. She could not be lifted out of bed, so that he did not feel justified in insisting upon it.

Mr. DUDLEY WRIGHT had come to the conclusion that statistics of treatment were altogether not very satisfactory, for the

reason that very much depended upon what they called cure. And as they kept their patients rather longer in the Homœopathic Hospital than some of the other hospitals, certainly never sending them out before they were really able to go either to convalescent homes or else to their own homes and very speedily to go back to work, he thought that if they were to compare their own results with those of other hospitals in London they would find that their cases took very much longer to cure than the others. When he was house surgeon he had compared the results and had found that that was so, simply for that reason, as he believed.

Dr. GOLDSBROUGH said he had sent a good many patients suffering from rheumatism into the hospital, and he must say that the recoveries had been excellent. The patients had gone out and had been able to resume their work at once. He had examined the hearts of a number of these patients, and had found them usually perfectly free from any trace of mischief, and he thought in the course of homœopathic treatment one could look forward to this result. It was not altogether the prompt apparent results which they got from remedies which were to guide them in their treatment. They must take into consideration the patient's constitution and his subsequent state of health. He did not think they should be in a hurry to attribute a cure to any measures which were adopted—let them say the patient recovered. He was certain that if they were faithful to their principles and discriminated cases, differentiating groups of symptoms, they would get better results than if they stuck to one or two medicines.

Mr. HARRIS advocated the use of lycopodium where there was a profuse deposit of urates in the urine.

Dr. DUDGEON said that with regard to acute rheumatism and the hyperpyrexia which sometimes accompanied it, the most striking case of the kind he had met with was one where the temperature was 106°, and lasted for four days. The patient was suffering from acute rheumatic fever, and was all this time delirious. He gave the patient aconite and put him into a pack, but the temperature continued to remain at that height. He then changed to agaricus. Soon after getting this medicine the delirium ceased; a very few hours afterwards the temperature fell, and the patient made a very good recovery. The only thing which the patient had in addition was a cold sponging every now and then, but the *packs* and the aconite seemed to have not the slightest effect upon the hyperpyrexia. With regard to the symptom of sweating bringing no relief, and being an indication of mercurius, he should say in that case mercurius would be

indicated in almost every case of rheumatism; because rheumatism was generally accompanied by profuse perspiration which brought no relief; in fact, the perspiration was a symptom of the disease, and not only weakened the patient. As a rule, the sweats declined *pari passu* with the rheumatism.

Dr. WYNNE THOMAS said that nothing had been said during the discussion with regard to the cause of acute rheumatism. Two cases he had been seeing lately had come on without any apparent cause during the fine warm weather. One case was that of a child who had died two days ago from pericarditis and endocarditis. She had had a similar attack just twelve months before. There was no history of sitting in a draught or being out in bad weather, or anything of the kind. The second case was that of a labourer. Whether it was from eating a quantity of meat, or from over-exertion, he could not say. He began the treatment with aconite and bryonia, but the patient got no better, so he put him on mercurius vivus 3x. every two hours because of the very sour odour of the sweat, and the patient made a steady recovery from that time. To another patient, whom he also had recently had under his care, he gave aconite and bryonia, but she got no better, in fact, got steadily worse, complaining of very great pain in her wrists and knees. He then gave her salicylate of soda, 10 grains every hour, till she was relieved. The patient said she was better after the first dose. He continued to give the salicylate for three days, at longer intervals, and then went on with bryonia again. In several cases he had given occasional doses of salicylate of soda, and they had got very great relief from their acute pain. It was a question in his mind whether they were justified in withholding a drug like salicylate of soda when they knew that it did relieve pain. His own method was to give one or two doses to relieve the pain, and then go on with the homœopathic medicine which was most indicated. He was trying the last mentioned patient with the lamp bath. She had had high temperature—102° and 103°—and he was using one of Allen's lamp baths to give her a good sweating every day until her temperature began to come down. The patient said she felt very much better after it; and in several other cases where he had used the lamp bath it seemed to hasten the recovery of the patient. He gave it with the patient lying down in bed, as he thought that sitting up in a box was very apt to cause attacks of faintness.

Dr. EPPS said that from his personal experience, perspiration did not bring much relief.

Dr. LOUGH said it was a surprise to him to hear so many men

speak as to the treatment of acute rheumatism with pericarditis, without making reference to veratrum viride. He had used it with success in cases of idiopathic and rheumatic pericarditis, beginning with high fever, full, hard, bounding pulse, throbbing carotids, constant pain in chest with oppressed, laboured and rapid respirations. He had also seen good results obtained by Dr. Finlay of Rawtenstall, using this medicine as a substitute for aconite and bryonia in the early stage, and later on when pericarditis was present. It seemed to him that when a practitioner, after administering the orthodox aconite and bryonia for twenty-four hours, felt it necessary to rush to a drug such as one of the salicylates to reduce a temperature, it showed the limit of his materia medica, and consequent lack of faith in the remedies prescribed. He was comparatively a young homœopath, having been in practice only five or six years, but during that time he had never had a case of hyperpyrexia or persistent high temperature that had given trouble, nor had he had occasion to go outside pure homœopathy for a medicine. Once or twice he remembered a persistence of increase in temperature after all the acute rheumatic symptoms and pain had subsided, then sulphur from 3 to 6 had speedily reduced temperature to normal. He had seen the profuse, long-lasting sweating of rheumatism, which afforded no relief to the pain, removed at the same time as the pain by mercurius sol. 3x. or 3c.

Mr. KNOX SHAW wished to draw attention to the remarks made upon the use of salicylate of soda by his brother, Dr. Shaw, of Guy's Hospital, who was medical registrar at Guy's during the heyday of the treatment of rheumatism by salicylates. He noticed that in the "Cyclopædia of Drug Pathogenesy" these remarks had been made use of as indicating the pathogenetic action of salicylates upon patients. His brother pointed out that during acute rheumatism in which that drug was given, hæmorrhages occurred which, in his opinion, were caused solely by the salicylic acid or salicylate of soda, among the more serious symptoms, in addition to frequently recurring epistaxis, being hæmorrhage into the retina, hæmaturia and bleeding from the gums. So that when they began a series of investigations with such a drug as that, it behoved them to be a little careful to see that they were not introducing a drug disease as well as curing a certain amount of pain.

Dr. YELDHAM said he had been struck during the discussion with the absence of reference to the doses of medicine given, which, he thought, was a very important thing. It seemed almost to be taken for granted that any dose of medicine might be given,

and he did not think they could arrive at proper conclusions with regard to the treatment of a case unless the dose of the medicine and the dilution used were detailed.

The PRESIDENT said, as a very old practitioner, he would give them his experience, which was that whatever could be done by allopathic medicines could certainly be done by homœopathic treatment, and a great deal more. The allopaths themselves were not nearly so enthusiastic over the medicines which have been mentioned as they had been, and he thought it was scarcely the time for homœopaths to revive anything of the kind.

Dr. BUCK, in reply, said he agreed with Dr. Moir that congenital pericarditis was associated with rheumatism, although it was utterly impossible always to detect it. The highest dose of salicylate he had ever given was five grains. It was a question in his mind whether it was a pure homœopathic remedy. He thought that the bath and the pack were remedies which were not sufficiently used, and he should give them favourable consideration.

Correspondents.

Dr. CLIFTON considered the cases Dr. Buck had brought forward to illustrate his subject had been laid before them with great skill and judgment. While he thought Dr. Buck treated his cases in a very admirable manner, there was one point open to question—why he was so limited in the choice of his remedies for the various phases of the cases. Nothing had been said showing the applicability (homœopathically) of the medicines administered, and he (Dr. Clifton) was of opinion that there were several other medicines that had a large bearing on such cases, curatively. Dr. Moir, Dr. Galley Blackley and Mr. Dudley Wright, medical officers of the Homœopathic Hospital, had made several very pertinent remarks in relation to the subject under discussion, but they harked back to the salicylate treatment, which he considered a grave error. He suggested that a more careful and critical examination should be made of our materia medica in relation to the forms of disease in question, and that medicines having homœopathic relation thereto should be tried in the hospital rather than the salicylates. He said that, besides aconite, belladonna, bryonia and two or three other medicines touched upon by Dr. Buck and subsequent speakers, arnica, colchicum, guaiacum, kalmia, lycopodium, sanguinaria and veratrum viride had yielded him very good results. He often used the hot wet blanket-pack, the cold wet sheet-pack in hyperprexia, the

Turkish bath or its modification. He wanted to know how far we were right in the routine envelopment of the patients in dry blankets, and whether it would not be far preferable to put the patient in cotton sheets when the temperature is high, so as to allow the heat to escape.

Dr. EDWARD BLAKE entertained no doubt as to the possibility of intra-uterine pericarditis. If anything interfered with the placental functions, and the afterbirth is the only fœtal emunctory, toxines could be stored in the fœtal system, and any or many of the recognised septic invasions would take place. There exist good grounds for supposing that endocarditis is a septic process. In 1891, Dr. George Murray found the endo-cardial vegetations of the pig crammed with bacilli (*British Medical Journal*, March 14, 1891, p. 587 of vol. i. of that year). More recently Prof. Leyden, in the *Deutsche Medicinische Wochenschrift*, No. 38, described the finding of Neisser's diplococcus in pure cultures from the growths on the cardiac valves in a case of severe endocarditis gonorrhoica. In cases of acute polyarticular rheumatism, the meninges may be invaded instead of the heart. Dr. Blake saw with Dr. Cooper a case of extraordinary interest. A lady of 40 fell and struck her spine. For four ensuing days she had a sensation "as of walking on shot," a most valuable clinical sign of impending spinal meningitis. She then was laid up with what would have been called "rheumatic fever, complicated with meningitis;" really a case of synovio-meningitis traumatica. We can scarcely doubt that the physical injury, by arresting katabolism, led to a loading of the tissues with toxines, which in their turn induced the inflammatory condition of the synovial meningeal tissues. There are some points in the diagnosis of cardiac complications—and the nature of the case is marked, especially in so-called "scrofulous" children—not all, he thought, enumerated by Dr. Buck—temperature, decubitus, pulse-reading, tenderness on pressure upwards beneath the left hypochondrium, dry cough, and delirium. The last symptom, occurring chiefly at night, is apt to be over-looked.

NOTES OF A VISIT TO THE HOMŒOPATHIC CLINICS OF BERLIN.

BY GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic Hospital.

DR. BURFORD reported to the November meeting of the Society that having had occasion to go to Berlin for professional purposes, he had thought it a good opportunity of ascertaining what was the state of homœopathy in the German Empire. He had had the advantage of two introductions from Dr. Dudgeon which secured him a very kind reception. German homœopathists complained that they knew scarcely anything of English homœopathists personally. Dr. Sulzer told him that he had made overtures to two of the English homœopathic journals for exchanges, but neither of those letters had been replied to, which was not very encouraging. He (Dr. Burford) had been told that he was the first English homœopathic medical man that the Berlin colleagues had seen, and they had been exceedingly doubtful whether the breed existed. There were twenty medical men practising homœopathy in Berlin, and they were all possessed of excellent practices. Homœopathy was especially popular among the working classes, and to a certain extent also in higher circles. In Berlin was a large Poli-klinik or out-patient department, officered entirely by homœopathic medical men, of whom nine constituted the active staff. These gentlemen attended each one twice weekly, so that three consultants sat *per diem*. They had about as many new patients as were received at the out-patient department of the London Homœopathic Hospital, and considering that Berlin was about a quarter the size of London, he thought that was very suggestive. There was no homœopathic hospital in Berlin, for the reason that the consent of the Privy Council had to be obtained, and as there were several eminent allopaths on that Council it was certain that they would not easily be led to see the necessity for it. However, they had £15,000 in hand for a homœopathic

hospital when this was sanctioned. He was told that homœopathy was progressing, and that there was no difficulty experienced in getting many younger men to join. They had no lectures, for the reason that they had no time for it, being too much occupied by their private work. They were all well-educated men, and their curriculum was a somewhat different one from the English. Every man went through the same training—school course, university course, and then a special training course, and they all received the same degree, so that there was no comparison of different qualifications. All stood on the same level. As homœopaths, they had no idea of becoming ultimately eliminated or fused with the dominant sect. Of their allopathic *confrères*, the baser sort would not meet them readily in consultation. A good part of their literature was in the English language, and the homœopathic Bible which they valued most was the "Materia Medica, Physiological and Applied." The German homœopaths were exceedingly anxious for reciprocity to exist between themselves and their English colleagues, and it was quite likely that at the next International Homœopathic Congress held in London, they might meet in the flesh. It would require very little initiative on the part of the English Society to bring the leading Berlin men over to England, and to establish a reciprocal bond between the colleagues of the two countries which could not but be a benefit to homœopathy. He would place one or two copies of the journal of the Society, published in Berlin, on the table.

GLONOIN, GLYCERYL TRINITRITE, $C_3H_5(NO_3)_3$, WITH SPECIAL REFERENCE TO ITS ACTION IN HEART DISEASE.[1]

BY W. SPENCER COX.

Physician to the Kensington, Notting Hill and Bayswater Homœopathic Dispensary.

In bringing before the British Homœopathic Society my first contribution to its work I must crave the full measure of indulgence generally accorded to an initial effort. The subject of my paper, glonoin, is a drug the full powers of which we have undoubtedly not yet gauged, and I hope to-night with your aid to get some further light on its action.

Three years ago, when house surgeon at the London Homœopathic Hospital, I was led to its use in a case of cardiac asthma, and from its wonderful action then dates my special interest in this curious substance. On looking through the literature of the subject in both branches of our profession, I have been struck by the absence of any details of its action in heart disease, the only references I could find being a quotation by Dr. Dudgeon in his paper, read in 1853, of Dr. Carroll Dunham's report of two cases of palpitation and headache, relieved by the olfaction of glonoin, second dilution, and a remark in the last edition of Lauder Brunton's work, that the drug may be used for the weak heart of the old and in fatty degeneration. (I must put in here, however, that since compiling this paper a lecture has been delivered by Professor Leech, of Manchester, which bears on this subject, and to which I must refer later on.)

It is to this point, the relation of the drug to heart disease, and the symptoms we may hope to relieve by its exhibition, that I should like to call your special attention.

The drug was first brought under professional notice by Hering.[2] It is prepared by treating glycerin with a mixture

[1] Read before the Society, Nov. 2, 1893.

[2] *Brit. Jour. Hom.*, vol. vii., 1849.

of nitric and sulphuric acids; the resulting yellow oily fluid is then dissolved in absolute alcohol in the proportion of 1—14, this forming our 1x. solution.

Hering's provings of the drug are very interesting, and were confirmed by Dr. Dudgeon, who proved it in twenty-five cases, and also proved the saturated alcoholic solution on himself. I should like to quote one or two of these provings.

(1) Violent pains in the cardiac region towards the back, fulness, weight, pressure and heat in the heart, with laboured heart's action.

(2) Palpitation, with heat of face, quickened pulse, and throbbing carotids.

(3) Syncope, with consciousness.

In Hering's indications for glonoin there is no mention of any form of heart disease, but he lays most stress on its value in general congestion in connection with the catamenia, *before* it appears, when too scanty, during pregnancy, and at the climacteric period.

Dr. Dudgeon also quotes the good results obtained by numerous other observers who have given the medicine for headaches, effects of heat, and menstrual troubles, the dose being from the first to the thirtieth dilution.

Dr. Sydney Ringer quotes Murrell, and advises the drug in angina pectoris, sea sickness, epilepsy, asthma, migraine, and for the headache of Bright's disease. Dr. Lauder Brunton adds to these puerperal convulsions, and, as I said before, the weak heart of the old.

In the "Cyclopædia of Drug Pathogenesy" there are thirty-one provings of glonoin, nine of which have some cardiac symptoms in addition to palpitation. In No. 11 there was irregular contraction of the heart, with symptoms of syncope. Nos. 18 and 19 show failure of the pulse. In No. 21 the pulse was alarmingly feeble. No. 22 gives crushing spasm of the heart. In No. 25 the prover experienced constriction and tightness of the chest, with anxiety, palpitation, and the need to draw deep breath. In No. 30, a fatal case where a man had swallowed a large quantity of nitro-glycerine in mistake for oil, there was, amongst other

symptoms, superficial, followed by deep breathing, and death was preceded by cyanosis and sopor. The *post-mortem* examination showed congestion of the lungs at the bases and cerebral hyperæmia; there was fluid blood in the left ventricle of the heart, though the right was empty, and the pulmonary arteries were filled with clots.

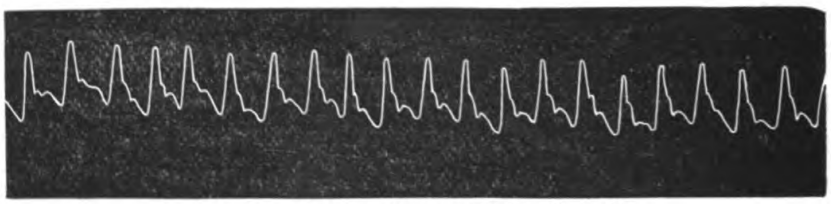
Dr. Hughes, in the work we know so well—his volume of "Pharmacodynamics"—sums up the action of glonoin thus: "The increase in frequency of the heart's action is probably due to depression of the influence of the vagi, and the head symptoms to a similar influence on the vaso-motor centre." Therefore, he says, glonoin ought to be a remedy for some active disturbances of the cerebral circulation, and would be indicated in the hyperæmia produced by excessive heat or cold, strong emotions, mechanical jarring or suppression of the menses; and adds that its chief value is in cases of sunstroke and for menstrual disturbances of the cerebral circulation. The only other obvious application to practice, of its pathogenetic effects, was to use it for some forms of palpitation.

Now what *are* the forms of palpitation, and what is the pathology of the cardiac cases where we may hope to benefit by the administration of this drug? For my own part, I believe, that when we get a patient with heart disease, fighting for breath, jerking the limbs about, clutching the bedclothes, the face wearing an agonised expression, gradually becoming unconscious, the heart palpitating at first vigorously, but gradually becoming weaker, in fact, when we get the symptoms of cardiac asthma due to valvular disease, and especially aortic incompetence, then is the time to see the action of glonoin; after one dose the patient becomes gradually easier, the expression of the face alters, the breathing is less laboured, the heart's action steadier, and often in ten minutes the patient who was on the verge of death is sleeping quietly. Again in the somewhat similar dyspnœa due to mitral disease, where cyanosis and anasarca are present, and when the dilated and enfeebled heart is unable to overcome the general back pressure, the drug will dilate the capillaries and give almost instantaneous relief.

This is my experience, and I think that the quoted provings, especially Nos. 25 and 30, from the "Cyclopædia o Drug Pathogenesy," show that its action in these cases of cardiac dyspnœa is truly homœopathic. I should like now to read you the reports of three cases where I used it to combat these special symptoms.

Case 1.—Amy C., age 14, under Dr. Blackley, at the London Homœopathic Hospital, in October, 1890. A small weakly girl admitted into the hospital for heart disease. The heart was enlarged, and there were present systolic and diastolic aortic with mitral murmurs. On October 13, sudden and intense cardiac dyspnœa came on, and the child

CASE I.—Amy C.



October 30th, 1891.—Left Radial $\frac{3}{2}$.

almost died. Brandy, sal volatile, amyl nitrite, ether, digitalin gr. 1-100 hypodermically, and strophanthus, were tried without result, the patient becoming unconscious and remaining so for some time. Glonoin 1x. ♏i. was given last, and seemed to do most good, and, the patient regaining consciousness, it was continued every hour for six doses with markedly good result. On November 28th the dyspnœa was very bad again from 8 p.m. till 1 a.m. A dose of glonoin was then given, the child falling asleep in ten minutes, and sleeping till 7 a.m., when she woke complaining of some headache. On the evening of January 1st she had another bad attack of cardiac asthma, which was, however, immediately cut short by the administration of a dose of glonoin, the patient going to sleep in ten minutes, and not waking till morning, when she complained of slight headache as usual. Later on in the month she had another similar attack lasting from 5 till 12 p.m.; the dyspnœa on this occasion being apparently caused by the dense fog.

She required two or three doses of glonoin before sleep was procured, but woke up next morning breathing easily and without much headache. This patient had many more of these attacks during her long stay in the hospital, and the glonoin acted so well that a bottle was kept in the ward, and a dose given when necessary; it always acted as a specific and sleep generally followed its exhibition. At first the patient used to wake with a headache, but later on this symptom was often absent. Glonoin 1 was given towards the end of the time with equally good effect, but the attacks were not then so severe. The patient was eventually discharged in a very much improved condition.

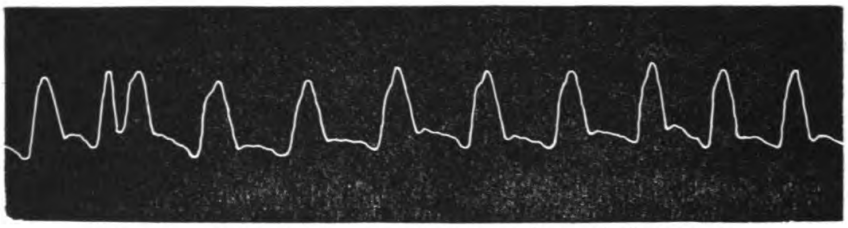
Case 2.—Sarah H., age 59; under Dr. Moir, in the London Homœopathic Hospital, in October, 1891. In this case the heart was enlarged, there was a loud mitral systolic murmur present, and at times respiration was exceedingly difficult. On October 17th, my note is: Respiration very laboured last night; much relieved by glonoin 1x.: patient got two hours' sleep after one dose. On the morning of October 19th she had a bad attack of dyspnœa, and when seen there was a good deal of cyanosis present. The symptoms were relieved in a few minutes by a dose of glonoin. Another attack of dyspnœa occurred on October 21st, and was at once relieved by glonoin, its exhibition being followed by two and a-half hours' sleep. Again on October 23rd there was a similar attack in the night, but it gave way to the medicine, and the patient was able to lie back in the bed and sleep. The next occurrence was six days later, when the dyspnœa was relieved and sleep procured almost immediately by the same drug. This patient was also discharged from the hospital in an improved condition.

Case 3.—Mrs. P., age 43. This patient came under my care in February, 1893. She had previously been in the hospital, under Dr. Blackley, for morbus cordis, and though much benefited by her stay there, she had now relapsed, and was in a very serious condition. When seen she was anæmic, and somewhat jaundiced; she was unable to lie down in bed owing to the dyspnœa, which at times became dreadfully bad, the patient feeling and appearing at

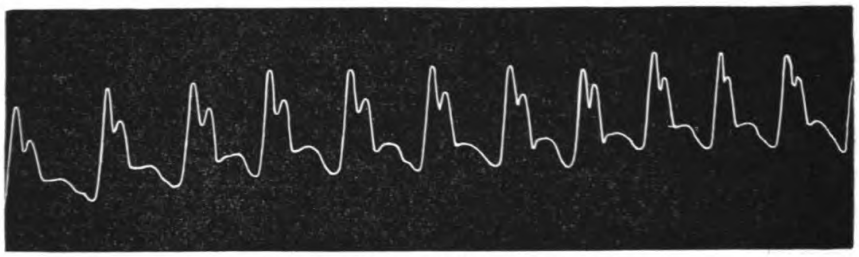
the point of death. Her heart was slightly enlarged, and the action was forcible and tumultuous. There was a

CASE III.—Mrs. P.

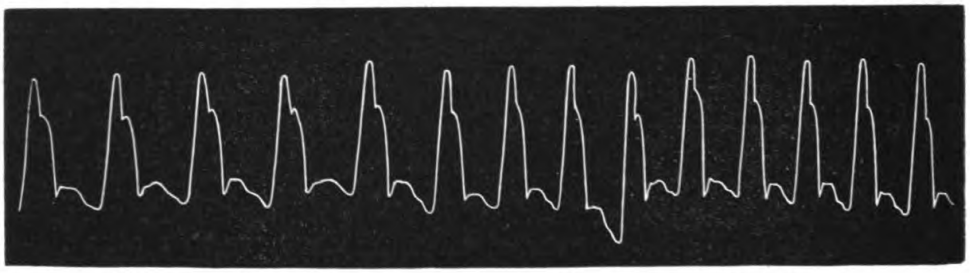
February 17th, 1893.—R. Radial



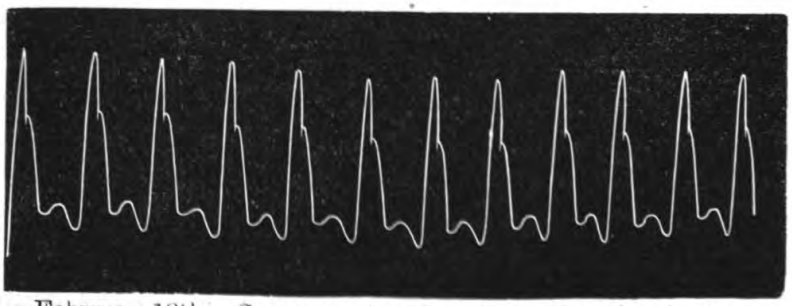
February 17th, 1893.—Same after a dose of glonoin 2x.



February 18th, 1893.—R. Radial.



February 18th.—Same five minutes after a dose of glonoin 2x.



February 18th.—Same quarter of an hour after the glonoin.

diastolic aortic at the base, with mitral and presystolic murmurs heard at the apex. The pulse was 104, and of the water hammer variety. There was a good deal of œdema present, extending up the legs almost to the groins. The urine contained albumen. Arsenicum and digitalis were given, with occasional doses of cactus for the cardiac pain. When next seen, on February 10th, there was some slight improvement, but the dyspnœa was very distressing. The patient was ordered fresh infusion of apocynum and glonoin 3x. Two days afterwards the patient reported no benefit from the glonoin, and the apocynum appeared to be doing but little good. On February 14th the patient was given a bottle of glonoin 2x., with instructions to take a dose of two drops when the dyspnœa became bad. On February 16th the patient was able to give a better report. She said she had taken several doses, and that the effect of the medicine was marvellous. In a few minutes the heart was quieted, the respiration became easy, the pain disappeared, and she generally obtained some refreshing sleep. She said she could feel it travel down her spine and run all over her. The first doses were followed by headache, but this was now not so marked. The general features of the case were, however, not improved, and the measurements of the legs remained unaltered. Five days later the condition was much the same, except that the patient was getting weaker. Although there was always great relief afforded instantly by the glonoin, there was no permanent benefit, and the patient died rather suddenly on February 19th. On the two days previous to death, I took sphygmographic tracings of the pulse, before and after a dose of glonoin 2x. These, though very poor specimens, may be of some interest. The condition of the patient precluded the idea of obtaining better ones.

I think, gentlemen, that these cases are reasonable evidence of the value of glonoin in valvular disease, and though the drug does not appear to exert much lasting benefit, the temporary relief is so striking that it should not be withheld.

As regards the dose, there is no doubt that the drug has

an appreciable action when given in very small doses. On the other hand, it is equally well proved that large quantities can be taken with impunity and even with benefit, and for the relief of cardiac dyspnœa a somewhat large dose appears necessary. In the *Therapeutic Gazette*, September, 1893, Dr. Stewart, of Philadelphia, writing on the tolerance for this drug says :—" A patient who began with ♏i. of the 1-100 solution for chronic nephritis, was in six months time taking ♏ 50 of the 1-10 solution, equal to ♏ 5 of pure nitro-glycerin, *four* times daily, with good results," and he adds that when it is desirable to give it for some time in order to affect the blood pressure, it should be given at short intervals and never less than four times daily. In my own cases I found that one drop of the 1x. solution or two or three drops of the 2x. acted well, but I got no result from the 3x. The dose can be repeated as often as necessary, as the drug has no cumulative action.

I must now refer to Dr. Leech's extremely interesting paper on the action of the nitrites, which was published last July. Although this paper covers a great deal of the ground I have just been over, *my* observations were made three years ago and the notes of two of my cases were taken in 1890 and 1891, indeed, my paper was compiled and the greater part of it written before his was published. Though I must lose some of my claim to originality, it is gratifying to find my opinions supported by the weight of his authority. He says that when nitro-glycerin is taken into the stomach it is immediately absorbed and converted in part into sodium nitrite, the unaltered portion being excreted by the kidneys; very minute amounts of the drug will affect the pulse, and in some cases ♏ 1.16 of liquor trinitrini, the 1-100 solution, will distinctly lower the tension. Very large doses are also well borne. Murrell gave one patient ♏ 10 eight times daily with good effects in angina. In heart cases Dr. Leech has given ♏ 20 of the 1-100, and believes it far safer than to resort to morphia. Doses up to one or two drops of nitro-glycerin he finds very valuable in cardiac dyspnœa, and he believes that even when the dyspnœa is connected with heart failure these doses would have none other than a

beneficial effect. In the paroxysms of dyspnœa occurring in valvular disease glonoin is often of great service, and even in advanced cases it often relieves so much that patients cry for a repetition of the dose. He considers it most useful in mitral disease, but it is also valuable in aortic disease. For the permanent short breath of cardiac disease it is less useful, but he has seen benefit from a few doses daily in cases of weak dilated heart and also in aortic insufficiency with hypertrophy. In fatty heart with dyspnœa on slight exertion, a tablet or two of nitro-glycerin daily often removes long-standing discomfort. He has also found it useful in pulmonary dyspnœa, bronchitis and asthma, but in uræmic dyspnœa he has been disappointed in its results; though in large doses it sometimes does good in Bright's disease, and its administration in neuralgia, especially of the fifth nerve, has been followed by relief.

Now to pass to another sphere of the drug's action. Hearing that Dr. Shaw, of St. Leonard's, had another use for nitro-glycerin, I wrote to him concerning its good effect as a remedy in chronic alcoholism, and should like to read you the letter he was kind enough to send me in reply :—

DEAR MR. COX,—I was led to use glonoin in alcoholism by reading a pamphlet on "The Treatment of Chronic Alcoholism by Nitro-Glycerin." Since then I have frequently used it with good effect. I generally give ♏ii. of the 2x. when the craving for stimulants comes on; of course, patients vary in their susceptibility to the drug, and some will bear two or three drops of the 1x. or ϕ. I generally use at the same time ♏v.—vii. of liq. strych. nit. 1-200 three times a day. I regret that I cannot find the pamphlet, and I do not remember the name of either writer or publisher. Yours faithfully,

ARCH. R. SHAW.

This seems a simple and satisfactory way of treating this unfortunate disease, and I should be glad to hear if anyone present has had any experience of its action in this direction.

In conclusion, I should like to draw attention to an interesting discovery by Dr. Bates, of New York, which goes far to prove my statement that we have not even yet

completed our knowledge of the remedial powers of this agent. In the *New York Medical Journal* for July, Dr. Bates says the use of nitro-glycerin in warding off epileptic attacks has long been known, but he would advocate hypodermic injection of the drug during the attack. In his first case attacks had been experienced for four years; the patient was rigid, quite unconscious, with violent muscular convulsions, and all the usual epileptic symptoms. He gave a hypodermic injection of gr. 1-100, and before the needle could be withdrawn total relaxation occurred, the patient returned to consciousness, and asked for water. He has tried this treatment twelve times without a failure, and only once was a second injection required. He claims that this method of treatment shortens the attack, saves fatigue, and lessens the after effects, and he believes that it has some beneficial effect on the course of the disease. He continues the treatment by bromides and the use of minute doses of nitro-glycerin.

In the number of our Society Journal published last month, I find another American extract which states that Dr. Gunderlach used with excellent effect a subcutaneous injection of ♏ii. of the first dilution of glonoin in a case of poisoning by a mixed solution of atropine and cocaine, when other antidotes had not acted satisfactorily.

Should these different actions of the drug be verified by other observers, I think you will agree with me that we have in glonoin a most valuable medicine, and one that deserves a much more prominent place in our armamentaria than has hitherto been accorded to it by the bulk of the profession.

The CHAIRMAN (Dr. Madden) said they must remember that the special uses which Mr. Cox had enumerated were pure allopathy—they required the stronger doses which produced their physiological effect before they would give relief. Still, glonoin had a very large sphere of action as a purely homœopathic remedy, and he hoped Mr. Cox would one day give them a paper on this subject. The use of glonoin to cure alcoholism was not at all an unlikely thing, because it produced many of the same

effects as alcohol. Cases of cardiac dyspnœa and fainting, and so forth, were constantly being treated with alcohol. Therefore, the use of glonoin in treating alcoholism was giving another medicine which produced the same effect as alcohol. The relief given by glonoin in cardiac disease was essentially temporary. It gave a purely palliative relief, but it was a very powerful one; and they could not afford to do without palliatives even in homœopathy.

Dr. DUDGEON said he had for some time past been using glonoin, especially in cases of angina pectoris.

Dr. GIBBS-BLAKE agreed with Dr. Madden's remarks about the action of glonoin. It resembled very nearly that of nitrite of amyl, another nitrite which was much used.

Dr. LOUGH said there was a lengthy reference to the action of glonoin in organic and functional diseases of the heart, in Hale's work on "Heart Diseases." Hale considered that glonoin produced an inhibition of the vaso-constrictor nerves, consequently a paralysis of the involuntary muscular elements in the coats of the arteries, causing dilatation, and in this way diminished the acute symptoms due to the cerebral anæmia. He had repeatedly seen, in the case of a patient of Mr. Frank Shaw's, glonoin 2x. tablet remove the acute symptoms of angina pectoris, spigelia and actæa being used afterwards. This patient left home, and while away died under allopathic treatment.

Dr. BURFORD said he had seen two cases in which glonoin had been given for functional catamenial palpitation. In the first case it was given by Dr. John Williams, in doses of one hundredth of a minim, and the result was that the palpitations were as bad as ever, but with violent headache superinduced. The second case was an old patient of the late Dr. Matthews Duncan, who had been subject to attacks of palpitation and headache at the time of each catamenial flow. She came to him (Dr. Burford), and he prescribed glonoin, but without effect. Considerable progress was made in this case, however, by rearranging the diet table, and leaving out, as far as possible, animal albuminoids.

Dr. MOIR said that with regard to the cases they had in the hospital the effect of glonoin was magical in heart troubles. They did not expect to get permanent benefit from glonoin, but it gave time for the use of other medicines which would do good. He had also used glonoin in asthma associated with Bright's disease with good results.

Mr. GERARD SMITH said he had one case recently of ex-

ophthalmic goitre with the usual symptoms of throbbing and flushing, which was greatly benefited by the use of glonoin 6.

Mr. SPENCER COX, in reply, said that he had not seen Dr. Hale's work. He had not seen the drug given in any catamenial cases, but he believed it acted well in them. He thought the drug certainly must be given in cases of cardiac dyspnœa, and did not think that the mere fact of a somewhat larger dose made it allopathic.

A CASE OF VILLOUS TUMOURS OF THE BLADDER.[1]

BY JOHN D. HAYWARD, M.D.

Surgeon to the Hahnemann Hospital, Liverpool.

CASES of villous tumour of the urinary bladder are sufficiently rare and interesting for it to be worth while recording a short note of one that has just been under observation.

John P., age 48, a clerk, died on October 24, 1893, of exhaustion, the result, chiefly, of hæmorrhage from the bladder. For the last five years he has been under my observation; but has kept to his duties all the time, except for an occasional day or two and during his annual holiday. Five years ago he was a strong, wiry man, and only quite recently has he become aged, weakly and anæmic. On first seeing me he stated that for some indefinite time he had been subject to the occasional appearance of blood in the urine, and he informed me that his previous medical attendant had diagnosed enlarged prostate and urethral stricture. Later on, when I had opportunity of observing the nature of the hæmorrhagic attacks, I saw reason to differ from this diagnosis and suspected villous growth in the bladder; an opinion subsequently confirmed by Dr. Gordon. For the first four years of my observation the patient enjoyed good general health, but at longer or shorter intervals, he would have attacks of difficulty of micturition, when he would have to wait some time before the urine would appear, and for a

[1] Read before the Liverpool Branch, Nov. 9, 1893.

week or more at a time, he would have to strain and urge every time he passed water; at other times the urine would come freely. At intervals, averaging about once a month, his urine would be very bloody for several days; these attacks generally commenced in the night, sometimes pure blood would flow and a considerable number of clots be passed per urethram.

The patient was of somewhat strange disposition; he would never allow me to pass a catheter, asserting that he had previously suffered much pain and distress when this had been attempted, and that he had been worse since a catheter was passed and free hæmorrhage induced some six months previously to his consulting me. He would not lie up during the bleeding attacks, but went to his duties as usual. He stated that shaking, such as on a bus, caused him pain, and sometimes brought on an attack of hæmorrhage, but he refused to be sounded for calculus and had no pain in the renal region; usually his pain was referred to the perineum, occasionally above the pubes and in the penis. Per anum I found a tender, but not markedly enlarged prostate. Although the urine commonly contained blood clot and *débris*, I did not microscopically detect anything pathognomonic of villous growth.

At first I diagnosed urethral stricture with a varicose condition of the prostate, but I soon saw reason to suspect a villous tumour of the bladder, situated in the trigone and acting as a trap valve or flap over the exit from the bladder to the urethra. Medicinal treatment not removing the symptoms, I endeavoured to persuade the patient to allow me to explore the bladder by a supra-pubic incision, and if possible to remove the cause of the hæmorrhage; after almost consenting he declined.

After persevering treatment without much result, I persuaded the patient to put himself under the care of my friend Dr. Gordon. During the time he was under Dr. Gordon's observation he had a severe attack, and the doctor found it necessary to pass a catheter:—always with difficulty and often followed by bleeding. One of the leading consulting surgeons of Liverpool was called in consultation; he passed an instrument with difficulty and induced a severe attack of

hæmorrhage for which strong decoction of oak bark injections were used; the passage of the hard black clots so produced, and the vesical and urethral inflammation set up, formed the worst attack the patient had yet had,—he was confined to the house for a fortnight or more, and was prejudiced against any manipulative or operative interference; especially as the consulting surgeon could make no diagnosis, but rather indefinitely blamed the prostate. About twelve months ago the obstruction and urging gradually became worse, and I persuaded the patient to occasionally pass a number seven French catheter for himself, with marked relief. Nevertheless, for the last eight months incontinence of urine gradually supervened and he has had to wear a urinal; occasionally this condition would be varied by retention, when he would pass his catheter. For the last few months he came to look much older and more anæmic and to lose flesh; for two or three weeks before his death blood or bloody urine was continually dribbling away, but he kept to his duties until the evening of October 20, three days before his death. For these three days he was in pain and was frequently straining away a little blood, while bloody urine in small quantities kept oozing away, the penis became inflamed and a little white membrane appeared at the meatus. He had a drowsy (probably uræmic) attack, was in considerable pain [referred to penis], hiccough became troublesome, and he gradually sank, dying on the morning of the fourth day after he took to bed.

I was able to obtain a limited autopsy, a few hours after death. A large-sized soft catheter could be easily passed by the urethra. What stricture there had been, was evidently spasmodic. The prostate offered no obstruction, and was not markedly enlarged or diseased. The bladder was found extremely thickened, bound down low in the pelvis and pouched in two or three places, its apex stood up like a cone; the organ was empty and contracted, resembling a uterus soon after delivery or a hypertrophied heart resting on its base with the apex upwards.[1]

[1] The bladder, exhibited at the meeting, showed the villous growths well, although somewhat contracted by the spirit in which the organ had been preserved.

On incising the bladder its walls were found enormously thickened; the mucous membrane was soft, grey, and covered with patches resembling thrush. At the posterior edge of the trigone was a large villous tumour, the size of a small hen's egg; in front of this, close to the neck of the bladder, was another villous growth, the base as thick as the thumb, and the upper part branching out into numerous long villous processes, the whole trunk and branches being quite two inches long; the long fimbriated extremity of this growth was tucked into the neck of the bladder and the prostatic urethra at the time of the *post-mortem*. On examining the specimen it is easy to see that, when this free, floating growth was loose in the bladder, urination would be fairly free, but, when it became engaged in the orifice, obstruction would be severe. The bougie inserted up the urethra passed between the fimbriæ of this growth and into the processes of the larger growth behind it, and the causes of the difficulty of passing a catheter and of the consequent hæmorrhage are obvious. There were two smaller and similar growths on the right wall of the organ, close to the larger tumour.

The ureters and the calyces of the kidneys were extremely dilated; the kidneys were large and congested; the substance, as far as naked eye appearance, not markedly affected.

Treatment.—The patient himself studied the literature of urinary disorders and of the action of remedies; he always thought belladonna, cantharis and turpentine did him the most good. The spasm and urging seemed to be relieved by bell. 1 or canth. 1, and the bleeding to be sometimes restrained by hamamelis θ and by $\mathfrak{m}$iii. doses of turpentine. Nux vomica 1x. apparently afforded benefit at one time. Pulsatilla, millefolium, thuja, apis, chimaphila, lycopodium and cannabis sativa were all patiently tried, but without marked benefit. Some twelve months ago, when he was in fair health, I tried to induce Mr. P. to go to London, to be examined by Mr. Hurry Fenwick with the cystoscope, and he was inclined to do so. On my explaining that the object was to determine the presence of the villous growth with the intention of taking steps for its

removal, his heart failed him, and he preferred to jog along with drugs, especially as his own reading had led him to suspect cancer of the bladder. On examining the bladder *post-mortem* I do not regret his decision, as the bladder walls were so thick and so bound down in the pelvis, and the whole urinary system was probably so damaged by the prolonged obstruction and irritation, that the operation would have been both difficult and dangerous, while to remove all the villous material would probably have caused extreme and uncontrollable hæmorrhage.

Bryant says (1876): "There is no cure for this affection, the surgeon can only relieve symptoms;" and, where the vascular growth is extensive and not early diagnosed, I believe this is still the case, even to homœopathic therapeutics and surgery.

Two years is the average life of the possessor of a villous growth; my patient must have had it for at least six years.

These notes are purposely brief and therefore imperfect. The study of the case convinces me that the only cure is an early diagnosis and operation, before the urinary system is secondarily much affected or the constitution undermined by the recurring hæmorrhage.

NOTES ON A CASE OF RENAL CALCULUS FOR WHICH THE OPERATION OF NEPHRO-LITHOTOMY WAS PERFORMED TWICE WITHIN TEN MONTHS.[1]

BY C. KNOX SHAW.

Surgeon to the London Homœopathic Hospital.

(From notes taken by Dr. J. R. P. Lambert, Resident Medical Officer.)

A. J. C., aged 51, a clerk, was admitted into the London Homœopathic Hospital, under Mr. Knox Shaw, on October 10th, 1893.

He was a married man, with an unimportant family history. At twenty-five years of age he noticed that he

[1] Specimen shown to the Society, November 2, 1893.

passed some gravel, and that at this time he used to have severe pain in the left lumbar region at a spot just above the anterior superior spine. This lasted on and off till 1872, when the pain seemed to leave him. In 1878 he strained himself, and passed blood in his urine and felt pain in his bladder. In 1879 a small vesical calculus was crushed in Toronto, Canada, where he was then living. He remained well till 1891, when he discovered that he was passing some pus in his urine. He did not seek advice till next year, when he was told he had vesical catarrh. Last November he was bathing, and next time he micturated he found that he passed some clotted blood in addition to the pus he was now always passing, but he did not suffer any pain. He became an out-patient at University College Hospital, where a renal calculus was diagnosed, and he was treated with spirits of juniper. He was subsequently admitted into the hospital, under the late Mr. Marcus Beck, and, on January 5th, 1893, a large renal calculus, weighing 1,250 grains, was removed in pieces from the left kidney. The wound soon healed, and remained apparently sound till about three weeks ago, when a small sinus opened. A month before this the patient ricked himself, and then found some blood in his urine. This has appeared off and on since.

A week before admission into the London Homœopathic Hospital, the wound was probed at University College Hospital, and something gritty felt. Preferring the more gentle, post-operative, therapeutic measures of the London Homœopathic Hospital, he sought and obtained admission there. When admitted, a probe could be passed along a small sinus in the left loin and a small piece of calculus felt. The urine had a sp. gr. of 1,016, was acid, and contained some albumen and a copious deposit of pus, but no crystals.

On October 16th, Dr. Day having anæsthetised the patient, the sinus was opened, a director being used as a guide. A few friable fragments of calculus were found in the sinus, but as they did not appear to be sufficient to be keeping up the renal symptoms the kidney was exposed, and was at once found to contain a good-sized irregular stone.

The kidney structure having been incised, the stone was removed in two pieces. The kidney was then further explored, but nothing more discovered. As there was a good deal of capillary hæmorrhage from the kidney, the wound was irrigated with hot boro-glyceride solution and tamponaded with iodoform gauze. A large pad of wood-wool tissue completed the dressing. The fragments of stone removed and exhibited at the meeting weighed 480 grains. He was ordered hazeline, m. ii. every hour, and put on a bland fluid diet. His convalescence ran an uneventful course, the temperature on two or three occasions only rising as much as 99.2°, till November 10th, when he complained of a sensation as if a very small stone were in the bladder. On sounding him this was found to be correct. Without an anæsthetic, a No. 14 Bigelow's evacuating apparatus was introduced into the bladder and some phosphatic fragments removed. He left the hospital well on December 4th.

Remarks.—This case has several points of interest. First, the considerable size of the stone removed at the first operation, 1,250 grains. Secondly, the extreme rapidity of the growth of the second stone. Of course, it was just possible the stone last removed might have been overlooked at the first operation, but this was unlikely when the operation was performed by such a careful surgeon as Mr. Marcus Beck. We sought information on this point, and, owing to the kindness of Dr. Chidell, of University College Hospital, we obtained the following notes of the operation :—" After removal of the stone, the pelvis was examined with a long probe. No more fragments found. Calculus removed in several pieces ; two main pieces which lay in the pelvis and six other pieces pedunculated and evidently coming from the calyces." As the wound quite healed after the operation, it looks rather as if the present stone developed after the first operation. If so, it must have been added to at the rate of about a grain and a-half a day. In easily accessible literature there do not seem to be any observations as to the rate of development of renal calculi, nor do there seem to be any recorded cases where two calculi have been removed from the same kidney within so short a time.

LIVERPOOL BRANCH MEETINGS.

Abbreviated Report of Session 1892-3.

(Thirty-Sixth Session of the old Society.)

During the session 1892-3, which the May meeting brought to a successful close, the usual eight monthly meetings were held, and the following papers read and discussed :—

1892.—*Oct.* 6 : "Grand Canary as a Health Resort," by Dr. Hayward. *Nov.* 3 : Presidential Address, by Dr. Hawkes. *Dec.* 1 : Discussion upon Health Resorts.

1893.—*Jan.* 12 : "Colocynth ; a Suggestion for a Revised Materia Medica," by Dr. Ellis. *Feb.* 9 : "Chloroform Anæsthesia ; its Accidental Asphyxia, and Means of Preventing same," by Mr. Nicholson. *Mar.* 9 : Clinical Evening. *Apr.* 13 : (*a*) "A Few Hints on the Mechanical Management of Inflamed Knee," by Dr. J. W. Hayward, (*β*) Discussion on Enteric Fever. *May* 11 : "Broncho-Pneumonia of Children," by Dr. Bernard Thomas.

Numerous specimens of interest, and several patients whose cases illustrated special features, have been brought before the Society on various occasions.

A most important step in the history of the Society has been taken during the session, in its incorporation as a Branch of the British Homœopathic Society.

Four resignations have taken place during the Session.

The following officers were elected for the Session 1893-4 :—*President*, Dr. Ellis ; *Vice-President*, Dr. Hawkes ; *Treasurer and Secretary*, Dr. Capper ; *Representative on the General Council*, Dr. J. W. Hayward.

The social meetings were successfully continued during the session.

The number of Fellows and Members on the Branch Society's books now amounts to 15, but it is hoped that this number may be increased by the admission of members of the Central Society to the branch from neighbouring towns.

The cash account shows a balance in hand of 12s. 10½d.

Edmund Capper, *Hon. Sec.*

SOCIETY NEWS.

THERE was a capital meeting at the opening of the Session to hear the introductory address of the President, Mr. Hugh Cameron. Though Mr. Cameron's position in the Society is unique, he being the only original member living, yet on this occasion he was supported by many who have given the best years of their professional life to its work. Dr. Dudgeon, whose membership dates from 1846, Dr. Edward Hamilton from 1847, Dr. Yeldham from 1849, Dr. Harper from 1859, and Drs. Hughes, Clifton, and Carfrae, who have been members from 1861, were present to welcome our veteran President, and to testify to their continued interest in the progress of the Society.

At a meeting held on October 5, the Society passed a vote of condolence with Dr. Burwood, on the occasion of the death of his only son, a promising Edinburgh student.

The Liverpool Branch has unanimously re-elected Dr. J. W. Hayward as its representative on the Council.

It was the painful duty of the President to announce, at the second meeting of the Session, that Dr. Buck, who had read a paper on the opening night, had died a week later, after only a few days' illness. The meeting then proceeded to pass a vote of sympathy with Mrs. Buck on the loss she had sustained in the death of her husband, an old and valued member of the Society.

The following gentlemen having been duly nominated were, on Thursday, November 2, elected Members of the Society by ballot:

Robert Gibson Miller, M.B.Glas., 10, Newton Place, Glasgow.

Herbert Wilde, M.B.Edin., 18, Clifton Terrace, Brighton.

Stanley Wilde, L.R.C.P.Edin., Ingleside, Bayshill, Cheltenham.

Christopher Wolston, M.D.St. And., Summershill, Chislehurst.

Dr. John Buchanan has resigned his membership of the Society.

Dr. Windelband, 88, Königgrätzerstr., Berlin; and Dr. Sulzer, 88, Lützowstr., Berlin, have been elected Corresponding Members of the Society.

The following gentlemen, members of the Society, were on Thursday, November 9, elected members of the Liverpool Branch: Dr. Finlay (Rawtenstall), Dr. Stopford (Southport), Dr. Hall (Bacup), Dr. Meek (Manchester), Dr. Mitchell (Stoke-on-Trent), Dr. Storrar (Southport), Dr. Thomas (Chester), Dr. Southam (Dolwyddelen).

Frederick William Davidson, M.R.C.S.Eng., 156, Upper Parliament Street, Liverpool, was at the same meeting elected a member of the Society and of the Liverpool Branch.

Tuesday, April 10, 1894, will be not only the anniversary of Hahnemann's birth, but also the fiftieth anniversary of the foundation of the British Homœopathic Society. The Council of the Society are anxious to revive the Hahnemann dinner on this doubly important occasion. As soon as arrangements are made, notice will be given to Members, and it is hoped that a large number will make an effort to attend the dinner.

The following gentlemen having been duly nominated were on Thursday, December 7, elected members of the Society by ballot:

Herbert Henry Corbett, M.R.C.S., 19, Hall Gate, Doncaster.

James Rudolf Paul Lambert, M.B., London Homœopathic Hospital.

David MacNish, M.B., Florence Road, Ealing, W.

John Murray Moore, M.D., 51, Canning Street, Liverpool.

Samuel Henry Ramsbotham, M.D., 16, Park Place, Leeds.

Horace Sanders, L.S.A., 77, Camden Road, N.W.

Herbert Gleeson Stacey, M.D., 28, Park Square, Leeds.

Charles Thompson, M.R.C.S., 226, Stamford Street, Ashton-under-Lyne.

Drs. Windelband and Sulzer expressed at the December meeting, through the Secretary, their gratification at being elected Corresponding Members of the Society.

SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

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

SEPTEMBER—NOVEMBER, 1893.

PHARMACODYNAMICS.

Acidum carbolicum.—A case of poisoning by inhaling this substance in steam is reported in the *Homœopathic Physician* for November. In about ten minutes the woman began to feel very queer and started to run to a neighbour's house, but before reaching it fell prostrate, pale and gasping for breath. "On my arrival," writes Dr. Fahnstock, "I found her propped up with pillows, being unable to lie down, continually gasping for breath, with trembling all over, so that she wanted her hands held, and pricking like needles all over the body. She was unable to raise the right arm, face was pale, pupils dilated, hands and feet cold; she was thirsty, wanting a drink of water every few minutes. In about half an-hour there was nausea, but no vomiting, and pain in lumbar region." The symptoms lasted about four hours.

Acidum Fluoricum.—A woman aged 52 was, when 44, operated on by a renowned surgeon for mammary tumour. She was exhibited on several occasions, in medical societies, as a proof that early removal of a malignant disease would prevent its re-occurrence. In seven months a hard lump appeared in the left side of the abdomen, which rapidly developed into a large tumour, consisting of a number of small swellings, from one to ten centimetres in diameter. She is very ill, has frequent eructations, no appetite, frequent retching without nausea. She got acid fluor. 6, under which medicine all the symptoms connected with the intestinal canal disappeared. She had no more eructations or retching,

and began to eat. But the tumour remained unaltered though the medicine was continued for two months. She became emaciated to a skeleton, and showed the usual appearance of cancerous disease; and yet the subjective symptoms did not again occur.—A. Villers, *Arch. f. Hom.*, September.

Aconite in Renal Congestion with Hæmaturia.—Dr. Scott Hill relates two cases to illustrate this medication. In the first the patient was a child of 2½. The causation was unknown, but the renal congestion and hæmaturia were decided, and there was general and great anasarca. On the fifteenth day of his illness, aconite 3x was given every hour, and after 48 hours there was hardly a trace of blood in the urine and great improvement in the anasarca. On the seventh day from commencing the medicine the patient was discharged cured. The second patient was a man of 40, and the cause was exposure to rough weather. Hæmaturia was the only noteworthy symptom, but this was considerable. Aconite 3x removed all traces of blood in 36 hours. —*N. Am. Jour. of Hom.*, Oct., p. 675.

Actæa.—I took 3 drachms of the fluid extract of cimicifuga, and in about half-an-hour had feeling of fulness in head, face was flushed, and there was a sense of warmth all over body. There was also considerable pain at end of spine. After an hour these symptoms were accentuated. There was redness of eyes, but pupils were normal, as also was bodily temperature; pulse was 100 and full, and there was marked increase in arterial tension. Headache now became excessively severe; muscles of back and limbs were hard and trembling. Two hours later, symptoms continued with increased severity, and nausea was added; some warm water induced vomiting. The headache was so exceedingly severe that it was necessary for my wife to chloroform me, and there was much back-ache and restlessness. Eight hours after the drug was taken sleep came on, from which I awoke several times with marked priapism. The effects upon the spinal cord and nerves were felt for a little over two days.—*Hahn. Monthly*, Nov., p. 768.

Antipyrine.—A case of chronic poisoning by this drug is related in *L'Art Médical* for August. The patient, a young lady, had come to taking (for headache) 8 grammes *per diem*. The symptoms were, loss of strength; sleeplessness; anorexia; constant headache, severe, with humming in ears; emaciation. The craving for the drug was so imperious that for 20 to 30

minutes before the time for taking it she became excited, anxious, irritable; and if the hour was allowed to pass over, agitation and anguish set in, with sighs and lamentations.

Arsenicum in Equine Disorders.—In an article under this heading, Dr. Mossa quotes a saying of the well-known veterinary homœopathist, Brauns, that arsenic is the great remedy for horses, pulsatilla for sheep, and antimonium crudum for pigs.—*Hom. Monatsblätter*, May.

Arsenicum in Sciatica.—A lady of 60 had been in bed for seven weeks with sciatica, under old-school treatment. The pain, especially at night, was excruciating, and hypodermic morphia was being given. She was pale, with cool skin, at times covered with cold moisture. Aggravation was from motion, a cold draught, and during the night, especially after midnight. Arsenicum (dose not mentioned) cured in a week. After the first day the morphia was discontinued. Dry heat was the only adjuvant.—W. Scott Hill, M.D., in *N. Am. Journ. of Hom.*, Nov., p. 736.

Arsenicum in Toothache.—Dr. Allison Clokey, relating a rapid cure of inflammatory toothache by arsenicum 3x, calls in question the supposed power of the drug to kill an exposed nerve, and argues that it is its dynamic action which is called into play in the relief of pain afforded by it.—*N. Am. Journ. of Hom.*, Oct., p. 640.

Aurum in General Paresis of the Insane.—Acting upon the view that this disease is generally of syphilitic origin, but finding no benefit from mercury and potassium iodide, Hadjés and Cossa determined to try gold, and gave it in the form of the chloride of gold and sodium, the daily dosage rising from 0.4 to 1.5 gramme. Their experience, derived from 21 cases, is that the drug when given in the beginning of the disease causes remissions, while in cases further advanced it increases the resisting power of the body and delays the fatal termination.—*N. Am. Journ. of Hom.*, Oct., p. 682.

Badiaga in Influenza.—Dr. Gentry says that when he saw the first case of "la grippe" (as they call the epidemic disorder across the Atlantic) in America, the patient's symptoms, especially the general soreness and pain in limbs as if beaten, reminded him of the pathogenesis of the Russian freshwater sponge, badiaga; and whenever this sensation was present, the remedy proved quickly effectual.—*Minneapolis Hom. Magazine*, Oct.

Belladonna.—A woman aged 46, married for 22 years, no children, complained of a burning feeling in abdomen and forcing-out of the rectum, which her previous physicians, without troubling themselves to make an examination, attributed to hæmorrhoids. Though there was some costiveness defæcation was not particularly painful; the bowel pain was worse at night than by day. No menses for two months, though previously regular, rather copious, with a transient cutting pain immediately before the flow. Examination revealed nothing besides a retroversion of the uterus, but caused a spasm of the vagina which became energetically contracted, showing that there was here abnormal irritability. The administration of belladonna 30 twice a day for ten days diminished the pain considerably. The same medicine was continued once a day for twenty days longer, and pain no longer occurred without exciting cause, examination did not again bring on the spasm. The costiveness had nearly disappeared, it was obviously owing more to extreme irritability of the sphincter than to inaction of the bowel. The menses again appeared.—A. Villers, *Arch. f. Hom.*, Sept.

Cactus.—"With reference to Dr. C. Wesselhœft's failure to get any effects from cactus, the following extract from the *New York Medical Times* for August will be found interesting:—Sultan has extracted an active principle, which he terms cactin, from the young flowers of the cactus grandiflorus, and from experiments on animals concludes that: 1st, It augments the energy of the cardiac contractions; 2nd, It raises arterial tension and greatly increases the height and force of the pulse-wave; 3rd, It exerts an influence upon the nervous system through a direct action upon the motor centres of the cord, produces reflexes, and increases the general nervous tone."—*Monthly Hom. Review*, Sept.

Calcarea Arsenica.—A chronic case of malarious fever, with enlarged liver, cured by this drug is reported by Dr. Majumder, of Calcutta. The patient, a child of 7, had been ill for eight months. He was "emaciated like a mummy," and the liver was enormously enlarged though not very hard. Stools were light yellow and hard; fever recurred every afternoon, beginning with coldness of hands and feet. Calcarea arsenica 30, night and morning, initiated a complete cure.—*Indian Hom. Review*, vol. iv., No. 9.

Calcarea Carbonica.—A workman, aged 40, on December 24th, 1889, had a sudden attack of rigor lasting several hours

and followed by febrile heat. For about three weeks the febrile condition persisted, which his doctor pronounced to be influenza. For a much longer time he remained without appetite and weak, and he observed that he could not see well, especially in the forenoon, on account of a uniform grey mist before the eyes. As soon as he was able to leave the house he consulted an oculist, but in spite of his treatment, by Whitsuntide, 1890, he was quite blind. His health became restored. But for the last week he has felt extremely weak, unsteady on his legs, and complains of a feeling of breaking down at the base of the first lumbar vertebra, and he has a drawing sensation round the waist that compels him to bend the body forward. He has great difficulty in walking because he seems to have a thick fur between his feet and the ground, the knees cannot be held right, and at each step he slips farther than he intended. He got rhus tox. 30, two drops per diem. After twelve days he reported that he had at first felt better, but then he had some nocturnal emissions, since which he has been decidedly worse. He now got calcarea carbonica 30, 2 drops daily for twenty days. He reappeared on the twenty-eighth day and whereas he could hardly previously walk five steps, he had now walked to my house from his, a walk of twenty minutes. He said he was quite well except a slight trembling of the legs. He got rhus again for twenty days. But the next report was less favourable, the emissions had recurred, and his gait was unsteady. He now again got calcarea carbonica, of which he took a dose daily during the whole of January. He returned on February 25th, and reported himself quite well. [Apparently his blindness remained].—A. Villers, *Arch. f. Hom.*, Sept., 1893.

Calcarea Carbonica.—Dr. Hawkes relates a case diagnosed by good authority as tubercle of the urinary tract (the patient was a boy of 5), in which entire recovery took place under calc. carb. 6, continued for some months.—*Monthly Hom. Review*, June.

Calcarea Iodata in Uterine Fibroids.—Dr. E. A. Sears communicates another case illustrating the reducing power of iodide of lime over uterine fibroids. The menorrhagia had made the patient quite anæmic. Ten grains were dissolved in a pint of water, and a teaspoonful was given after each meal. When last seen she had lost all anæmic look, had gained flesh, and was bright and cheerful. The periods had become quite natural, though the tumour had not perceptibly diminished in size.—*Hom. Jour. of Obstetrics, &c.*, March.

Calcarea Phosphorica in Congenital Amblyopia.—Dr. J. A. Campbell, of St. Louis, describes a form of visual trouble without any definite pathology, but associated with other evidences of defective development and nutrition, which he calls congenital amblyopia. For this he finds calcarea phosphorica, persevered in for months and years, an invaluable medicine.—*Amer. Homœopathist*, Oct. 16.

Carbo Vegetabilis.—Dr. Hawkes corroborates, by a striking case, Dr. Pullar's recommendation[1] of carbo vegetabilis in adynamic bronchitis.—*Monthly Hom. Rev.*, June.

Causticum.—The chemistry of this preparation has been further[2] discussed in the *Société Francaise d'Homœopathie*. M. Georges Weber has had the product obtained from his laboratory submitted to spectral analysis, with negative results as regards both potash and lime. A renewed investigation has been ordered. —*Revue Hom. Francaise*, Oct.

Ceanothus.—A headache of several weeks' standing, increasing in severity, was found to be connected with enlargement and tenderness of spleen ; whereupon ceanothus was given, five drops (presumably of the tincture) every four hours. The patient reported that the medicine had promptly and entirely removed all symptoms, those of the head yielding first. It was noteworthy that the patient's hands trembled continuously each day from nine a.m. till after dinner, and that Dr. Burnett has found the drug cause great nervous excitement, so that one day at dinner the patient could scarcely hold her knife and fork.—*Hahn. Monthly*, October.

Conium in Pertussis.—Dr. Martiny, saying (as others have said) that each epidemic of whooping cough has its own special remedy, mentions one where, the ordinary medicines failing, he lighted upon conium, which "cured all cases as by enchantment." Since then, however, he has never succeeded with it.—*Revue Hom. Belge*, October.

Digitalis.—A patient who had for two months been taking "as much of the fluid extract of digitalis as she could bear," came under treatment with body and limbs cool, and bathed in perspiration; heart's action very feeble, and only 48 in the minute; great dyspnœa; almost complete amaurosis; intense

[1] See vol. i., p. 277. [2] See vol. i., p. 375.

and persistent bilious vomiting, unaffected by food, and a passive metrorrhagia, which had lasted for weeks. The peritoneal cavity was filled with fluid, and the hearing was greatly impaired.—*Hahn. Monthly*, Nov., p. 365.

Galium Verum.—Dr. Daudel, in an article on empirical remedies, refers to the repute which this herb—the "caille-lait" of French nomenclature—enjoys among the common people as a remedy for "fits,"[1] and relates a case of congenital epilepsy, in a child of 2, apparently cured by its 6th dil.—*Revue Hom. Francaise*, Oct.

Gelsemium in Vertigo.—A case of essential vertigo, of three years' standing, is reported by Dr. Scott Hill. There was marked aggravation from looking up or rising quickly from a stooping posture. As the patient, a man of 60, was a great smoker, tobacco was proscribed; but after three weeks' abstinence he reported no improvement. Gelsemium 2 was then prescribed. Improvement was felt after taking the medicine a few days, and in three weeks he was entirely free from his trouble.—*N. Am. Journ. of Hom.*, Oct., p. 674.

Gelsemium. — In a certain patient five drop doses of the tincture invariably produced giddiness, headache, and heaviness of lids, followed by almost total loss of vision. At one time the accommodation failed first, while at another the loss of sensibility to retinal impressions seemed to precede that of adjustment. In forty minutes after the five drops were taken vision was reduced to 3—200, and could not be improved by lenses. This diminution continued 5—15 minutes, and normal vision did not return till 1½—2 hours had passed. No ophthalmoscopic changes were observed.—*Ibid.*, Nov., p. 712.

Glonoin.—"About 10 a.m., while in good health, not accustomed to fainting turns, I took one 5 grain powder of glonoin 6x. Instantly felt a wonderful expansion of the pharynx laterally and upward, with sense of enlargement of brain and a bursting headache. There was then a sensation as of an explosion of the brain throwing the fractured skull upwards. The symptoms gradually abated, though I had no appetite for lunch, and felt depressed and weak all the afternoon. About 5 p.m. I suddenly became faint, and had to be hurried into the open air, which revived me.

[1] See *Brit. Journ. of Hom.*, xxi. 451.

My heart's action was feeble, almost imperceptible."—Julia Chapin Jump, M.D., in *N. Am. Journ. of Hom.*, Nov., p. 736.

Graphites in Eczema of Nose.—Dr. F. Derch relates an experience of his own with this troublesome complaint, in which, after trying many remedies, and among them graphites in the 6th Hahnemannian dilution, he was finally cured by the last-named drug in the 200th of Jenichen, repeated four times daily.—*Revue Hom. Belge*, Sept.

Guaiacum in Sore Throat.—Dr. H. F. Ivins endorses Dr. Goodno's strong recommendation of this remedy in ordinary pharyngitis such as occurs from catching cold. He is guided to it by a redness less bright than that of belladonna, and a smarting and burning sensation. The follicles are much involved. He gives the 2x or 3x dil. "When given early and repeatedly, it acts promptly, and in a large number of cases has cut short acute pharyngitis in patients who are accustomed to have long sieges from similar beginnings."—*Hahn. Monthly*, Aug., p. 545.

Guaræa.—Mr. R. K. Ghosh sends from India some experience corroborative of the value of guaræa in chemosis, and suggestive of its applicability in the treatment of pterygium.—*Hom. Recorder*, Oct.

Kali Chloricum.—Dr. Kirkland reports a fatal case of poisoning of a child by eating chlorate of potash tablets. Dark livor of the face during life, and chocolate colour of the internal organs *post-mortem*, were observed; the blood was thicker than normal, uncoagulated, and stuck to the fingers like tar.—*N. Engl. Med. Gazette*, Oct. [Dr. Kirkland writes: "H. C. Wood in his 'Materia Medica and Toxicology,' quoting Dr. Felix Marchand, speaks of this peculiar degeneration of the blood in poisoning by chlorate of potash. I find no other work that mentions it." If Dr. Kirkland will consult the 'Cyclopædia of Drug Pathogenesy,' vols. iii. and iv., he will find Marchand's observations in full, as well as several other cases illustrating the same toxic action. —Ed.]

Kali Iodatum.—Another warning against the prevalent abuse of this drug comes from Dr. Finger. He has found it aggravate cerebral syphilis and cause fresh hæmorrhage in chorio-retinitis syphilitica. He deprecates therefore its employment in cases where congestion within the skull can do harm.—*N. Am. Journ. of Hom.*, Oct., p. 681.

Kali Iodatum.—The *Hom. Recorder* for November quotes from "one of its exchanges" (title not given) a case in which enlargement of liver to a hand's breadth below the ribs, with pain and tenderness, followed on the free use of iodide of potassium for cutaneous syphilis.

Kali Manganicum in Diphtheria.—Dr. Heysinger, of Philadelphia, has re-introduced the permanganate of potash as an antidiphtheritic. [It was much employed in this capacity after Dr. H. C. Allen's proving of it, which appeared in 1866, but seemed hardly to answer expectations.—Ed.] Dr. Heysinger regards it as an "infallible specific" if given in an early stage. He gives about gr. $\frac{1}{24}$ every hour or two. "Acting upon his suggestions," it is said, "a number of physicians have used it with very gratifying results."—*Hahn. Monthly*, Aug., p. 546.

Lachesis.—Dr. W. E. Spencer relates a cure of an obstinate trigeminal neuralgia with lachesis, given on the one indication that the patient was worse after sleeping. [He says he used the 6x trit., but does not tell us how he obtained this preparation.—Ed.]

Magnesia Phosphorica.—The value of this constituent of Schüssler's therapeutic series as a "pain killer" is receiving endorsement from many quarters. Dr. C. W. Butler, in the *Minneapolis Hom. Magazine* for Oct., illustrates its use in facial neuralgia; Mr. Kenny, V.S., in the *Hom. Recorder* for the same month shows what it can do in colic occurring in a dog, where morphia had proved utterly useless; and in the *Hom. Journal of Obstetrics, &c.*, a dysmenorrhœa of thirty years' standing was reduced to insignificance by it in the hands of Dr. Whittier. In the first case it was given in one of Dr. Fincke's high potencies, in the second and third in the 2x trit.

Morphia.—Dr. Macfarlane mentions a case in which the sulphate, given in the 6x every hour for two weeks, produced from the third day violent pain through the eyeballs and dimness of sight—type becoming blurred at ordinary visual distance. Pupils were unaffected; throat was dry and parched, with husky voice; and there was nausea and frontal fulness.—*Hom. Physician*, July.

Passower has observed that the chronic abuse of morphia leads to atrophy of the genitals. Two patients came under his

care for amenorrhœa from this cause. The periods returned while the drug was omitted, but ceased again after they left off treatment. The depth of the uterus diminished from 8 cm. to 5 cm.—*Hahn. Monthly*, Nov., p. 762.

Onosmodium.—In a study of this new remedy by Dr. Yingling, much stress is laid on the primary diminution of sexual desire in both its male and its female provers. As a result "the remedy holds within its grasp the power to restore peace to the disrupted family, and to prevent the truant husband seeking the sweets of 'stolen waters,' by restoring the wife to the enjoyable performance of her wifely functions, and thus gratifying the dissatisfied husband." He mentions a case in which, when the drug was given for dryness of nose and throat, "the diminutive, almost absent, breasts were restored to their pristine glory, and resulted in the displacement of the cotton batting pads to the exceeding joy and delight of the proud woman."—*Hom. Physician*, July.

Pilocarpine.—In a paper in the *Medical Century* for September, Dr. James Wood well illustrates the two legitimate uses of drugs—to excite their physiological effects when these are necessary, and to neutralise similar conditions when occurring idiopathically. Called to a case of puerperal uræmia with convulsions, he injected gr. $\frac{1}{6}$ of pilocarpine to induce sweating, with the best results. Passing from the house of this patient to the bedside of a woman three months pregnant, he found her suffering from a salivation as profuse as that induced in the previous case by the drug administered. Taking one of the gr. $\frac{1}{6}$ tablets he had there used for injection, he dissolved it in half a glass of water, and ordered a tea-spoonful to be taken every two hours. The response to the medication was equally prompt and gratifying.

In the No. for November, Dr. Curtis communicates a similar experience with the 3x trituration of jaborandi. In all cases nausea and vomiting accompanied the pityalism.

Pulsatilla in mal-presentations.—Dr. J. S. Ayres relates two cases in which the power of pulsatilla to correct mal-presentations seems demonstrated. In one, in the last month of gestation the fœtal head was found tightly pressed up against the lower ribs of the right side. Pulsatilla 6 was given every 2 or 3 hours; and the head could be distinctly traced as it dropped down the

side some inches each day until the proper position was reached. Labour came on, the head presenting, fourteen days later. In the other, at the same epoch, the head was found occupying the left iliac fossa, the body lying directly across the abdomen. Under pulsatilla 6, this position slowly altered and the distress which the fœtal movements had hitherto given was relieved; when labour came on the head presented and all was normal.—*Hom. Journal of Obstetrics, &c.*, March.

Quinine in Deafness.—A case is related in the *N. Engl. Med. Gazette* for November, in which, after cinchonism had been induced in a case of traumatic ophthalmitis, a deafness (absolute) of the right ear of eight years' standing (the patient's age was 62) gave way, and good hearing was restored.

Sarracenia and Variola.—In a discussion on prophylactics, Dr. Martiny expresses his continued reliance on sarracenia as playing the same part towards small-pox as belladonna plays towards scarlet fever. He gives the 3rd dil.—*Revue Hom. Belge*, October.

Silicea.—Dr. Sorge has undertaken a re-proving of this drug, and reports his results in H. 3 and 4 of Bd. xii. of the *Zeitschrift des Berliner Vereines Hom. Aerzt.* He used a "spiritus silicatus" and the triturations, and several colleagues were associated with him in his task. The summary of results obtained may be read in the *Hahn. Monthly* for October; but the whole article should be translated.

Staphisagria in Caries of Teeth.—A girl of 20 had scarcely been free from toothache for two years. Teeth were black and decayed rapidly, they were sensitive to touch and painful, they also felt elongated. Staphisagria 3 every two hours gave immediate relief, and, continued five times a day for several weeks, arrested decay and gave permanent freedom from pain. The dentist she was in the habit of consulting remarked much greater hardness and healthy condition of teeth.—*N. Amer. Jour. of Hom.*, Sept., p. 609.

Strontium.—Dr. S. A. Jones relates, in his best manner, a case cured by this little-used medicine. Pain and lachrymation on using the eyes, with dancing and chromatic alterations[1] of the

[1] Dr. Jones points out an error in the rendering of the symptoms bearing on these in Allen's *Encyclopædia* (S. 46). Instead of "rings" we should read "borders," *i.e.*, of the objects looked at.

objects looked at, were the symptoms complained of, and the lids were granular. These, with their conditions and concomitants, were found faithfully reflected in the pathogenesis of strontium, and a speedy cure resulted from its administration (the dosage is not mentioned).—*Minneapolis Hom. Magazine*, October.

Theobromine.—This substance, the alkaloid of cocoa, and the active ingredient of the so-called "diuretin," has been experimented with by Dr. Sée. Given in cardiac dropsy in a dosage of 2—5 grammes *per diem*, diuresis, established from the second to the fifth day, soon became enormous, and drained away the anasarca and the serous effusions into the cavities of the body.—*L'Art Médical*, September.

Thlaspi Bursa Pastoris in Hæmoptysis.—Dr. Deschere records an obstinate case of this kind, of unaccountable origin, in which thlaspi finally triumphed, but had to be given in doses of 10 to 30 drops of the mother-tincture before it did so.—*N. Am. Journ. of Hom.*, Sept.

Thuja in Vaccinosis.—Dr. Kunkel, of Kiel, relates a number of cases of constitutional disorder, mainly in children, following upon vaccination, in which single doses of thuja 30—upon Wolf's plan—brought about great amelioration or cure.—*Hom. Recorder*, Sept., Nov. [The earlier cases are translated from the *Internationale Hom. Presse*, vol. ii.; the later from the *Allg. Hom. Zeitung* of Aug. 18, 1892.]

Viola Odorata.—Dr. Cooper continues his studies of "arborivital medicine"[1] with this drug. He states that if a single dose of the mother-tincture is given in a case of otorrhœa, when the discharge has ceased but the ulceration is unhealed, the effect is to cause an immediate flow from the ear with corresponding improvement in hearing, while if the ear be actively discharging, a contrary effect—a drying up—ensues. The viola patient, he says, is dark-haired; and the symptoms are strongly localised about the ear and the orbital and supra-orbital regions.—*Hahn. Monthly*, Sept.

Zincum.—This metal, in the form of sulphate, is described by Dr. Macfarlane as "the most remarkable remedy in curing nearly every variety of inflammation of the cornea, both acute and chronic. Its action is often immediate and permanent."—*Hom. Physician*, July.

[1] See vol. i., p. 275.

Zincum in Hydrocephaloid.—Dr. G. F. Forbes relates two cases of this condition following on cholera infantum, where, after belladonna, zincum 3x was of the utmost service in promoting recovery.—*N. Engl. Med. Gazette*, Sept.

THERAPEUTICS.

Alopecia Areata.—In an article on the treatment of this affection, Dr. Tessier cites two cases of its cure by the local application of Fowler's solution.—*L'Art Médical*, Nov.

Cirrhosis of Liver.—In the hypertrophic form of this disease small doses of calomel (0.05 gr. six times daily for three days in each week), seem capable of doing great things.—*Monthly Hom. Review*, Aug., p. 490.

Eczema.—In an article on the treatment of this disease, Dr. Tessier mentions a cure by carbolic acid 6 of a dry generalised eruption which in the face had caused ectropion. This yielded, with the cutaneous affection, in three weeks. Dr. Noack had a similar experience in a hypertrophic case with eversion of the lower lip: here the 3rd trituration was used. Dr. Imbert de la Touche cured a diffused eruption of twelve years' standing in four weeks with the same drug, dose not mentioned. Dr. Tessier has seen arsenicum 30 cure eczemas treated without success by Fowler's solution.—*L'Art Médical*, Sept.

Enteritis Membranosa.—Dr. Julia Haywood relates five cases of this disease. One terminated fatally from cancer of stomach, having made great improvement for a time under arsenicum and hydrastis. Another patient had as her fundamental disease pulmonary tuberculosis. Two were cured by medicine, one having iodide of mercury (with flushing of the colon), the other kali bichromicum. In a fifth case the membranous diarrhœa seemed dependent upon the presence of an intestinal parasite, which also disturbed the brain almost to insanity.—*Hahn. Monthly*, Sept.

Headache in Children.—The essay on this subject which Mr. Gerard Smith contributed to the proceedings of the Chicago Congress appears in the *Hom. Journal of Obstetrics, &c.* for September. He makes a point of the apparently hyperæmic headaches of these subjects being really anæmic; advises search

for phosphates in their urine (in one case so characterised helonias 6 proved curative); calls attention to the frequency of eye-strain as causing such headaches, especially when they simulate migraine; but when the latter occurs idiopathically, treats it with carbolic acid 12 and coffea 6.

Homœopathy in Affections of the Eyes.—Dr. Parenteau, our excellent Parisian oculist, publishes a lecture on this subject in *L'Art Médical* for August. Among other things he praises secale, causticum, magnesia carbonica, naphthaline, sulphur, conium, and natrum muriaticum in the treatment of cataract; gelsemium and causticum for incipient strabismus; and atropinum sulphuricum in glaucoma.

Influenza.—Dr. Gisevius relates his experience with influenza in the epidemics of 1889-90 and 1890-91. In the typical cases, aconite and bryonia were sufficient to bring about recovery, which was accompanied by bad-smelling sweats. If these continued, and convalescence lingered, china 1x was given with the best results. Belladonna, arsenicum, rhus and cupatorium were occasionally required for exceptional forms of the malady.—*Zeitschr. des Berl. Ver. Hom. Aerzt.*, Bd. xii., H. 2.

Lupus.—Dr. Oscar Hansen records a case of this disease, of the "exedens" type, in which complete recovery took place under arsenicum 3x and 2x and kali iodatum φ.—*Hom. World*, July.

Menière's Disease.—A case of this disorder, in which the giddy attacks occurred some dozen times a day, is reported by Dr. John Gay as cured by the salicylate of soda given in 3 grain doses, three times a day.—*Hom. World*, Nov.

Meningitis.—On November 25, 1892, I was called to see Elsbeth K——, aged 1¼. She is a small, delicate, but lively child. She was always well till she was vaccinated in May last, immediately after which she had severe conjunctivitis. The chemosis was so great that the cornea could not be seen. On forcing open the lids hot tears and muco-pus gushed out. May 28, she got apis 3 and merc. oxyd. rubr. 4, and cold compresses. On June 7, the conjunctivitis was completely gone. She next took whooping-cough, which was rather obstinate, the spasmodic stage lasting over three weeks. Following the vaccination she had swellings of cervical glands, eczema on the hairy scalp and face. Blepharitis remained after the cure of the conjunctivitis:

in short the child was extremely scrofulous. At my visit on November 25, I found the child with moderate fever, pulse 100-110, soft, occasionally dicrotic. For some days she had had no appetite and a certain amount of cough. On the right side of thorax posteriorly there were some râles, nothing else abnormal. I ordered ipec. 3 every two hours. During the following days the objective pulmonary symptoms declined, but she became apathetic and weak. Occasional vomiting. Temperature between 37.5° and 38.5°, pulse pretty strong, ranging from 90 to 140. She often cried out at night. After a few days the eruption on the head dried up. From December 1, she lay in bed unconscious, noticed nothing held before her eyes, she seemed to be deaf, and made purposeless motions by her hands. There was some difference in the pupils, which were insensible, and the pulse occasionally intermitted. I had begun giving her sulph. 6 and apis 3 alternately every two hours, also cold compresses to head and a cold pack to the body. This state lasted unchanged for six or seven days. The difference of pupils disappeared on the second day. The intermissions as also the rapid alternations in the rapidity of the pulse (from 90 to 160) continued. After a week the first slight symptoms of amelioration were observable; the child woke up for instants from her soporous state, and resented the daily examination. She began to notice objects and persons and endeavoured to lay hold of things. I now gave the medicines in the 30th dilution, but after four days returned to the former potencies as she seemed to be getting worse. The improvement now went on steadily, the intelligence returned, the hearing was the last thing to be restored. It was December 15 before she showed that she heard noises. She then began to sit up and play a little. The pulse became regular, she could soon stand holding on by something. By the end of December she could walk, by the middle of January she was quite well, and now (August) she remains so. The eczema returned now and then. During the first half of January I continued the apis and sulphur, later she had sulphur and calcarea carb. 30.—Kröner, *Zeitsch. des Berliner Ver. Hom. Aerzt.*, xii., pt. 5.

Meningitis, Tubercular.—A case of apparent cure of this disease by belladonna and stramonium is reported by Dr. Gutteridge, of London. The genuineness of the diagnosis seems borne out by the fact that the little patient (aged 3) was left for a time blind, deaf, and perfectly dumb; while the efficacy

of the remedies was proved by their being changed for two days, when the patient retrograded decidedly.—*Hom. Recorder*, Sept.

Osteo-Malacia.—A number of cases of this disease have been reported as recovering after removal of the ovaries. In one instance, however, Porro's operation was performed and the ovaries not removed, yet the result was the same. It was then suggested that the good results might be due to the chloroform administered rather than to the operation performed, this substance proving fatal to the organisms on which the disease is supposed to depend. In support of this view, a case of spaying is recorded in an osteo-malacic subject in which, ether being given as the anæsthetic instead of chloroform, no benefit to the disease resulted.—*Hahn. Monthly*, Aug., p. 567.

Syphilis.—In the treatment of venereal and cutaneous diseases, Dr. Oscar Hansen pronounces emphatically in favour of the lower potencies. "Formerly," he writes, "I treated these diseases with higher dilutions, but either no improvement occurred, or the improvement was so exceedingly slow that the patients left the treatment. It was only when I constantly used lower dilutions and triturations that I had my eyes opened to how much homœopathy does in these cases, and how far superior it is to allopathy."—*Hom. World*, Aug.

Taste in Mouth, Bad.—The late Dr. Kafka relates several cures of this unpleasant symptom. In the first, the taste was musty or mouldy, and occurred whenever the patient coughed; ledum was its remedy. In the second there were the same phenomena, but the breath smelt mouldy, and the sputa had the same odour and taste; here borax cured. A third patient had taste as of rotten eggs when coughing; hepar did nothing, but sepia cured. In a fourth, the taste of the sputa was sweetish; this was corrected by phosphorus; with which remedy, or with pulsatilla, Dr. Kafka says we may generally remove salt taste of the expectoration.—*Hom. Recorder*, Nov.

Tumour of Abdomen.—A girl, aged 19, had been ailing for two years, and during all that time had swelling of the left inguinal gland. The physician she consulted before me disgusted her by assigning her malady to syphilitic symptoms, for which she knew there was no cause, so she left him and came to me. I ascertained that her illness came on after great bodily exertion, and her sensations reminded her of what she had suffered nine

years previously from a kick she had received in her abdomen. I found a hard spindle-shaped swelling on the left side of the abdomen, which I diagnosed to be an encysted suppuration which had become transformed by lapse of time. Her sexual organs were free from disease. I prescribed silica 30, which she took for twenty-one days. This caused a diminution of the inguinal gland from 3 to 1 centimetres. The swelling in the abdomen had so much decreased that I had great difficulty in finding traces of it. In all respects the girl remained well, but in spite of further treatment the swelling of the inguinal gland remained unaltered.—Villers, *Arch. f. Hom.*, Sept.

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"THE ARRANGEMENT OF THE MATERIA MEDICA."[1]

BY W. THEOPHILUS ORD, M.R.C.S.ENG., L.R.C.P.LOND.,
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When our Honorary Secretary favoured me with an invitation to read a paper on *materia medica* before you to-night I accepted with some diffidence, as it seemed to savour of presumption for one but lately elected a member of the British Homœopathic Society, to choose for his first paper a subject to which many of you have given years of attention.

No ambitious desire of improving our *materia medica* has induced me to prepare this communication, but rather the hope of raising a discussion as to what method of arranging its material is the most useful in daily practice, and to lay before you the result of a practical enquiry into the matter.

Drug selection, according to the law of similars, is based upon the facts contained in Hahnemann's "Materia Medica

[1] Read before the Society, February 1, 1894.

Pura " and the "Cyclopædia of Drug Pathogenesy." In the absence of a reliable translation of the "Chronic Diseases," these two works, supplemented by the repertory, amply suffice us in searching for the simile to a patient's condition. But, besides the possession of these books, the ability to use them, and the skill to diagnose our case, two other conditions must be fulfilled before our treatment can prove satisfactory to either patient or doctor. These are that his disease is removable by drugs, and that we successfully complete the search for a remedy. The first condition we unfortunately cannot modify, but success in meeting the second is chiefly dependent upon the time we have at our disposal.

It is a regrettable but well-known fact, probably more or less within the experience of each member present, that we sometimes fail in selecting the appropriate simile for a case, through lack of time in which to conscientiously carry out the search. Surely it is a matter of urgent importance for the successful practice of homœopathy, and even for the future of scientific medicine, that we should reduce to a minimum, by every means in our power, this unfortunate delay that now impedes the tracing of symptoms in the repertory and *materia medica*? More especially is this of consequence to the younger converts to homœopathy, with whom the time that must be devoted to this object becomes a serious hindrance to successful prescribing, and leads both to discouragement in practice and to the encouragement of empiricism. It also brings about a habit of relying upon prescriber's hand-books, therapeutic keys, and clinical guides, which, though sometimes convenient for suggesting a remedy, are dangerously productive of lazy habits, and of a neglect of the ever necessary study of our *materia medica*. Practice made easy from such sources is surely empiricism, and that, too, of a worse kind than our fellow practitioners of the old school have attained, for it reduces one to the level of a layman, or mere prescribing machine, and always fails in any case that, being a little out of the beaten track, requires true homœopathic treatment. Such practice, I am sure you feel with me, is altogether unworthy of those who profess to

follow the only scientific system of therapeutics that has yet been made known.

These matters daily assume increasing importance, as we see the truth of Hahnemann's law spreading actively around us, in spite of but little diminished opposition. Many members of our profession are now throwing off the chains of old school prejudices, and honestly proclaiming the fact by joining our Society. In 1892 no fewer than 65 new members were admitted. The cry is, "Still they come!" It behoves us then each to assist and encourage one another in practising according to the truths we have lately embraced, remembering the responsibility that devolves upon us, and that the future of Homœopathy in England will certainly be affected by the fidelity with which the recently elected members of this Society practise its tenets and adhere to its principles.

Having thus indicated the importance of the matter, let us next proceed to enquire what are the causes that delay us in searching for the homœopathic specific in repertory and *materia medica*, and also whether there are any means by which this expenditure of time can be prevented. The first and great reason that presents itself to our notice is the enormous increase in the number of useful drugs that have been discovered since Hahnemann's day. In 1878, Dr. Lilienthal, in the preface to the first edition of his valuable book of "Therapeutics," a work undertaken to assist practitioners in this very difficulty, wrote: "There is a just and continual outcry against the impossibility of mastering our ever-increasing *materia medica*, and many physicians are in the habit of making their own repertories in order to facilitate the selection of the simile." The sixteen years of therapeutical activity that have passed since these words were written have not lessened their importance, but all the more suggest the necessity of adopting methods of arrangement of the *materia medica* which were not needed by the earlier homœopaths.

The second cause of this delay occurs in searching the repertory. Fortunately this need not be considered, as the index, which we are gratefully expecting from the able hands

of Dr. Hughes, we trust will enable the use of repertories to be dispensed with. The remaining reason is the one that more immediately concerns us to-night, namely: the arrangement of the material at our disposal in the two works to which I have referred. It is this arrangement that so hampers the busy practitioner in obtaining from it the help he often needs in prescribing.

I know it is denied by some whose opinion is of very great value, that any alteration in this respect is necessary or desirable. But the standpoint from which those consider this question, who for many years have studied and practised homœopathy, is not that from which I approach it. It is easy to understand that for any who are fortified by years of practical experience no other arrangements need exist. But to others who, but recently convinced of the truth of the law of similars, are yet obliged by circumstances to continue in practice, and for the same reason are unable to devote two or three years entirely to the study of the *materia medica*, the need is a very real and a pressing one. I would ask our valued seniors in homœopathy to mentally divest themselves for a moment of their cloak of knowledge and experience, and to consider the matter from the position of those who are striving after that to which they have already attained.

From this point of view the arrangement of the provings, poisonings, physiological experiments and pathology contained in the "Materia Medica Pura" and the Cyclopædia is a matter of vital importance. Here we have the material out of which the edifice of scientific medicine is gradually being constructed, each of us doing a share of the work. We may compare this to the stones, bricks, timber and iron, by the skilful adjustment and disposition of which the purpose and object of our building can alone be satisfactorily attained. There can be no single arrangement of the *materia medica* that will prove the best for all purposes, any more than we can construct an edifice that under one roof shall conveniently combine the requisites of a barn and of a palace. We consequently find several methods of arrangement in use, each workable and necessary in its proper place. There are the narratives in the Cyclopædia, the schema of Hahnemann and

his imitators, and the clinical or therapeutic forms with their many modifications. Each of these has a sphere and use proper to itself, any deviation from which, or attempt to substitute one for the purposes of another, leads to confusion and waste of time. No one of them, I may add, has proved to be reliable for rapid reference in busy moments. The most scientifically perfect arrangement is probably a combination of all three, such as that adopted by the able writers of the monographs "Kali Bichromicum," "Crotalus," and "Aconitum" in the "Materia Medica, Physiological and Applied." But even were that great work completed, admirable for the cause of homœopathy as that would be, it could not diminish the need for a smaller reference book in the frequently occurring emergencies of busy practice.

The preservation of the original narratives of provers is of inestimable value, and all should be retained in the archives of homœopathy, as well as for careful perusal and study at our leisure; this no earnest student can afford to neglect. But on attempting to utilise the Cyclopædia for ready reference we are confronted by the fact that even the best provings describe trivial details and sensations, often imaginary, that are a positive hindrance to the elucidation of truly curative material, and to the tracing of symptoms. Indeed, no one can aver that unless he have abundance of time at his disposal to compare provings and eliminate the unreliable matter, the Cyclopædia alone can be relied upon to guide the busy practitioner in his selection of the simile. For this purpose a different arrangement is advisable. What should we think of a mason, who, requiring a stone of a certain size and shape for his building, goes to the quarry to blast the rock instead of to the builder's yard where ready-trimmed stones of all sizes are at his disposal? In spite of many and great advantages the narrative form of preserving provings undoubtedly displays its weakness if we resort to it for tracing symptoms when time is precious.

Hahnemann was well aware of this, and in place of narratives left us his schema, which the experience of over half a century has proved to be the best arrangement that could be devised, when drugs and provings were compara-

tively few. Now, however, it is generally agreed that the form is inadequate for modern purposes, and that the material in the Cyclopædia, if arranged as a Hahnemannian schema, would prove of little additional benefit to the practitioner in the routine of daily practice.

Nevertheless, any arrangement of the *materia medica* designed to minimise the time spent in searching for the homœopathic specific, must inevitably assume the form of a schema. No other plan can present the leading or characteristic features of drug action so clearly that a glance commands them. From the days of Hahnemann downwards nearly every writer of repute on homœopathy has approved the schema form, and many have adopted it in their works; it can therefore need no defence from me. But I am mindful of the fact that one, to whose indefatigable labours in the cause of homœopathy we owe the Cyclopædia itself, strongly deprecates any interference with the narrative provings. In addition, therefore, to pointing out, as I have endeavoured to do, the vastly different attitudes from which seniors and juniors in the practice of homœopathy respectively approach this question, let us examine into the reasons of the undeniable utility and popularity of the schema form for reference purposes, and see whether this rests upon any practical basis which may justify such a preference—a point which, I think, has hitherto somewhat escaped attention.

With this object in view let me ask you to consider for a moment the mental picture of some patient's symptomatology, such as is more or less consciously formed in our minds as we investigate a case. This mental picture it is which constitutes our working intellectual conception of the pathological condition we are considering, and has to guide us in diagnosis, as well as lead to the correct choice of a remedy. Our minds do not retain this picture in the narrative or disjointed form in which questions and examination elicited it. On the contrary, as we obtain them, the various symptoms are arranged, unconsciously perhaps, in a definite order in the brain. Do we not, as it were, examine head symptoms in one set of cerebral cells, employ other cells for chest symptoms, and consider general

symptoms in a third? If our mind be an orderly one, will not each group of symptoms be stowed away in what I may call its appropriate mental pigeon-hole? In other words, we may be said to form a mental schema of the pathological condition. And conversely, the pictures of drug provings that our memories recall to compare with the symptoms of disease, are also brought to mind in similar schema form; so much so, that we may be said, in determining the proper remedy, to superimpose one mental picture upon the other, in order to see whether at all points they coincide.

This rough description of the train of thought which I think we must usually employ in prescribing for a patient, gives one reason for the advantage derived from the use of a similar arrangement (or *schema*) of drug provings. For the simplicity of this intellectual process depends upon the similarity of arrangement of the two pictures in our minds, and gives a cogent reason for presenting the *materia medica* in that form which most easily coincides with our thoughts. In a word, the schema is best for convenient reference because it readily adapts itself to the mental processes involved in prescribing homœopathically.

There is another equally important argument in favour of the schema, to which I have already referred. It is the impossibility of any single narrative proving giving more than an incomplete outline of drug-action. Neither can we tell beforehand, on referring to the Cyclopædia, that any particular narrative chance may lead us to select for examination, will give the information we require, or reward our search for a simile. Hence the need for time and leisure to read several examples of poisoning and proving, select the most reliable and necessary matter, and, comparing it with records of physiological experiment and pathology, to so obtain a more or less accurate picture of the drug-action. In this process again an orderly mental conception must take place, and perhaps unconsciously the same cerebral cells and mental pigeon-holes arrange the material into that readily assimilated form in which it is retained by our memories. We have, in fact, to mentally digest and schematise the narratives of the Cyclopædia before we can employ them for comparing details

of drug-action with a patient's symptoms. If this be so, can anyone doubt the enormous practical advantage of having an arrangement of the *materia medica* specially prepared for purposes of reference which will facilitate this mental process of comparison? Such a schema should be designed to coincide as far as possible, in the arrangement and disposition of its material, with the usual order and sequence of our thoughts; it should exhibit, in perspective as well as in detail, the entire pathogenetic action of a drug, and embody every fact that is likely to be of use in prescribing homœopathically.

Through the courtesy of our Honorary Secretary, I am able to present to each member a specimen page of an arrangement of the *materia medica*, designed in the hope that it may fulfil the conditions I have described. The plan explains itself, but I must briefly indicate the principle that has guided me in selecting the material, and in the adjustment of symptoms.

The schema of all the drugs in ordinary use contained in the "Materia Medica Pura," and nearly all the narratives found in the Cyclopædia, are combined together in the usual way. The omissions from the latter work are those given in small print, those of Lembke, and rarely one or two minor records if they contain only superfluous repetition. When the provings of a drug are scanty I have endeavoured to supply the deficiency and obtain corroborative symptoms from the records of poisonings, physiological experiment or pathology given in the Cyclopædia, and have incorporated these in the schema, with their source carefully indicated by a small letter (a capital "P") attached to each. In the case of polychrests and well proved drugs this is unnecessary, both from the abundance of the pathogenetic material supplied, and also since most of the Hahnemannian provings record observations obtained from the records of poisonings and old school authors then extant. To these drugs there will follow, after the schema, a *resumé* of any additional symptoms of value derived from the more recent cases of poisoning in the Cyclopædia.

As far as possible the material so obtained is presented in

its entirety, compression of language being avoided. More particularly with the Hahnemannian symptoms is it endeavoured to maintain a faithful and full transcription, and to avoid alteration of the forms of expression so carefully chosen in our excellent translation. This mass of symptoms is arranged under the different heads of the various organs affected in the usual manner. Compound symptoms are always presented whole, and with strict adherence to the prover's description of locality.

So far no fresh method of dealing with the *materia medica* has been suggested, but I have now to ask your kind attention to three new features.

In the first place I attach a small index letter to the last word of each symptom, which gives the key to its origin. Thus :—Every symptom from the "Materia Medica Pura" is distinguished by a little capital "H"; any derived from poisonings or physiological records in the Cyclopædia are followed by a little capital "P." The numbers belonging to the various provings in the Cyclopædia are represented by small italic letters, which correspond by their positions in the alphabet to the numeration of the prover whose symptoms each one distinguishes, thus :—"*a*" stands for proving No. 1, throughout the schema; "*b*" for No. 2; "*c*" for No. 3; and so on up to "*z*" for 26, should there be 26 provings of any particular drug to be dealt with. To symptoms common to several provings the same number of letters will be attached as there are provers who record the observation; thus the little letters "*c d h* H" following the last word of a symptom, would indicate that it occurs in the Cyclopædia provings numbered 3, 4, and 8 respectively, and also that it appears in the Hahnemannian schema. This method of indexing symptoms I first mentioned in an article on "Arnica" that appeared in the *Monthly Homœopathic Review* for last September; the two following features have not been described before, but are further developments, and (I hope) improvements on the plan of "Arnica."

All the symptoms thus carefully indexed are compared together, and every observation that is uncorroborated, not necessarily in words, but unmistakably in meaning, by the

HEAD.

Vertigo from sudden rushes of blood to the head, mental confusion and noises in ears; —*aco, bel, bry, gel, glo, pal.*

Vertigo:[H] on stooping as if all turned round in a circle, on assuming an erect position it went off each time, aft. 40 h.,–on walking in the open air, as if he would always fall to the L. and was intoxicated, which obliged him to go to bed, and for some time whilst lying in bed it returned on the slightest movement, aft. 43 h.,–when standing he is suddenly seized with v. which compels him to sit down.

Rush of blood:[H] to the head,–to the brain, aft. ¾ h.,–violent, in the head, on stooping, which goes off again on rising up, aft. 8 d. (a roaring and rushing in the head as if he were seated beside rushing water, aft. 15 d.)

Confusion of the head:[kH] in the morning on rising, great weight in the occiput,[H] –dazed feeling and pale worn look.[k]

Headache from the least mental effort with bruised pain in the brain and melancholia; —*ars, cha, chi, coc, ham, ign, lyc, nx-v, pho.*

Headache:[cH] as from commencing catarrh,[H] –aching, stupefying, as if excited by a strong wind, aft. 11 h.,[H]–one-sided, like digging, boring, pecking in the morning immediately after waking, increased by coughing and bending the head backwards,[H] –one-sided, sharp beating, hacking,[H] –anteriorly in the forehead and temples, deep in the brain, a very severe tearing, which is allayed in the open air.[H]

——— **from mental exertion:**[c] increasing from morning onwards, as if the brain were bruised, which by merely thinking and reading, but especially by continued talking and writing is increased to the extremest violence, so that the ideas become confused, and it is only by the greatest effort that anything connected can be spoken or written, but when he ceases to speak, reflect and write, the headache always departs, at 7 p.m. it spontaneously ceases entirely, aft. 6 h.[H]

——— **as if brain were bruised:**[H] worse by thinking and talking, –h. which is felt partly like bruised pain, partly in one portion of the brain, sometimes like a painful pressure, sometimes like a tearing, increases from morning onwards and goes off about 3 p.m., aft. 24 h.

Periostitis of cranial bones, with tearing pains, worse at night; —*mer, mez, phy, sil.*

Pains, tearing:[H] in the L. of the crown,–in the L. of the forehead. worse on movement,–cutting in the R. of the crown, aft. 17 d.

——— **of the bones:**[kH] on lying down the cranial bones are painful as if broken to pieces, so that it took away all his vital energy,[H] –p. in bones of skull soon passing off.[k] (Shooting on the frontal bone, like a slow drawing, aft. 6 h.[H])

Caries of tertiary syphilis; —*ni-x, k-hy, fl-x, sil.* Also syphilitic nodes in bones; —*k-bi, mez, nx-v, pho.*

Tearing:[H] aching from the R. of the occiput to the R. of the forehead, aft. 3 h.,–in the L. temple,–fine, in the R. of the crown, aft. 3 h.,–fine, in the forehead,–fine, from the R. of the occiput through the brain to the forehead, worse on movement, aft. 1 h.

——— **pressure:**[H] in the head, here and there, especially in the forehead, with giddy feeling,–in the L. of the crown, worse on movement,–in the R. of the occiput.

Pressure:[H] on the L. of the forehead, aft. 1¼ h.,–on and in the L. of the forehead externally and internally, aft. 10 h.,–on the L. temple, aft. 32 h.,–painful, in the temples.

Formative ostitis, and exostoses; —*k-bi, mr-c, fl-x*

Shooting in forehead, stitches, etc.: on the bone, like slow drawing,[H] –with burning and beating on L. every 3rd or 4th day, with nausea and vomiting of bile,[c] –a sharp stitch on the centre, where the hair begins,[H] –needle pricks on the forehead externally.[H]

Aching externally in the temples, worse if touched,[H]—small osseous tumour on R. of vertex with boring pains *per se.*, but worse if touched,[H]—a small osseous tumour on [illegible] of the forehead superiorly,[H]—his head is shaken sideways up [illegible] tinuous great burning in the occiput,[c]—continuous bur[illegible] ver whole head.[c]

experiences of any other prover, and does not appear in poisonings or physiological experiment, is treated as "not proven"; all such are collected together into a separate sub-paragraph of smaller print following the section to which they belong. This process of elimination leaves the remaining material arranged in groups each consisting of two or more similar and mutually corroborative symptoms, which may be taken as practically proven and reliable. This is a matter in which I have allowed myself reasonable license, being warned by the results obtained by the Baltimore Investigation Club in their arrangements of the drugs *cactus* and *gelsemium*, referred to by Dr. Hughes in his paper read before the Chicago Congress in May last. My object has not been to get rid of everything about which there could be any possibility of doubt, but rather to retain all that shows a reasonable probability of accuracy. For instance, supposing that, as often happens, three provers each described a tearing pain in the lower extremity from the action of a certain drug; but one referred the pain to his hip, the second to his knee, and the third vaguely to his leg; these would not be discarded as unreliable, but I should prefer to retain all three in a single group. The fact that each used a similar description of the kind of pain, and each referred it to the same part of the body, would surely be sufficient evidence to attest the reliability of the observations, and to establish them in a group headed "tearing pains in the lower extremity" as definite and probably curative actions of the drug in question. Even the uncorroborated symptoms have in many cases their value, which fresh investigations and any chance case of poisoning may establish, hence we cannot afford to discard them. On the other hand, these little paragraphs of smaller print I find very convenient for the respectable interment of such imaginary symptoms as some really useful provings are burdened with.

Each group tested as I have described, with the attendant conditions, concomitants and minor symptoms, forms a separate paragraph, and is headed by a word or sentence common to all or most of them, and best descriptive of the group. This is printed in thicker type, to form an indication or guid-

ing symptom to the collection of material which it adjoins. The obvious effect of such an arrangement is to enhance the salient features of each group, to emphasize their importance to the eye, and to render every symptom immediately accessible to even a hasty glance. For example, I will read out the words in thick type in the head symptoms of aurum metallicum as it is before you :—

In order from above downwards, we have, "Vertigo, rush of blood, confusion, headache, headache from mental exertion, headache as if brain were bruised, pains tearing," and "pains of the bones," &c. Does not this form a comprehensive and pretty complete *resumé* of the head symptoms of aurum, and should not a mere glimpse of this page reveal to us, by the words I have read, whether any train of head symptoms in our minds was covered by this drug or not? If it were, the same guiding words would tell us in which group to look for the probable conditions or concomitants, assisting us by their minuter detail to a more accurate correspondence in the symptoms. Nor need we stop here, for time permitting, the little index-letter attached will direct us to that narrative proving in the Cyclopædia which exhibits the closest parallelism to the symptoms of the case under consideration.

It will be seen that the index symptoms in dark type are chosen not only to indicate or cover the contents of each group, but also, when possible, to emphasize and guide to any condition or concomitant that may distinguish them.

The words "headache from mental exertion" are an instance of this. The lengthy Hahnemannian symptom which they adjoin does not employ the exact term, (though the fact is obvious that it emphasizes its meaning). This is shown by the absence of the index letter "H" to the phrase "headache from mental exertion," which has instead the little letter "*c*" attached; a reference to proving No. 3 in the Cyclopædia, under aurum metallicum, gives the source of the words "mental exertion makes head ache." This example will suffice to show the means employed to bring to the front characteristic and guiding symptoms—a method that, I venture to suggest, is a natural and proper one, since

it depends, not on any artificial or forced arrangement, but is the outcome of the frequency of their occurrence and similarity of the symptoms in the provings.

When all the symptoms in a group are Hahnemannian, this is indicated by the letter "H" being attached to the index sentence or word commencing the paragraph, which in the absence of other letters to individual symptoms will naturally be understood to cover the whole. The first group under "Vertigo" is an instance of this.

I need not occupy time by further examples. If my arrangement has the practical advantages we require they will be evident upon the face of it. The clinical guide on one side I think will be found useful in every day practice. It calls for no remark, except to explain that the analogous remedies, attached in little groups to its various sections, correspond to the general features of the drug action, and are given as having been found useful in similar pathological conditions,—they are not intended to correspond to all the symptoms of that portion of the schema which they happen to adjoin.

Following each drug will be found a brief account of *post-mortem* and physiological observations culled from the Cyclopædia, also a table of the usual order of sequence of symptoms, and a table of persistence of symptoms. Examples of these were given with my proving of *arnica*.

Such is a brief description of an attempted arrangement of the *materia medica*, designed to meet the needs of the busy practitioner, in the hope that it may prove a rapid and reliable source of reference in his search for the homœopathic specific. That it has many faults and is far from perfect I am well aware. If, in spite of this, it answers expectation in daily practice, I shall not regret the time spent in its preparation. At the best it is a compromise. Scientific accuracy can never be obtained in narratives or records of deviations from the normal in the infinitely complex mechanism of our bodies.

In conclusion, I would ask you to bear in mind that I bring up this subject not only as a proposer of new methods, but also as a performer. Some 20 drugs are

nearly completed in this arrangement, most of them being polychrests. I hope to finish a schema of one hundred of those in most frequent use, which will form a fair-sized volume of about 800 pages. If I am fortified by your approval, and encouraged by your commendation, health and strength being allotted me, I shall endeavour to cheerfully work on to the completion of the undertaking.

Dr. DUDGEON said that he had had a good deal of experience in the arrangement of the *materia medica*, and felt that homœopathy was greatly indebted to the author for the great trouble and labour he had bestowed upon his attempt to arrange the *materia medica* in a form which would be useful to the student and the practitioner. But he was afraid it would not do, because it did not seem to him to offer such superior advantages to the arrangement of Allen as to have a chance of superseding that work. The author had told them he had arranged twenty of the medicines, which would constitute one volume.

Dr. ORD said that one hundred would constitute one volume.

Dr. DUDGEON asked if the author knew how many hundred medicines there were in the *materia medica*. He was afraid it would be a very voluminous work. The author stated that he strictly preserved the schema form. There were different ways of viewing the schema form. In his idea, to be perfect, it should be purely anatomical or arranged geographically as it were, but in the specimen given by the author there was no attempt at that, the different parts of the head were mixed up in beautiful confusion and arranged under pains, chiefly "tearing pains in the left of the crown and the left of the forehead, the right of the crown, and in the bones and so on, then the right of the occiput to the right of the forehead." Why did not Dr. Ord arrange the head into its different parts, and put all the symptoms belonging to the forehead, for example, together, and not distribute them under pain, because pains were very uncertain symptoms—one patient would describe a pain as tearing, another would describe it as drawing, shooting or aching. They might have the pains widely separated from one another, although they referred to the same thing. That was very disadvantageous to the student. Then the author adopted a smaller form of print for symptoms which it seemed he considered were not of importance or which did not seem to be sufficiently characteristic of the medicine.

Dr. ORD: For those that are not corroborated.

Dr. DUDGEON said that with regard to ninety-nine symptoms out of a hundred it could not be said whether they were corroborated or not. Some of the symptoms which the author had put into small print appeared to be of a most important character —"small osseous tumour on the right of vertex, and a small osseous tumour on the left of the forehead superiorly"—would not those be considered most important and characteristic symptoms if they occurred in a proving? The author seemed to think them reliable, because in the side-note referring to the pathology on the therapeutics of the medicine he mentioned "syphilitic nodes in bones." He thought it should be in most conspicuous type. It was a very dangerous thing for an author to attempt to infer the pathology or the therapeutics from the symptoms. He thought it was better to let the student make his own inferences and deductions, because in practice it would most likely happen that a man would look down the side and see syphilitic nodes and decide to give the medicine mentioned, viz., aurum, and would not go further. That would rather distract him from the study of the *materia medica*. He should like the author to consider these points in the future arrangement of his work.

Dr. HUGHES said the author had shown a complete mastery of his subject. With regard to his project, it seemed to him it was only a development of the index to the "Cyclopædia of Drug Pathogenesy" which was now being prepared. His contention had always been that the schema should not be the primary form of the *materia medica*; that the use of the schema was for indexing purposes, and that the text must not be cut up into a schema so as to make it useful for reference, but a separate index must be supplied in a schematic form, leaving the provings and poisonings as they stood. He thought that the index should not be too detailed; in fact, that it should not be presented in such a full form as the specimen given by the author, because there was a temptation to rely upon it, and use that as the primary form of the *materia medica*, to learn the *materia medica* therein, and not go back to the original sources. Therefore he advocated that an index should be made, guiding the readers to the sources, and compelling reference thereto, so that they might learn the subject in all its connections. He differed from the author in his very ingenious argument as to the use of the schema, in which he represented that in taking their view of a case they unconsciously schematised it. They did in one sense; they did contemplate head symptoms, and abdominal symptoms and so on, but they did

not contemplate them as separate things having no connection one with another. They diligently enquired which came first, in order that they might learn what was primary, and what was secondary and sympathetic in the patient's case. If they used the schema alone they had no such guide in the *materia medica*; that was one of the chief reasons why he had laid so much stress on the importance of the continuous narrative. He was not quite sure, therefore, whether it would not do as much harm as good if Dr. Ord carried out his purpose of publishing a volume containing a hundred of the best known medicines, although it would be a valuable work in itself. He was afraid that students would be tempted by such an excellent schema of the *materia medica* to memorise, instead of reading, and getting properly into their minds, in an intelligent and connected way, the true effects of the drugs as presented in the narratives.

Mr. KNOX SHAW said that Dr. Ord had shown a considerable amount of courage in coming before the Society with any project for a *materia medica*, for one had only to be a regular attendant at any of the annual Homœopathic Congresses to know what a very vexed question the arrangement of the *materia medica* was, and how many of their veteran workers had their own pet schemes. They owed a debt of gratitude to the author for ventilating the subject and for putting the question more perhaps from the point of view of the student than of the teacher. He was not sufficiently learned in *materia medica* matters to be able to offer any serious criticism of such an admirable paper, but a letter had been sent him by Dr. Clifton, of Northampton, upon the subject, in which he complimented Dr. Ord on the specimen of the *materia medica* sent to the members, and yet he (Dr. Clifton) was not in favour of it on the ground that we as a body have more work on hand than our means permit of being carried out with any degree of rapidity, and that the work is very similar to Allen's hand-book and his primer, although in some respects different and better than these. Dr. Clifton would urge him to help on the "Materia Medica, Physiological and Applied," one of the best works on our side yet published. He thought, too, that we ought to wait to see what Dr. Hughes' "Index to the Cyclopædia" was like, or else the two works might clash.

Dr. NEATBY thought the more condensed they could get the matter the better it would be. There were very few of them who would, in studying up any individual case, think of referring to the Cyclopædia, valuable as it was to get a general idea of the

genius of a drug. By Dr. Ord's arrangement they could get all the leading symptoms in large type, and just a condensed idea of the power of the drug, and they could thus get a few suggestions from it even whilst the patient was present.

Mr. GERARD SMITH remarked that the senior homœopath, Dr. Sharp, had throughout his life supported the anatomical or regional method of tabulating drug action. Dr. Sharp's tracts on "Organopathy" were the chief means of his (Mr. Gerard Smith's) first comprehension of homœopathy; and had been as valuable to many others.

Dr. GALLEY BLACKLEY thought they had had quite enough of the schema form of arranging the *materia medica*, and needed now something that was pathological or physiological, which was practically the same thing. There were a great many medicines to which they did very great injustice in attempting to arrange them in a schema form. By starting, say, at the eyebrow, and going through the various regions of the body, it took hours before one could grasp the general effect of the majority, say, of the polychrests, but by going to the Cyclopædia and reading the drug provings in narrative form they found that one drug acted upon the blood, another drug upon the peripheral nerve-endings, and so on. He thought that just as there were a great many diseases which were general or diathetic, or blood- or nerve-diseases, or diseases produced by toxines, or by a thousand and one other things of a general and far-reaching character, so many medicines (indeed, he would go further, and say the majority of medicines) acted in like manner, and not upon isolated districts of the body, and the sooner they got the general idea of the *modus operandi* of drugs in their minds the better for the welfare of the patient. He thought that Dr. Ord's proposed arrangement had many grave faults, but the idea was a good one.

Dr. GOLDSBROUGH (in the chair) welcomed Dr. Ord's work as a step in the direction of helping the busy practitioner, particularly because the work dealt only with a certain number of the more commonly used medicines. They must all have the large works, such as the Cyclopædia and the Index, but they could not be used readily for every case, and Dr. Ord's was a ready work of reference for quick use which could be taken up at any time, and therefore he thought Dr. Ord's arrangement a good one, and one which should be supported. There was only one point of criticism he should like to offer, viz., why had Dr. Ord used the small letters to indicate numbers instead of using the numbers themselves?

Dr. ORD, in reply, said that it was impossible to touch upon

the many points of interest and importance that had been raised. He would first answer the chairman's question. The objection to using numbers was that when a symptom had been experienced by several provers it would be very confusing to see a long row of figures following it, whereas the italic letters did not take up so much room and more readily caught the eye. With regard to the anatomical arrangement, he had purposely not rigidly adhered to this, as his great desire was to obtain a plan that might be the most useful in general practice and he was not quite sure that rigid anatomical divisions of drugs were so, especially when they cut up the head or abdomen into all their different portions. In some drugs the rigidly anatomical method was the best, in others the conditions and concomitants were of greater importance, and n others again the description of the pains predominated. Where any of these points had been proved to be more important by the clinical experience of many observers, he had endeavoured to pick out that feature and exhibit in the larger type, so that it might readily catch the eye, as being presumably the most useful. He believed the symptoms in small print at the bottom of the specimen page were of importance, but with regard to those describing osseous tumours, they had been placed there because they were dubious. With regard to the suggestion that practitioners might find his arrangement so useful as to neglect the use of the *materia medica*, he thought it was rather a point in its favour than otherwise, because those who at present depended solely upon guide books might be weaned from them to a work of this description, which would be a step in the right direction. In conclusion, he thanked them most heartily for the courteous reception they had given his paper. He had received more encouragement than he had expected, and thought that they had been most lenient towards the faults contained in his proposed arrangement.

THE EARLY DIAGNOSIS OF SPINAL CURVATURE.[1]

BY GERARD SMITH, M.R.C.S.ENG.

As this is to be a short paper, I will dispense with introductory flourish, and explain that I am to speak of nothing new or original—a few elementary results of observation in

[1] Read before the Society, Dec. 7, 1893.

actual practice only; that I do not deal, except in a very cursory way, with caries of the spine; and that I cannot here speak of treatment.

By early diagnosis, I mean the prevention of actual osseous deformity; the definition of such deformity I will briefly mention further on. The responsibility of recognising the stages of spinal deviation preliminary to confirmed

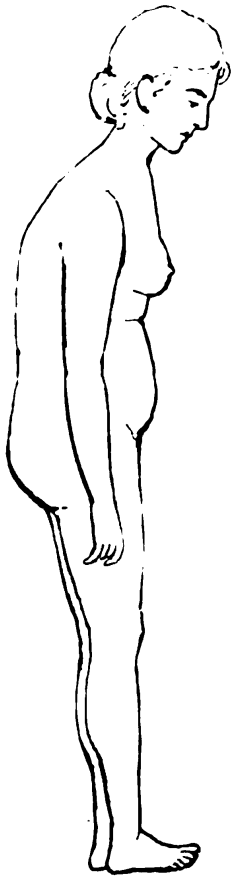

FIG. 1.

deformity, rests, as a general rule, with the family doctor; and, unfortunately, he seldom has fair treatment in the matter, because a mother does not notice the first symptoms herself. Until her child's "figure" is visibly at fault a mother does not often have her anxieties aroused.

The potential material for a case of spinal curvature exists, first of all, in the simple stooping patient; a growing

child, more often a girl, begins to be languid, pale, and anæmic, complains of what are called "growing pains," and gets into the habit of easing the aching muscles, which are the erector spinæ group, by letting the whole back go slack; if this mere general muscular atony be the only bad environment of the case, a stoop is produced; a thing very simple in itself, but really worth our while to attend to.

Fig. 1 is an outline sketch of such a patient, with all the bad features well displayed; the girl's faults of "figure" have usually been attacked by the mother, with corsets and shoulder straps; both of which, though they have their limited place in the orthopædics of the spine, are generally more hurtful than useful in these cases. The girl's waist has disappeared by the merging of the normal forward curve into the general "bowing," which carries the weight of the trunk so far forward, that balance in walking would be lost, if the patient did not instinctively recover equilibrium by the tilting upwards and thrusting forwards of the pelvis in front; the flattened loins, so visible from the slack lumbar spine, have added then the ugly protruding abdomen. On account both of the dropping of the thorax towards the pelvis, and upward tilting of the the pelvis just mentioned, the abdominal viscera are crowded, constipation and pelvic congestions caused; and I am not sure but that uterine deviation may be at least favoured by the total position. I am convinced that many aches and pains, vaguely uterine and ovarian in character, are relieved by curative treatment of the stoop; and I have been struck by the rapid relief of obstinate constipation, after the same treatment.

A still more serious matter is the diminished respiratory capacity in bad cases of this kind; these patients scarcely inflate the apices of the lungs at all (I believe that the apices, in spite of their apparent proximity to the bronchi, are the most distant in the matter of inflation; and more residual air is left in them than elsewhere in the lungs, in ordinary respiration); these are the parts first affected with tubercle, as a rule; and in stoopers we have to look carefully to this fact; patients predisposed to tubercle, if bad stoopers, are likely material for the disease to develop in.

Mr. Noble Smith has recently given some facts which prove how valuable certain movement exercises are for the arresting of phthisis in such cases.

But this simple antero-posterior yielding of the spine will not in all cases be the only weakness; sometimes quite early in the case, developing along with the stoop, and in other cases after the stoop has become well-marked, we find more

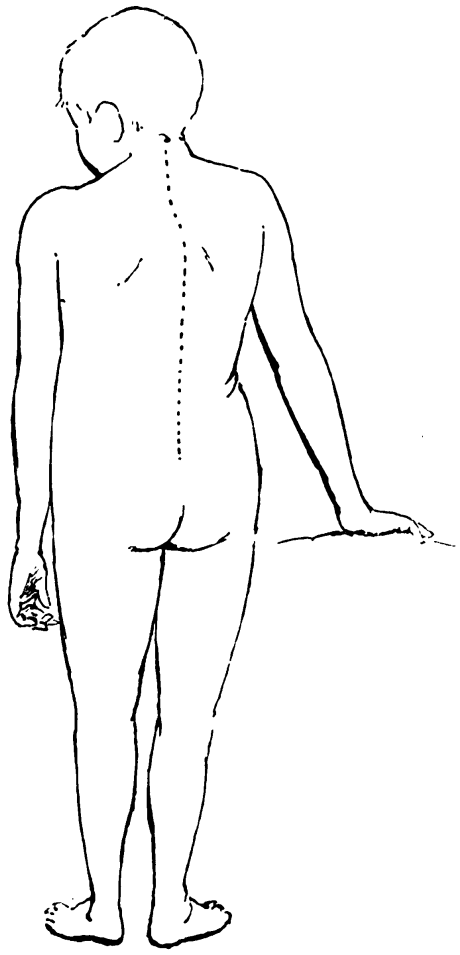

FIG. 2.

or less lateral curvature; there is no end to the vicious postural habits assumed for the sake of ease by these weakly patients. You, of course, are aware that there exists normally a very slight lateral and rotary tendency of the spine, and in weakly children this is increased to a perceptible extent; the habit of standing with the weight of the body unequally

placed on the legs, standing "at ease," as it is called, or faulty positions forced on children by wrongly constructed desks and seats at school, or by carrying undue weights (such as a baby) on one arm, may so exaggerate the lateral and rotary tendency, that we find ourselves within measurable distance of confirmed curvature, by which term I mean an abnormal position of the vertebræ, accompanied by such contraction of ligaments on the concave side of each curve, and relaxing of ligaments on the convex side, with enlargement of epiphyses on the convex side of each curve, that the deformity is such as cannot be removed by any voluntary effort of the patient.

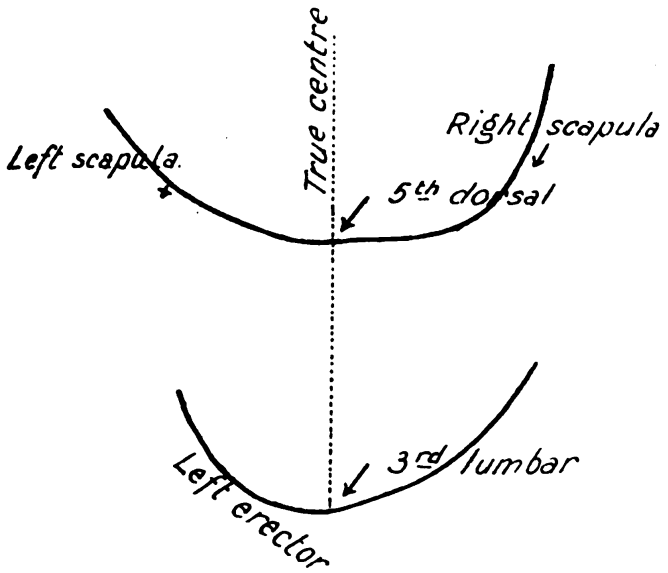

FIG. 3.

Fig. 2 is a sketch of a boy, aged 6; this is from a case in as early a stage of lateral and rotary curvature as you are likely to see pourtrayed anywhere; the spine leans to the right in the lumbar region; the loin and side of the trunk from which the spine is leaning are flat and smooth, whilst the opposite side shows creasing and folding; the dorsal vertebræ recover the spine again to the centre, by leaning slightly to the left; there is not, as yet, any perceptible difference of level between the shoulders, though the restituent dorsal curve would probably carry the right scapula above the left. A graphic record (fig. 3) of this case I now

put before you. A strip of tin, which goes by the name of "Mr. Bernard Roth's Scoliosiometer," is moulded over the ribs, which are uncovered, as far as possible, by folding the arms in front of the chest; the strip is placed on paper, held steady by pins, and a tracing taken, marks having been made on the metal at the true centre, and the spots where the vertebræ are found; the two spots chosen as typical for comparison are the spinous process of the fifth dorsal vertebra (which is opposite the body of the sixth vertebra, the spinous processes being here very oblique); the metal strip has here lain over the sixth rib, which crosses obliquely downwards under the spot where the tracing is taken, and the fifth rib only passes under it at the outer end, at the back of the axilla. Another tracing is taken over the third lumbar vertebra, and the two tracings show quite plainly that there is more deviation than can be at once seen by casual inspection, the lumbar spine crosses the tracing at the centre, but that in the dorsal region is to the right of the centre very slightly; what is more important is, that the erector spinæ on the left side is more prominent than on the right, in the lumbar tracing, and the ribs on the right more prominent than on the left, in the dorsal region; only one condition can produce such an effect, and that is, the carrying backwards of the transverse processes of the lumbar vertebræ on the left in the lumbar, and a similar carrying backward of the ribs on the right side in the dorsal region; this is the corkscrew deviation called rotatory, and it must be noted that the existence of this rotation tends to mask the true amount of the lateral curvature, because the concavities which would be visible are less so on account of the spinous processes being so turned as to fill them up; the bodies of the vertebræ really are more laterally placed than are the spinous processes.

The rotation of the vertebræ may be roughly estimated also by looking along the fore-shortened spine, with the patient in the position indicated (rather inadequately) in fig. 4. I do not like taking tracings for records in this position, as they do not give a true indication of the position of the spine when the patient stands up, and when the weight of the arms and head is superimposed.

The creasing of the side, due to the approach of the thorax to the pelvic crest, is found upon the side towards which the spine leans: in such an early stage as this case presents if the slope to the right were greater, so that the dorsal restituent curve were sharper, the crease would be evident on the left side higher up, and perhaps obliterated by comparison on the right.

The mechanism of the deviation, both lateral and rotary, is not difficult to indicate, if we consider the way in which

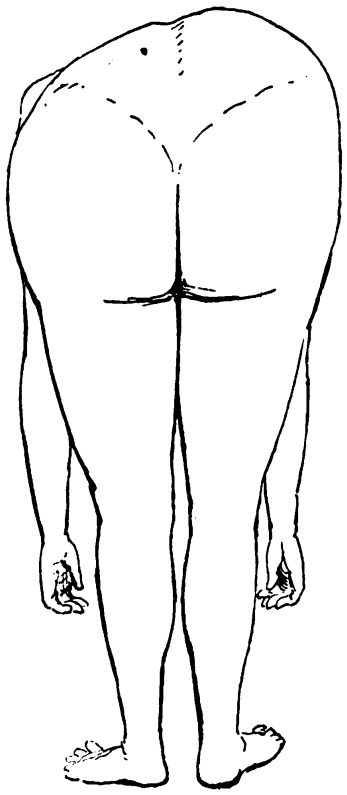

FIG. 4.

the bodies of the vertebræ are comparatively unattached to muscles, these lying chiefly in the grooves formed on each side by the spinous and transverse processes; symmetrical muscular action in these spinal muscles makes them simply erectors of the whole column, but one-sided pull makes the pulling mass of muscles a rotator of that part of the spine; the purely lateral fall of any part of a deviated spine is usually the result of a simple leaning towards the weaker

side, rather than that of over-action of the muscles towards which the spine falls; the rotation in each case is probably the result of muscular action simply; it is worth noting, also, that the rotation in each part of the spine is, like the lateral deviation, restituent with regard to the other part.

I do not assert that all cases of lateral leaning are due to simply postural habits, for, of course, you well know that

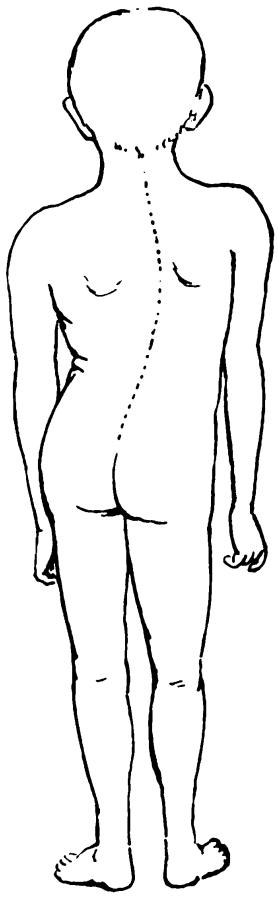

FIG. 5.

actual paralysis of groups of muscles from poliomyelitis is the cause in many cases, in which the fall of the spine is not towards the weak side, but in the opposite direction.

Fig. 5 is from an advanced case, in order to emphasise the lessons of the less serious one; this is a boy with a congenitally short leg—a defect which absolutely necessitates spinal curvature, if balance is to be retained in standing.

The well known landmarks are here well seen on the side of the longer leg, the left in this case; the fold between the buttock and thigh is higher than on the right, as is also the skin fold behind the politeal space, whilst the cleft between the buttocks is out of the normal vertical position; the spines of the ilia also are, of course, out of level. In much slighter cases than this one, these marks are of value, as correcting,

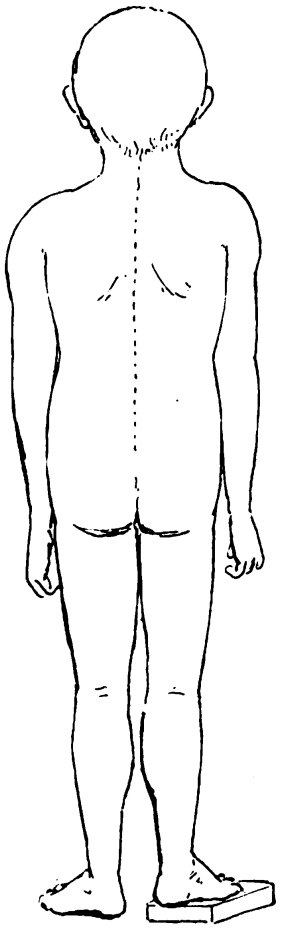

FIG. 6.

or even replacing, the evidence of the measuring tape; obliquity of the pelvis is one of the first points to examine for in lateral curvature.

Obviously, the tilting of the lumbar spine away from the high side of the pelvis could not be continued in the dorsal region without loss of balance; a second curve in the opposite

direction is therefore developed as restituent of the first lumbar slope, and this dorsal curve again is corrected by a cervical slant; thus the head is brought over the centre of gravity.

This boy is not rachitic or strumous, and there has resulted no osseous deformity, as is seen in fig. 6; merely raising the short leg abolishes all the abnormal curves of the spine, and restores the landmarks.

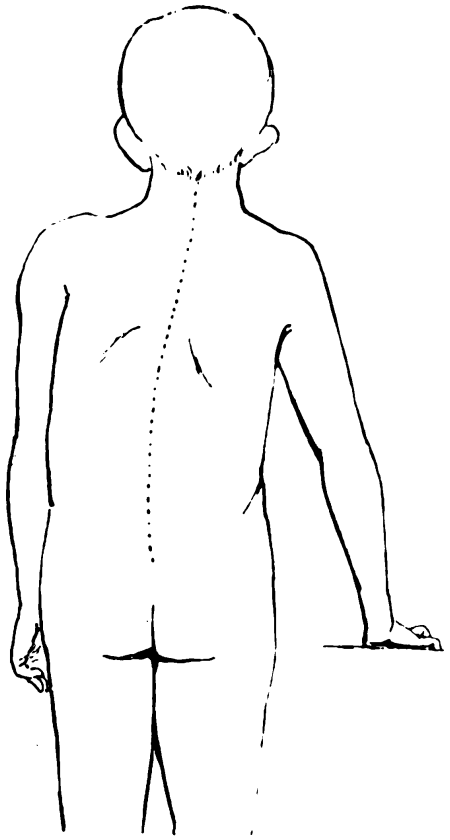

FIG. 7.

By permanent osseous deformity I mean that the same result has come about in the epiphyses of the vertebral bodies, as is found in other rachitic joints, when more pressure is brought to bear on one side of the bone than on the other. The enlarged inner condyle of the femur in genu valgum, which is the effect of the giving way of the internal lateral ligament, and the absorption of the outer condyle from excess of pressure, have their analogues in the wedge shape of

the vertebral bodies produced after long unsymmetrical pressure—the bodies enlarge on the convex, slack side of the curves, and are absorbed on the concave, contracted side.

Fig. 7 is of a case of curvature after empyema, the spine being pulled over to the sound side.

I do not pretend to take up the matter of caries here, but I will venture to just mention a few points in the early stages of that terrible disease, the insidious nature of which casts such grave responsibility upon those who are most likely to see cases early, the family doctors.

As you know, the disease has generally advanced considerably before any deformity is seen; in the character of the pain there is little to draw attention to the spine; you will hear of children, who having become pale and fretful, have been treated for months for gastric pain, and other pain distant from the spine; these children cry out unaccountably and suddenly with pain, stopping suddenly in their play; they cry when lifted up; and when startled into any sudden movement, they get pain lasting some time; watch their faces, and you will see there such expression of pain and anxiety; there is fear of movement, apprehension of pain, and the boy holds his weight up on his hands, instead of sitting firmly; ask a child with caries of the spine to pick up any object from the floor, watch him when he gets up from the floor, he climbs hand over hand, up his own legs, keeping the spine rigid and straight.

Of course pain may be elicited by pressing or striking the head, but I could never give countenance to such an utterly barbarous and dangerous test. I would venture to dissent strongly from one test which is generally given in text books, and that is, when we are told that local pressure over the diseased bones elicits pain. As a fact, in practice, I do not find this to be the case, unless the disease be in the laminæ or processes, which is rare.

Further details of testing for local rigidity, and other necessary investigation, would occupy more time than I can ask for. I did not intend to deal fully with the early diagnosis of caries; but I have said a few words on the subject because I am strongly impressed by the fact, that the

differential diagnosis between lateral curvature in its early stages, and caries accompanied in its early stages by lateral curvature, is by no means so simple a matter as our text books might suggest; we are so accustomed to speak of caries as always evidenced by angular curvature, and non-carious cases as the only ones which give lateral curvature, that we might be in danger of treating an early case of lateral curvature by gymnastics which was only preliminary to or actually accompanied by caries of the vertebræ—an error which would be exceedingly grave in its results. In my opinion gymnastics are too freely advised as a routine prescription in spinal curvatures; the greatest care is required to eliminate the possibility of the presence of caries in every case of lateral deviation, or even of what seems merely a weak spine. Caries is not always immediately in the front part of the bodies of the vertebræ; it is often at the sides, and lateral yielding may and does occur in such cases, whilst even in caries of the front part only of the bodies the spine may lean to one side for the same reasons as in a purely functional curvature.

As a result of experience, I would advise great caution in prognosis, and most tender treatment as regards exercise and exposure, in the case of any child who has for a prolonged period been getting pale, irritable, slow in movements, fond of resting the spine against firm supports, and crying on quick movements, or on being startled.

And I would lay stress upon the fact that pain which is the result of nerve irritation is reflected to its periphery; this is a rule which will prevent our expecting, in the case of caries of the vertebræ, to find pain in the immediate situation of the disease.

Dr. MADDEN said he should like to ask—with regard to the position assumed by a child in stooping and getting up again—how to distinguish a spinal case from a case of pseudo-hypertrophic paralysis. With the exception of hypertrophied muscles he did not see how one was to distinguish between the two.

Surgeon-Captain DEANE said he had been going into the subject with reference to school children in the army at Aldershot,

at which place he could guarantee the author some experience of lateral curvatures that he would not get every day. The position which the children in the schools were forced to adopt was one calculated not only to produce but to maintain lateral curvature. The mechanical ingenuity which was displayed in the arrangement and mechanism of the seats and desks to make children crooked was perfectly wonderful. It was absolutely impossible to put the children into straight positions and keep them there. The desks were fixed and arranged to accommodate men, and a child of 12 or 13 was also put in the same position. He considered every gymnasium, whether civil or military, should be under the direct supervision and management of a medical man, or failing that, of a man known to possess anatomical and physiological knowledge. A committee might well be formed by the British Homœopathic Society to consider a series of exercises calculated to correct lateral curvature. Children were made to climb ropes without any reference to the muscles used or required to be used. Dumb-bell exercise, &c., was far better than gymnastic apparatus at the commencement of any physical training.

Mr. KNOX SHAW said it was far better to prevent children getting lateral curve than to cure them when the curvature had taken place. There was one point upon which he thought medical men ought to be very clear, viz., the position assumed by children in writing and drawing. It was considered a *sine qua non* of elegant handwriting that one should sit square to the table, fix the right elbow into the side, and hold the pen so that it slanted towards the shoulder. He maintained that that attitude was bound to produce a corresponding curvature of the spine to enable one to write at all. He maintained that the child should sit squarely at the table, and that the copy-book should be placed before the child slanting upwards towards the right. There was another very small point, viz., that not only should a child's position in writing be attended to, but it should be seen that its head was held up from its writing. It was absolutely no good endeavouring to rectify the position of the spine when it was necessary for the child, in order to see at all, to stoop over its work. These things had only to be pointed out by medical men, who had considerable influence, and they could be remedied.

Dr. HUGHES asked if Mr. Smith could give any opinion as to the old method of diagnosis, viz., that of passing a hot sponge down the spine. They used formerly to be told that that would detect a carious vertebra by the pain felt when the sponge passed over it.

Mr. HARRIS asked whether, when caries was commencing, the author had any knowledge that there was any rise of temperature in the morning or at night. Also, whether he could give any therapeutic hints as to treatment calculated to check caries in its initial stages.

Dr. GOLDSBROUGH thought that the late Dr. Roth's influence had led to the prevention of a large number of cases of spinal curvature. He believed that Dr. Roth made a special point of the muscular weakness on the convex side of the curvature, and that it was on that side they had to strengthen the muscles. In incipient deformities of the lower limbs, he (Dr. Goldsbrough), had noticed the great advantage of strengthening the muscles on the convex side by massage. With regard to the point mentioned by Mr. Knox Shaw, would not his suggestion very much impair the efficiency of the writing? He had found that if he held the note-paper a little crookedly, the lines turned out to be very crooked.

Dr. MOIR thought they owed a great deal to Dr. Roth, senior, a late member of the society. He considered class treatment by class exercise to be of but little good; it must be individual treatment where there was any deformity.

Dr. DAY asked the value of the following test, which he was in the habit of employing in suspected spinal cases. He caused the child to stand on tip-toe and come down heavily on his heel; this jarred the whole spine, and was generally pretty effectual in eliciting any caries.

Mr. GERARD SMITH in reply, said that the absence of hypertrophy in spinal disease would distinguish it from hypertrophic paralysis. He had not dealt with treatment at all in so short a paper, therefore the questions as to exercises hardly came under discussion; he quite agreed, however, with what had been said on the question, and what Dr. Goldsbrough had remarked as to developing the muscles upon the convex aspect of the curvature rather supported what he (Mr. Gerard Smith) had said as to the mechanism of these cases—that the convexity was not due to spasm of an overacting muscle, but that the spine simply tumbled over one way or the other, according to the effect of the vicious posture. He heartily agreed with the remarks of both Dr. Moir and Dr. Goldsbrough as to the great debt of gratitude we all owed to our deceased colleague, Dr. Roth, now represented among us by his son, Mr. Bernard Roth. In speaking of specialists, such men as Dr. Roth were referred to; he considered that there was some risk of overlooking amongst a large class of

patients, under the care of deputed teachers, a case of caries coming on after lateral curvature, for which exercises were being used; and he thought that a surgeon's personal inspection was constantly necessary, each case being treated upon its own merits.

With regard to the correcting of vicious postures, it would be found in practice that patients soon lost the correct "muscular sense," just as they did in the case of the eye in strabismus; so, patients with curable lateral curvature, being placed in the correct position, in which the deformity was abolished, always felt as if they were in a crooked and artificial position.

He thought that Mr. Knox Shaw was quite right in his advocating a slanting position for the paper in writing. The hot sponge would elicit pain on passing over a carious spot in the spine, if the disease were active, and especially if a distended abscess existed; but his observation went to show that the pain was most often referred to the periphery. The point mentioned by Mr. Harris, that of the temperature in the incipient stages of caries, was very important; he could not give any information as to the use of the thermometer, as a point in early diagnosis; but the evening rise of temperature was, of course, a very distinctive diagnostic sign in strumous or tuberculous cases.

He had not been able to find a child with caries who would make voluntarily such a movement as Dr. Day had suggested, that of forcibly bringing the heels to the ground; all children suffering from caries were extremely careful not to make any such movement as this; the fact that they did so to avoid any jar, was in itself a diagnostic sign of caries; but, no doubt, if the movement were made, pain would result.

THE DUTIES OF THE PHYSICIAN.[1]

BY THOMAS SIMPSON, M.D.

Physician to the Hahnemann Hospital, Liverpool.

THE subject I have ventured to introduce this evening cannot be regarded as either original or yet *irrelevant* to the general aspirations of this Society.

It is a thing so common as almost to be ridiculous, for a man to express self-distrust at the commencement of any

[1] Read before the Liverpool Branch, November 9, 1893.

attempt in speech or writing; and yet (trite as this mode of beginning may be) its appropriateness makes each one use it as heartily as if it were new and true for him, though it might have been a common-place for others. When he glances hurriedly across the wide extent of his subject, when he feels how inadequate his expression will be (even to his own conception), and, at the same time, has a yearning desire to communicate his deepest thoughts to the minds of his hearers, it is no wonder if he begins with a few hesitating and common-place platitudes about his own insufficiency compared with the greatness of his subject. Happily, we have no need to magnify the importance of the subject to which we now desire briefly to call your attention. It is surely desirable that we should, on all occasions, realize the dignity and responsibility of our calling as professors of the healing art, remembering what far-reaching consequences are involved in the knowledge and discretion we bring to bear upon our daily routine of duty, what issues of life are entrusted to our custody, and that even the destinies of our confiding friends may depend upon us. With these ideas impressed upon our mind and memory, we cannot fail to realize how deep and solemn our responsibilities and relations must ever appear. Indolence, love of ease, and obstinacy, preclude effective service at the altar of truth, and only freedom from prejudice, and untiring zeal, qualify for the most sacred of all human occupations, the practice of the true system of medicine. How frail a possession is health! and what a thin envelope protects our life from being swallowed up from without, or disorganized from within. Life is indeed a flower, which a morning withers, and the beat of a passing wing breaks down—a breath, and the boat springs a leak or founders—a nothing, and all is endangered—a passing cloud and all is darkness. In a science in which the welfare of mankind is concerned, any neglect to make ourselves masters of it becomes a crime. These words (nobly uttered by Hahnemann) may form the theme of our thought, and teach us to realize the vastness of our responsibility. Carroll Dunham was willing to accord to every physician the right of private judgment (or

liberty of medical opinion and action), but he strongly urged the solemnity of the responsibility resting upon everyone to act with promptness, intelligence, and consistency. When we undertake to treat disease, we are brought into an intimate relation with a subject which involves judicious exercise of the likeliest expedients to secure the best results, and surely our *materia medica* furnishes us with resources which are well-nigh inexhaustible.

We do well in all cases to prosecute the discovery of the pathological condition, for this is generally of the greatest possible assistance in guiding us to the appropriate treatment, and may actually conduct us to the *simillimum*, when striking symptoms are few or insufficient. It is a favourite method with too large a proportion of our brethren to place the pathological condition *first* in considering the choice of treatment; the prescriber gathers his facts with more or less completeness, and from these he predicates an internal condition, as it may please his fancy to conjecture; and then seeks, in the record of the *materia medica*, a medicine which he imagines to have produced in the organism a condition similar to that he supposes to exist in his patient. This, when found and given, constitutes the pathological prescribing which is dignified by the term scientific. As science is supposed to be based upon that which is known, and this method of prescribing is so largely dependent upon conjecture, it is difficult to understand the ground of the exultation, or the claim it has to this honourable adjective, for we should remember that this supposed internal condition, which is the peculiar foundation of pathological prescribing, is an unknown and unknowable quantity during the life of the subject of the conjecture. The attribute of omniscience alone could discern the exact cause of existing symptoms while the patient lives, and even *post-mortem* examinations often fail to reveal the causes of death and so disclose whether one has rightly guessed or blundered about the conjectured condition. It is this exact condition which should ever be the objective of the physician's endeavour, and this is that with which specific prescribing alone concerns itself. The *specific* method is the antithesis of that which we call scientific, it seems to

deal with factors which are known and capable of verification. "The facts of the disease as present to the consciousness of the patient or the perception of the physician"—these are the elements with which it has to do. These are gathered by the prescriber with all their relations and modalities, and where within his grasp they constitute one side of the equation, which, when wrought out, gives to him the specific which is the object of his search. These elements are all within the range of the knowable, while the other side is made up of the records of the *materia medica*, which is a record of facts known. By a comparison of these known quantities, the unknown quantity (*i.e.*, the specific) is found. This constitutes prescribing specifically.

Now it must be obvious to an ingenuous thinker, that the exclusive adoption of any method of healing on all occasions and under any circumstances must sometimes lose the benefit of invaluable aids to the cure of disease. Such a course is open to the charge of inhumanity the most heartless. His prejudices fetter his judgment and his freedom of action. Locke says: "He whose assertion goes beyond his evidence, owes this excess of his adherence only to prejudice. It is not evidence he seeks, but the quiet enjoyment of the opinion he cherishes with a formal condemnation of all that may stand in opposition to it, unheard, unexamined." It is well for us to be modest about our prejudices, as vaguely conscious that they will not all bear the scrutiny of calm reasoning. Even in moderation and as most respectable people hold them, we all hope to be delivered from them, in that higher transcendent state, but we do not see how they are altogether to be dispensed with in this world. They are an inseparable element of human weakness, which might be much weaker and more imbecile without them. This world of skilful egotisms and active ambitions, this world of men, in which one is deceived by smiles, by conduct, as well as by actual words, a world revolting to the proud and upright soul, it is our duty to learn to live a dignified life in it. Success is required here. Succeed if you can; only force is recognised, therefore be strong. Opinion seeks to impose her law upon all. Instead of setting

her at defiance, it is better to struggle with her and conquer. We must beware also of partialities. Partialities make partial men, and such men stand still in their beloved monotony; they abhor change, therefore they grow not; they lose their energy and degenerate into fossils.

It is all very well to be a superior person with an extravagant opinion of one's own talents or knowledge, but in order to impress that opinion upon the outer world it is necessary that the superior person should possess certain imposing qualities. He must be above taking offence easily, and his confidence in his own superiority must be great enough to enable him to invite criticism, and to be patient under contradiction. A man is buoyant when he has sought the truth from whatever source it has emanated; when he has put his heart into his work and done his best.

The baneful tendency of a limited range of vision in admitting only such evidence as is congenial to our preconceptions, may be safely regarded as the main factor in dividing the ranks of medicine into small and powerless sections or factions. The high dilutionist heaps scornful epithets on the crude drug prescriber, who in his turn coins opprobrious terms to apply to his etherial combatant. The man who abhors despotism and oppression in scientific matters is less likely than anyone else to lose the advantage to be gained by inquiry into truth.

In science, impartiality, careful investigation, sifting of evidence, together with mutual respect and strict adherence to the matter in hand, should prevail, and personalities be strictly excluded. Just as theological polemics have never produced a desire for truth, a perception of the high object of our existence, or genuine virtue, or devotional feeling; just as the personal squabblings of literary men have never succeeded in developing the love of art, the true æsthetic sentiment, enlightened taste, artistic skill; in like manner we perceive that the mutual detractions of medical men can have no other result than the obscuration and depreciation of that art which is already but dimly seen, but faintly understood. We all strive after a common, but a noble object, and it is not easy of attainment. It is only by a well-directed, sustained and combined effort that we shall succeed.

By mutual concessions, by magnanimity, by self-abnegation, by imitating the marvellous founder of the art we practise (who may be aptly styled the ideal physician), can we alone expect to accomplish the great achievements upon which our purpose is set. Reality of character, earnestness of purpose, simplicity of aim, are essential to the attainment of extensive usefulness and unstained reputation. The furtherance of every means (be it ever so small) that can save human life, that can bring health and security, should be a sacred object to the ideal physician. It is only by joining hand in hand, only by a brotherly union of our powers, by a mutual intercommunication and a common dispassionate development of all our knowledge, views, experiences and observations that this high standard can be attained, viz., the perfecting of the medical art. Our needs are great, the materials are well nigh exhaustless, the fields are white already to harvest, but we require self-denying workers like our departed brothers, Drysdale, Stokes, Black, Dunham, Bayes, Gwynn, and Roth. The urgent demand for a revision of the cypher repertory, the therapeutic part of the *materia medica* &c., &c., may haply fire the enthusiasm and kindle the energy of a moiety of our younger brethren, so that our armamenta may be the realization of our fondest expectations. There are trying hours in the individual life of each of us, when our knowledge, experience, discretion, equanimity are sorely put to the test, and only as the mind and memory are well stored can we meet these excessive demands upon our patience and skill without dismay. Perhaps I may narrate a few of these, and the mode or manner of action to which I resorted in each instance, and in so doing, I would disclaim any originality or superiority of judgment.

In April, 1880, I was called to the bedside of a child, who was evidently suffering from eclampsia. There being high fever, flushed face, tonic spasms, constantly recurring grinding of the teeth, I gave bell, and packed the trunk in a dripping sheet, at about 70°, enveloping the body in two small dry blankets. In 40 minutes, on unwrapping the pack, I found the skin mottled all over with the eruption of measles; the convulsions ceased in three minutes after

entering the pack, the grinding of the teeth in five minutes.

Finding a lady in a Glasgow suburb in 1885, suffering from threatened abortion, with placenta previa, I removed a small placenta, which was adherent to the cervix; after which hæmorrhage ceased, but faintness, gasping for breath, constant nausea and retching led me to ipecac., which subdued all bad symptoms, after sabina, secale and china, previously administered, had failed.

Having to deal with an epidemic of diphtheria, of a somewhat severe type, during which thirty-four young people and three adults were attacked, I found merc. cyanatus invaluable in twenty-two cases; arum triphyllum the specific in five cases; phytolacca in two, and kali bichrom. in three cases; at the same time spraying the throat with alcohol and water in equal parts. *One* died after partaking of a large sausage, on the eighth day of the disease. Again, in a case of typhoid, to which I was suddenly summoned by a Glasgow physician, in which copious hæmorrhage flooded the bed, and collapse seemed to have commenced, we gave arsenicum (6) every 10 minutes, for one hour, and the patient recovered slowly without any other medicine.

A gentleman fell from a height, sustaining external bruises over the spine, shoulder, hand and foot. Here the prospect of recovery seemed small indeed; we packed his body in a very dilute arnica bath, with the happiest results.

A week ago a lady, aged 75, was found with laboured whistling respiration (30 per minute), sopor, choking cough. Opium 5 restored her to health in four days. It is needless to remind you of the absolute necessity of securing a warm moist atmosphere, in such a case.

A month ago, I was asked to prescribe for a negro child, age 3 years, suffering from acute bronchitis, a sequel or concomitant of pertussis. So desperate was the condition regarded by the doctor in attendance previously, that he had abandoned the case a few hours before. The temperature was 105°, pulse 132, respirations 37. Having explained our apprehensions, we gave phosph. 12 every 4 hours; finding

marked improvement next day, all medicine was discontinued for several days, until new symptoms demanded ipecac., a few doses; and recovery has been complete.

From this small group of cases, culled at random from a number, we desire to establish our contention that a careful comparison of the symptoms of a diseased state, with the conditions and concomitants, will mostly lead to the remedy, and that as soon as improvement begins medicines should be omitted.

Too much stress can scarcely be laid upon this injunction, so hard to believe, so difficult to carry out in practice, that it is only after repeated failure on the old lines that one summons courage to give a medicine until improvement begins, and to omit it until improvement ceases. Numerous proofs could be adduced of the truth of this axiom. The most striking in my experience was that of the action of calc. carbonica on polypi nasi. Having given one dose of the 30th, several polypi were blown down the nose within eight days. We then repeated the dose and more polypi appeared, which again were expelled at the end of thirty days; medicine was not renewed, and no more re-appeared for four years.

A lady suffering from mucous dyspepsia, with colic aggravated at *night* (relieved in cold air), aggravated by warmth, was promptly relieved by pulsatilla, but only after the first dose; symptoms always returned by repeating the medicine. Belladonna, colocynth, and other drugs so often aggravate symptoms for which they are homœopathic, that it is risky to repeat the dose until the conditions demanding it may arise.

It is scarcely necessary to suggest the stern necessity of adhering to the method of treatment inculcated by the great founder of homœopathy regarding the alternation of medicines, a practice which found no place in his teachings, but of which (having had no experience) I dare not speak with authority.

The importance of relegating special cases to those of our *confrères* who have concentrated their energies on the studies of special organs appears to me to be *paramount*. *We* thereby obtain relief from heavy responsibility, and give our client a great advantage. But if these specialists are to be pre-

served to us, we must do our utmost to favour them with our interest and support. Again, we are likely to succeed in acute cases when we can secure the co-operation and devotion of a conscientious and efficient nurse; but like all other armamenta, they require to be proved by the test of experience, especially in obstetric cases and the zymotic diseases. In obstetric practice we are very dependent upon a judicious and experienced nurse who can act in emergencies and anticipate untoward tendencies. Just now I nearly lost a woman to whom an ignorant attendant administered brandy for what she supposed to be colic but really was peritonitis. The disastrous consequences of allowing a woman to talk soon after delivery can scarcely be computed, nor yet the evil of too early removal of the placenta, or moving the person in order to apply the binder, any of which exciting causes may induce flooding. The large number of women who suffer from subinvolution points to the probable cause as being too early getting up after delivery, a custom we must all condemn. No less disastrous is the practice of meddlesome surgery employed to dilate the uterine canal by unskilful persons to the permanent detriment of their victims' welfare.

The laws of the race are conditioned and even traversed by the laws of the individual. In health and in disease every function of the body varies in different persons. Pure homœopathy compels us to study carefully each individual case and to be ruled in selecting a drug remedy by the indications offered by that case.

In homœopathic practice no accessory drug treatment should be permitted, neither should it be the rule to give more than one medicine at a time to a patient.

Diet, however, is a most valuable accessory, and such modifications should be made as would place the person treated in the most favourable general condition to recovery of health. So is judiciously applied hydropathic treatment.

The conclusions are, that it is on many accounts exceedingly desirable to give colour and shading of the bare outline of homœopathic treatment by as much accessory treatment as can be harmlessly combined with it; that what this is

must be determined in each case by the discernment and skill of the physician; that we cannot safely ignore the help of any accessory measure which restricts its action to the production of such changes as in a healthy man would fall within the range of variation, in kind and degree compatible with health; that any expedient not coming within these limits must be regarded as a departure from true homœopathic practice.

NOTES ON A CASE OF ALCOHOLISM AND NARCOTISM, TREATED BY "SUGGESTION"; CURE IN FOUR SITTINGS.[1]

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

On October 6, 1893, a man aged 32 consulted me, complaining that for two months past he had been unable to get a night's rest without bromides and chloral, that he had an irresistible craving for whiskey, and that his brain was not able for his work—that of cashier in a very large wholesale business. His account of himself was incoherent and vague, and he presented the restless appearance and excited manner of a person very near dementia. He was of fair complexion and hair, 5 ft. 10 in. in height, in good physical condition of body, and having a cerebral development decidedly above the average. I gathered from his conversation that in 1887 he had a serious bout of drinking, from which he recovered. Some few months ago he began to be worried about his work, and then commenced taking a single glass of whiskey or beer in the evening. He soon found that one glass was not enough, so he had two, in this manner increasing his daily dose of stimulant till the craving for it was present all the time. He consulted a doctor, who told him to "go to Llandudno and drink lots of stout." Well, he went to Llandudno and drank several bottles of stout daily. But as he was nothing bettered but rather grew worse, from development of insomnia, he consulted

[1] Read before the Liverpool Branch, November 23, 1893.

another medical man, who gave him a prescription for "bromides and chloral." Without the nightly use of this sedative draught he got very little sleep, and, of course, his brain became more and more unfitted for the accurate work required of him.

He told me he had never been hypnotised before. As he expressed disgust for his unconquerable craving, and a belief that he could be influenced by hypnotism, I agreed to try what it could do for him. I insisted that this form of treatment would give him back his normal strength of will, so that he would be able to conquer his unnatural cravings. In fact I made him understand that it was not *I* who was curing him, but that I was merely showing him how to cure himself by the exercise of his will. So throughout the four sittings I gave him I suggested that his will was growing stronger, and that all his functions were coming more and more under his own control. I also ridiculed the idea that the person hypnotised need give up or lose all his will power to that of the operator.

On October 6 he fell into a hypnotic slumber in seven minutes by gazing at a diamond. I then made suggestions that he would sleep well, and not awake at 2 a.m. as usual, that alcohol in all forms would taste vile, and that if swallowed would be vomited. The next day he telephoned, saying that he had slept right on to breakfast time, the best sleep he had had for two months, and that he had had a glass of whiskey, but had difficulty in keeping it down. He now went away into North Wales with some friends, and I did not see him for a fortnight. Shortly before he returned he wrote me a long and very rambling letter that made me fear still more for his sanity. He said that he slept very well for four or five nights after being hypnotised, but that since then he had been getting worse in every way. I advised his speedy return, so on October 22, I hypnotised him again. This time the sleep was more profound, and he seemed unable to answer my questions till I suggested that he could do so quite easily. I repeated the former suggestions, and made use of ordinary mesmeric "passes" which I regard as a most useful form of suggestion.

On October 24, hypnosis was produced by my gazing into his eyes for two minutes. On this occasion he seemed rather less excitable. He said he had been sleeping well, except for a bilious attack that occurred during the night of the 22nd. He said that he had taken no more sedative draughts, and that he had very little desire for alcohol.

On October 28, he said he slept quite well each night, and had no desire either for alcohol or sedatives, and that his brain was clear. As a test of the latter, he procured one of his cash books on the 27th, and worked at it for two hours, and was delighted to find that he could work as well as ever. His manner is totally changed. He is restful, and acts and speaks as a man should when in perfect possession of his faculties. I now hypnotised him for the last time, and repeated the former suggestions. Up to date (February 22), there has been no relapse. Time only can show whether this cure be permanent, but I think I am safe in assuming that any recurrence of the above symptoms will be as easily abolished by hypnotism as they were last October.

GOITRE AND ITS CONGENERS.[1]

BY EDWARD BLAKE, M.D.

BUT that general titles are, as a rule, to be deprecated, I would have called this brief contribution to the study of some common ailments, "Synthesis in Disease." In a paper "On the Relation of Chorea to Rheumatism," contributed to the *Journal of Medical Sciences*, I made complaint that modern doctors had been so educated to recognise differences, so well taught to analyse, so systematically brought up to think of diseases as if they really existed, that the art of synthesis is nearly a lost art. Relationships of the most obvious kind pass unrecognised. It is, therefore, well

[1] Read before the Society, January 4, 1894.

that we should quite abruptly pull ourselves up sometimes, and try to remember that disease indeed exists, but that there are no "diseases" in nature. Diseases are quite arbitrary groups of symptoms, surrounded and bound together by an artificial girdle. They are to be found, indeed, beautifully delineated in medical manuals, where they look very nice and neat, and where they greatly excite the admiration of that noble band which is chiefly recruited from amongst the young, the ignorant, and the orthodox. Classification is needful for purposes of teaching and of registration, but we must not be led into a foolish error, which is excusable enough in the laity, namely, that there is any real essential difference between diseases. We are quite aware that just as every harmony must be built up of the same musical notes, and as all pictures are painted with similar pigments, so diseases are constructed necessarily from the same signs and symptoms. In a drawing, much depends on what artists call "value"; that is, the relative importance of any given tone. It is the same with a pathological picture.

In musical matters, time, place and manner occur as most important elements. Indeed, it should be remembered that arrangement goes to constitute identity. For in a human being the actual materials have nothing to do with personality; one hundred thousand times a day some molecules are being changed. This is true in harmony, for "God save the Queen" is the same tune whether it be played on a penny whistle or on a church organ.

For the present, I ask you to compare with me some so-called "diseases," which, to a superficial observer, indeed present little resemblance to each other; yet, beneath the surface, they have many features in common.

They are goitre, with its correlatives cretinism and myxœdema, rheumatic gout, and chorea.

I will not draw up mere lists of symptoms showing that two of these are characterised by curious changes in the colour of the skin, that all have muscular tremor, that each has its own characteristic moral or mental phenomena, but I will endeavour to show relations of etiology of a far more

intimate character, of methods of attack, of means of alleviation, and of treatment with a view to permanent cure.

I must first ask you to bear with me whilst I glance briefly at a matter of enormous importance, a matter which I venture to say has not received at the hands of the profession the amount of attention that it certainly merits.

Nearly a quarter of a century ago, Gautier in Paris, and Selmi in Bologna, showed that certain parts of the body perish and putrefy during life, in precisely the same manner, and with exactly the same products, as they do after death, the only difference being that during life these products of decay are removed as soon as they are formed, whilst, after death, they are not removed at all.

About the same time, in the year 1862, Thomas King Chambers, applying these facts clinically, presented to the profession a remarkable book, entitled "The Renewal of Life." In it he elaborated and applied to the needs of practical medicine the very curious paradox that life consists in perpetual death, and that the arrest of tissue-decay is destruction.

It is estimated that four-fifths of the katabolic products of the human body are burned away by means of oxygen. Hence the importance of fresh air, of vigorous breathing, and, therefore, of that systematic muscular exertion which lends a zest to respiration. But as the effete products are not all expelled aerially, for some are dependent on "water carriage" for their removal, we can see the necessity of copious pure drinking water to wash away the *débris* of our dead selves.

These particular methods of destruction of tissues which are no longer needed, are technically known as *aërobic* transformations. They may be viewed as "combustions."

Interference with processes like these leads to indigestion, gout, rheumatism, chorea, goitre, neurasthenia, skin disease, hysteria, neuralgia, and mental alienation. They rarely tend to destroy life abruptly.

The remaining one-fifth of retrograde metamorphic material is formed at the expense of the actual tissues themselves. This disassimilation is independent of all

demands on external oxygen. In other words, this fifth part of the tissues perishes after the manner of the anaërobic or putrefactive ferments.

When these latter ptomaines or animal alkaloids and extractives are arrested in their downward career of degradation, they become at once the source of extremely urgent peril to life. Examples of these are familiar to us under the names of hospital gangrene, puerperal fever, uræmia and the so-called "zymotic diseases."

Quinquand ("Animal Alkaloids," H. M. Brown, M.D., p. 158, second edition) has shown that the alkaloids cause a tendency to low temperature; a typical example of their action being cholera. The extractives, on the other hand, are prone to induce high temperature, as in typhus, and enteric fever. Up to a certain point this high temperature is favourable, because it aids the process of phagocytosis. We can sometimes see these alternate in their predominancy, as in the hot and cold stages of marsh fever. We can readily conceive of these two forms neutralising each other, when they chance to exist in equal quantities in the economy. Those agents which we introduce into the body under the name of remedies, when successful, probably act by neutralising existing natural toxines.

Careful provings of these metabolic materials have been made on healthy animals. Records of them may be found at page 49 of Dr. Brown's work on the "Animal Alkaloids," already referred to.

Loss of muscular contractility is one of the most unvarying results, and it is due to this property, possessed by the organic toxines, that the heart runs down in puerperal fever, and the diaphragm declines to descend in fatal forms of diphtheria. It is in this way that the ptomaines conduct to death.

When we have perfect provings of all the leucomaines, made by healthy and intelligent men and women, then we shall hold in our hands the clue to a thousand pathological labyrinths.

To the younger members of our profession I commit this noble task.

How, may we ask, are these terrible poisons eliminated during life? The glands of the human body are especially commissioned to play the part of scavengers.

In primitive unicellular organisms, such as the moneron and the amœba, one cell must undertake all kinds of katabolism: but in an advanced state of physiological evolution, as in the higher mammals, the glands have slowly elaborated a selective function. That they will, if time be allowed, uneducate themselves is quite true. This is the reason why the sudden removal of an important solitary gland is followed by death, whilst its gradual destruction will be tolerated and life may continue.

Attempts have been made to solve the problem of the utility of the thyroid body and adrenals by the negative method of ablation. In rabbits, M. Gley has found that the removal of the thyroid body and of two small embryonic bodies named "thyroid granules" usually leads to rapid death in convulsions, though a few animals present, in the course of some months, a special form of cachexia resembling the myxœdema of man. M. Langlois finds that excision of both adrenals occasions death in the course of twenty.four hours with loss of muscular power, dyspnœa, and sometimes convulsions; but if only one be removed, life is usually preserved, the animal becoming very thin. (*Lancet*, Dec. 30th, 1893., p. 1623.)

The liver, the spleen, the kidney, the intestinal glands and the adrenals appear to possess the property of turning out broken down blood-pigment. In diseases of these organs certain colouring matters are left in the circulation and they become irregularly deposited in the tissues. I say "deposited" though it would certainly be more accurate to put it thus: "the removal of unneeded pigment granules is arrested." These so-called "deposits" are chiefly made in areas under the control of certain nerves; notably of the musculo-spiral and of the fifth cranial pair.

In the middle of this century, Dr. Addison observed that certain changes of pigmentation in the skin, especially in the toxic areas, viz., the distribution of the musculo-spiral and the fifth cranial pair, accompanied disease of the suprarenal

bodies. Addison's observations were most accurate. Yet *pace* Dr. Samuel Wilks, Addison's disease can no longer be viewed as a pathological entity. Bronzing is not a sign of primary disease of the adrenals. It has followed various disorders accompanied by suppuration, and is sometimes associated with poisoning by inorganic substances as arsenic.

It is rather a sign that the adrenal function of filtering out unneeded colouring matters has been suspended. It goes to build up, with other considerations, evidence that physiologically the suprarenals have ceased to exist.

Lewin, of Berlin, has noted two cases of morbus Addisonii in which the adrenals were altogether absent. In four others there was but one adrenal body to be found. Any agency—such as passive septicæmia, tuberculosis, or caries—that can abolish the function of the adrenals has the power of inducing Addisonian bronzing. The Addisonian group of symptoms when arranged with the groups of Graves' disease, of chorea, and of rheumatic gout, presents some very interesting points of contact.

Addison.	Graves.	Chorea.	Rheumatic Gout.
Pigmentation.	Tachycardia.	Tremor.	Joint Dystrophy.
Adynamia.	Bronchocele.	Dystrophy.	Tachycardia.
Gastro-enteric crises.	Tremor.	Tachycardia or other Neurosis.	Pigmentation.
	Dysidrosis		
	Pigmentation.	Pallor.	Dysidrosis.
Tremor.	Gastro-enteric crises.		Tremor.

In an able paper on Addison's disease published some years ago by Dr. Gibbs Blake, he pointed out on theoretic grounds, I believe, that iodine is, *par excellence*, *the* remedy for suprarenal disease. I have no doubt that he was correct, and I have as little doubt that the *modus medendi* is by the annihilation of certain toxines in the circulation.

M. Friedlander (Congress, Wiesbaden, vol. iv., pp. 381, 403, T. F. Bergmann, 1886), after a careful study of the

phenomena of rheumatism, led especially by the symmetry of its manifestations, came to the conclusion that it is the product of intoxication of certain nerve centres. The palpitation tells us that the invasion area must include the vagal nucleus. I cannot deny that this conclusion is justified by the data. I assert farther that the very same toxines which can induce rheumatic gout are able to cause goitre in woman, Addison's disease in man, and chorea in children, in whom the thymus is still active.

To return to the specialised functions of glands, we know very little with certainty, but our ideas on this profoundly interesting subject are rapidly developing. Dr. Lauder Brunton has taught us that the liver engages peptones as well as those poisons artificially introduced into the human stomach from without, either by accident or design. It is possible that the thymus deals with toxines which paralyse muscle growth and repair, for the administration of the thymus gland of a sheep has been followed by improvement in pseudo-hypertrophic paralysis. (Charles Macalister, *British Medical Journal*, April 8, 1893.) This would account for the perishing of the thymus after the completion of the muscular system at maturity.

The pancreas "negotiates" superfluous glycogens, hence its paralysis involves glycosuria. The lymphatic glands block the passage of protozoa and of bacilli, and when they are successful in doing this they used to be styled "scrofulous" or else "cancerous" glands.

Just as the parlourmaid will condescend to cook for us when it is "Sunday out" for the high priestess of the kitchen, so at a push the glands of the skin will do the duties of the lung, and the kidneys will take on hepatic functions.

The whole medical world has of late had its attention concentrated on the relations of the thyroid gland to cretinism on the one hand, and to the cachexia strumipriva on the other.

Coming to us with the extraordinary observations of the veteran physiologist, Brown-Séquard, on the action of an entirely different material, obtained from a more remote

part of the human body, the medical world has suffered from a temporary form of mania, not without parallel in recent German experience!

When the chaff of these curious proceedings has been winnowed away, some valuable contributions to practical medicine may survive.

As I pointed out in 1892, at page 44 of my work on "Septic Intoxication," the toxic origin of some goitres, I am interested to observe that Dr. Greenfield, Professor of Pathology at Edinburgh University, announced it as a novelty on 30th November last, in his Bradshaw lecture delivered before the Royal College of Physicians, London. (See *Lancet*, p. 1495, of December 16, 1893.)

Professor Greenfield admits that he is not conversant with the recent literature of goitre. That is to be regretted. Nevertheless his paper is of considerable value. I naturally hail its advent with satisfaction, for it lends unqualified support to the toxic origin of Graves' disease, which I suggested independently of S. Boinet and Silbert, *Lancet*, March 5, 1892. My researches were made and written in 1891; they were published in the *Hospital Gazette* early in 1892.

The outcome of Dr. Greenfield's researches is to show that the changes are in essence:

(1) Inflammation of nerve substance.
(2) Punctate apoplexy.
(3) Proliferation, hyaline degeneration, fibrosis.
(4) Vacuolation.

These are, as Dr. Greenfield points out, the typical changes of toxic neuritis; they strongly resemble the alterations induced by tetanus and by hydrophobia, and Dr. Greenfield might have added that they are nearly identical with the central lesions of the great nerve poisons, lead, alcohol, and arsenic.

In the main these positions supplement and support the careful observations of Drs. Hale White and Alexander Bruce. (*British Medical Association Proceedings*, July, 1893.) C. L. Dana, before the British Medico-psychological Association, says:—"Exophthalmic goitre is due to a toxine." (*Boston Medical and Surgical Journal*, 1893.)

We may take it then as established, that *exophthalmic goitre is a toxic neuritis of the medulla, extending at times to the pons and to the ganglia, etc., of the cervical sympathetic.*

Dr. Greenfield draws attention to a very important point, viz., that the hyperæmia of the thyroid, which has been assumed to exist in exophthalmic goitre, is a figment. There is adenomatous proliferation, but no necessary increase of vascularity.

Later there is often catarrh, occasionally followed by fibrosis. It so happens that this is the set of changes which we find in severe forms of toxic glandular degeneration.

But the suggestion that the changes in the thyroid might be toxic had already been made in the pages of the *Lancet*. At p. 1122 of the issue of Nov. 4, 1893, in a very able paper, Dr. George F. Johnston used the following words:—"It is quite possible that they (the symptoms of Graves' disease) are caused by the circulation in the blood of some poison which seems to be, in some respects, allied in its action to a nitrite."

That is just what some of the toxines of pus resemble. They paralyse the sympathetic and the vagal inhibition, just as the nitrite of amyl does. Dr. G. F. Johnston goes on to say at page 1123 that, taking in health two tabloids of thyroid extract twice a day for two days, he could count on raising his pulse rate from 70 to 120. I would suggest that in obstinate cases of abnormally slow heart or bradycardia, a trial be given to thyroidine. One tablet, representing about one eighth of a gland, can be administered after each meal.

Hector Mackenzie, Cecil Beadles and Fox have observed palpitation, perspiration, headache, sleeplessness, and muscular relaxation after over-doses of thyroid extract. But these are some of the symptoms of Graves' disease.

George R. Murray, of Newcastle, in the *Lancet* of Nov. 11, 1893, showed that in rabbits and in monkeys a rise from 2° to 3° of temperature will follow a hypodermic injection of thyroidine. This suggests that this preparation depends, for its active properties, rather on the presence of extractives than on the animal alkaloids.

Dr. Johnston, following Mobius, Byrom Bramwell and H. Williams, has shown the sharp contrast that exists between exophthalmic goitre and myxœdema in the following table :—

Exophthalmic Goitre.	Myxœdema.
(1) *Thyroid gland* usually enlarged.	(1) Absent or atrophied.
(2) *Skin.* — Profuse perspiration; electrical resistance diminished.	(2) No perspiration; electrical resistance increased.
(3) *Subcutaneous tissue.*—Extreme emaciation in many cases.	(3) Large deposit of fat.
(4) *Temperature* irregular, frequently raised; feeling of warmth.	(4) Temperature lowered; feeling of chilliness.
(5) *Pulse* very rapid.	(5) Often very slow.
(6) *Mental change.*—Irritability and excitability.	(6) Hebetude and placidity.
(7) Often amenorrhœa.	(7) Often menorrhagia.

It must be remembered that persistent increase in bulk of an organ by no means signifies increased functional activity. A suckling mother has enlarged breasts and there is greater functional activity, but a permanently hypertrophied breast cannot secrete milk.

The solution of the problem lies probably in the following direction. Men are less emotional than women, but acute goitre from intense excitement is not unknown; there is a famous case detailed at p. 320 of the *Berliner Klinische Wochenschrift* for 1867. A young man of 22, after thirty minutes of furious satyriasis, solaced himself with several glasses of Madeira; in forty-eight hours he had severe proptosis. The greater stoicism of males is no doubt one reason why men are less prone than women to goitre; in some countries they certainly drink less water.

The occurrence of temporary acute goitre is very curious. A young married lady was giving a dinner-party. She naturally felt very solicitous that all should go off well. Dr. ———, one of the guests, observed that her thyroid slowly increased during dinner. The enlargement was imperceptible when the gentlemen joined the ladies in the drawing-room.

A great number of goitres have been undoubtedly produced by some profound emotion of the mind. Here we see that the causes of Graves' disease are essentially the causes

of chorea. That is, to say, if toxines of traumatism or of mental shock find their theatre of action in the cortex we get chorea or some psychosis, if in the medulla we get exophthalmic goitre or else rheumatism. They have followed alarm, grief, chagrin, furious desire in the male, and forced cohabitation in women. But how do these emotions tell on the economy?

They act in precisely the same way as a physical shock does.

In the November number of Brown-Séquard's *Archives de Physiologie* (1893) is an exceedingly suggestive article on the "Pathology of Shock," by M. H. Roger. He sums up the results of his observations in the following terms:—

"Nervous shock is the collective series of phenomena resulting from a violent excitation of the nervous system. It is characterised by a series of inhibitory acts, one only of which is constant and indispensable, namely, the arrest of metabolism. Shock is more common in proportion to the development and activity of the nervous system. Circumstances which augment the excitability of the nervous system, such as emotions, distress of mind, and the like, predispose to shock; those which diminish it, such as narcosis and hybernation, prevent its production or render it less serious and persistent. The determining causes of shock may be divided into two groups, according to whether they act like traumatisms, and poison the nervous centres directly, or whether they act indirectly through either the sensory nerves, the sensorial nerves, or the visceral distributions. From the point of view of pathological physiology, shock is characterised by a series of dynamic modifications (dynamogeny or inhibition) affecting all the tissues, viscera and secretions. The capital phenomenon is the arrest of metabolism, as a consequence of which there is a diminution in the quantity of carbonic acid gas in the venous blood, and, consecutively to this, troubles in calorification, respiration and circulation occur. The treatment consists in opposing hypothermy and in favouring the production of carbonic acid gas." (*Lancet*, November 11, 1893.) From this observation of Roger and from the researches of Ross,

we are able to understand the benefit of opiates and anæsthetics in warding off the evil effects of shock.

Quite independently of Dr. Roger, I had come to the same conclusions as he has done, as to the chemical results of the physiological mechanism of "shock." I can cordially endorse this very graphic account.

It is evident, when we apply Quinquand's rule to this sequence of phenomena, that at first animal alkaloids are precipitated in the nervous centres in excess; the inhibition of the heart is increased to so great an extent that the excito-motor fibres are overcome and syncope occurs.

In the second stage the reverse of all this obtains. The extractives, which, we may remember stimulate the heat centres and paralyse the vaso-motor system, and cause fever, are now in excess over the leucomaines or animal alkaloids, and the temperature steadily rises.

The active principle of thyroid juice belongs to the extractive family.

We know that certain materials derived from without can induce goitre; these materials may be conveyed by water; thus, Captain Cook's sailors, on their return journey, tapped a barrel of water, and those who drank became goitrous.

Dr. Johnson saw goitre disappear in Durham gaol, after a change to pure water. (*Edinburgh Monthly Journal*, May, 1885.)

Billroth, McClelland and Saint-Lager give many similar observations.

Men are said to avoid conscription in France and Italy by resorting to certain old wells in order to get artificial goitre.

One of the Westerham doctors, practising in a district where goitre is endemic, took me to see the family of a labouring man. For seven years they had lived at the foot of the North Downs, and during that time had drunk contaminated water. The mother and the three girls had then developed goitre, the father suffered from rheumatism. On moving to higher ground and obtaining a purer water supply, they all improved in health.

I have waded through a vast amount of goitrous literature, both Asiatic and European. I find that no class and no country enjoys a complete immunity from this widespread and most disfiguring disease. It was attributed to snow-water, till its discovery in Sumatra, where snow is an unknown quantity, rendered that view untenable. Then it was supposed that hard water was the cause, but, alas for that theory! goitre is nearly unknown in New Zealand, which is largely constructed of magnesian limestone. In India goitre is very common; untrue to its mountain-side distribution in Europe, it follows the line of marshes. I have shown in "Septic Intoxication," p. 45, that goitre may follow palustral fever. Recently I have seen, in a male patient from the West Indies, chorea occur as a sequela of paludism. Common to all cases is some organism or some organic poison. In the case of endemic goitre the organism is possibly protozoic, *i.e.*, animal rather than vegetable, as it follows water lines and can induce adenoid proliferation.

The organic poison acts like the nitrites in causing vaso-motor and vagal palsy. Most of the cases have had three causal elements present, some four. These are:

(1) Organic invasion or else autotoxis.
(2) Innutrition.
(3) Over-exertion.
(4) Shock.

But these are also the causes of chorea, of rheumatic gout, and probably of Addison's disease.

As an example of the practical working of the second cause, goitre and cretinism were endemic in parts of the western counties till the repeal of the corn laws and the agricultural strikes improved the food supply.

Under the influence of purer water, better food, healthier dwellings, and with minds less tortured by the perpetual terror of imminent starvation, cretinism entirely disappeared.[1] The appointment of rural sanitary inspectors is now making goitre itself a curiosity. It has been stated that exiled

[1] Read, writing in 1836, "On the Cause of Bronchocele," says that Chiselborough, in Somerset, then contained 350 inhabitants, most of them goitrous. Of these 24 were crètins.

Russians develop bronchocele in Siberia, whilst the native Siberian enjoys an immunity. If this be true there are many ways of explaining it. The expatriated Sclav is depressed in mind, unnourished in body; he occupies by preference small, overheated, and unventilated dwellings. The born Siberian lives in the open air. Compare these points with the prevalence of goitre in Switzerland. During the summer months, the picturesque châlet is too often a whited sepulchre. It is, alas! inside, a sink of unhygienic iniquity. In winter, when strangers rarely visit the Swiss at home, matters are far worse. The women and children rarely venture out. Their teeth are not cleansed, their secreta and excreta seldom properly removed. They rebreathe their own air. The reeking atmosphere is still further contaminated with the exhalations of the store beasts, which are often accommodated, during the rigorous and inclement season, under a floor constructed with gaping boards. Added to this the water supply is far from faultless. A careful consideration of the geographical distribution of goitre, carefully noted in the classic work of Saint-Lager, "Du Cretinisme, et du Goitre Endemique," Baillière, Paris, with a glance at the excellent goitre map which accompanies the work of Dr. Heinrich Bircher, of Berne, "Der endemische Kropf," Bruno Schwabe, Basle, 1883, will serve to convince any man that there is no common geographical cause that can explain all kinds of goitres. James Berry, formerly Professor of Pathology at the Royal College of Surgeons, has contributed much valuable material to the literature of goitre. He has denied that insanitary surroundings have anything to do with the production of bronchocele. I am reminded by a medical friend from Hibernia that few things in the world are so unsavoury as an Irish bog-cabin. Well, I have been into several, and I entirely concur with his opinion. Yet he says that goitre is rare. Goitre is certainly not common in Ireland, but it is not unknown. The various forms were first clearly recognised by two Irish physicians: by Stokes first and then by Graves. It has been stated that goitre is unknown in Norway; a recent visit to that country convinced me of the erroneousness of that statement.

The same thing is said of London. I find that is quite incorrect. Goitre is very common in London. It is even more ordinary than a keen perceptive faculty in physicians, for it is frequently overlooked. If the thyroid enlarge downwards, then it does not do what French people call "jump to the eye"; it must be sought for during the act of deglutition.

A very large proportion of the patients who seek assistance for chronic pelvic suppuration have an enlargement of the thyroid body. This hypertrophy is often confined to one lobe, preferentially to the right, and *that* for developmental reasons, as pointed out by Fitzgerald. Most frequently the isthmus alone is enlarged. This elective site would be enough to convince us that we have not to deal with a general hyperæmia, but with some local cause.

Were London more hilly and Londoners worse fed, no doubt these goitres would be both larger and even more numerous.

London has the finest food markets in the world and one of the worst of water supplies, and there is little doubt that these facts impress a certain peculiarity on its diseases. It is quite admitted that water *quâ* water is not a highly popular beverage with all classes in the metropolis.

Some will feel surprise that I should treat of such widely-differing diseases as endemic goitre and Graves' disease together.

I fully admit the wide gulf which separates them pathologically, but etiologically they are strongly allied and causation must count for much in classification.

Of the four classic signs, palpitation, proptosis, tremor and thyroid enlargement, that serve to make up Graves' disease, we may ask which is the characteristic symptom? I think most men are agreed that persistent acceleration of the heart is the typical sign. Without going to the rather ridiculous extreme of describing cases of exophthalmic goitre without any goitre, we can dismiss proptosis (with the signs of Dalrymple, von Graefe and Stellwag von Carion) as only meaning accidental paresis of the orbiculares and the recti of the eye. It is, therefore, only an epiphenomenon. I

have seen it in lepers, and Seyman Sharkey has shown that it may occur in many unallied disorders. For the best account see Swanzy's last edition of "Eye Diseases." The thyroid enlargement sometimes precedes and sometimes succeeds the palpitation.

Sansom[1] has shown that tachycardia is common to a host of diseased conditions. Amongst the chief associated symptoms are :—

(1) Affections of hearing—tinnitus, affections of nose and pharynx.
(2) Affections of sight, vertigo.
(3) Glycosuria.
(4) Sweats.
(5) Epistaxis.
(6) Menorrhagia.
(7) Headache.
(8) Fainting.
(9) Pigment changes.
(10) Diarrhœa.
(11) Dyspepsia.
(12) Graves' disease.
(13) Certain neuroses.
(14) Rheumatism.
(15) Influenza.
(16) Shock.

But it occurs at once to us that this is a strong "septic" group.

Other disorders often seen with palpitation are phthisis and scarlatinal nephritis, T. G. Dill; measles and syphilis, Buckland; nasal growths, Woakes; pelvic cellulitis, W. Pasteur; anæmia, Stephen Mackenzie. We may take it that persistent palpitation, fine tremor and goitre form the essentials of Graves' disease. Every case of pulsating aorta that we see is a modified tachycardia, they only differ in degree from Graves' disease.

There are, with regard to the tremors, some important points, first indicated, I believe, by Maude of Westerham. It is that they are fine, frequent and antero-posterior in

[1] *Proceedings Medical Society*, May 5, 1890.

direction. They average eight to ten per second. There is no pronation present as in paralysis agitans. The tobacco tremor is similar in direction, but not so fine nor so frequent.

The tremors of alcoholic neuritis are coarse, less frequent, lateral in direction, involving the interossei.

I repeat that though Graves' disease and sporadic goitre differ so widely as to pathology, yet there is a strong causal nexus. Both own a toxic origin; both have been cured by averting from the circulation a constant stream of pollution.

The chief difference in the method of production is that (*a*) Graves' disease is produced by a poison supplied from within the body—*autotoxis*; (*b*) goitre is often brought on by a poison obtained from outside the body—*heterotoxis*.

The following case of Graves' disease, arising from self-infection, intensified by the ptomaines of shock, differs in no way, either as to etiology or as to method of cure, from the example of sporadic goitre detailed as Case 2, the particulars of which may be found at p. 175.

I have similar cases scattered through my note-books; as they differ from those quoted in no important particular, their introduction is needless.

Case 1.—*Exophthalmic Goitre and Urticaria.*

Mrs. —, age 31. For this most instructive case, a sketch of which has already appeared in the *Lancet*, I am indebted to Dr. C., who sent her to me from the south of London, on August 16, 1889.

The lady had been married two years without any signs of motherhood.

She has had evident Graves' disease for at least six years. The right lobe was the first to become enlarged. This is the common rule.

Three years ago she suffered from pains in the lower part of the sacrum at night. After a distressing family shock, four months ago, she developed nettlerash,[1] to which she has been prone ever since. She had a smart gastro-enteric crisis six weeks ago.

This patient is bright and intelligent. The face is flushed,

[1] Dr. Duncan Bulkly, of New York, has observed the connection between goitre and urticaria.

the vessels turgid, the superficial veins of the head and neck especially much distended.

She is very excitable, and is easily startled. About three times a month she gets a pain, which begins at the right supraorbital notch, and proceeds to extend across the right temple and down behind the right ear to the neck, where it follows the course of the small occipital branch of the first cervical, and the acromial twig of the fourth. The distress disappears after a night's rest. This pain is possibly a toxic perineuritis.

The nettlerash is always worse when this pain is present, probably because they are both caused by an organic poison circulating at the time in the blood.

Her skin is tender, and it burns at night. The attacks of urticaria are worse at night and early in the morning. She then itches all over her body, but on the posterior cutaneous distribution of the spinal nerves, from the third to the nineteenth inclusive, the itching is most distressing, and over that area urticarious weals appear.

She is sleepy after her luncheon. She suffers from noises in her head. She has only one molar tooth, but many suppurating fangs.

Dry foul tongue. The isthmus and both lobes of the thyroid are greatly enlarged, so that the neck measures 15 inches round.

She gets a pain in her right side when she walks. She is very short-winded, and is always thirsty.

The urine is of a pale lemon colour, has free mucus, but no pus; phosphates are present in excess, and there are copious crystals of uric acid.

The chest is healthy, but undeveloped. During expiration it measures 26 inches; during inspiration 28½ inches; longest intake of air, 20 seconds. Suffers from attacks of violent palpitation, preceded by a sense of sinking; her ordinary heart rate is 128 beats per minute. Body weight is 119 lbs.

Is prone to sacral pains after exertion, fine tremors of the hands and feet. She has chondritis of the tibial heads.

The catamenia, which began at 14, and now tend to grow

less free, only last three days, instead of four as they used to do. Two changes are enough for the whole time. There is very little suffering, it is chiefly post-pubic. She gets pain over her right eye and her neck aches at the same time. She also feels a pain in the loin. The site of this pain was made out to be the right quadratus lumborum muscle. She gets distended and diarrhœic during the period. Cocculus 3rd decimal was prescribed for these symptoms, to be taken during the period only.

Excepting some evidence of general portal congestion, an abdominal examination yielded completely negative results till the pelvis was reached. The left ovary was tender, but not enlarged, the right large, very tender, and dislocated downwards, inwards and backwards. Womb was hyperplasic and tilted to the right. The ostium externum measured one millimetre in diameter, the cervical canal discharged muco-pus freely and bled readily on being touched. The mobility was complete, and the tubes were healthy.

I ordered rest and a celibate life. Combined current to the neck, voltaism not to exceed two milliamperes. Careful and systematic lung development. I dressed the endometrium with iodized phenol after immediate dilatation, carried out with complete aseptic precautions.

I reduced the displaced ovarium in the knee elbow posture, and packed it up with animal wool tampons soaked in a saturated glycerole of hamamelis, followed by hot douches.

After the second replacement of the ovary it showed no tendency to fall.

Pulsatilla 12th centesimal, two pilules half an hour before meals, and pulsatilla 1st centesimal at bedtime, were prescribed.

The foul fangs were directed to be removed, and a complete set of new teeth ordered.

Two milliamperes of labile voltaism were applied to the nape and sides of neck, using the commutator every two minutes, this current was combined with a gentle faradic stream.

Then the right vagus was stimulated through its whole course.

The electric applications occupied ten minutes at each sitting.

This lady afterwards had, according to indications, iodide of arsenic 3x; belladonna 30; ipecacuanha, 3x; secale 3x; iris 1; aconite θ; belladonna extract, gr. $\frac{1}{24}$; chelidonium θ; apis mellifica 6; sulphur 3x; copaiba; anacardium 1x; argentum nitricum 6.

In three months the circumference of the neck had dropped to 13 inches. The pulse had fallen to 100, whilst the body weight had increased by 8lbs., and she could with ease inhale in such a manner as that the lungs were completely filled.

The proptosis was better, the urticaria gone; she had lost her rheumatism, and looked much more calm and placid. In December she became *enceinte*.

After this time, having to put out, not only her own katabolic products, but those of her child, all her old symptoms returned. Autotoxis of the uterine centre, which is probably situated near the vagal nucleus, took place, and she miscarried after the sixth month. The uterus was rendered once more non-infective, and she again made a good recovery.

After this I heard occasionally of the progress of the case from the physician in attendance. Desirous of recent news, however, I wrote to the husband for a report and he replied to the following effect.

"December 1, 1893.

"My wife is uncommonly well. The neck gets better. Indeed the swelling is scarcely noticeable. The neck measures 13 inches, and the patient scaled 137 lbs. this evening. As you know, she does not possess an iron nerve, but the hands and feet shake very little. I suppose you heard that she presented me with a daughter last winter. The little one is now eleven months old and seems to be in good condition, if one can judge by her exclamations. When the fine weather comes I must get madam to bring the youngster to see you. For the rest I think that since the latter's arrival her mother has been much better all round. If you want information on any particular points you will let me know.

"Yours, &c."

It is sometimes stated that the progress of Graves' disease is arrested by pregnancy. But Case 1 sufficiently shows that there is no rule of this kind. Indeed, its existence is opposed to probability.

When we call to mind the physiological activity of the heart, of the pelvic organs, and of the glandular system involved in the processes of gestation; and when we add to it the burden of fœtal katabolism, which must fall largely on the mother, we can readily understand that a disease which has so large a toxic element as exophthalmic goitre is more likely to increase than diminish. The chorea of pregnancy, and the convulsions of childbed, both septic infections, point plainly to the perils which arise, especially at this epoch, from imperfect tissue-change and from impeded elimination.

We have been told that the *post-mortem* appearances seen in cases of sporadic goitre and of Graves' disease are characteristic in each case and are widely different from one another.

We have been taught that colloid accumulations are found in the former, whilst in the latter pigment cells replace the colloid matter.

This does not appear to be a fixed rule. Thus in one of Horne's instances, p. 1216 of *Lancet*, vol. ii, 1892, colloid material was found in the thyroid of an exophthalmic patient.

As I have shown that proptosis is quite accidental and that it may accompany anything, of course this might have been a case of endemic goitre, complicated fortuitously with exophthalmos, but possessing none of the typical tachycardial symptoms.

Indeed this view is supported by the fact that in the Strassburg cases, examined in the laboratory of Recklinghausen, and under his supervision, Horne found bud-like endothelial proliferations in the small arteries only, very suggestive of invasion from without. (*Lancet*, November 26, 1892.)

It is noteworthy that Horne failed to find "colloid" in his seven fœtal cases; it was absent, too, in the very young children.

It is quite possible that these were either protozoa in a modified form, the *débris* on the battlefield of a contest

between micro-organisms and macrophages, or else the elaborated products of protozoa.

We know that the macrophages of the endothelium of glands are the first and most vigorous of the protective phagocytes. Possibly, then, they were morbid micro-organisms undergoing digestion.

Recent observations on the coccidium of rabbits have shown that a true adenoma may be set up by the development of the actual cells of a hæmatozoon.

It was pointed out by Gutnecht, as early as 1885, that the arterial walls are greatly altered in goitre. We may take it that his were examples of the endemic variety, for they were the actual thyroids which had been extirpated by Kocher of Berne. Gutnecht found masses of colloid material in the lumina of the blood vessels and widespread hyaline changes in their walls. Colloid was found both in the healthy and in the degenerated vessels. We have seen that Greenfield has made similar observations and has carried them farther.

With regard to endemic goitre, paludism and cancer, there are four points of contact which are well worthy of our most careful attention.

(1) All may be endemic.

(2) All follow the general line of streams and of marshes.

(3) They are probably best distributed by drinking water.

(4) Inoculation and cultivation are difficult and in some impossible.

Marsh fever, like leprosy and syphilis, can be inoculated by intravenous injection, but it is not propagated by contagion from man to man.

Cancer has never been successfully inoculated.

E. Boinet and Silbert obtained ptomaines from the urine of a woman who had exophthalmic goitre. A solution of these was introduced into the circulation of healthy animals, setting up in them the symptoms of Graves' disease. At least, so it is stated in the *Lancet* of March 5, 1892.

Summary of the Physiology of the Thyroid and the Thymus Glands.

(1) The thyroid is needful to health.

(2) The thyroid is not essential to life.

(3) Athyrea differs with age, sex, and environment.

(4) Athyrea is revealed in childhood by cretinism.

(5) Athyrea is shown in adults by myxœdema.

(6) Before adult life, the thyroid secretion probably acts by neutralising the animal alkaloids which, according to Gautier and Quinquand, impede the heart's action and cause coldness, possibly by increasing cardiac inhibition, by stimulating the thermal inhibitory centre, and by stimulating the sympathetic.

(7) When the thymus disappears, the thyroidene has also to help in the process of neutralising other katabolic products, called "extractives," which specially induce heat. This feverishness comes to pass in two ways; first, by vasomotor and vagal paresis; and, secondly, by thermocentral inhibitory palsy.

(8) The knowledge at present in our possession tells us that the thyroid is not much concerned with blood making; it has much more to do with blood purification.

(9) The thyroid does not elaborate either mucin or colloid material, these are adventitious products.

(10) The thyroid does not necessarily destroy mucin, for cretins are not all myxœdematous; it is not like the habit of the human economy to take so roundabout a route in order to rid itself of a waste material that could readily be eliminated locally in a variety of ways.

(11) The thymus might have as one function the breaking up of mucin and of fibrin. (See Macalister, *British Medical Journal*, April 8, 1893, p. 729.)

(12) The thyroid supplements the action of other glands, notably of the thymus.

(13) There are many kinds of enlargement of the thyroid, differing widely in their causation and character.

(14) It is probable that any poison which possesses the property of paralysing the floor of the fourth ventricle may cause goitre; I have shown that the toxines of the paludic protozoon can produce it.

(15) At times, when thyroidene is being produced freely and it has nothing to do in the neutralising way, it may

react injuriously on the economy, causing vaso-motor palsy, palpitation, &c.

(16) *Exophthalmic goitre is a toxic neuritis of the medulla and adjacent structures.*

Treatment.

With regard to the treatment of the goitres, the most optimistic of men will be prepared, I think, to admit that the methods in vogue are by no means satisfactory.

I will venture to draw attention to one suggestive fact; it is that the most approved remedies for goitre are either germicidal or antitoxic. I have only to name iodine, iron, belladonna and quinine. That belladonna has antiseptic properties I cannot doubt. Witness the relief given to septic erythema of the throat and skin, in diphtheria and in scarlatina.

I have myself seen a cordon of belladonna tincture, painted round the leucocytic periphery of a rapidly advancing erysipelas, at once determine the battle between microphytes and phagocytes, in favour of the latter.

There are good grounds for supposing that when anæmia and goitre are benefited by iron, it is not by the physiological storing of iron, but by dint of its well-known antiseptic power that the chalybeate acts.

Hence, if we give iron to a patient, we should give it in good earnest and give nothing else. The patient should take massive doses, as in Dr. Charles Taylor's case, which I look upon as of sufficient importance to give in detail.

The paper is to be found at p. 636 of the *British Medical Journal* of March 21, 1891. It is entitled, "A Method of Administering Iron in Large Quantities."

"With a view of seeing how much iron an anæmic person could take, and also whether the rapidity of progress would be hastened, I determined to try on a suitable case the effect of an almost continuous administration of the perchloride of iron.

"I took a very extreme case of anæmia which presented itself in a girl of 19 years, who worked in a tailor's shop, and who had been getting gradually worse for two years. She lay in bed, hardly able to move without causing dyspnœa,

and showing lips and eyelids almost as bloodless as her cheeks. Having improved her digestive organs a little, I began to administer the iron. I placed by her side a quart bottle of a solution of the tinct. ferri perchlor. with some sp. chloroformi and a tumbler, telling her to sip at it as much as she could day and night. This method of taking medicine she entered into with much zest, taking nearly three pints in the first twenty-four hours. The strength was gradually increased from 5 minims per ounce to 25 minims, and she continued to get through about a quart a day.

"She improved most rapidly, and before she left the hospital, which she did in four weeks, was able to busy herself in the ward for the whole day without fatigue. The amount of iron consumed in 27 days was exactly 30 ounces of the *British Pharmacopœia* tinct. ferri perchlor., and that large quantity without upsetting the stomach, or necessitating the use of any stronger purgative than a pill of aloes and nux vomica administered daily. If, on the other hand, she had taken the iron three times a day, in doses of 20 minims, the amount consumed in the same period would have been 3 ozs., 3 drachms.

"It is generally held in the treatment of anæmia that small doses are as efficacious as large, owing, I believe, to the fact that large doses so frequently upset the digestive tract, and so prevent absorption. Now, by the continuous method, with a tractable patient, one gets a very large amount taken, but in a very dilute form, and also the patient's stomach is able to decide when, and how much at a time, it is willing to receive."

Probably this is an example of hæmatopoietic paralysis of the sympathetic, induced by breathing the toxines in the close workshop, leading to the peculiar changes in the bone marrow which accompany septic anæmia.

I have seen a case of persistent eczema of the lips and hands, following a long course of pelvic suppuration, for which I sought in vain the aid of a great cutaneous specialist, get well in a few days under similar treatment.

I remember many years ago reading a series of experiments which went to show that the sulphate is the best

sewage precipitant that we possess. On theoretic grounds, therefore, the sulphate ought to be a good salt to use.

There is little doubt that the valuable influence of iodide of potassium in late specific manifestations, and in chronic disease generally, is due to the bactericidal and antitoxic effect of the small quantities of iodine slowly liberated in the tissues.

I know that it has been urged that the treatment which improves goitre proper, often intensifies the symptoms of Graves' disease. Thus iodine, which has so often benefited bronchocele, has been said to lead to the development of proptosis in Basedow's disorder; but this point remains to be proved.

Summary of Treatment.

1.—The first indication is certainly to forbid over exertion and excitement, to insist on a midday rest, and on free ventilation in sitting- and bedroom, also to suggest sleeping on the ground floor. If circumstances allow, send the patient to the pure air of the coast, endemic goitre being nearly unknown on the seaboard. Especially enjoin on the patient the importance of lung development, also of frequent gentle open-air exercise; riding, driving and boating are perhaps the best.

2.—Secure nutrition on a rational basis; forbid the use of alcohol and the abuse of the nervines; meat should be given cautiously on account of its proneness to produce disturbing peptones; goitre is not unknown in the herbivores, but it never attains to any size. The gross, indiscriminate eaters, as the dog and the pig, are the most prone to well developed bronchocele. ("Die Cretinisme," Saint-Lager, p. 457, 1867.)

3.—Examine drinking water for toxic materials.

4.—Close all possible septic avenues, as sewer gas escapes, carious teeth, frontal, antral, and aural abscess, suppurating glands, gleet, and muco-purulent discharges of all kinds from rectum and vagina; heal chronic ulcers, etc.

I will cite an example where the removal of persistent pelvic suppuration was followed by the disappearance of a goitre, and of Addisonian bronzing at the same time.

That the toxines of pus had invaded the neighbourhood of the restiform bodies and the floor of the fourth ventricle,

is evident by the coincident development of an inco-ordinate pharynx. Here it is possible that the adrenals were poisoned too, and their function abolished by ten years of absorption of pus products.

Bronchocele with Addisonian Bronzing.

Case 2.—This case also came from the southern suburbs, sent by Dr. M. Mrs. T., aged 35, has had a purulent vaginal discharge, dating from the birth of her only child ten years ago. Since that time she has had rheumatoid arthritis of knees, sore lip commissures, small double symmetrical goitre, inco-ordination of the pharyngeal muscles, profound depression of mind, and a deeply bronzed skin most marked in the face and hands. The *os tincæ* discharged muco-pus freely. The goitre, the pigmentation, the rheumatoid arthritis, and the mental gloom disappeared on removing the cause of the xanthorrhœa, viz., uterine cervicitis, which had led first to denudation of the cervix, then to general pelvic lymphatitis. From the lymphatics, *via* the thoracic duct, pus *débris* had been carried into the general circulation, with the result of gravely compromising the sympathetic system and the medulla. A condition closely resembling malarial poisoning had been set up. The disease began at Rochester, Lake Ontario, a district where goitre is endemic, so that we cannot be certain that this was a true sporadic case; her child is decidedly backward in development.

There is in the museum attached to St. Bartholomew's a drawing representing a case of this kind. It is labelled "Exophthalmic goitre with Addison's Disease." Dr. A. T. Davies showed an example at a meeting of the Hunterian Society on April 22, 1891.

Mr. Cardew found abnormal increase of pigment in seventy per cent. of his cases of Graves' disease.

The symptoms of Graves' disease were conveniently arranged by Charcot in two groups, viz., primary or cardinal and secondary. I propose to adopt his grouping, adding about twenty important symptoms left out in his list, whilst omitting proptosis as a primary symptom.

These, then, are the symptoms to be sought for. When a complete group has been obtained, it is certainly wiser to

relieve first those which are the greatest source of annoyance to the patient. For we may remember that the gravest organic changes are less disturbing than some insignificant reflex disturbance or some sympathetic symptom.

As regards remedies, give the preference to the lower dilutions, and if in doubt select those which will exert some influence in destroying germs and neutralising toxic material.

Dr. Woakes claims to have cured 85 per cent. of his cases with fluoric acid. (*Lancet*, March, 1881.)

PRIMARY OR CARDINAL.	Increased frequency of heart's action (asystole). Goitre. Rhythmical vibratory tremor.
SECONDARY.	*Digestive organs.* — Vomiting, epigastric pain, diarrhœa, bulimia, sudden fits of hunger, thirst, hæmatemesis, epistaxis, jaundice.
	Respiratory organs.—Cough, dyspnœa, increased frequency of respiration, hæmoptoë.
	Nervous system.—Angina pectoris, neuralgia, stammering, paralysis, exophthalmos, Dalrymple's, Stellwag's, von Graefe's symptoms, peculiar form of paraplegia, dilated pupil, difficulty of convergence (Mobius), photophobia, tinnitus, convulsions, epileptiform crises, want of mental and of physical endurance, psychical modifications (emotional, etc.) irritability.
	Integumentary system. — Vitiligo, urticaria, pigmentary patches, sweatings, sensations of heat, unilateral dysidrosis, diminished electrical resistance.
	Urinary system.—Polyuria, albuminuria, glycosuria.
	Generative system.—Menstrual derangements, impotence.
	General.—Distressed expression, facial burning, anæmia, more or less profound cachexia, œdema of the lower extremities due to asystole.

Dr. MADDEN said one thing that occurred to him was, that in all probability the product of the thyroid gland did, as Dr. Blake suggested, act as a germicide and scavenger of certain undesirable products in the economy, and that consequently when that function was abolished, the body suffered from the poisoning resulting from that substance not being destroyed. Hence the benefit presumably, as Dr. Blake suggested, of giving iodine and other germicides. It was rather difficult to say how that could be, because he had never yet been able to understand how a germicide could be swallowed and distributed through the blood in such a strength as to act germicidally. Might it

not be that, in addition to having a germicidal effect, iodine and mercurius, and other medicines, had specific effects either on the nerves which regulated the function of the thyroid, or on the nutritive centres, and thereby acted beneficially? He had never been able to follow the suggestion of giving carbolic acid and mercurials internally to act as germicides. He was sorry they had not had any suggestions more directed to their specialty. It was, of course, valuable to them to know as much as possible of the physiology and pathology of every portion of the human frame, but it would have been more satisfactory if they had had some suggestion for the homœopathic treatment of either goitre, myxœdema, or other abnormal conditions of the thyroid gland. There were, undoubtedly, drugs which had a specific effect on this gland, and which would, therefore, act homœopathically when given according to their principle; and with regard to belladonna, he thought it was much more likely that it had a specific effect than a germicidal effect in exophthalmic goitre. He did not think there had been any experiments made to prove that it was germicidal even outside the body. No doubt the thyroid extract acted simply by supplying that which the system lacked when given internally in myxœdema, and very possibly in the same way in the case of eczema which they had heard from Dr. Morrisson. Eczema was, he believed, no uncommon accompaniment of myxœdema or other conditions where the thyroid was undeveloped, and hence by supplying its extract we simply supplied the substance, the deficiency of which was the cause of the complaint. But thyroid extract ought to be a homœopathic remedy for exophthalmic goitre, and in that direction he hoped it would not be very long before they had some data to go upon. He had just begun the treatment of a very pronounced case of exophthalmic goitre with the first decimal trituration of thyroid extract, and he believed others were trying it also. He had not yet tried it sufficiently to have results which he was prepared to lay before the Society, but it was in that direction that they, as homœopathists, ought to work. There was an ample number of observers on the simple physiological side of their profession, and they were very glad to make use of all that they laid before them, but they ought always to try and make use of their results to advance and extend the true homœopathic application of remedies.

Dr. DUDGEON said he quite bore out Dr. Blake's statement that goitre was not a disease unknown in London. In his own experience he had seen several cases of largely swollen thyroid

gland in families, in one case where it seemed to be hereditary, *i.e.*, the mother came from a portion of the continent where goitre was rife, and one of her children developed goitre too. He would call it rather a hyperæmia of the thyroid gland. The treatment seemed to reduce it to ordinary limits and no bad effect was produced. As for exophthalmic goitre—Graves' disease—it occurred everywhere, and he did not suppose it was less frequently met with in London than in almost any other part of the country. That was a kind of goitre which did not come under the category of those goitres which Dr. Blake had described, although he did mention it.

Mr. WRIGHT said that some of the members who were unable to take such a large grasp of the question as Dr. Blake were, probably, rather doubtful as to what he was trying to prove, and what he was trying to disprove. The question that Dr. Blake brought up of the various toxines and alkaloids was an interesting one, but they must not forget that there was a difference between the poisonous proteids and the different ptomaines. For instance, they had in the case of serpent poisons, and the poisons produced by spiders, which were largely used by homœopathists, instances of poisonous proteids different from ptomaines, which were the result of the action of organisms on the living issues. He did not see how an antiseptic could act on germs in the body without destroying the tissues with which it came in contact. Dr. Blake, in quoting Dr. Greenfield, had omitted a most important thing which the latter inferred from his study of exophthalmic goitre, and that was that those toxines which Dr. Blake referred to as the cause of the disease were really the product of the thyroid gland itself, and not the product of the action of germs in the body; and it was the entrance into the blood stream of too great an amount of this internal secretion of the gland which caused the symptoms of Graves' disease. Dr. Greenfield's views could not, therefore, be used in support of Dr. Blake's theory of the toxines being produced in the body by germs coming from the outside. He thought the relationship between Graves' disease, cretinism, myxœdema, and other diseases of the thyroid gland and articular rheumatism had not been completely proved by Dr. Blake.

Mr. GERARD SMITH said that a case recently under his care might be interesting. It was one of exophthalmic goitre of four years' standing. The husband of the patient having learned that disease of the thyroid gland was part of the malady, and having a crude idea of the homœopathic law, obtained some thyroid extract,

and administered it rather freely to his wife; who made a phenomenally rapid recovery from all her symptoms in the course of six months. He could not understand how belladonna could act as an antiseptic when given in so attenuated a form as the 3x dilution. Was it possible that any microbe could be killed by the infinitesimal amount that would reach it in the blood, or even by being placed in a homœopathic dose of the same dilution, mixed with water as is the custom? But there was no doubt that both homœopaths and allopaths used this drug with success in Graves' disease; an eminent allopathic physician, with whom he had the honour of holding a consultation in a case of this disease (having just received the confession of his heresy), was greatly surprised to learn that the drugs considered homœopathic to the case were belladonna and iodine; those being the two selected by the physician himself upon other grounds; iodine because it would "cause the absorption of the thyroid," and belladonna because it was a "vascular sedative." It was worth observing that belladonna is, perhaps, one of the last drugs to deserve the name of a "a vascular sedative"; as our provings will show very clearly. He wished to draw attention to the drug lycopus, which has proved of great value in a recent case in his experience, where there was unusually severe cardiac irritability and marked mental depression.

Dr. WOLSTON asked the author if he did not make a great distinction between endemic goitre, localised by the use of water impregnated with lime, and sporadic goitre, which all admitted might be found anywhere and depended undoubtedly on causes of a different nature. He was old-fashioned enough to believe, in spite of recent theories, that endemic goitre was produced by the drinking of calcareous waters, and he believed that it would be found that in the districts marked on the map where goitre was distributed, the water was undoubtedly strongly calcareous. In places where snow-water alone was used, as in Lapland, endemic goitre was unknown; and when the subjects of it in other lands had gone away from the districts where calcareous water was used, and drank only rain- or snow-water, the symptoms of goitre soon disappeared. Iodine, in all forms, had most marked results in the cure of goitre. The biniodide of mercury, in the form of ointment, locally rubbed in has the most wonderful effect in reducing and curing goitre. He believed the action of iodine was specific, and not merely "antitoxic."

Dr. GALLEY BLACKLEY said he could not get over the idea that mountains and lime had something to do with goitre. With regard to Dr. Blake's idea as to the action of paludal influences, he sup-

posed Dr. Blake meant by that malaria. He had been in the tropics and had seen a great deal of ague, but he had never heard of a single case of goitre or anything approaching it. He thought goitre was particularly conspicuous by its absence in malarial districts. Of course, malarial fevers were caused by one of the very inferior classes of vegetable germs, and goitre was caused by some other sort of germ. Apparently most diseases depended upon some kind of germ. He should say that where goitre did occur in a malarial district it was sporadic and not endemic. He had been in a house surrounded by trees for some five weeks perfectly well until an adjoining mango orchard was dug up in trenches, when in three days he was down with a bad attack of ague. The same thing occurred with another man who came into the house a few weeks afterwards. They were sleeping on the ground floor, and he was told that those who slept on the first floor never got ague. That was very well known in Brazil, where the natives built their houses on piles, six or eight or ten feet above ground.

The miasm was absolutely invisible; there was not even moisture to be seen, and when he took the ague the weather was particularly dry.

Dr. EDWARD BLAKE, in reply, said that he was much interested in Dr. Morrisson's proving of thyroidin; it must be plain to all how much it resembled arsenic in its action. If it be true that toxines can induce skin disease, and that toxines are neutralised by thyroid juice, it is pretty plain that skin disease should be curable by thyroidin. Already eczema, psoriasis and xeroderma have received benefit from thyroid extract.

Dr. MADDEN doubted if enough poison could be safely introduced to destroy micro-organisms. Well, the matter has been submitted to actual experiment, and the results are most interesting.

In the case of anthrax, so weak a solution as $\frac{1}{3\,000,000}$ of corrosive sublimate, say three drops of our sixth decimal, will inhibit the growth of the bacillus anthracis, but it requires a solution stronger than $\frac{1}{6\,000}$ to kill; that is, it requires the second decimal.

This is noteworthy; for we know clinically that we can modify congenital syphilis with the sixth decimal of merc. corr., but it requires the second decimal to promptly arrest the ravages of primary syphilis. There are reasons for thinking that syphilis may be due to an animal rather than a vegetable germ; it has not yet been identified beyond cavil.

The scientific basis of the homœopathic treatment of consumption has been firmly established by bacteriologists, who have

shown that the tubercle bacillus perishes in solutions of phosphorus.

Mr. Dudley Wright observed that Dr. Greenfield has shown (*Lancet*, p. 1544, December 23, 1893) that "all the theories grounded on the view that the thyroid acts by the removal of a poisonous substance from the blood" are now untenable. This is quite true. But it is still possible that thyroidin has the property of neutralising a group of toxines known as "extractives."

It is curious that whilst the extractives are neutralised by the thyroid secretion in the case of adults, in the case of children who have a thymus to do that for them, *alkaloids* are neutralised by thyroidin.

As to the adrenals, McMunn has observed two different pigments in cortex and medulla respectively, which are not hæmoglobin. When these pigments cannot be extracted by a paralysed supra-renal body, no matter what the cause of this suspended action, bronzing is apt to occur. Hence we get, as we ought to expect, melanosis of the skin and mucosa in many poisonings, malarial, tubercular, goitrous, purulent and arsenical.

There is no doubt geological element exists in some forms of goitre.

We know how powerfully the salts of lime influence the sympathetic system.

If the calcareous salts be potent for good, they must be powerful to do evil. I see no reason why a person should not have vaso-motor palsy of a cretaceous type. But there is a goitre protozoon—a low type of animal life—which will soon be found in the thyroid gland, I have little doubt.

Dr. Blackley was quite right that ague may be caught by aerial germs; but it is caught more surely through water.

(1) Those who pass through a malarial district, and abstain from unboiled water, escape.

(2) People suffer in proportion to the amount of water they consume. Troops imported from a cool to a hot climate are naturally tormented with thirst, and they are more prone to succumb.

(3) Without drainage, but with a pure water supply, malaria has been known to disappear.

(4) In a locality, having a pure and an impure source for drinking water, those using the former escape whilst the others fall victims. (See Laveran, "Traité des Fièvres Palustres," pp. 458-464.)

REMARKS ON CHLOROSIS AND ANÆMIA.[1]

BY F. W. DAVIDSON, M.R.C.S.ENG., L.R.C.P.LOND.

THE subject of this paper is a condition so constantly occurring in the course of every medical man's practice, that I thought it would be of interest to make a few remarks upon it, and so provoke a discussion amongst members which would, I hoped, be to our mutual advantage.

Chlorosis, or anæmia, is the name given to that condition where there is a diminution of the solid constituents of the blood, particularly of the red corpuscles, and consequently the hæmoglobin, accompanied by general pallor of the surface and the mucous membranes, and certain easily recognised general symptoms.

The anæmia I am about to deal with is that very common disease which you have all noticed in young girls occurring at about the age of puberty.

There are two chief kinds of anæmia. First, that which is due to a deficiency in the *quantity* of the blood. This state is generally produced by a large hæmorrhage from some injury or otherwise, flooding at childbirth, or excessive menstrual flow. Such an anæmia is designated an oligæmia or acute traumatic anæmia. The second form is that in which the condition, as to the blood and its constituents, is as stated above. This form of anæmia is known by the term spontaneous anæmia, and presents a most interesting series of symptoms. To describe and explain them to you it will be necessary, first of all, to give a brief account of the physiology of the blood, and to mention the different methods of estimating the number of blood corpuscles, both red and white, present, and the amount of hæmoglobin. The blood has been aptly described by Claude Bernard "as an internal medium which acts as a 'go-between,' or medium of exchange, for the outer world and the tissues." Its colour varies from a bright scarlet-red in the arteries to a dark bluish-red in the veins. It is opaque, its colouring

[1] Read before the Liverpool Branch, December 9, 1893.

matter being suspended in the form of fine particles; these particles are the blood corpuscles. They can be separated from the fluid portion, or serum, by filtration. The reaction of the blood is alkaline. This alkalinity rapidly diminishes after the blood leaves the body owing to the formation of an acid partly from the decomposition of its colouring matter. The alkalinity is diminished in the blood of persons suffering from anæmia and one or two other conditions. It may be interesting to note that the reaction of the blood in patients suffering from cholera is very often acid just before death takes place; this, I take it, being due to the anæmic condition produced by the exhausting diarrhœa and vomiting of the disease, and consequent disintegration of the red corpuscles. The best way to test the reaction of blood is by means of thin plates of plaster of Paris perfectly neutral and dried. They are then moistened with a neutral solution of litmus. A drop of blood being then placed on one, the plate, being porous, allows the fluid part of it to pass into it, the corpuscles remaining on the surface. These latter are then washed off with water, and the altered colour of the litmus-stained slab is apparent. The specific gravity of the blood varies from 1045 to 1075, the average being about 1055. As with the alkalinity of the blood, so also with the specific gravity is there an appreciable alteration in that of anæmic persons, it being generally of a lower specific gravity than normal. Upon examining the blood microscopically, it is found to consist of corpuscles, red and white, floating in a fluid, the plasma or liquor sanguinis, which is transparent. The corpuscles are very numerous and are of two kinds, white and red, the latter being by far the most numerous. The proportion varies very considerably according to certain conditions both of time, place, and kind of food, &c., indulged in, and vessel from which it is extracted, but the general average is about 1-350. The number of the red corpuscles is about 4,500,000 in the female, to 5,000,000 in the male per cubic millimetre. The diameter is about $\frac{1}{3500}$ of an inch, which is affected by certain conditions, being either increased or diminished according to those conditions —acute anæmia among others increases it. The chemical

composition of the red corpuscles is as follows:—Water, 56.5, solids, 43.5, in a hundred parts. The solids consist chiefly of hæmoglobin, the percentage being 90.54. The composition of hæmoglobin is very complex, for, besides the general composition of proteids, it contains a great quantity of iron, viz., 0.42 per cent. There are several ways both of estimating the number of corpuscles in the blood and the amount of hæmoglobin which it contains. But I hardly think it will be necessary to do more than mention the chief methods. To estimate the number of corpuscles, there are two well-known instruments called hæmacytometers. They are those of "Abbé and Zeiss" and "Gowers." I consider Gowers' to be the better of the two, although there is not much to choose between them. It is a disputed point still as to the place of origin of the red corpuscles. Some observers maintain that they are formed from the white corpuscles, from which, they say, the nucleus disappears, while the perinuclear portion remains, becomes flattened and so transformed into red corpuscles. Others hold that the nucleus remains behind, and, becoming pigmented, forms the red corpuscles. The bone-marrow is another source of the coloured corpuscles, the kind producing them being the red marrow. They are supposed to decay in the liver and spleen. The amount of hæmoglobin in the blood can be ascertained either by estimating the quantity of iron in a measured portion of blood, hæmoglobin, as I have mentioned elsewhere, containing 0.42 per cent. of iron, or else by comparing the colour with a standard colour by means of another interesting little instrument of Gowers'—his hæmoglobinometer. The amount of hæmoglobin in man is about 13.77 per cent., and in woman 12.59.

I do not think it will be necessary to enter any further into the physiology of the blood, as the pathology of chlorosis is chiefly connected with the solid constituents of it, and more especially with the red corpuscles, they including the hæmoglobin.

Some authors do not make any distinction between the terms anæmia and chlorosis, and describe them both under one heading, which in my opinion is rather a mistake.

Anæmia, pure and simple, is a state of the system produced traumatically or otherwise, that is, by wasting discharges and such like things, and I think would be better described as a symptom, not as a disease *per se*; whereas chlorosis is a condition produced idiopathically in certain persons, having no connection whatever with a hæmorrhage or discharge of any kind. Therefore, I should prefer to use the word chlorosis as being more applicable to the disease now under consideration. Some other authors are also evidently of my opinion, as in several books on medicine or women's diseases you will find regularly tabulated forms of the distinctive features of the two.

The causes of chlorosis are somewhat obscure and are chiefly of two classes, predisposing and exciting. The chief predisposing cause is the lymphatic temperament, it being stronger in those patients who exhibit a tendency to scrofula. It is a rather rare thing to find chlorosis occur in those of an active temperament. This is a point I am rather inclined to lay stress upon, as all the cases I can call to mind have appeared to me to be of the former habit. Other predisposing causes are due to other dyscrasiæ connected with syphilis, malaria and such like, but these latter rather refer to anæmia, the symptom, than chlorosis, the disease.

The active exciting causes of chlorosis are chiefly due to hygienic defects, and the senses; to deficient or unwholesome diet, such as that which such great numbers of poorly paid seamstresses and other workwomen have to put up with, through sheer inability to procure more suitable and nourishing food. Then being confined the greater portion of the day in damp, unhealthy rooms or attics, stooping over some more or less uncongenial work, instead of being in the natural upright position when the lungs have a chance to fully expand, and so perform their allotted duty of oxygenating the blood properly. In these rooms the ventilation is chiefly and forcibly noticeable by its absence. I was talking to a certain doctor some little time ago on the subject of chlorosis. He informed me that some years ago he was practising in a district where female labour was largely used, and he and his colleagues noticed that the disease was de-

cidedly more prevalent amongst the working girls during the autumn and early winter than at any other time of the year. In my practice amongst the out-patients of the Hahnemann Hospital I have found the same thing, so I quite agree with him as to the fact, and think his explanation a very reasonable and probably correct one. It is, that at this time of the year the weather generally becomes inclement and raw, so the girls who are confined at their work indoors get less fresh air through all doors and windows being shut to keep out the cold. Then, again, the outdoor exercise which they are accustomed to take on a summer's evening after work has to be foregone because of the said inclemency of the weather. Deficient or improper clothing is also sometimes answerable for the disease. The other day I came across a rather funny, and certainly unique, explanation of the ætiology of chlorosis. The author starts, to begin with, on wrong premises, by stating that it is a disease peculiar to the poorer classes. He maintains it is due to salicylic acid. Ask any of the subjects of chlorosis if they are fond of jam, and they will invariably answer yes, and that they eat great quantities of it. "Well, there you are," says he, "they are all poor and cannot afford to buy the best kinds of jam" and as, according to him, all the inferior qualities have a certain amount of salicylic acid in them in order to preserve them, at the expense of the proper and righteous quantity of sugar, these poor victims of dishonest and economical jam makers get all more or less poisoned by taking into their systems a lot of the acid. I have looked through some of the provings of salicylic acid and cannot find that it produces any of the symptoms of chlorosis beyond that of palpitation. But I think it might be further looked into.

Other exciting causes of chlorosis are of an emotional character, such as fright, chagrin, jealousy, nostalgia, &c. Sexual excitement, masturbation or ovarian disturbances may also induce it. It would be as well to suggest that these conditions cannot be looked upon with any certainty as either causes or effects; some of them are certainly predisposing causes and some as certainly may simply be effects of the disease itself. It cannot be laid down as a fact that, for

example, an attack of nostalgia has been the definite determining cause of an attack of chlorosis, for it frequently occurs during the progress of the malady. Therefore it is as much an effect as a cause. Other causes in the richer classes are irregular habits, late hours, &c. The disease occurs chiefly in young girls from the time of commencing puberty till about twenty-five years of age or thereabouts. There are a great number of medical men and authors who give as the cause of chlorosis the amenorrhœa which is observed so frequently in the course of the malady. Personally I am inclined to think it is more a result of the morbid state than a cause, as in a great many cases I have had under treatment I have ascertained that the amenorrhœa has come on some time after the onset of the other symptoms. In numerous other cases there was no amenorrhœa at all, but the menses continued as regularly all through the course of the illness as before its onset. This latter fact, I think, is sufficient in itself to enable us to conclude that amenorrhœa is not a cause of chlorosis ; but when it does appear that it is a result brought about probably to economise the strength of the patient as much as possible. In another class of patients I have noticed that there have been very profuse catameniæ. In these cases the anæmia or chlorosis even if not produced from it—the menorrhagia—is certainly delayed in its progress towards recovery.

Another theory of the ætiology is that it is entirely of a nervous origin. It is asserted, and truly, that in some cases there is no manifest change in the composition of the blood (Becquerel and Rodier), so that puts the question of "impoverished blood" being the cause of chlorosis on one side. Then chlorosis is very much more frequent in females than in men, and women, it is well known, are much more easily influenced by nervous causes than men. The incipient symptoms, when they are observed, are always of a nervous character, and these continue all through the course of the illness. These symptoms may be observed before any changes in the blood are apparent. The fourth reason given in favour of this theory is that chlorosis yields readily to those medicines which are known to act favourably in affec-

tions of the spinal cord, such as morphia, strychnine, &c. This reason I mention just for what it is worth.

The nervous theory is further supported by the fact that it occurs, in predisposed persons, from the effects of fright, strong emotions, mental or moral, acute sexual excitement, self-abuse, and such like causes; also in city people where tension is kept up through anxiety concerning business matters; and from the forced and furious excitements of society—so called—in the better classes. Becquerel and Rodier are almost dogmatic in laying it down that chlorosis is a nervous complaint. They say: "For us, as for some other authors, chlorosis is a disease which has its beginning and its seat, its point of departure primarily, in the nervous system; giving rise consecutively to disorders of digestion, of menstruation and of the circulation." If this definition be correct the change in the blood in chlorosis is not a constant and capital fact, but a secondary and incidental phenomenon, which is not absolutely indispensable to the disease. I am strongly in favour of this theory as to the ætiology of chlorosis. The particular centres affected are supposed to be the spinal and ganglionic nerves.

Niemeyer in connection with this subject makes a curious statement. He says: " . . . . According to my observations, obstinate chlorosis attacks all young girls without exception in whom the menses have appeared in the twelfth or thirteenth year, and before the development of the breasts and pubes."

The microscopic examination of the blood of a chlorotic patient generally reveals a great diminution of the corpuscular elements of the blood. It is not an invariable rule for such to be the case, but it is more frequently than not found that they *are* less than normal. On the other hand, I believe it is invariably found that the hæmoglobin is diminished, as tested by the hæmoglobinometer.

Some stress has been laid upon the fact that *post-mortem* the larger arteries are found to be unnaturally thin and narrow. Not unfrequently there is also found fatty degeneration of the heart-walls, and more especially of the columnæ carneæ.

There is one form of anæmia called "pernicious anæmia" which ought to be mentioned in connection with the subject under consideration. This is a peculiarly fatal form and occurs in older patients; it is not amenable to treatment, and in addition to the general *post-mortem* appearances of chlorosis, hæmorrhages and dropsies, and a peculiar change in the marrow of the bones resembling that of leucocythæmia, are present.

The symptoms of chlorosis are generally so easily recognised and so well known that it will be almost superfluous to enter into them in detail, so I will simply enumerate them, laying stress on one or two, and then proceed to the treatment of the disease.

The first noticeable symptoms are those of gradually increasing paleness of the skin, together with loss of breath and palpitation on exertion. Certain gastric troubles and constipation are also generally present from the first. The late Sir Andrew Clark considered the constipation to be an essential factor in the ætiology of the disease, saying that he believed the condition to be really a copræmia, due to the absorption of poisons from the large intestine. The later symptoms are an increasing whiteness or sallow, wax-like appearance of the skin, together with a marked paleness of the mucous membranes, eyelids, lips, &c. In fact, I generally use the gums of the lower jaw as an indicator during the progress of treatment. To begin with, when the patient is very bad, the distinction between the gums and the white teeth is hardly noticeable. Then as treatment goes on, the gums get more and more clearly defined, until at last, when the patient is well, one wonders how there could have been any difficulty in distinguishing between them. The sclerotics also assume a peculiar sky-blue appearance, which in themselves I consider almost pathognomonic. There is very often a fallacious colour in the cheeks of chlorotic patients induced by the slightest exertion or by mental causes. Palpitation on exertion becomes more and more prominent, and at last distressing, leading in some cases to a suspicion as to there being heart disease present. Accompanying the palpitation is loss of

breath, which is another very distressing symptom. On auscultation the heart sounds are generally observed to be normal, excepting a soft hæmic murmur, which may be heard over the left or pulmonary valve. Another murmur, which is continuous, and more or less musical, may be heard on gently pressing the end of the stethoscope on the veins of the neck, more especially on those of the right side. This is known as the "bruit de diâble," which must not be translated literally, but is named after the sound produced by a certain kind of French humming-top. The breathing is usually less deep and rather more rapid than that of the healthy.

The digestive symptoms may vary from a slight amount of uneasiness or flatulence, after food, to a perforating gastric ulcer—which ulcer, by the way, is more common in subjects of chlorosis than in any other people. I have observed that obstinate vomiting is a very frequent concomitant. The menstrual functions are generally more or less deranged, but there is no hard and fast rule by which one can say "that patient has chlorosis, therefore she must have amenorrhœa." Indeed, in many cases, I have noticed that the menses are not altered in the least, but are regular in quantity, quality, and time. That is, if one can rely upon the statements of one's patients.

In other cases there is menorrhagia, the periods being more frequent than normal and the quantity greater; sometimes it is accompanied by dysmenorrhœa. Leucorrhœa may also be present. But the commonest state to find is certainly that of entire absence of the menses, or amenorrhœa.

There is general enfeeblement of the muscular system, but no loss of fat, rather is there an increase of the subcutaneous adipose tissue. Anasarca of the lower extremities is common, and in a number of cases slight albuminuria is present.

The nervous symptoms are numerous and varied. A great many of them are hysterical. I have one case now under treatment, a chlorotic girl, who has attacks of hystero-epileptic fits. I may mention incidentally, that these have

been first of all lessened, and finally dispersed, shall I say, by the administration of plumbum 6.

There is listlessness, inability to follow out any course of action or thought, irritability, loss of energy and temper, and neuralgic pains in various localities, head especially. Sometimes the hysterical symptoms go so far as to simulate paralysis or epilepsy, as in the case quoted above, and other nervous diseases.

The prognosis of chlorosis, pure and simple, is very favourable both as to death, and resulting disease of lungs or heart, &c.

In the treatment of chlorosis the first and foremost indication is the removal, where possible, of those causes which are supposed to have originated the disease. The medicinal treatment, homœopathically, of course varies a great deal, as the symptoms are not exactly the same in all cases, that is, the prominence of one particular symptom over another would indicate in one case a different medicine to that which would be employed in another presenting other chief symptoms. For instance those of a hysterical or emotional character would call for such remedies as ignatia, hyoscyamus, belladonna, and several other medicines, each of course being carefully selected according to the state presented. But *the* medicine above every other for chlorosis is *iron*. It does not particularly matter in what form it is given, but let it be *iron*. Of course it is better to administer it in the way that is least upsetting to the patient's stomach and bowels: I mean in a form that is least likely to aggravate the dyspepsia and constipation which are so frequently present. Iron may almost be looked upon in the light of a specific for chlorosis in the same way as quinine for ague and mercury for syphilis. It is in my opinion an empiric as administered in the disease in question, for to afford speedy and permanent cure the drug must be forced, as it were, and large quantities given to the patient. It seems rather singular that this should be so, as there are only about 30 grains of iron in the blood of the whole system, and the amount administered is sometimes enormous, I myself having given as much as 20 grains or more per diem of the carbonate of iron for two or

three weeks without intermission, and have obtained the most gratifying results. But why it is necessary to give such large doses I am unable to say. That it *is* necessary I am firmly convinced from experience, as I have tried small quantities over and over again, but have always had to increase the doses until they presented most formidable proportions. The forms in which I have most often administered it are the muriated tincture, 1st decimal dilution, 10 drops, which have been increased to as many as 30 drops four times a day; or the dialysed tincture in much the same doses. But the very best form in which to give the drug is that of Bland's pills, the composition and the quantities of each one of these pills being as follows:—Ferri. sulph., gr. iiss.; potas. carb., gr. iiss.; tragacanth, quant. suf. It has been found by experience that the carbonate is the best and most effective form of iron, as it does not cause constipation or indigestion, and, as the carbonate will not keep, it must be made freshly every time. To get over this difficulty the sulphate of iron and carbonate of potash are mixed together with a little tragacanth, and kept in that form. When swallowed the action of the gastric juices on the two salts makes them change their forms into pot. sulph. and ferri carb. The pills should be given one three times a day, to begin with, and increased by degrees to three or even four, three times a day.

The results of this treatment are truly marvellous. In a short time the patient commences to gain colour, to lose the sense of suffocation and palpitation on exertion. The appetite increases, and by degrees all the bad symptoms disappear one by one until there is a return to the normal state of health and strength, much to the delight of the patient, *and* her friends.

There are certain symptoms, though, which in some cases must first be relieved before the patient can tolerate these Bland's pills. The chief of these are the vomiting and dyspepsia which are so very frequently present in bad cases of chlorosis. I find that these states are most readily amenable to true homœopathic remedies. There is nothing, in my opinion, which can equal arsenicum 3 iii. drops to stay the

vomiting and cure the dyspepsia; but I have found in certain cases that arsenicum is not exactly indicated, and when administered does not act well in these cases. Hydrocyanic acid, 3x, dilution, will stop it almost instantaneously. The chief indication for the use of the latter drug is great pain accompanying the vomiting, which would seem to be relieved by taking something into the stomach, if it could only be induced to stay there. The vomiting from ulcer when that is present, as in some cases, is best relieved by hamamelis and ipecac. In one case I had under treatment, dyspepsia was the most troublesome symptom. It was of that peculiar form where the pain is relieved by food, but returns again in about two hours or less. In this case I cured the dyspepsia and made way for the iron, by first giving anacardium 1. The final result was very gratifying to both patient and doctor.

I often give arsenicum 3x, in alternating doses with Bland's pills, and I have rarely found the combination to fail in effecting a speedy cure. Of course, there are very often other indications arising during the course of the illness, and these must be acted upon as they arise. To the hygienic conditions, it is needless to say, particular attention should be paid, as also the diet, but I do not think it is necessary to enter into the details of these conditions. In the matter of fresh air and exercise, I think a great deal of discretion ought to be used. The patient should not be forced at first to take such exercise as will induce any aggravation of her symptoms; but if the regulation of this matter be left to her, she generally will take the proper amount. In connection with this, I think Sir William Jenner is very emphatic that the patient should be induced to take as much rest as she possibly can. In fact, to lie up in bed for a week at the commencement of the treatment, and then to get up late and go to bed very early, and so on.

I have purposely said nothing about the treatment of the amenorrhœa that is so frequent, as it is simply an effect, not a cause of the disease, and as the patient gradually returns to a more normal condition of health the menses also reappear in their proper order and form. But I think a word

ought to be said as to the dysmenorrhœa and leucorrhœa which sometimes call for treatment during the illness. The dysmenorrhœa is generally of the spasmodic variety. Bell., gels. and caulophyllum are all useful here; and I find that when aided by a hot hip bath, or hot injections, they act very well. The leucorrhœa is also best relieved by hot injections, with a small quantity of Condy's fluid added. In these cases, pulsatilla or sepia will be found very useful, according to the character of the discharge.

I will now, gentlemen, give you a very brief history of a case which is a fair sample of most that have been under me lately.

A. B., a young girl aged 14 years and 1 month, light-haired, large girl, decidedly lymphatic lungs; at school. Came first on November 1st. Loss of breath and headache, with palpitation on exertion, chief symptoms. First complained last August. Menses been on for twelve months, now quite normal. Has vomiting and dyspepsia now badly. Auscultation, heart and lungs normal, except slight bruit over left base. Bruit de diâble, well-marked general chlorotic appearances very distinctly present. Gave arsen. 3 ♏ 3 every hour for two days for the vomiting. By November 3rd the vomiting had much improved, only twice since last visit, but pain still bad. Rep. ars. two hours. In two days she reported all pain and vomiting had disappeared since last time of seeing her. Ars. 3x, pil. Bland, alternate two hours. Since this there has been a continual improvement in her condition, and about two weeks ago, just one month from the commencement of treatment, I dismissed her as cured.

Dr. RICHARDS mentioned that Dr. Robert Barnes had found that the salines are greatly reduced in the blood in cases of anæmia, and therefore thought that plenty of salt was advisable. Acting on this hint he had used kali carb. 1x with success.

Dr. HAYWARD would extend the limits of anæmia, as we have to deal with it in both sexes. The lymphatic constitution is certainly predisposing. He considered that by attending to the dyspepsia we were often sapping the foundation of the disease. Iron is useful, as it forces the system to take up the requisite amount, though it is a strange thing that so large doses should be

required. Constipation is a very important factor in the disease. On the whole, the main thing is want of sufficient nutritive change, and he thought this largely due to want of proper absorption of oxygen. With regard to rest, it should be taken with proper ventilation in a pure atmosphere. Exercise is an important factor in the treatment. He thought Bland's pills so effective because they give rise to the protoxide. Trefrew water contains this form of iron.

Dr. WILLIAMS agreed that the symptoms of the disease were traceable to oxygen starvation. He also mentioned that anæmia is present in iron districts. He believed that the administration of iron caused the cells to absorb oxygen. He could not regard the cause of the disease as of nervous origin, as the nervous symptoms appear last.

Dr. THOMAS mentioned the fact that healthy girls coming from the country, and entering domestic service, frequently contracted chlorosis, probably owing to the changed manner of life, and also from excessive consumption of tea. The fact that the disease is almost confined to women, and comes on usually at or about puberty, might help as an indication in discovering the true ætiology of the disease. He agreed with the theory as to nervous origin, and mentioned that a theory has been brought forward that in chlorosis there is congestion of the blood vessels of the alimentary canal, giving rise to constipation, and tending to gastric ulcer. It was necessary to discriminate between cases of chlorosis and those of incipient phthisis, which often produces anæmia, but in these cases patients are usually emaciated. The chief remedies he used were iron (as Bland's pills, or the saccharated carbonate); pulsatilla where there was gastric disturbance and amenorrhœa; arsenicum where there was palpitation and menorrhagia, and other medicines according to the symptoms.

Dr. MAHONY said that he believed with Hahnemann that chlorosis is a form of psora. He complained that Dr. Davidson's treatment was the treatment of symptoms in sections, and that the whole of the symptoms should be covered by the treatment. He thought sulphur and pulsatilla the most useful medicines. He did not approve of compound preparations, as one is apt to get secondary results, to be looked for, not one month, but twelve, after treatment.

Dr. VINCENT GREEN said that want of sunshine was an important cause, and hence chlorosis was so prevalent among the poor in crowded districts. He also believed that this was the reason that the disease is more common in late autumn and in winter.

Dr. J. D. HAYWARD remarked that chlorosis is not a feather in the cap of homœopathy, and he had never treated it successfully homœopathically. The treatment of anæmia is different from that of chlorosis. In the former, treatment by china is successful; not in the latter. The treatment of chlorosis by iron is very successful, and Bland's pills are the best preparation; but they must be fresh, and have a green appearance on section. Bi-palatinoids are a very useful preparation. The large doses are against our theories, but it is strange that the iron is all found in the stools, except the very smallest fraction. He considered that many of the symptoms mentioned were the result, and not the cause, of the disease. He had used aloes where constipation was present, and pil. ferri et aloes is a good form of administration. Excessive tea-drinking is a common cause of chlorosis. With regard to improper hygiene as a cause, he thought that these conditions might remain the same, and the patient be cured, so long as iron was administered.

Dr. C. T. GREEN thought that many women did not expand their chests sufficiently, and that this was a predisposing cause. He considered amenorrhœa a result of chlorosis. He had given iron in doses of gr. i. per diem after the principal meal, and in one case, where the patient was treated for neuralgia, this had resulted in alteration of the poles of electricity. He thought that we should not hesitate to use measures which would cure quickly and safely, whether homœopathic or not.

Dr. GORDON said that he used to treat the symptoms in such cases homœopathically, but in one case where he thought improvement had been caused by natrum mur. and sulphur, he found that epsom salts and other purgatives had been administered. He used dialysed iron, and ferr. redact. He thought that the perchloride might have glycerine added to it, to prevent constipation.

Dr. HAWKES mentioned that argentum nit. was very useful where ulcer was suspected. In Trefrew water it is curious that nature provides alumina and silica, which prevent constipation. A good many cases can be cured by purgatives alone. Constipation is an important element in the case. He had previously referred to the chromogen reaction to be obtained from the urine, and its significance. He had seen some good results from natrum mur., and mentioned a case of anæmia resulting from *post-partum* hæmorrhage, where salt had been administered in the milk with good results. Natrum mur. should be thought of in cases of emergency; and he also referred to transfusion. He had treated some cases homœopathically with good results.

A CASE OF ROTATION OF A PAROVARIAN CYST CAUSING SYMPTOMS OF ACUTE INTESTINAL OBSTRUCTION; RELIEF ON THREE OCCASIONS BY COPIOUS ENEMATA, COMBINED WITH BIMANUAL MANIPULATION OF THE TUMOUR, AND ON THE FOURTH BY ABDOMINAL SECTION AND REMOVAL OF THE TUMOUR.

BY A. H. CROUCHER, M.D.

Surgeon to the Leaf Homœopathic Hospital, Eastbourne.

THAT a tumour hanging freely in the abdominal cavity should, by alteration of the position of the body, or by movement imparted to it by the bowels, turn round and twist its pedicle, is easy to understand. The appendices epiploicæ afford illustrations of the rotations of bodies in the abdomen; these pedunculated pieces of fat, when enlarged, often become twisted on their pedicles, which become so thinned that they sometimes break off into the peritoneal cavity. Myomata may become stalked and ultimately detached from twisting. Rotation of hydatid cysts in the great omentum sometimes occurs. The examples just mentioned are those in which torsion of the pedicle may occur, and yet no serious effect result.

Rokitansky described a case in which rotation occurred in a wandering spleen, leading to strangulation of its vessels, the organ becoming subsequently adherent at the pelvic brim. Serious results usually occur when an ovarian cyst, a kidney, or a retained testis, undergo rotation. When an ovarian tumour rotates and twists its pedicle, the thin-walled veins suffer first; the arteries, having tougher walls, are not so seriously affected. Blood, therefore, flows to the tumour, but is unable to return. As a result, there is great congestion of the tumour situated on the distal side of the pedicle. Blood escapes into the tissue of the cyst wall and into the cyst cavity. The patient may die from hæmorrhage or peritonitis. Sometimes, when the cyst wall breaks,

death results from hæmorrhage into the peritoneal cavity. The cyst, whose pedicle has been severely twisted, and the circulation thereby obstructed, assumes a purple hue, and the veins stand out prominently.

A small cyst of the ovary may rotate, and no serious result occur, but a desirable ending only, viz., atrophy of the tumour. This is, however, frequently prevented by the cyst acquiring adhesions to surrounding parts. Ovarian, parovarian, and dermoid cysts have in this manner been, as it were, transplanted from their seat of origin to the omentum.

I remember the case of a patient, age 67, who consulted me for a swelling in the abdomen, towards the right side. I thought the swelling, or tumour, was a right ovarian cyst; it did not appear to be large, and as the patient was obese, the tumour was not easily found. I suggested a specialist's opinion, but the patient and her husband preferred the opinion of a former medical attendant, who pronounced the whole trouble to be fat. This was in the summer; just before Christmas in the same year, patient had a violent attack of pain in the abdomen, and two days later peritonitis was evident, and she was ill for six weeks, when the abdomen became fairly free from pain, and then another attack of peritonitis came on suddenly, after sitting up, and she was ill for some weeks; both these attacks started from the right side of the abdomen. In March, a swelling commenced on the left side; the right side did not reveal any special tumour now, although there was evidently much matting of bowel. In April a severe attack of pain came on, commencing on the left side, followed by peritonitis. It was now discovered that the swelling in the left side of the abdomen had disappeared; evidently there had been a rupture of an ovarian cyst. A few weeks later the swelling re-appeared in the left side of the abdomen, and attained large proportions, extending to right of umbilicus, upwards to the left hypochondrium, and backwards to the left lumbar region. It appeared to be a combination of a solid and a cystic tumour. In the middle of May a London surgeon saw the patient, and advised

operation. A week later the operation was performed, and a large polycystic ovarian tumour was removed from the left side. It weighed about 7 lbs. without the fluid. From the right side a small ovarian tumour, with very thick walls, containing yellowish opaque fluid, was removed. This smaller cyst was bound down by adhesions; it weighed about ¾ lb. without the fluid. The patient unfortunately died just one week after the operation, with symptoms of intestinal obstruction. It was evident to me, and the operator gave it also as his opinion, that the tumour on the right side of the abdomen had been subject to rotation and twisting of the pedicle, causing two attacks of peritonitis, and that the later rapidly-growing ovarian tumour on the left side had ruptured in one of its compartments, causing the third attack. I may mention there was distinct evidence of the presence of free fluid in the abdomen on the occurrence of the third attack of peritonitis, which fluid afterwards became absorbed.

Axial rotation occurs in all kinds of ovarian tumours, in dermoids, and in parovarian tumours. It has been reported in patients of 15 years of age, and in an old woman of 83.

The following are the notes of my own case :—

Mrs. H., age 39, was the mother of five children. I attended at the birth of one child in June, 1888; the labour was normal, and the puerperium also, with the exception of a syncopal attack which occurred about four hours after the termination of the labour, and was caused apparently from flatulence, to which the patient was subject. In 1889, Mrs. H. left Eastbourne for Broadstairs, and I saw no more of her till March, 1892, when I attended one of the children for influenza, the family having returned to Eastbourne. While at Broadstairs Mrs. H. had another successful confinement, with no history of complications. On May 13, 1892, at 8 a.m., I was sent for hurriedly to go and see Mrs. H., as she was in great pain, vomiting and retching violently. These severe symptoms had commenced about 4 a.m. As it was impossible for me to get to the house for another two hours I advised the husband to send for another medical man; the case seeming urgent he did so, but I was again requested to

attend. I went and found the patient in bed complaining of great pain in the abdomen, especially in the lower part. The pain was of a colicky nature and came on in paroxysms. She was groaning and rolling about the bed. There was frequent retching and vomiting. I examined the abdomen and found a swelling about the size of a small orange in the right iliac region. The swelling was hard and tense, not very tender to the touch, and apparently semi-resonant on percussion. The practitioner previously called in had given as his opinion that the patient was suffering from inflammation of the womb, and sent a mixture to be taken internally and a bottle of iodine liniment with which the swelling was to be painted. The tongue was clean and the temperature normal, pulse 80 per minute, of wiry nature. The intestinal movements were plainly visible on account of the thin and bare condition of the abdominal walls. I felt unable to agree with the diagnosis of inflammation of the womb, but thought there was probably some obstruction in the neighbourhood of the cæcum. Colocynth was prescribed every quarter of an hour and hot fomentations ordered to be frequently applied. I went home to fetch a douche can capable of holding two quarts of water, having given directions that a soap and water enema should be given. There was, however, no previous history of constipation, though of some dyspeptic troubles. I returned to the patient's house about 11.30 a.m., and as there was no relief to the symptoms administered the douche myself. The patient's head was lowered and pillows placed under the buttocks. From 2-3 quarts of warm water were slowly allowed to pass per rectum, up the descending colon, along the transverse colon and down the ascending colon until it reached the cæcum. On account of the patient's spare habit I could easily verify the passage of the water; the fluid was let in and out frequently, but very little fæcal matter came away, the swelling remained and the pain and vomiting continued. I introduced the first two fingers of my right hand into the vagina, and with my left hand over the swelling carefully examined it and the uterus. There did not appear to be any intimate connection between the swelling and the uterus. I had previously examined per rectum and

found nothing abnormal. After twenty minutes' gentle rubbing and kneading I was gratified by a rather sudden subsidence of the swelling, and the patient immediately exclaimed that she was better. The pain left, and vomiting ceased. I could now detect no swelling nor anything abnormal, the water remaining in the colon was ejected, and in two days the patient was about again, sooner than I wished, but domestic duties were pressing. I attended for a week or more, and did not hear of her again until the evening of October 25, 1892, when I was summoned at 8 p.m. by an urgent message to go at once and see Mrs. H., as the pain and vomiting had returned, in fact, all the old symptoms had recurred. I went, taking my douche can with me, and found the condition an exact repetition of the previous attack, and just as sudden in its onset, the pain and other symptoms had come on about four hours before. The husband put down, as a cause, the patient lifting her children about, although I had given strict injunctions at the time of the last attack that on no account should lifting or heavy work be done. The same treatment was undertaken as had been successful in the previous May, and at 11.30 p.m. I left the patient relieved and free from pain. At this time I was still unable to detect anything approaching a tumour, although I thought there was some fulness to the right of the womb, on bimanual examination. The patient convalesced as rapidly as before, and remained in her usual health till March 9, 1893, when an urgent summons came about 9 a.m. My partner, Dr. G. R. Jones, went at once and I saw the patient with him two hours later. All the symptoms of the previous attacks had returned, and the swelling in the right iliac region was larger. It was diffuse and as large as a good sized lemon. On bimanual examination it seemed distinct from the uterus, except when moved, when there appeared to be some connection between the two structures. Having taken the douche can with us we used it, but with no satisfactory result. As the patient was some distance from my house and was no better, I advised her to go into the Leaf Homœopathic Cottage Hospital. The patient and her husband having consented, she was taken there and admitted about

2 p.m. Shortly after her admission I saw her, re-applied the douche and ordered extract of belladonna and glycerine to be applied to the lower part of the abdomen every two hours, hot fomentations to the same region every half-hour, and belladonna 1x, four drops every hour, to be given internally; for nourishment, kreochyle; and for thirst, soda water. When seen next day the patient had slept fairly, and there had been no vomiting since 2 a.m. No flatulence had been passed downwards, though some had come upwards. Urine had been freely passed and there was some headache. There was an ill-defined swelling in the right iliac region, encroaching on the hypogastric region; it measured 3 inches vertically, and 2½ inches horizontally. It was evidently reduced in size since the previous day, there was very little pain or tenderness. The percussion note was semi-resonant; temperature 100° F.; pulse 84.

On March 11, patient had had a good night, there was no pain in the abdomen. A good deal of flatulence had been passed per anum; the swelling was larger and reached right across the hypogastric region, it measured 4½ inches horizontally, and 3 inches vertically. Two ounces of urine were drawn off by the catheter. Temperature 99° F.; pulse 80.

Next day the condition of the abdomen remained much the same, no pain nor tenderness. Mellin's food was given every three hours, and Brand's essence or Valentine's meat juice in between; an orange allowed. Belladonna still applied locally, and a fomentation every three hours, with hot cotton wool between times; belladonna 1x, four drops every three hours.

An enema was given on March 13, which acted. The bowels acted again naturally on the 15th. Temperature and pulse were then normal, and patient felt well. The condition of the abdomen remained the same. Cocoa, Benger's food, and Hill's malted rusks were added to the diet. Subsequently more food was given, till on March 25 ordinary diet was taken. By March 29 the patient had so far recovered that I allowed her to leave the hospital, at the same time warning the husband that an operation might be required if serious symptoms again supervened, and that he should

acquaint me of any pain or discomfort. On April 3, at 5 p.m., Mrs. H. had a return of the pain and vomiting, and as all the symptoms appeared urgent she was again removed at 10 p.m. to the Leaf Homœopathic Hospital. Dr. Jones and I, after a consultation, decided that an exploratory incision in the abdomen was the proper thing to be done. The patient and her husband consenting, on April 3, at 11.30 p.m., Dr. Jones administered chloroform, and I made the usual incision, and on opening the peritoneal cavity found a dark purplish-coloured tumour, with distended blood-vessels ramifying on its surface; it evidently contained fluid. The tumour was punctured with an ordinary trochar and cannula, and ten ounces of pale straw-coloured fluid evacuated, which was afterwards found to have a specific gravity of 1015. Examination disclosed a parovarian cyst twisted on its pedicle, which was long and slender, attached to the broad ligament internally to the right ovary. The pedicle was ligatured and the cyst removed. There was no sign of peritonitis present. The peritoneal cavity was partially flushed with warm iodine water, and after the superfluous liquid was removed, the abdominal wound was sutured, dressed, and the patient removed to bed.

Vomiting was obstinate for forty-eight hours, presumably a result of the anæsthetic. The temperature rose at 4.25 p.m. on April 4 to 103° F., due, I believe, to pneumonia at the right base; it was normal next day, and remained so till April 15, when it was 101° F., and varied afterwards from 101.4° F., evening temperature, to 99.4° F., morning temperature, till April 23, when it became normal, and remained so. Since the second day of operation there was bloody expectoration, and from April 16 to April 23 the patient was in a critical state. Oxygen inhalations were frequently given, but after freely relieving the bowels with mercurius dulcis 1x in 10 grain doses, there was rapid improvement. Some of the stitches were removed on April 18, and the rest a few days later. The patient was discharged on April 29, and although delicate and far from strong, remained fairly well till the middle of June, when one evening she had a drive with some friends and finished up with a lobster supper and

champagne. The next day she was taken suddenly ill with a high temperature, her illness developed into acute double pneumonia, and after fourteen days' illness she died. I was not in attendance during her last illness, being at the time away on my holiday.

Dr. MADDEN said that so far as Dr. Croucher's account went, he did not see how it showed acute intestinal obstruction. It was a very typical case of the pain, &c., accompanying twisting of a parovarian cyst, but there seemed to have been no sufficient cause for diagnosing obstruction. Had Dr. Croucher been sure of the presence of a parovarian cyst in the first attack, he had no doubt he would have persuaded the patient to have submitted to the operation at an earlier date, and saved her the repeated attacks. Exactly such a case had occurred in his own practice at Birmingham. He called Mr. Lawson Tait in in consultation, who diagnosed twisted cyst, and proposed operation. The operation took place six hours afterwards, and proved his diagnosis to be perfectly correct. It was commonly supposed that the twisting of a parovarian cyst was caused by the peristaltic action of the bowels always going in one particular direction, and so gradually tilting over the cyst until it got twisted. It was, therefore, not difficult to see how distending the bowels in the opposite direction with copious enemata might untwist it sufficiently to allow the blood to flow in the veins, and relieve the symptoms. That seemed to be the explanation of the relief caused by the enemata, and not that there was coincident with it, or instead of the twist, any obstruction, for Dr. Croucher had given no account of any great action of the bowels following the enemata.

Dr. MOIR said in the cases he had seen there was a great similarity to obstruction of the bowels. With regard to one sent to him at the hospital, he did not think he had ever seen a more striking instance of what might be taken as obstruction of the bowels. It was the case of a woman, who had been confined two months previously. She had passed no motion for three or four days before coming to the hospital. She complained of violent pain and incessant vomiting; there was tenderness all over the abdomen, with great distension. Dr. Burford saw the patient with him, and agreed about the presence of a tumour, and the need for immediate operation. On opening the abdomen, a cyst with twisted pedicle was found and removed with satisfactory results.

Dr. BURFORD said he had operated on the case to which Dr.

Moir had referred; the symptoms were exactly those of acute intestinal obstruction. At the beginning of last year, he had operated on another case, under Dr. Neild, at Tunbridge Wells. The lady, who had been confined about a month previously, suddenly felt acute pain in the left side. She had such an amount of coincident peritonitis that it was impossible to discover anything, from the degree to which the abdomen was distended. Therefore he advised waiting for a week, and enemata were given for the same reason that Dr. Croucher had suggested, but with no result. A week afterwards, he opened and removed a very large, intensely strangulated parovarian cyst, and the patient made a very good convalescence. Three weeks afterwards he saw a case, with Dr. Neatby and Dr. Joseph Kidd, in which he came very definitely to the conclusion that there was parovarian cyst with twisted pedicle, which an operation proved to be correct, and the patient did perfectly well. All the cases which have been faithfully recorded, had been characterised by symptoms of acute intestinal obstruction. The patient commenced with violent local pain, which nothing could assuage. There was coincident vomiting, and absolute constipation. Very often there was acute hæmorrhage into the cyst, and attacks of syncope. Those conditions would go on steadily, from bad to worse, until a crisis arrived. The point next arose as to how those tumours became twisted. In the case he saw with Dr. Neatby, they removed sixteen pints of liquid from the tumour. He defied any feasible combination of forces in the human abdomen to revolve such a big fluid mass as that was upon its pedicle. In the first place, the intestine itself would have been hopelessly flattened and thrown out of court. Mr. Tait had stated that, some years ago, it had occurred to him that the discharge of the solid fæces down the rectum might be sufficient to induce rotation of a small tumour upon its pedicle, and had added that he had instructed Sir Robert Ball, then Professor of Mathematics at Cambridge, to calculate exactly at what angle the cyst would have to lie with regard to the rectum, in order to allow the revolving upon its pedicle. It turned out that the tangential relation of the cyst to the rectum was usually such as was requisite for the rotation. That was all very well for cysts upon the left side; it did not account for cysts originating on the right side, nor for those that contained an enormous amount of fluid. There was no known abdominal force sufficient to cause rotation of a mass of such a magnitude. How was it done? Nobody knew; and an explanation to be feasible must cover all the cases. The latest suggestion was that given a few months ago by Professor Freund,

of Strasburg, who declared that parovarian cysts grew in a manner that tended to favour their rotation, that many of those cysts had become chronically rotated, and that it was a sudden seizure that induced the peritonitis. There never had been reported a parovarian cyst with twisted pedicle that had not passed through the acute throes of strangulation. Those tumours, as Dr. Madden said, when they originated on the left side always tended to rotate from without inwards, *i.e.*, from the left side towards the medial line. Those on the right side tended to do the reverse. What it was which set them going nobody knew. The operation was a very simple one, and there was always a certain amount of irritant fluid in the peritoneal cavity.

Dr. CROUCHER, in reply, said the only remark he had to make was that the title of the communication implied that the strangulated cyst caused *symptoms* of acute intestinal obstruction.

THE SEQUEL TO A CASE OF LUMBAR COLOTOMY.[1]

BY VINCENT GREEN, M.B.
Late Resident Medical Officer, London Homœopathic Hospital.

BEFORE starting the subject of my communication, I should like to thank Mr. Knox Shaw for his kind permission in allowing me to publish the case, and also for his valuable assistance to me in the writing of my paper.

The case was that of a carpenter, aged 51, who was admitted into the London Homœopathic Hospital on August 12, 1893. His previous history was as follows: He was admitted into the hospital in December, 1890, under the care of Dr. John H. Clarke, suffering from an intestinal obstruction which had slowly supervened. Notwithstanding careful treatment, the obstruction was unrelieved. After a lapse of 14 days of absolute constipation, grave symptoms supervened, and the case was then transferred to Mr. Knox Shaw (for operation). The case was diagnosed as fibrous stricture of the bowel, in the region of the sigmoid flexure; and a right lumbar colotomy was successfully performed.

[1] Read before the Society, Dec. 7, 1893.

For the first 36 hours after the operation, there was a constant evacuation, through the opening made, of enormous quantities of fæces. Patient made an uninterrupted recovery, and remained well for two years and a half, the bowels acting regularly during this time through the artificial opening. This brings the history of the case up to within a month of his second admission to the hospital.

For the two or three weeks previous to admission, patient had been troubled with constipation, and for the last five days there had been no evacuation of the bowels whatever.

On the morning of admission, patient felt quite well on rising, but on coming downstairs he was suddenly attacked with giddiness and nausea. He then vomited a small quantity of bitter fluid, and was immediately afterwards seized with acute pain in the abdomen. Within an hour the abdomen became greatly distended, and as the pain was becoming decidedly worse, patient was brought to the hospital. On admission, he was very collapsed, with cold extremities, sweating profusely, and face pallid and drawn with pain.

An examination of the abdomen revealed the following. In the right lumbar region was an artificial anus which barely admitted the terminal phalanx of the little finger, the opening being surrounded by a firm fibrous ring; no obstruction could be made out with the finger so inserted. The abdomen was greatly distended, especially in the epigastric region. It was tympanitic all over. The tongue was furred but moist. The pulse 100, regular, of low tension and small volume. He complained of intense pain, twisting in character, in the umbilical region. Colocynth 3 was exhibited internally, and a glycerine enema given. The enema was not returned. All through the night there was a constant dribbling of semi-fluid fæces from the lumbar opening, but no flatus was passed. By morning the abdominal distension was worse, and the patient complained very much of shortness of breath. Pulse 110, feeble and irregular; tongue about the same. A rectal tube was passed about twelve inches along the transverse colon, but no obstruction could be felt, and no flatus escaped by it.

An enema of warm soap and water was then given, with no other result than that part of it was returned. The bowel was again explored with the finger, and also with a rectal bougie, but with negative results. An asafœtida enema was then given and retained. By about midday the distension had become so acute that it was found necessary to puncture the bowel. This was done in the epigastric region, and patient was greatly relieved by the escape of flatus. In the evening the distension again became extremely acute, and signs of collapse began to show themselves. The transverse colon was again punctured, after a rectal tube had been passed some 18 inches up the transverse colon without affording any relief. A large quantity of flatus escaped through the exploring needle, which finally became blocked with reddish brown fæcal matter, a similar material having blocked the rectal tube. When seen two hours later the symptoms of collapse were more marked, the pulse being almost imperceptible at the wrist. The breathing was shallow and sighing, and when spoken to patient answered in a hoarse whisper. The right costal margin and space above it were tympanitic, whilst the liver dulness reached the third interspace. The abdomen was then punctured about the junction of the hypogastric and right inguinal regions, in a markedly tympanitic area thought to be in the region of the cæcum. A small trochar and cannula were used, and a large quantity of flatus escaped. The relief afforded, however, was only temporary, and at about 12.30 a.m. the patient sank.

A *post-mortem* examination was made twelve hours later. The abdomen was enormously distended, most markedly at its upper part. On opening the abdominal cavity a considerable amount of flatus escaped; there was no free fluid present. For convenience sake I will now trace up the gut from the anal canal. The rectum was atrophied into a white cord-like structure. Just at its junction with the sigmoid flexure was a stricture as if a string had been tied round the gut, the lumen of the bowel being completely obliterated. The bowel in the region of the stricture was contorted and twisted by firm fibrous bands.

The adjacent mesentery was unaffected, nor could any enlarged or hardened glands be felt. Immediately above the stricture the bowel was enormously dilated, partly with fæces and partly with flatus. It measured seven inches across, and the characteristic sacculations were obliterated. About two inches below the splenic flexure the bowel began to show a gradual darkening in colour, and just beyond the splenic flexure the bowel and its mesenteric attachment were almost black. This discolouration involved the whole of the transverse colon, and commenced to fade away immediately below the hepatic flexure. At this point the lumen also began to diminish until the lumbar opening was reached. Here the bowel was normal in both colour and size. At no point had the bowel lost its glistening appearance, but in the region of the hepatic flexure it tore very easily. The transverse and descending colon were partially filled with reddish brown semi-fluid fæces, and greatly distended with gas. There was no obstruction anywhere in the course of the the small intestine. Although carefully looked for, the points of puncture made to relieve distension could not be found. The small intestine was moderately distended by flatus, otherwise it was normal. There were no signs of peritonitis, local or general. A section was made through the stricture. The gut wall was irregularly thickened, being at places quite half-an-inch in thickness. A portion of this thickened gut was hardened in Müller, and sections cut and stained. They presented all the characteristics of a malignant adenoma or adenoid cancer. There was an enormous increase in size of gland tubules of the mucosa, with gradual invasion of deeper structures, the whole wall being invaded at parts. There were, as in squamous epithelioma, one or two patches of small-celled infiltration between the acini. The outer and middle coats showed considerable fibrous increase. A section of the transverse colon showed complete destruction of the glandular elements, with the exception of a few isolated gland cells. The tubules were no longer distinguishable; whilst the muscularis mucosæ, which forms the framework of the mucosa, had entangled in it fat globules, nuclei, round cells, and cell *débris*. The muscular layers,

which were much thinner than those of the cæcum, showed marked tendency to split up during preparation of the specimen.

The special points of interest in the case are :—

(1) The chronicity of the development of the malignant neoplasm.

(2) The complete relief afforded for two and a half years by the operation.

(3) The termination of the case. In discussing the case at the bedside during the patient's last illness (I only knew of his previous illness from history taken by Mr. Spencer Cox, then resident medical officer), Mr. Shaw explained that a right-sided colotomy was performed owing to the uncertainty of the exact position of the stricture. It was known, however, by the symptoms and local examination, to be as high at least as the sigmoid flexure, if not higher.

The termination showed the disadvantage of a right-sided lumbar colotomy where the stricture is in the left loin, as it leaves a long blind tube in which fæces may accumulate, this disastrous result being increased by the patient allowing his colotomy opening to become stenosed, and so favouring the passage of fæces past the artificial anus. Death seems to have been caused by the over-distension of, and probably septic absorption from, the transverse colon.

I feel that the practical importance of the case makes it unneedful for me to apologise for bringing it before the Society. For of all the cases that come under the care of the physician or the surgeon, none are of graver moment than those presenting acute abdominal symptoms. Anyone of us, whether general practitioner or specialist, may be suddenly brought face to face with a case such as this of the utmost gravity, where a diagnosis must then and there be made, and the vital question, Is it a case for operation? decided.

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Dr. MADDEN said that Dr. Green had pointed out the moral of the case as perfectly as anyone could do by showing the disadvantages of the right-sided colotomy. He was not a practical surgeon, but it seemed to him the only way to avoid any such disaster was to make a laparotomy, ascertain by examination

where the stricture was, and make an artificial anus as near above that as possible. Whether the disadvantages counteracted the advantages of not going too far from the stricture he would leave to surgeons to tell them.

Mr. KNOX SHAW said Dr. Madden had raised a question which had been, of course, under their consideration when the patient first came under observation. What was the nature of the case, and what was the best line of treatment? It was pretty clear that the case was one of stricture, and the question of primary importance was, what was the best way of treating it? He quite agreed with Dr. Madden that laparotomy—abdominal section—was undoubtedly the best operation to do in such cases, but—there was always a "but"—when, as in the present case, the abdominal distension was so enormous from having had complete obstruction for such a length of time, laparotomy was out of the question. Laparotomy, in cases of very great hyper-distension, was almost invariably fatal, for there was absolutely no room whatever for any manipulation inside the abdomen, and that was why abdominal section should not be delayed until the very last moment. In the present case an abdominal incision was completely out of the question, and therefore they had the choice of right or left-sided colotomy. Undoubtedly the left-sided was the better of the two, but when, as Dr. Green put it, there was a doubt as to where the seat of stricture was, they must give the patient the best chance and do a right-sided colotomy, which, as the specimen showed, was the only operation fit for the case. If they had opened the left side, the possibility was they would have got below the stricture.

A case in point was now in the hospital under his care. A woman 60 years old had symptoms of obstruction. For this she had been colotomised in the left loin some time before, outside the hospital, with the result that though the operation was perfectly successful, the obstruction was unrelieved. Fortunately for her the symptoms of obstruction were not complete, so that after waiting some weeks she got a certain amount of relief, and she had gone on, having relief now and then by the artificial anus, but she was constantly liable to attacks of obstruction. She had been admitted to the hospital about a fortnight ago for another attack of obstruction. The abdomen was not distended, so they were able to open the abdomen in the median line, and after careful exploration they found that the colon had been opened just below the stricture. The colon was now sutured to the median incision and a week later

opened, and she now had a freely-acting artificial anus. This was an illustration of the importance of being quite sure where they were going to open the colon when they performed an operation for an obstruction of the position of which they were not absolutely positive. There was one other point, viz., the question of puncturing the bowel for hyper-distension. He had come to the conclusion in Dr. Green's present case that no operation would be of any use to the man, and so he simply temporised by puncture. They were always a little afraid that puncture would lead to peritonitis, but in this case there was no mark to be found whatever, and yet the flatus whistled out of the tube in a most audible manner. He thought the point Dr. Green raised as to why the man died was a very interesting one. He remembered seeing the man a year and a-half after the operation had been performed, and he was so content at having an anus which was satisfactorily under his control that he evidently did not take proper precautions and allowed the anus to contract, and his death was due to acute hyper-distension of his colon, producing strangulation and then the general paresis of the whole intestinal canal.

Mr. DUDLEY WRIGHT said there was one point which had been left out in the discussion, viz., the distension of the colon on the further side of the colotomy opening and the best way to prevent that distension. No report was actually made of the condition of the opening, apart from the fact that it was smaller than it should have been, but in the majority of cases where colotomy was done, it was the object of the surgeon to bring a spur of the inner wall of the intestine into the wound in order that it might prevent any fæcal contents passing beyond it. He had had under his care lately a case of epithelioma of the rectum, for which inguinal colotomy was performed, where he managed to get a very efficient spur into the wound which served its purpose extremely well and prevented any of the fæces passing on to the further side of the bowel.

Mr. COX said when the man first came into the hospital, he was the resident medical officer. On the first occasion, the abdomen was as intensely distended as it appeared to have been on the second. He punctured the colon several times, and each time some fluid fæces welled up into the trochar, and there was never any serious trouble afterwards. If the man had carefully looked after his artificial anus there was not much doubt but what he would be living now.

Dr. GREEN, in reply, said with regard to Mr. Wright's

criticism there was one great difference between the two cases which decided the matter. The disadvantage of the lumbar colotomy was that they could not get an efficient spur. The case that Mr. Wright spoke about was an inguinal colotomy, where, of course, they could easily get a spur. He had seen a surgeon plunge a good sized trochar into the distended bowel with seemingly no very bad results, certainly peritonitis was not produced. He did not think they need mind using a large sized trochar.

NOTES ON FOUR CASES OF ABDOMINAL SECTION.

BY GEORGE BURFORD, M.B.

Physician to the Gynæcological Department, London Homœopathic Hospital.

DR. BURFORD, at the December Meeting of the Society, reported four cases of abdominal section, showing the specimens from two of them. Recovery had occurred in each case.

Case 1. — *Hysterectomy for Uterine Fibroid.* — The patient was a servant who had been under treatment for two years with no substantial improvement. She was becoming increasingly unable to discharge her duties, and as the tumour was obviously growing, radical operation was performed. A large fibroid mass was removed, together with the appendages, and the extra-peritoneal technique adopted. Excepting a small sinus still remaining at the lower angle of incision the patient had done very well. Her health was clearly much improved from the cessation of the drenching hæmorrhage.

Case 2.—*Removal of Adnexa for Chronic Pelvic Pain and Increasing Invalidism.*—The patient was sent into the London Homœopathic Hospital by Dr. Shackleton, under whose careful supervision she had been more or less for three years. She had been a hospital patient for nine months, and as she was quite unable to perform her duties from increasing pain, other treatment being of no avail, the

adnexa were removed. Improvement hitherto has been very satisfactory, the chronic pelvic pain having very markedly diminished already.

Case 3. — *Hysterectomy for Fibroid.*—This lady was under the care of Dr. Johnstone, of Richmond, and had been by him subjected to a careful course of therapeutic treatment. Hæmorrhage being very considerable, and no therapeutic measures proving available to check it, hysterectomy was performed. A very difficult operation was successfully conducted, and the convalescence has been admirable.

Case 4.—*Large Cyst of Broad Ligament.*—This occurred in a girl of 22, in whom it had been noticed for about a year, being first detected by Dr. Roche, of Norwich, who directed her to place herself under my care. I accordingly operated, finding a large senile cyst in the left broad ligament, embedded between the peritoneal investment of this structure. The base of the cyst was left *in situ*, the edges of the small remnant being stitched to the abdominal wall. During her convalescence the patient had a smart attack of influenza, from which she had now quite recovered, and in other respects was doing very well.

SOCIETY NEWS.

The Jubilee Dinner, to take place on Tuesday, April 10, at the Criterion Restaurant, promises to be a success. A large number of members and their friends are expected to be present, and the Council are inviting some of those most intimately connected, as laymen, in the work of the homœopathic institutions of this country.

On Thursday, January 4, 1894, the following gentlemen, having been duly nominated, were elected Members by ballot :—

James Ebenezer Hardy, M.B., C.M.Glasg., M.D.Philad., 183, Bath Street, Glasgow.

James Johnstone, F.R.C.S.Eng., M.B., C.M., D.P.H.Aberd., 47, Sheen Park, Richmond, Surrey.

On Thursday, February 1, 1894, Edmund Leach Compston, M.B., Ch.B.Vict., West View, Crawshawbooth, Manchester, having been duly nominated, was elected a Member by ballot.

On Thursday, March 1, having been duly nominated, George Percy Peel Richards, M.B., C.M.Edin., 50, Coldharbour Lane, S.E., was elected a Member by ballot.

By an oversight in preparing the Annual Supplement, Dr. Herbert Wilde's name was omitted in the *Local List* of the Members of the Society resident in Brighton.

Dr. Withinshaw's address, 3, Earlstoke Villas, Lansdowne Road, Clapham, S.W., was not received in time to be inserted in the Annual Supplement.

SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

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

DECEMBER, 1893—FEBRUARY, 1894.

PHARMACODYNAMICS.

Acidum phosphoricum in Chancroid.—Dr. R. D. Matchan writes that the local application of phosphoric acid (he does not say in what strength) is of more value in soft chancre than all other medication, either local or constitutional. — *Minneapolis Hom. Magazine*, Jan., p. 16.

Æsculus in Lumbago.—For a chronic lumbago of some standing, the pain continuous under all conditions, Dr. McIntosh gave æsculus 1x every two hours. On the following day the patient told him his medicine "worked like magic." After some months it was ascertained that there had been no return of the trouble.—*North Am. Journ. of Hom.*, Feb., p. 119.

Aloes in Prolapsus Ani.—Dr. J. A. Sapp says that one or two drops every four to six hours of aloes tincture will cause prolapsus ani to disappear with gratifying promptness. — *Amer. Homœopathist*, Dec. 1, p. 379.

Anacardium.—Dr. E. S. Breyfogle records a case in which the 1st dil. of this drug caused in a man sudden sense of complete prostration, his legs becoming so weak that he had to hold to something for support. There was a vesicular eruption on the mucous membrane of the mouth, and on the wrist and ankles, with itching and burning, worse from scratching; also a sensation as if a particle of food was in the œsophagus, obliging him to swallow constantly.—*Pacific Coast Journ. of Hom.*, Nov.

Antipyrin.—The *Monthly Hom. Review* for February contains a full account of the researches which have been instituted by the British Medical Association into the ill-effects following the use of antipyrin, antifebrin, and phenacetin.

Antipyrin in Urticaria.—An old school physician, Dr. Papon, publishes in the Archives de Médecine Militaire two cases of urticaria very rapidly cured by antipyrin. One of the unpleasant effects of over-dosing with this drug is an urticarioid eruption. Dr. René Serrand, who calls attention to the above facts, states that he has employed antipyrin in the treatment of nettlerash for years past with complete satisfaction.—*Revue Hom. Francaise*, Nov., p. 423.

Apis in Ovarian (?) Tumour.—Dr. Hallock reports a case in which what *seemed* a fibro-cystic ovarian growth, consequent on a kick in the region, disappeared under apis 3, though an operation had been recommended. — *North Amer. Journ. of Hom.*, Dec., p. 802.

Arsenicum.—Dr. E. P. Colby contributes to the December No. of the *New England Med. Gazette* an interesting study of "Some of the Nervous Symptoms of Arsenic;" and in the same issue of the journal we find an analysis by Dr. John L. Coffin of its cutaneous symptoms.

Arsenicum in Fatty Heart.—Dr. H. C. Clapp states that, convinced of the homœopathicity of arsenic to fatty degeneration of the heart, he began years ago to give it persistently in every case of the kind which came under his care. He has notes of at least thirty, in which the diagnosis seemed fairly well established, and in which the drug was obviously beneficial—not, of course, curing, but staying the onward march of the process, and toning up the unchanged muscular fibres to greater strength and activity. —*N. Engl. Med. Gazette*, Dec.

Arum triphyllum.—Dr. C. C. Wiggins relates a case of chronic suppuration of the right tonsil, with much distress about the throat. When other remedies had failed, arum triphyllum—chosen on account of the acrid quality of the pus, the urine and a leucorrhœa being similarly characterised—effected a speedy cure. The 1st dil. was used.—*Medical Century*, Jan., p. 13.

Bacillinum.—Dr. Cartier records a case of suffocative bronchitis in an old man of 80, where the usual remedies were failing

and the patient seemed dying of asphyxia. Bacillinum 30 caused speedy amendment and steady convalescence. In actual phthisical subjects he found no appreciable effects from its use.—*L'Art Médical*, Jan.

Baptisia in Œsophagismus.—Dr. Cartier relates one and mentions two other cases of nervous spasm of the œsophagus, in which baptisia 6 proved curative. He even found it remove the dysphagia attendant on cancer of the gullet, so that for a month before his death the patient could swallow solid food, provided that it was well masticated or soaked. He refers to two cases of cure by the 12th and the 30th, given in Hoyne's "Clinical Therapeutics."—*North Amer. Journ. of Hom.*, Feb., p. 76.

Belladonna in Progressive Myopia.—Dr. J. H. Payne relates a case of this affection cured by belladonna without change of glasses. The symptoms indicating it were "whirling lights before the left eye; photophobia in all lights, but especially artificial; irritation and smarting of eyes, only relieved by closing, pressing and rubbing them; and sensation of heat, much relieved by cold douching." The ophthalmoscope revealed disseminated choroiditis at the fundus. Dr. Payne has had similar experiences previously, and in some of his cases a sense of enlargement of the eyeballs has been present and has subsided with the other symptoms.—*N. Engl. Med. Gazette*, Feb.

Cannabis indica.—A well-described case of poisoning by 45 grains of the extract of this drug is translated in the *Hahnemannian Monthly* of December. Exaltation of all nervous functions, including reflex excitability, was well marked.

Carboneum sulphuratum.—In addition to the other disturbances of the nervous system caused by inhalation of the carbon bisulphide, three cases have come under Dr. Peterson's observation in which actual insanity has supervened. Suicidal melancholia characterised one case, mania the two others. All ultimately recovered.—*Pacific Coast Journ. of Hom.*, Feb., p. 73.

Causticum in Oculo-motor Paralysis.—Dr. Van Royers, of Utrecht, relates in a very scientific manner a case of paralysis of the oculo-motorius occurring in his own person, in which, after spigelia, argentum nitricum and natrum muriaticum had failed, causticum, in the 8th dil., effected a cure. Dr. Van Royers is 65 years old.—*Allg. h. Zeit.*, Bd. 128, Nos. 5 and 6.

Codeine.—A case of poisoning by this alkaloid is contributed by Dr. Spratling to the *Medical Record*. The symptoms were, great restlessness, with occasional convulsive movements; intense irritation of whole surface, which was warm and dry; pin-point pupils; slow respiration (12 to the minute). She complained of great thirst and uncomfortable feeling of fulness in the head, and frequently remarked that her thoughts were going round and round.—*Hahn. Monthly*, Jan., p. 56.

Cuprum in Vomiting.—An obstinate vomiting of long standing was at last traced to indulgence in sweets, and cuprum, prescribed upon this indication, checked it permanently after a few days' use.—*North Amer. Journ. of Hom.*, Dec., p. 830.

Digitalis.—Dr. Marc Jousset performed experiments on six persons, in tolerable health, to ascertain the effect of digitalis on the renal secretion. He found that, given in doses of 10 to 30 centigrammes daily, it diminished the quantity of urine when this was previously at or above the average, while it augmented the quantity when this had hitherto been deficient.—*Revue Hom. Francaise*, Feb., p. 59.

Dolichos in Pruritus.—Dr. Cartier, from his experience, confirms the favourable reports of Dr. de Wée[1] as to the power of this plant when given internally to relieve itching of the surface. He gives the mother tincture, 2-5 drops per diem.—*L'Art Médical*, Jan.

Duboisine.—This drug seems growing in favour in alienist practice.[2] Dr. Marandon de Montyel finds it a most valuable sedative in mania, &c., giving 2-4 milligrammes a day, with occasional suspensions.—*L'Art Médical*, Jan.

Dulcamara in **Cystitis.**—Dr. Jousset generally finds dulcamara the best remedy for chronic cystitis, when the deposit from the urine is mucous rather than purulent. He gives the 3rd dil. or the mother-tincture.—*L'Art Médical*, Dec., p. 419.

Eucalyptus.—It seems that the oil of this tree may prove poisonous. Dr. Neal was called to a case where a boy of 10 had

[1] See vol. i., p. 278 (also p. 177). [2] See vol. i., p. 278, 376.

swallowed half an ounce. He found him dying—lips and gums colourless, chest and neck rigid, breath coming in gasps, pulse too feeble and too rapid to count. He died in 20 minutes. The history was that a few minutes after taking the oil his father was attracted by his gasping for breath, and went to him, when the boy vomited heavily. This relieved him, and he breathed well for an hour, when the struggle for air came on again and increased until death, 15 hours after the ingestion of the oil. He spoke rationally up to within an hour of death. The only important *post-mortem* appearance was that the pleural cavities contained a quart of serum.

Dr. Neal has heard of several cases in which serious symptoms have followed a dose of one drachm of the oil, and catching of breath has prevailed in all.—*Hahn. Monthly*, Dec., p. 821.

Ferrum in Dyspareunia.—The late Dr. Kafka records a case in which painful coitus—the seat of the suffering seeming to be the urethra—was removed by ferrum aceticum in the 3rd trit. [I have had a similar case. Ed.]—*Hom. Recorder*, Jan., p. 22.

Hypericum in Tetanus.—In a case of tetanus, caused by treading on pins, pain running from right sole up leg to spine, after only temporary and partial benefit from nux, ignatia and belladonna, hypericum was prescribed. It "went right to the spot," the patient said, and speedy recovery ensued.—*Pacific Coast Journ. of Hom.*, Jan., p. 27.

Iodoform.—A man had taken iodoform for 41 days for tubercular pleurisy and peritonitis. Having now taken about 1000 grains, he had to stop the drug on account of amblyopia, with headache, giddiness and faintness. The urine, which had been acid, with uric acid and urates, was alkaline, and showed triple phosphates. On the third day after omitting the iodoform there was great drowsiness and slight ptosis; the next day the drowsiness had given place to irritability, and the ptosis was gone. Numbness and tingling were felt in the legs, and the knee-jerk was increased.—*North Amer. Journ. of Hom.*, Dec., p. 810.

Kali carbonicum in Eye-pain.—A case in which stitching contractive pain, with congestion, came on in the eyelids at any attempt to use the eyes, is reported by the late Dr. Kafka. After several remedies had failed, and an oculist had been consulted in

vain, kali carb. 6 effected a speedy cure.—*Hom. Recorder*, Dec., p. 552.

Kali iodatum.—Dr. Cocke tells us that a lecturer in one of the post-graduate courses in Boston asserted that in a great many instances he could not tell the difference between the skin eruption caused by iodide of potassium and that of syphilis. He said also that in a case under his observation, in which syphilis could be absolutely excluded, the iodide was being used to absorb a morbid growth, and under it there occurred first nocturnal pains in the bones, then monoplegia of the left arm, severe nocturnal headaches and other syphiloid symptoms.—*N. Engl. Med. Gazette*, Dec., p. 580.

Latrodectus.—This is a newly-introduced animal poison. Its effects include some symptoms characteristic of angina pectoris, and Dr. Linnell relates one case and mentions another in which (in the 3rd dil.) it proved curative.—*Revue Hom. Francaise*, Dec., p. 474.

Lycopodium in Rheumatism.—Dr. Allan Campbell writes from Adelaide to say that he has found lycopodium, given in the 3x trit., "an unequalled remedy for fair uncomplicated acute rheumatism."—*Monthly Hom. Review*, Dec., p. 766.

Magnesia phosphorica.—Dr. Southworth finds this medicine as effectual for spasm as others find it for pain. He gives it in alternation with such remedies as ipecacuanha or hyoscyamus in all his cases of whooping-cough, and with the best results. He uses from the 2x to the 6x potency.—*Pacific Coast Jour. of Hom.*, Feb., p. 58.

Menyanthes in Headache.—Miss ——, long a sufferer from spinal irritation, had frequent and severe attacks of headache. Dr. Farley found her in one. Pain was tensive and bursting, in paroxysms; it began in right nape, and then involved whole brain. With it there was dread of solitude—"I can't bear this alone, please stay right by me, mother." Aggravation from light, noise and jar; amelioration from sitting in stooping posture and from heavy pressure on nape and vertex. Menyanthes 30 was given every ten minutes. Improvement began immediately, and patient was comfortable in two hours.—*Amer. Homœopathist*, Feb. 15.

Mezereum.—A study of the aural symptoms of mezereum is contributed by Dr. Howard M. Bellows to the *New England Med. Gazette* for December. He considers the most characteristic symptom for it to be that the ears feel as if too open, as if air was pouring into them, or as if the tympanum were exposed to the cold air, with a desire to bore with the fingers into the ear. This indication is based on experiences of three of the provers, and is thus good pathogenetically as well as clinically.—*N. Eng. Med. Gazette*, Dec.

Naja in Cholera.—A U.S. consular report gives evidence of the singular success with which certain lay practitioners in India have been treating cholera. It was found that the agent employed, subcutaneously, was "a tincture of which the poison of the cobra formed the sole base."—*Monthly Hom. Review*, Jan., p. 35.

Natrum muriaticum in Lachrymation.—The late Dr. Kafka records a case of incessant lachrymation of the right eye, caused by exposure to a strong north wind, and dependent on hyperæmic obstruction of the lachrymal passages. Natrum mur. 6 cured in four weeks, and was equally efficacious when, on later occasions, the trouble returned.—*Hom. Recorder*, Jan., p. 23.

Œnanthe in Epilepsy.—An old-school practitioner writes to the *Chicago Medical Times* in testimony to the anti-epileptic virtues of the œnanthe crocata. He does not mention his doses, but they were doubtless appreciable.—*Hom. Recorder*, Feb., p. 70.

Ouabain in Pertussis.—Ouabäin is prepared from the leaves of the *carissa schimperi* or an allied (African) plant, and constitutes the active principle of the poison used for their arrows by the Somali. Dr. Percy Wilde, noting that severe respiratory spasm was said to be set up in those wounded by the arrows, suggested its trial in whooping-cough. Dr. Gemmell, of Glasgow —an old-school practitioner—was the first to test it, and reported that given in the first stage it cut short an attack, in the second reduced the frequency and violence of the paroxysms, in the third hastened convalescence. Dr. E. A. Neatby has now tried it with good results, though whether such as to supersede our ordinary remedies in its favour is another question.—*Monthly Hom. Review*, Dec.

Paris quadrifolia.—A cure of insanity in an Indian woman is reported by Dr. B. N. Banerjee. Lamentation and occasional loquacity were the manifestations of disordered mind, and grief the apparent exciting cause. Ignatia, 30 and 200, did no good, when it was ascertained that she felt hot wind passing out of her ears. This symptom was found in the pathogenesis of paris, and the drug was given in the 3rd dil. Under it the whole case rapidly cleared up.—*Calcutta Journ. of Medicine*, Feb., p. 60.

Petroleum.—A series of cases in which this remedy, in the 6th dil., proved curative, is translated from vol. iii. of the *Internationale Hom. Presse* in the *Hom. Recorder* of February. The drug seemed to correspond to the "genius epidemicus" of a prevailing fever. Vertigo, headache, noises in the ears, nausea and an ashy complexion were generally present. There was also in some cases diarrhœa, almost or quite confined to the day-time, which is said to be a characteristic symptom of the drug.

Psorinum.—The nosode called "psorinum" is rarely used, and still more rarely written about, on this side of the Atlantic. It is of dubious origin, and—as one thought—hardly brings with it such warrant for medicinal use as tuberculin, for instance, does. In a paper read before the International Homœopathic Congress of 1891, however, Dr. Gailliard, of Brussels, brought forward facts which seem to show that the acarus scabiei produces its effects by virtue of a specific venom, containing an albuminoid which he would call psorine. This may become absorbed, and may produce constitutional effects. Among the latter he mentions "an abnormal smell of the sweat, like that of sulphuretted hydrogen." Now, offensiveness of the patient, or of the parts affected, has always been considered a strong indication for "psorinum" with those who use it, and Dr. E. M. Gramm finds that in tertiary and congenital syphilis it has great control over the cutaneous manifestations when so characterised, and when also they and the skin itself have a dirty uncared-for look.—*Hahn. Monthly*, Jan., p. 35.

Again, Dr. Houghton writes: "I had an intense prejudice against this remedy, but experience among the poor children at the Five Points House of Industry, and later on at the Ophthalmic Hospital, overcame it entirely. One need only study the wretched, puny, prematurely-aged little creatures, with discharges of a cadaverous odour from their ears, stinking diarrhœa, and

stench of the very person which is indescribable, to be profoundly thankful for any remedy that will correct such conditions."—*North Amer. Journ. of Hom.*, Dec., p. 755.

Serpent-venom.—From a number of experiments brought before the Société de Biologie of Paris, it appears that the blood of venomous serpents is poisonous after like manner, though not of course in the same degree, as their special glands.—*L'Art Médical*, Feb., p. 114. [In the same number of the journal (p. 155), it is stated that hypodermic injections of the chloride of gold are being found effectual in the treatment of serpent-bites.]

Silicea in Suppurative Otitis.—Dr. Bellows records a case of distressing and frequently recurring frontal headache, which seemed traceable to chronic middle-ear suppuration. The tympanum was perforated. Silicea 3, taken for some months, dried up the discharge, healed the tympanum, and made the hearing normal, while the headaches soon disappeared.—*N. Engl. Med. Gazette*, Feb.

Theridion.—Dr. W. Boericke, taking a dose of theridion 30 for a nervous headache (which it removed), experienced peculiar pains in various parts, but especially in the left side over the spleen, like a sharp, sudden, stinging thrust. On subsequent occasions he repeated the experiment, with similar results. To eliminate expectant attention, he got a friend to take ten vials of globules, and medicate 9 with alcohol, and one with theridion 30, which he was to detect among the rest (if he could), by the supervention of this pain. He did so, with complete success.—*Hom. Recorder*, Dec.

Thyroidin.—Noting the "intense desquamation of the skin" occurring in myxœdematous patients under treatment with thyroid extract, Dr. Byrom Bramwell drew the curiously homœopathic inference that the remedy might be suitable for psoriasis, and has found it so, to a high degree.—*Hom. World*, Dec., p. 538.

Other symptoms provoked by this medication — notably, flushing and acceleration of pulse-rate—have suggested its use in exophthalmic goitre.—*Ibid.*, Jan., p. 6.

Thuja in Exophthalmic Goitre.—An old-school practitioner communicates to the *Chicago Medical Times* a case of Graves'

disease, in which all the classic symptoms disappeared under thuja. Two drachms of the tincture were mixed with a tumblerful of water, and a tea-spoonful taken 4 times a day.—*Hom. Recorder*, Feb., p. 70.

Upas in Typhoid Fever.—Upas has rarely been used in practice, but the late Dr. Baruch advised it when bryonia failed. Acting on this hint, Dr. T. C. White gave it in a case of typhoid, which had entered its third week and was doing badly. Upas 30 was administered, three doses in all being taken, and immediate improvement occurred, and went on to entire recovery.—*North Amer. Journ. of Hom.*, Feb., p. 117.

Vinca minor.—A re-proving of this drug has lately been conducted by Dr. Schier, of Mayence. Eight colleagues, two medical students and two ladies took part in the experiments, which should be translated for the benefit of English readers.—*Allg. hom. Zeitung*, Bd. 128, Nos. 7-10.

THERAPEUTICS.

Amblyopia from Tobacco. — Of 150 confirmed smokers examined by Dr. Dowling, at Cincinnati, 45 were more or less amblyopic. There was colour confusion for central (not peripheral) vision, and always some contraction of the pupils.—*L'Art Médical*, Dec., p. 468.

Amblyopia from Iodoform.—A man had taken in 41 days about 1,000 grains of iodoform for tubercular pleurisy and peritonitis, when the drug had to be stopped on account of toxic symptoms, especially amblyopia. On examination four days after its discontinuance, there was slight haziness of the disc margin, but no pronounced papillitis. There was a well-marked central scotoma, larger than that commonly found in tobacco amaurosis. Vision was greatly impaired; but under strychnia it had risen in three months to $\frac{6}{8}$ in each eye, and no scotoma could be found.—*Ophthalmic Review*, April.

Caries.—Dr. Cooper sends two cases to the *Hom. World* for February, with the view of deprecating operation for caries until homœopathic medication has been fairly tried. Calcarea and silicea were the medicines used.

Fistulous Openings in Throat.—A boy, aged 11, had for a year suffered from a fistulous opening in the neck over the cricoid cartilage. A lengthened surgical treatment had failed to produce closure of the fistulous opening, and before submitting to the proposed surgical operation the child was brought to me for my opinion. I found three small fistulous openings close together, from which thin pus exuded when pressure was made on the tissues below the cricoid cartilage. To the left was a bluish-red, shining elevation about 5mm. in diameter, pressure on which caused pain, but excited no discharge. I prescribed kali bich. 30 twice a day. After 20 days no alteration was perceptible, the only difference was that some drops of blood had exuded from the openings. I now gave phos. 30 once a day. In 25 days the fistulous openings were quite healed up, the bluish spot was gone, and only a slight depression of the skin was to be seen on the place where the fistula had been.—Villers, *Arch. f. Hom.*, iii., 23.

Grauvogl's Constitutions.—Dr. Bojanus concludes, in the *Revue Hom. Francaise* of December, a long article on Grauvogl's doctrine of the "constitutions," which he strongly advocates. He has dwelt chiefly on the " hydrogenoid " form (which is allied to Hahnemann's " sycotic "), relating a number of cases to illustrate its manifestations and treatment, which is usually by low dilutions of natrum sulphuricum, with or without thuja. " My experience is," he writes, " that in these cases it is absolutely necessary to add to the remedy corresponding to the malady one answering to the constitutional state; and in the majority of instances this remedy is natrum sulphuricum."

Migraine.—Dr. Moeser communicates his experience with this malady. He finds gelsemium (12-30) and glonoin the best palliatives at the time of the attacks, sanguinaria, iris and niccolum in the intervals. The indications for the first four are those generally recognised. For niccolum he specifies, " pain worse between 11 a.m. and noon, when its violence may be so great as to force the patient to cry out; it commences on the left side and goes over to the right, disappearing towards evening."—*Medical Century*, Feb. 1, p. 59.

Nephritis.—Dr. Galley Blackley communicates to the *Monthly Homœopathic Review* for February three cases of acute nephritis treated in the London Homœopathic Hospital. They were all

treated with arsenicum 3x during the acute stage, but two of them had plumbum carbonicum 3x later on. A good recovery was made in every instance.—*Monthly Hom. Review*, Feb.

Peritonitis tuberculosa.—*Apropos* of recent observations showing the possibility of recovery from this disease, Dr. Jousset recalls three cases which have come under his notice and have ended thus happily. In the first, carbo vegetabilis 12-30, given on account of the great tympanites, seems to have aided much towards the cure. In the second, iodine was given, but recovery began directly after paracentesis had removed the ascitic effusion which was present. The third patient had carbo 12 and tuberculinum 6.—*L'Art Medical*, Dec., p. 421.

Purpura.—A case of the rheumatic form of this disease is recorded by Dr. Violet in which rhus, which was indicated by the rheumatic symptoms, proved sufficient to carry the patient to complete recovery. The 3rd dil. was given.—*Medical Century*, Jan., p. 12.

In a simple purpura hæmorrhagica, occurring in a 15-year-old anæmic girl, where an attack of choleraic diarrhœa was the initial phenomenon, phosphorus caused the affection to disappear in less than two weeks.—Goullon, *Hahn. Monthly*, Jan., p. 64.

Sciatica.—Mrs. St., aged 47, had, some years ago, an eruption on several parts of the body. She consulted me Aug. 3, 1892, on account of sciatica on the right side, which she had had since February. She said that at first she was ill for 8 days, when she complained of pains in both hip regions. Then the pain went to the right, extending downwards from the hip, and it has remained unaltered since then. She cannot sit long, cannot remain long quiet, aggravation at night in bed, must lie on affected side; has tendency to profuse perspirations. Before the present complaint she used to suffer from headache on waking in morning; she no longer does so. General health good. Sepia 40 (prepared by myself), a dose every seventh evening. Sept. 9: violent aggravation, lasting a week. After the second dose, better in every way, even in the sleep. I ordered the same remedy every ninth evening and no further treatment was required.—Kunkel, *Arch. f. Hom.*, ii., 367.

K., farmer, age 25, hitherto in good health, consulted me July 25, 1891. Since January has suffered from sciatica on left side. No pain when in standing position, but it comes on when he

stoops. Slight perspirations all over, especially in head. Cannot bear sultry air. If he remains seated a considerable time the pain becomes constant, but it goes off when he rises and walks about. No pain at night. Aggravated by a chill. Sep. 30, a dose every seventh evening. Sept. 5: Nearly well, only some pain below trochanter when he stoops; this soon went off on continuing the medicine.—*Ibid.*

Dr. Crawford relates a case of double sciatica, which had crippled the patient for a twelvemonth. He traced it to syphilis occurring 25 years previously, and treated it with mercurius corrosivus 2x. At the end of a month a slight soreness of the gums had supervened, but the sciatica had entirely departed.—*The Clinique*, Dec., p. 534.

Dr. Fisher contributes a case to the *Medical Century* of January in which a single dose of bryonia 3x relieved so completely that no more had to be taken. The attack was an acute one, brought on by exposure to lake breezes when overheated, and aggravation from the slightest motion was very marked.

Stillicidium urinæ.—Kr., age 30, had masturbated several years until 20 years old; since then has felt poorly and complains of depression, restless disturbed sleep and derangements of digestion. Many articles of diet he could formerly digest the stomach will not now bear, *e.g.* fatty or sour food; they cause flatulence, frequent eructation, hawking of phlegm and unrefreshing sleep. Dribbling of urine after micturition; the urine has a cloud and smells strongly. Jan. 9, 1891: staph. 30, a dose every seventh evening. Feb. 28: Decided improvement of general state, sleep generally good, spirits better, urine smells less, dribbling less, can digest all kinds of food. *Cont. Med.*—April 25: Improved in every way; still the spirits are not quite normal, and the legs are rather weak. Natr. m. 30 in alternation with staph. caused no alteration in the chief symptom. June 26: Spirits still low; dribbling as before. Acid. phosph. 30, a dose every seventh evening. Aug. 20: General state good; dribbling of urine unaltered. *Cont. Med.* at longer intervals. Jan. 2, 1892: Everything normal but dribbling, which persists. After a few doses of acid. phosp. 6, a dose every third evening, this, too, ceased.—Kunkel, *Arch. f. Hom.*, ii., 364.

Bright's Disease.—Dr. Searle has a very interesting and instructive paper on this malady in the *Hahnemannian Monthly* for February, embodying his later experience. He is "still confident," he says, "that it can frequently be cured—always, when taken in time." His chief medicines are arsenicum, apis (the trituration of the "business end" of the bee), and mercurius corrosivus. The first is suitable for the large white, the third for the contracted kidney; while apis comes in to check albuminuria. He speaks highly of lemon-juice (ten ounces daily), when uræmia threatens.

Chorea.—L., a girl, age 13, consulted me April 7. Has had St. Vitus's dance for a year, said to have been brought on by fright. At school it was first noticed that when seated she made all sorts of movements with her right hand, her right foot and her mouth. These symptoms increased gradually in intensity, so that she can now no longer write. Her mental power has gradually become weaker. She has no pains, her functions are all in order, only her spirits are sometimes low. Always lies on left side when asleep. Speech difficult, frequent muscular twitchings. Caustic. 30, a dose every seventh evening. May 28: Marked improvement in every way; she can now go to school for some hours every day. After six more doses of caustic. she was quite well.—Kunkel, *Arch. f. Hom.*, ii., 371.

Epilepsy.—A girl, age 13, was brought to me, Jan. 3, 1887. She had for six years been subject to epileptic fits, probably brought on by excessive mental exertion. The first attacks occurred between 6 and 7 a.m. After the first she did not regain her power of speech till noon. During the fits, pallor of complexion. Obstinate constipation; no stool without artificial help. Formerly quiet and phlegmatic; since the fits commenced, very excitable; very restless, cannot remain long in one place. Sleeps well, but after sleep is tired, drowsy and cross; sometimes occipital headache, morning or evening. Her last fits were on Nov. 22 and Dec. 28, 1886. The last fit lasted ten minutes, and was very severe. She is sensitive to open air; skin dry and harsh. Sepia 30, a dose every seventh evening. Feb. 15: No fit, hardly any headache; the last fortnight stool quite normal. April 5: No fit; skin still dry and harsh; chilliness, icy-cold hands; dying away of fingers; great sensitiveness to draughts and moisture. Calc. c. 30, six doses, every seventh evening. May 5: Had a fit. General state in

every way improved; hands warmer. May 26: Improvement continues. She got some more doses of calc. c. 30, to be taken at longer intervals, and was to return if she should have another fit. She did not return. I should mention that she had previously been treated with large doses of bromide of potassium.—Kunkel, *Arch f. Hom.*, ii., 371.

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THE PRESENTATIONS OF OUR MATERIA MEDICA.[1]

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Inasmuch as our success in the medicinal treatment of disease depends upon our assimilation and use of the *materia medica*, the mode of its presentation is a matter of real importance to each one of us. I will therefore ask your attention to a few remarks thereon ; but instead of re-writing what has already appeared in print on this subject I will simply endeavour to start a discussion on some of the plans proposed, confining myself to those I think best deserving of consideration :—

These may be divided into three classes, viz.: (I.) Those devised for the convenience of the practitioner. (II.) Those devised for the assistance of the student. (III.) Those intended to meet the requirements of both.

[1] Read before the Liverpool Branch, January 11, 1894.

(I.) The plans devised for the convenience of the practitioner are represented by :—

(1) The plan of Hahnemann—the schema.

(2) The comparative plan.

(3) The abridged plan.

(4) The expurgated plan.

(5) The impure plan.

(6) The schema with comments.

(7) The schema with the symptoms marked with the proportionate number of provers in which they occurred.

(8) The schema with the symptoms marked with proportionate number of provers in which they occurred, with the addition of comments thereon.

(9) The clinical plan.

(II.) The plans devised for the assistance of the student are represented by :—

(1) That of the "Cyclopædia of Drug Pathogenesy."

(2) The lecture plan.

(3) The provings with comments.

(III.) The plans intended to meet the requirements of both student and practitioner are represented by :—

(1) The physiological plan.

(2) The scientific and complete plan.

(1) The plan originally devised by Hahnemann was the schema, with which we are all familiar. It is that of taking the narratives of the provings and poisonings and cutting them up into the separate symptoms, and placing these under the headings of the different organs or parts in which they have occurred.

(2) In contrast with this is the presentation furnished in the Cyclopædia, viz., giving the drug effects just as they are recorded in the accounts of provings, poisonings and direct experiments, simply omitting repetitions and redundancies.

(3) The comparative plan is illustrated by Drs. Jessen and Hirschel.

(4) The abridged plan is represented by Dr. T. F. Allen, in his Primer ; and by Dr. Hering, in his "Condensed," and his "Guiding Symptoms."

(5) The expurgated plan is represented by that of Drs. Wesselhœft and Sutherland, of Boston, U.S.

(6) The impure plan is represented by that of Dr. Lippe ; and by those of Drs. Hering and Burt.

(7) The schema with comments is represented—amongst others—by that of Dr. Ord. This term is also applicable to the presentations of Jahr and Hahnemann.

(8) The schema with symptoms marked with the proportionate number of provers in which they occurred is the plan proposed by the Baltimore Medical Investigation Club.

(9) The schema with symptoms marked with the proportionate number of provers, with comments in addition, is the plan of Drs. Ellis and Ord, and the Baltimore Club.

(10) The clinical plan is represented by Drs. Burt, Teste and Farrington.

(11) The lecture plan is represented by those of Drs. Hempel, Hughes, Dunham, Pope, Farrington.

(12) The provings with comments is represented by the Vienna Proving Society, in thuja and colocynth.

(13) The physiological plan is represented by M. Teste, Dr. Burt, Dr. Farrington.

(14) The scientific and complete plan is that of the Hahnemann Publishing Society, and illustrated in the "Materia Medica, Physiological and Applied"; and, to some extent, in Dr. Hale's "New Remedies."

To enter more fully into details :—

(1) Hahnemann's plan. The schema plan has some advantages and some drawbacks ; it at once draws attention to the organs most affected by the drug, and displays the principal symptoms manifested by the different organs, or in the different regions. It serves admirably Hahnemann's ideal homœopathic practice, viz., the accurate fitting together of the symptoms of the medicines and of natural diseases. It is an essential part of the presentation for the physician in his daily practice, because it enables him to find, without much trouble or loss of time, any particular symptom or symptoms he may be in search of ; but it totally destroys the natural connections of the symptoms, and prevents the student from perceiving their beginning, course or termination, and therefore the disease picture they

present, and of course the concrete diseases they simulate. This is the plan of Hahnemann's Materia Medica; of Allen's Encyclopædia; of Allen's Handbook, and of his Primer. In the Handbook and Primer he gives also occasionally, under some of the headings, a few separate clinical indications.

(2) The comparative plan. This is necessarily schematic: it is the placing of the symptoms in parallel columns, or side by side, so that the effects of the different drugs on the different organs may be compared or contrasted with each other. This plan might be of some practical value were it possible to be made complete; but inasmuch as it is impossible to bring under view the symptoms of all the medicines at once, or even any great number of them, its practical advantages are questionable. The only way in which it could be made of real practical use would be by first classifying the medicines into groups determined by their natural affinities, as has been done by M. Teste and Drs. Burt and Farrington, and then comparing the symptoms of analogous medicines.

(3) The abridged plan. This also is schematic; and is that of making a selection of the supposed most important or most trustworthy symptoms. It has certainly some practical advantages for the general practitioner in the treatment of acute and sub-acute diseases in the hurry of daily practice, but it has the radical defect that it discards many of the subjective and most of the contingent symptoms which are, especially in chronic diseases and in unclassifiable ailments, the most valuable symptoms of all. It is also delusive and deceptive, as leading the practitioner to think that certain medicines do not produce certain symptoms, when their absence is entirely owing to these symptoms having been discarded; and it should be used only as a supplement to the repertory, to give hints as to which of several medicines to look up in such books as the Handbook and the Cyclopædia. It has also the disadvantage of giving only the individual author's own opinion as to which are the most important or most trustworthy symptoms. This plan has been used by Dr. Allen in his Primer, and by Dr. Hering in

his "Condensed" and his "Guiding Symptoms"; and also by Drs. Burt and Farrington; and to a certain extent by Drs. Ellis and Ord, and by the Baltimore Club.

(4) The expurgated plan. This also is necessarily schematic; it is that of discarding all symptoms that are not in congruence or in agreement with those of other provers, or that have not occurred in at least three different provers. This plan has the advantage that all the symptoms furnished by it may be relied upon as having been really produced by the drug; but it has the disadvantage—which I think a fatal one—of furnishing merely the "absolute" symptoms and discarding the "contingent," and would make the *materia medica* of little use in true symptomatic (homœopathic) treatment. It is, however, the plan that will appear in the eyes of the enquiring allopath as the least objectionable of all the schematic plans, because of its containing fewest of the subjective symptoms. The Baltimore plan discards symptoms that have not occurred in two provers.

(5) The impure plan. This plan consists in mixing with the pathogenetic symptoms those which have disappeared whilst the medicine was being used in the treatment of some disease. This is a most vicious, and altogether a deceptive and misleading plan. It has been adopted under the notion that because a certain symptom has disappeared whilst the medicine was being taken, therefore the medicine really cured it, and as it cured the symptom it would therefore produce it if the proving were carried far enough. This is altogether a false notion; for the symptom may have been only sympathetic and non-essential, and its disappearance have resulted merely because the essential disease has been cured—a splitting headache brought on by coughing would of course disappear after the cough was cured, but it would be the ceasing of the cough and not the taking of the medicine that cured the headache. This is the plan so prolific of "key notes," "characteristic symptoms" and "clinical indications." It was avowedly adopted by Dr. Lippe: and it vitiates the productions of Drs. Burt and Hering.

(6) The schema, with comments. Under this heading may be placed Hahnemann's presentation, for he gives

introductory comments to most of his medicines, sometimes mentioning some of the concrete diseases in which the medicine is likely to be homœopathic. Here also may be arranged Jahr's "Symptomen Codex," in which the medicines are headed by a long list of symptoms and diseases in which the medicine is thought to be indicated, or which have been cured by it. Here, also, will come in such attempts as those of Dr. Ord, in which—as well as the symptoms being condensed, and in some instances combined together—the supposed relative value of the symptoms is attempted to be indicated by differences of type; conditions and concomitants are attached; and clinical hints in one margin, and supposed analogous medicines in the other. Such attempts to aid the practitioner have some practical value, certainly. Hahnemann's comments are few, and are based upon the pathogenetic symptoms. Jahr's are numerous, and are based principally on clinical experiences. They are, however, all somewhat arbitrary; differ in different authors; are uncertain, and—in some instances—misleading; especially the attempts at condensing and recombining the symptoms, or arranging them in supposed representation of special morbid states. They are at best only substitutes for proper study of the pathogenesis, and the use of the *materia medica* with index or repertory.

(7) The schema, with the symptoms marked with the proportionate number of the provers in which they have occurred. This is the plan recommended by the Baltimore Medical Investigation Club. It has the advantage of pointing out the symptoms that almost always occur, or that occur in the majority of provers, *i.e.*, the "positive" or "absolute" symptoms; and as well those which occur only in certain special provers, *i.e.*, the "contingent" symptoms; and so far it has a great advantage over the schema not so marked.

(8) The schema with comments as well as the symptoms marked with the proportionate number of provers. This is certainly another step towards perfection of presentation. It was adopted, to a limited extent, by the Baltimore Club; but its more full use is illustrated in Dr. Ellis's presentation of colocynth; also by Dr. Ord.

(9) The clinical plan. This consists in discourses on the general and local spheres of action and special peculiarities of the different medicines, along with an enumeration of special indications for their use in the treatment of disease; and in the furnishing what are called clinical indications, characteristic symptoms and key notes; but the mixing cured symptoms along with the pathogenetic entirely spoils it as a presentation of the *materia medica*. It has the same disadvantages, and is obnoxious to the same objections as the impure plan, and is likely to lead away from true homœopathy, and to mere specificking, if not to allopathic guessing. The otherwise very useful *materia medica* of Dr. Burt is spoiled by this intermixing of the symptoms; it also vitiates Teste's *materia medica*, and Farrington's lectures. Clinical uses form a large part of Hale's "New Remedies," and of Jahr's "Symptomen Codex"; but, in these, separately and distinctly as such.

(10) The Cyclopædia plan. This consists in presenting the provings, poisonings, experiments and *post-mortem* results in detail, as given in the narratives of the provers and experimentists, but omitting repetitions and redundancies. It thus furnishes, not only the symptoms—the contingent as well as the subjective, and the objective as well as the absolute—with the pathological results, but it shows their beginning, course, termination and connections: thus indicating, more or less definitely, the concrete diseases the drug-effects simulate, and, therefore, the symptoms and diseases to which the different medicines are homœopathic.

By this plan, the general action of drugs is so displayed that the student may, by reading over proving after proving, imbibe a knowledge of the sphere and genius of the action of each drug, in a way quite impossible, except by such reading of provings. Inasmuch, however, as the symptoms are all mixed together this plan does not lend itself to minute or true symptomatic practice, but it tends to lead one to be rather a specificker than a homœopath; and the man who relies exclusively on it can never become more than a generalising, uncertain, and somewhat guessing practitioner. The defect here pointed out would, however, to a great extent, be

overcome by having a symptomatic index, or a schema; which, I am glad to be able to say, Dr. Hughes is preparing. True homœopathy involves minute symptomatology.

(11) The lecture plan. This consists in explaining and expounding the provings and poisonings, and their therapeutic indications. It may be considered as that of illustrating and illuminating the Cyclopædia plan. It is well calculated to teach the general sphere of action, and the local effects of drugs; also the analogy between drug effects and natural diseases, and to point out the special symptoms and concrete diseases to which the different drugs are homœopathic. But, like the Cyclopædia plan, it is more suitable for mere "specific" practising than for true homœopathic practice. It cannot enable a man to practise truly symptomatically, because no man can remember all the symptoms of all drugs. The lecture plan, like the Cyclopædia plan, requires the help of a schema, index or repertory.

(12) The provings with comments. This plan consists in giving the accounts of the provings, poisonings, experiments and *post-mortems* without any curtailment, introducing them by a full account of the sources and of the natural and chemical histories of each drug, and following them by explanatory comments on the pathogenesy, and a full account of the therapeutics, with illustrations by cases treated. It is a most excellent plan, being a combination of the Cyclopædia and lecture plans. It is the plan adopted by the Vienna Proving Society, and illustrated by thuja and colocynth—two essays which ought to be in the hands of every student and every practitioner of the medical art. Being without schema or index, this plan has, however, the same defects as the two plans of which it is a combination—it does not lend itself well to the interests of the practical physician. Dr. Hale's "New Remedies" is somewhat on the same lines, but this provides also a schema, and more merely clinical matter.

(13) The physiological plan. This consists in a classification of the medicines into natural groups, determined by the characteristic spheres of their pathogenetic action, based upon an analysis of the provings, poisonings, and physio-

logical and pathological experiments, these groups being represented by a typical medicine, such as: the aconite group; the belladonna group; the sulphur group; and so on.

Pathogenetic and therapeutic explanations form the main body of this plan; but it differs from the lecture plan in furnishing a collection of what are called key notes and characteristic symptoms in the form of a schema, and is so far, therefore, calculated to serve the purposes of the practitioner as well as of the student. It was introduced by Mons. Teste, of France; and it has been adopted by Drs. Burt and Farrington. Though otherwise a practical and excellent plan, the introduction of "clinical" indications renders it so far obnoxious to the same objections as the impure plan.

(14) The scientific and complete plan. All the foregoing presentations are incomplete, or arbitrary, and, therefore, unsatisfying and defective. The true physician is neither only a student nor wholly a practitioner; he is both. The *materia medica*, to meet his requirements, should, therefore, combine the best features of all the foregoing plans. For his equipment as a scientific physician it should provide the provings, &c., as they are given in the Cyclopædia, with the lines numbered, and these should be explained and expounded, and their special spheres of action pointed out and illustrated, as is done in the lecture, the physiological and clinical plans. For his practical use it should provide a complete schema, with the symptoms marked with the proportionate number of provers, so that he may distinguish the absolute from the contingent symptoms; and it should be provided with an index to these, so that the individual symptoms may be found easily and rapidly. Also the therapeutic spheres of the medicines should be expounded, and illustrated by the relation of appropriate cases treated. The doses necessary in different diseases, and different stages of disease, with the frequency of their repetition, should be explained; the analogous medicines should be pointed out; the natural and chemical histories, and the pharmaceutical preparations, with their uses and mode of preservation, should be given. Also their action as vital

stimuli should be noticed, showing any possible therapeutic uses to be founded on their classifiable actions, such as astringent, cathartic, sedative, &c., with the doses necessary for the production of these. In fact, everything that scientific and practical physicians ought to know concerning the medicines they have to use, should be clearly and fully set forth.

The only attempt that has hitherto been made to meet these requirements is that of the Hahnemann Publishing Society, as illustrated in the "Materia Medica, Physiological and Applied," which, it is to be hoped, will be the plan on which our "*materia medica* of the future" will be constructed.

Dr. GORDON SMITH said that almost all our books are built upon the schematic plan. For the systematic study of drugs it is very important to compare the action of two or more similar drugs, which it is almost impossible to do with the "Cyclopædia of Drug Pathogenesy." He thought that a discussion on the best way to study the *materia medica* would be very useful.

Dr. CAPPER thought that the comparison of similar drugs was most valuable. Though he felt it was rather a bold thing to say, he fancied that the most successful practitioner was the one with the best memory, to whom "tips" constantly proved of the utmost service. He was often very much disappointed with the result of very careful repertory work. The main difficulty is usually where a certain symptom is caused by many drugs; and only a careful comparison can point out the one specially indicated in a certain case.

Dr. HAWKES stated that practically he found he was driven to the use of repertories. In general practice it often happens that there is not even a repertory at hand, and the clinical element comes in. The usual practice is to elicit symptoms, attending to general conditions, &c., then to select the drug from the repertory; and afterwards, if any doubt remains, to read up the drug carefully, confirming conclusions thus formed by aid of the best *materia medica* at hand, comparing them with the experiences of other men with the same drug.

Dr. JOHN HAYWARD said that he found Raue's "Therapeutic Hints" very useful. He (Raue) classifies and compares the drugs. When still in difficulty "Allen" generally helped him.

Dr. MAHONY questioned whether we were all sufficiently familiar with Hahnemann's schema. If we were, should we be so ready to search in other directions? With regard to the impure plan, he said that the clinical and pathogenetic symptoms should be carefully distinguished. In speaking of the schema with comments, he said that Dr. Hayward did not refer to Hahnemann's remarks, where he cautions against treating the diseases rather according to their names than with regard to their symptoms. He was sorry to hear Dr. Hawkes speak of the comparative uselessness of symptoms, as otherwise we become empirical and unscientific.

Dr. GORDON said that he had spent much time in the study of the *materia medica*, and found that he could usually meet symptoms by the aid of Lippe, Bœnninghausen, Raue or Cowperthwaite.

Dr. CHARLES HAYWARD remarked that if the necessary time could be obtained it was most useful to read up carefully the drug suggested by a certain case in the "Cyclopædia of Drug Pathogenesy," which can be depended upon. He expressed himself as always sceptical about clinical effects, unless he knew something of the narrator. He found "Raue" very useful; also Johnson's "Therapeutic Key."

Dr. ELLIS said that the consideration of the plans for the presentation of the *materia medica* must be divided into (1) those for the student; (2) those for the practitioner. (1) For the student. Of these, such a book as that of Hughes or Burt is to be recommended, from which one obtains an idea of the general sphere of action—the physiological and pathological significance of symptoms. By such study the cases of disease arrange themselves mentally in connection with certain series of drugs. (2) Those for the practitioner. Allen's Handbook and some form of repertory should be used. The Cyclopædia and the "Materia Medica, Physiological and Applied" are too voluminous except for special reference. The presentations, as in older editions of Hale's "New Remedies," appeared to him most useful, provided that some indication of value were attached to the symptoms.

DERMATITIS HERPETIFORMIS.[1]

BY WASHINGTON EPPS, L.R.C.P.

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THE case I have taken for my paper is a typical example of a somewhat uncommon skin disease, occurring once in 1,000 cases of all skin diseases (Crocker), at the present time designated dermatitis herpetiformis or hydroa herpetiforme.

History.—This disease appears to have been fairly well-known under various names to dermatologists since the beginning of this century. It is only in recent years, however, that it has acquired recognition as a distinct disease. Willan called it pompholyx pruriginosus, and Hardy, pemphigus pruriginosus. Erasmus Wilson recognised it under the name of herpes circinatus bullosus, Hebra as impetigo herpetiformis; Tilbury Fox, Liveing, Unna and Crocker classify it under the head hydroa herpetiforme, hydroa bulleux, hydroa pruriginosum, and Duhring, of Philadelphia, under that of dermatitis herpetiformis, which last is the term usually used in the current dermatological literature. The variety of names shows I think that the different authors have given separate names to the several varieties, which are now classified by Duhring under the one name of dermatitis herpetiformis.

Description.—Duhring's description of the disease is as follows:—

(1) A distinct, well-defined, rare, serious, inflammatory disease of the skin, manifestly of an herpetic nature, characterised by systemic disturbance, a great variety of primary lesions, by severe itching and burning, and by a disposition to appear in repeated successive outbreaks.

(2) The disease is capable of exhibiting itself in many forms, all having a tendency to run into or succeed one another irregularly, in the natural course of the process.

[1] Read before the Society, February, 1894.

(3) The principal varieties are the erythematous, papular, vesicular, bullous and pustular, which may occur singly or in various combinations.

(4) It is a remarkably protean disease.

(5) It usually pursues a chronic, variable course, often lasting years, and is exceedingly rebellious to treatment.

Dr. Allan Jamieson in his work on "Diseases of the Skin" gives four features characteristic of the disease. (α) The polymorphic nature of the eruption. (β) The paræsthesia which accompanies it. (γ) Its course, in the main chronic, exhibiting a decided tendency to relapse or recur; and (δ) the relatively good state of the general health.

When I have related my case I think you will agree with me that it answers to each of the above described characteristics.

Pathology.—As to the pathology of dermatitis herpetiformis, it is still unknown. The latest explanation of the cause of this disease that I have seen is Dr. Stephen Mackenzie's, who defines it as a cutaneous neurosis. The doctor says: "It is, I must admit, much easier to use this expression than to explain it. I use the term in its widest sense, to include both the organic and functional affections of the nervous system. . . I do not know of any direct fact as to change in the nervous system in the disease, so that a wide field is open to speculation. . . Arguing from the known to the unknown, our knowledge of zoster enables us to infer a structural or functional disease somewhere in the nervous tract. . . I think it is probable that the seat of change is in the cutaneous nerve endings, after where, in mixed nerves, the trophic, sensory and motor fibres diverge." He further says: "Many of the facts appear to me to suggest a peripheral neuritis, and from what is known of the latter, to point to a parenchymatous inflammation." Afterwards he further adds: "It is possible, however, that it may be in some cases a functional affection—a neurosis as usually so called."

Dr. Duhring is of much the same opinion; he states: "Everywhere and on all occasions the eruption showed itself to be under the control of the peripheral nerves, as in the

other more marked and better known forms of herpetic disease.

Crocker in his last edition, 1893, says "Irritation of the vasomotor centres, either direct or indirect, is the most probable pathology."

Etiology.—I have tabulated the eleven cases given by Dr. Stephen Mackenzie in the *British Journal of Dermatology*, and the ten cases described by Dr. Duhring in his papers published by the New Sydenham Society, but I am afraid they will not help us very much as to the cause of this very obstinate skin disease. First under *age*. Dermatitis herpetiformis is distinctly a disease of adult life, being most common in the third, fourth and fifth decennia (24-44). It has, however, occurred as early as the fourth year (Crocker), and as late in life as the seventieth year (Duhring).

Sex.—It is rather more common in women than men; the bullous variety, however, favours the males.

Diathesis.—I think I may say nothing definite is known under this head. In the cases tabulated, fifteen had no constitutional disease, five were gouty, one dyspeptic, two neurotic, and one syphilitic—the specific disease, however, did not appear to influence the skin disease, which recovered and left the specific disease unchanged.

Cause.—No actual cause could be assigned in fourteen of the twenty-three cases. Of the remaining nine cases, a chill or sleeping in a damp bed was thought to be the cause in two, nervous shock (being half buried in a bog for half-an-hour) in one, dirt in one, a fall during pregnancy, namely a shock, in two, and simply being pregnant in three cases.

I see in the last number of the *British Medical Journal*, that Mr. Malcolm Morris in his presidential address before the Harveian Society on the dermatology of to-day, is very much down on diathesis. He says: "I am only protesting against the superstitious notions that what you have in all cases to do is to treat the (often hypothetical) 'diathesis,' as if it were a fetich to be propitiated, while leaving the lesions to take care of themselves."

In this, I think, he makes a mistake, as the diathesis or constitutional state is the one thing you *must* treat in many skin diseases. No external applications will cure.

The description of my case is as follows :—

Mrs. —, aged 55 years. Patient had lived in India nearly the whole of her adult life, principally up in the hills. She had had four children, three in early married life, and the fourth after an interval of fourteen years. Patient's parents have never suffered from any skin diseases.

Past History.—Patient's illness dated from May, 1890, when she had a very severe attack of epidemic influenza. She was at that time living in the plains, where the heat at that season of the year was insufferable. After some weeks patient was removed to Simla by train. Throughout the journey she was very lightly clothed, and travelled facing the engine so as to enjoy the breeze created by the motion of the train. In this way she took a violent chill.

In December, 1890, she first noticed the eruption. It appeared first as a little spot on the left side of her face. After an interval, several round spots like ringworms appeared on her arms, and later, oblong patches developed on her wrists.

Since December, 1890, patient has had four distinct outbreaks of the eruption ; between the attacks the eruption has almost but never entirely disappeared.

During the two and a-half years the disease has existed, patient had undergone, besides others for short periods, three distinct varieties of treatment.

(1) She took a five weeks' course of baths in Switzerland, which for the time appeared to do much good.

(2) She was under the care of a well-known London dermatologist, who kept her in bed for five weeks, and kept her soaked from head to foot in carron oil and carbolic oil, but gave no internal remedies. This active local treatment completely failed.

(3) Patient placed herself under the treatment of two other equally well-known London dermatologists, who considered her disease of neurotic origin, and kept her under the influence of arsenic for four months. Patient took gr. $\frac{1}{40}$ of arsenic, after food, three times a day.

On June 8 last I first saw the case. The symptoms were then as follows :—

Patient's general health was very fair, with the exception of an occasional bronchitic attack. Her digestion was good in spite of the long course of arsenic. Pulse 72. Temperature normal, and remained so throughout the whole course of the attack. The tongue was white and thickly furred. The urine was light-coloured, acid, specific gravity 1018, and free from albumen and sugar.

Description of the eruption.

Extent.—The rash covered the entire body. It was well-marked, all over the back and front of the trunk, scalp, neck, and on the four limbs; and less distinctly on the cheeks and forehead.

Characteristics.—The eruption was in patches, generally circular or oval, varying in size from a shilling to that of the hand, in places running together and forming irregular serpentine patches.

The patches were dull-red in colour, a lighter shade in the centres and darker at the edges, which were somewhat raised. The skin over the patches was smooth except at the edges, where were situated numerous vesicles, varying in size from a mere dot to the size of a mustard seed. These vesicles, when recent, were semi-transparent and contained a clear, slightly alkaline fluid; others were yellowish or brownish according to their age.

Where the skin was thin, as on the flexure surfaces of the axillæ, groins and elbows, the vesicles were much larger, forming bullæ of various sizes up to that of half a hen's egg. The large vesicles were partly white or brownish in colour, and in a few, purplish from extravasation of blood into them. In places where these bullæ had burst there were thin scales or scabs.

In other parts, there was a bruised appearance, purplish, greenish and yellowish, and in other places, considerable pigmentation, either from sub-cutaneous hæmorrhages or from scratching.

The patches were in all stages of development, in places looking very like tinea marginata; in others, more like acute urticaria; and in others, somewhat resembling zona and pemphigus. The most recent patches resembled urticaria;

these itched very intensely, as was shown by the striæ and specks of dried blood, the result of the free use of the nails.

The most recent patches at my first visit were situated over the epigastrium; here were seen two oval patches, about 7 inches long by 3 inches deep, the two patches quite distinct, and arranged one above the other in the line of the waist. These patches were dull red all over, smooth, except at the edges, where the skin was thickened, raised, and minutely vesiculated. A few days before the most irritable patches were those on the wrists and thighs. Here the patches were fading in the centres, darker red in colour, and the vesicles were larger, and easily distinguishable.

I very much regret that I have not a coloured sketch to show what I have been trying very imperfectly to portray, but no persuasion of mine could induce the patient to allow a sketch to be taken. I have since seen a plate from a case of dermatitis herpetiformis, reported by Dr. Stephen Mackenzie, in the *British Journal of Dermatology* for January, 1893, which somewhat resembles my case. In Dr. Mackenzie's case the eruption does not, however, cover the whole surface of the trunk and limbs.

My prescription was rhus venenata 3, sponging the surface with *hot* bran water, and whenever the irritation was very intense, dabbing the irritable parts with a lotion of rhus venenata 3x ʒiij., spirit ʒiij., and water ʒv. Also complete rest in bed.

This prescription was continued from June 8th to the 24th, sixteen days. The spirit lotion had relieved the irritation, but the treatment had otherwise completely failed to do any good.

At this date (June 24) the rash had considerably increased in intensity. In the axillæ, groins, bends of the elbows, and in the clefts of the toes, the blebs were very large, and their contents purulent, and emitting a most offensive odour. Two of the patches had very much the appearance of softened, broken-down, confluent small-pox pustules.

The appearance of the pustules, together with the odour, impressed my first and second senses very strongly, and

vividly brought back to my remembrance an extremely severe case of confluent small-pox in an unvaccinated girl I had successfully treated, nearly twenty years previously, with antimonium tartaricum. It occurred to me that this remedy was the one indicated. The patient had the typical tongue of antimony, and the vesicular and pustular character of the most severe patches also pointed to this drug. Antimonium tartaricum was therefore prescribed in the third trituration, gr. iv. ter die. At the same time the patient was sponged all over with *hot* water, which I have found greatly relieves itching, twice and three times daily, and an ointment of boracic acid was applied to the offensive parts, and olive oil elsewhere.

The patient was kept very quiet, and comfortably warm in bed, and given a fluid but nutritious diet, stimulants of all kinds being prohibited.

At the next visit (June 26) patient was found to be going on very well; her general health was excellent, her appetite good, the tongue had cleaned, and the bowels, not having acted, had been relieved with an enema.

The skin was progressing equally well; it was softer and moister. There had been no fresh patches in the interval of two days. The eruption was fading, the bullæ drying up; those in the groins, axillæ, bends of the elbows, and in the clefts of the toes were dryer, and had ceased to discharge.

The patches on the trunk were still distinctly raised at the edges. On both legs the skin outside the shins was glossy and œdematous. As good progress was being made the same treatment was continued.

After another two days, as patient's general condition continued good, mutton, fish, vegetables, and fruit were added to her dietary.

Her sleep had now very much improved. The skin was rapidly clearing, the irritation still decreasing. The groins, armpits and toes were quite free from vesicles. The only put back was in the lower gluteal region, where several large bullæ had appeared; these were as large as small cherries, situated on a hyperæmic base and filled with a milky fluid. Some of these bullæ had burst and gave off the same varioloid

smell. Ant. tart. was continued, with hot spongings and dry starch powder.

Three days later, the improvement continued; she had sat up for an hour on two evenings, her appetite continued excellent; the bowels had acted naturally; the urine was 35 oz. daily and the irritation had still further decreased.

The state of the skin had continued to improve, in many places on the limbs and trunk were large tracts having a healthy appearance, and the remaining patches had lost their raised edges. The bullæ on the buttocks had all dried up and the saccules were being shed. Since my last visit two large bullæ, the size of cherries, had formed, but these were now dry and being thrown off. On the toes, where the purulent bullæ had formed, and over the shins and ankles the skin was desquamating.

On the right leg near the ankle and in the left axilla were found two small recent vesicles. On being pricked the serum which exuded was found distinctly alkaline to litmus paper, the perspiration of the axilla being acid. Ant. tart., &c., continued. At the next visit (July 4), everything was going on well, excepting a slight return of the rash on the trunk. The gluteal region being quite well, patient sat up for an hour.

When next seen (July 7), patient had been sitting up for four hours each day, and was sleeping well at night. The skin over the trunk, legs and right arm, was regaining its healthy appearance, but on the left arm, from the insertion of the deltoid to an inch and a half above the wrist, almost entirely on the flexure surface, there were several blebs, some clear, others semi-opaque, and a few looking purulent. They were situated on a white base, in this differing from the previous bullæ which were on a hyperæmic base, the bullæ looking like pompholyx.

After another three days (July 10), patient was able to sit up for seven hours a day. There had been a few fresh vesicles on the right arm. Patient now stated that after standing some time, the remains of the rash on the legs became purplish. On examination the heart sounds were found normal but weak. At times the irritation became

rather troublesome, but it was always quickly relieved by sponging the part with hot water. On the toes and hands the skin was still desquamating.

Five days later patient still progressed favourably, the the only new symptom being the appearance of a bulla on the left arch of the pharynx. Patient now mentioned that with her previous attacks, she had had several bullæ on the pharynx and under the tongue, and also florid hæmorrhage, with loose actions from the bowels. These hæmorrhages were, I should think, most probably due to bullæ forming on the mucous membrane of the rectum. Ant. tart. repeated in the sixth trituration.

At my last visit (July 19), patient's general health was perfect and she had been out for a drive. The whole surface of the skin was sound and healthy, except for one or two minute vesicles which had formed on the arms, but had soon become brownish and dried up. The patient was now seen for the first time sitting up. She had had her feet down for some hours and the legs had become distinctly cyanotic and cold. The bulla on the pharynx was quite well, but one had formed on the frænum of the tongue, where a slight abrasion was now visible.

Diagnosis.—In a characteristic and well-defined case, as the foregoing, the diagnosis should not prove difficult, but at the very commencement of the disease it may be almost, if not quite, impossible.

The most distinguishing features are the severe itching, the patches of circinate and papular erythema, with vesicles, pustules, and bullæ, which have a tendency to become grouped together.

The diseases it is most likely to be mistaken for are pemphigus, urticaria and erythema.

In pemphigus the extreme irritation is absent, the eruption is simple, and at the beginning of the disease, there is an almost entire absence of hyperæmia around the blebs. In the pruriginous variety of pemphigus, the intense itching is present, and the difficulty of diagnosis is much increased, but the absence of hyperæmia around the blebs, and the simple character of the lesion should decide the question.

From erythema the presence of vesicles or bullæ after the first few days, and the intense itching, would distinguish the one from the other.

From urticaria, when of the bullous variety, the diagnosis is most difficult, the distinguishing features of dermatitis herpetiformis being the symmetry of the lesions, and the tendency of the patches to become circinate in form.

Treatment.—The general treatment should include :—

Rest of the body and mind; this is most important, as the cause is very often neurotic.

Suitable food, given at regular times. Many cases are, like urticaria, strongly influenced by the state of the digestive tract. The food should, therefore, be light, and capable of easy digestion, but still highly nutritious, as there is often much debility from the disturbed and restless nights. After the acute stage is passed, bracing air should be of service.

Medicinal treatment. The treatment in my case was very simple. At the first I diagnosed the case as one of urticaria bullosa, and expected to do wonders with rhus venenata in the third dilution. No remedy I knew appeared to correspond so closely with the symptoms of the disease.

In Dr. Burt's proving of the poison sumach, in the "Cyclopædia of Drug Pathogenesy," the prominent skin symptoms very closely resemble the more prominent symptoms in my case. Dr. Burt had the following:—Skin hot and dry at night, with great restlessness; fine vesicular eruption on forearms, wrists, backs of hands and fingers, also on scrotum and ankles, seated on an inflamed base, and itching intolerably, especially in the evening in a warm room, and in bed; worse after scratching, which, nevertheless, is irresistible, and which causes much serous exudation; constant itching of under lip for several days, with bright red appearance, also great burning and itching of arms; cellular tissue around eyes much swollen; a number of boils on forehead, neck and arms (after the proving). Similar symptoms have also frequently been caused by simply handling the shrub. The similarity of the drug symptoms and of the disease being so close, I was much disappointed in the non-improvement at the end of the sixteen days of rhus.

Another remedy, which causes symptoms very similar to dermatitis herpetiformis and which, therefore, should prove curative, is the primula obconica. The poison of the plant is supposed to reside in the hairs of the stem, and persons handling it often suffer from a severe itching, papular, erythematous and vesicular eruption of an eczematous type, or else from a rash resembling urticaria.

I will now add the treatment advised by authorities such as Dr. Duhring, Dr. S. Mackenzie, and Dr. Crocker.

Dr. Duhring says of internal treatment "that in many cases the remedies employed, both external and internal,

seemed to exert but little or no beneficial effect. The disease is the most difficult to influence of all the inflammatory affections, surpassing even inveterate eczema." He continues: "Not much that is satisfactory can at present be said. In the relapsing and obstinate form relief is to be obtained, I believe, only from such remedies as favourably impress the nervous system." Of such remedies he places first arsenic, as offering more hope than any other remedy in suitable cases, and insists on it being given in very large doses, in some cases as much as forty and fifty minims of Fowler's solution in a day. This, Dr. Duhring says, is the only hopeful drug. Of quinine, strychnine, iron, cod-liver oil, and ergot, which he mentions, he does not consider them to possess any special power over the disease.

Of external remedies, he recommends sulphur ointment ʒii. to the ʒi. in the vesicular, pustular, and bullous varieties. It must be applied with friction, long-continued and thorough. In the erythematous variety, and in all forms to relieve itching, he recommends liquor carbo detergens one part in four to eight parts of water as of most use. Dr. S. Mackenzie also recommends very large doses of arsenic, fifteen to twenty minims for a dose; also chloral or opium to relieve the irritation; antipyrine twenty to thirty grains, given at night, in the erythematous variety, and cannabis indica in the day, ten to twenty minims three times a day. Dr. Crocker also advises the use of arsenic in full doses, eight to ten minims of the liquor arsenicalis for a dose. Also, quinine in large doses, and belladonna in full doses of fifteen to thirty minims as being sometimes successful. Externally he advises sulphide of potash, alkaline and bran baths, with liquor carbo detergens, dusting with starch and zinc or kaolin and kreasote, or a lotion of lactate of lead, ʒii. to ʒviii. of water.

I have now only one more remark to make, namely, that since July 19 I have not seen anything further of my patient, but I have heard in an indirect manner that she remained well for several weeks, but afterwards suffered from a relapse.

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Analysis of Twenty-three Cases of Dermatitis Herpetiformis reported by Dr. Duhring[1] and Dr. Stephen Mackenzie.[2]

No.	Sex.	Age.	Diathesis.	Immediate Cause.	Duration.	Temp. during Attendance.	Principal Treatment.	Mucous Membs.	Remarks.
1	Female	24	..	.. ..	1½ years	N.	Ars., iron	Mouth, vagina	Post-parturition
2	Male	38	..	.. ..	11 years	..	Ars., iron, ung. sulph., tar		
3	Male	60	..	None	4½ years	N.	Arsen., strych.		
4	Female	28	..	2nd preg. 3rd month	6½ years	..	Ars.,electr., ung. sulph., tar	Tongue	
5	Female	27	None	.. ..	6¼ years	..	No internal treatment of use	Mouth, throat and eyes	
6	Male	31	Dyspeptic	.. ..	13 years	N.	Ars. no use		
7	Male	64	..	.. ..	8 years	..	Ung. sulph., liq. carb. det.		
8	Male	50	..	.. ..	7 years	..	Ung. sulph.		
9	Male	34	None	Nervous shock, half buried in a bog	4 years	..	Ars., quin., tar lotions		
10	Male	70	Neurotic	.. ..	2 years	..	Antipyrin, chloral, bell. Ung. sulph., liq. carb. det.		
11	Male	50	..	.. ..	Several months	Raised	Ung. sulph., liq. carb. det.		
12	Female	40	Gouty?	.. ..	2 years	102°-104°	Ung. sulph.	None	Cured
13	Male	37	..	Damp bed	5½ years			Mouth	Died of peritonitis
14	Male	40	..	Chill	2½ years	..	Quinine	None	
15	Female	44	Gouty Neurotic	.. ..	1 year	Raised	Antipyrin, Harrogate Baths	None	
16	Female	32	..	2nd and 3rd pregn.	3 attacks { 6 m. 6 m. 6 w.	N. 100·6°	Arsen., gr. $\frac{1}{10}$	None	
17	Female	35	Gouty	Fall during pregn.	2 attacks { 11 m. 2 m.	Raised	Arsen.		
18	Male	68	Gouty	.. ..	2 months	..	Arsen.	..	Rash atypical
19	Male	41	..	Dirt?	1½ years	..	Choral, cann. ind.		
20	Female	28	Syphilitic	During pregnancy	5½ years	..	Arsen.		
21	Female	35	Gouty	Fall during pregn.	Some months	..	Saline aperients		
22	Male	28	..	.. ..	3 attacks { 7 w. 4 m. 14 m.	..	Quinine		
23	Male	44	..	.. ..	4½ years	..	Ung. sulph.	..	Cured & remd. well 3½ ys

[1] "Selected Monographs on Dermatology," New Sydenham Society, 1893.

[2] *British Journal of Dermatology*, January, 1893.

Dr. GALLEY BLACKLEY said he had never met with a case exactly like the one described by Dr. Epps, and, therefore, it would be unfair to criticise the author's deductions as to the nature of the disease and his treatment of it. It reminded him very much, except for its form, of erythema of the bullous description, as suggested by the author, and also of pemphigus. All neurotic skin eruptions seemed to have a tendency to assume certain definite shapes upon the skin, being either circinate as in the case of dermatitis herpetiformis or linear or girdle-like as in herpes zoster, or guttate as in psoriasis; they might be absolutely general all over the body as in general prurigo or in urticaria; but in the affection under consideration the circinate form was very evident, and that stamped it at once as being of a distinctly neurotic origin. With regard to the treatment it seemed to have been so far successful, although the lady had had a relapse. His experience of twenty years at the Homœopathic Hospital was that they had yet a good deal to learn in the treatment of neurotic skin affections. The tendency nowadays, judging at least by the recent address of the president of the Dermatological Society, was to rely more and more upon antiseptics and other external remedies. His own experience was directly opposed to that; he believed that the application of antiseptic ointment and so on was not of the slightest possible good unless they treated the diathesis. That was the thing to be got at, and after all those neurotic affections were only symptoms of diathesis. A neurotic affection did not spring into existence in a moment; there was first of all the diathesis, then came a chill as in the case of Dr. Epps' patient, and then they got the peculiar cutaneous manifestation of it. Diathesis was undoubtedly present, and unless they treated that he believed they would fail absolutely and entirely in curing the disease. They might, by means of chrysophanic ointment, get rid of psoriasis for a time, but it came again, and he had no doubt the author's case of dermatitis herpetiformis would do the same if treated entirely by external remedies, or by any remedies, in fact, which did not address themselves to the diathesis. He supposed that the ultimate cause of neurotic skin diseases would be referred to the inevitable bacillus, but so far, at any rate, they had not got at it. In the matter of shingles of course the bacillus had been traced, or, at least, so it was said, but it was a little bit open to question still. Probably something of the kind was at the bottom of it—a toxine at any rate. If there was any hope for a remedy it seemed to him to lie rather in the direction of treatment by the toxine itself.

Dr. BLAKE said that Dr. Samuel West had suggested that this disease was a septic invasion, and he (Dr. Blake) would observe that this lady was, when the disease commenced, probably laden with influenza toxines, in addition to her own proper ptomaines and extractives. An exposure to cold, whilst travelling by train, had checked abruptly the output of impurities by the cutaneous channels. Hence this severe toxic dermatitis, so strongly resembling other toxic forms of cutaneous catarrh, as that of iodine and of the poison oak or "gift-sumach." The toxines of influenza are prone to cause neuritis, especially of the anterior distributions of the eleventh spinal [third dorsal] nerves. Such a case where herpes appeared on both ears from influenza is described in the *Lancet* for December, 1893. Dr. Colcott Fox told him that 75 per cent. of children, suffering from influenza at the Foundling, had dermatitis toxica. The "epidemic skin disease," described by Savill in 1891, was probably of the same nature. Shingles was common in Reigate until it was drained, now it is rare. Dr. Blake had recently seen it cover the distribution of the musculo-spiral nerve, a special toxic area, commencing four days after a blow on the edge of the supinator longus. The shock had tied up katabolic products, thus leading to nerve poisoning. Unna, of Hamburg, who has, during the last ten years, contributed enormously to the placing of dermatology on a sound etiologic base, has shown that skin diseases are local catarrhs of neurotic origin, usually caused by poisons manufactured in the body, and followed, when the skin is broken, by bacterial invasion. Hence nerve tonics, as arsenic, help the internal cure, which is completed by local germicides. A great deal of the cumbersome and antiquated jargon of skin nomenclature will soon be swept away, and its place will be taken by a far more simple system founded on causation rather than anatomical characters. (1) We know that a great variety of morbid agencies will produce one kind of eruption. (2) We know that one agent will, in different persons, cause an entirely different rash. (3) We often find a *mélange* of several different kinds of eruption in one individual, probably produced by one cause; and requiring, with the present system, a most marvellously complex name. Whereas some simple terms as "dermatitis mercurialis" or "septica" would answer all practical purposes, would draw attention to causation and cure, and would not lead the student into the widespread error of supposing that an eruption is an unvarying pathologic entity. Finally Dr. Blake would like to draw the attention of members to two very valuable preparations

for acute dermatitis. One is :—Cocain mur. gr. 10, menthol ʒi. or else chloral ʒiii., glycerine ʒj., apply pure for *itching* after very hot bath. The other is :—Ichthyol gr. x. to xxx., flexile collodion ʒj., apply, after careful washing with borax and dusting with some drying powder, for severe *smarting*.

Dr. CHRIS. WOLSTON said he had had quite lately a case which bore some analogy to the author's, in that it was herpetiform, and plainly dependent upon an affection of the cutaneous nerves. It was localised in the thigh, and the curative action of rhus tox. in this case was very marked. He hoped to bring this case in detail before the society at some future time, as it raised some very interesting questions as to etiology and treatment.

Dr. MILLER (Montana, U.S.A.) said he had seen one case of so-called dermatitis herpetiformis under Dr. Crocker, and one under Dr. Stephen Mackenzie. Dr. Epps had much reason to congratulate himself on the result of his treatment, because in the cases he referred to he had certainly seen no results at all, although they had been treated for a long time.

Dr. EPPS, in reply, said the disease lasted from several months to thirteen years. Dr. Duhring, of Philadelphia, gave one case of eleven years and another of thirteen. The latter was treated principally with arsenic, which did no good at all. As to relapses, there were one or two cases in which there was only one relapse —they were quoted in the twenty-three cases he had tabulated. Most of these cases had relapses over and over again. There was one case which was quite cured by Dr. Mackenzie, which had lasted for four and a half years, in several attacks one after the other, and which was at last cured by the patient's own treatment, of rubbing in some sulphur ointment, and he was known to have remained well for three and a half years. There was only one other case in which the cure lasted, and that was also treated with sulphur ointment. Pemphigus was diagnosed from dermatitis herpetiformis by the single form of the rash and by the absence of erythema and extreme irritation. He quite agreed with what Dr. Blackley had said with regard to diathesis. He did not quite follow Dr. Blake's remarks. He thought Dr. Wolston's case was herpes zoster.

NOTES ON SOME THROAT REMEDIES.[1]

BY T. G. STONHAM, M.D.LOND.

As the basis of a short paper I have ventured to put down in writing a few experiences with some medicines often used in throat affections, but do not propose to confine myself necessarily to their use in throat cases. I will take first the remedies for tonsillitis. If the attack is taken at the commencement I can fully endorse the value of baryta carbonica in aborting it, and preventing the development of suppuration. I have also found it useful in the subacute forms of tonsillitis, where the progress of the disease is slow, the tonsil remaining enlarged and inflamed for some days without it being evident whether suppuration is to take place or not. Baryta will usually reduce the inflammation, and set up resolution. For this condition mercurius solubilis is a well-known remedy, and I have often used it successfully, but sometimes, after at first acting well, progress ceases, and the tonsils remain inflamed and tender. In this case I have found that a change to hepar at once starts the improvement again, and completes the cure. I think that mercurius and hepar, in their action on the throat, are not antagonistic, but rather complementary, and that one can often follow the other with advantage. Mercurius sol. is the medicine I commonly use for ordinary ulcerated sore throat, with angina. I notice that Dr. Hughes, in his "Manual of Therapeutics," finds belladonna more generally useful than mercurius, and says "for one case in which I see indications for its (mercurius) use, I see twenty in which belladonna is the true simile." I find exactly the reverse at Ventnor. Possibly the difference in locality will account for this. Both Brighton and Ventnor are on the sea-coast, both have a chalky soil, and water from a chalky source, but the air at Brighton is much more bracing, and perhaps throat inflammations are usually of a more sthenic character there, and at Ventnor are of a lower grade. In these ulcerations, also, if the cure is flagging under

[1] Read before the Society, March 1, 1894.

treatment with mercurius, I have found a sudden change to hepar will often soon terminate the case.

In a recent letter to the *Monthly Homœopathic Review*, Dr. Percy Wilde mentions that in treating acute rheumatism he gives, in addition to another remedy, one dose each day of mercurius dulcis in a low dilution, and that he is sure it produces a favourable effect upon the course of the disease. I have not tried this, but it has for some time been my practice in treating acute rheumatism to supplement the more specific remedy used with fairly frequent doses of hepar, 2x or 3x. It has seemed to have considerable influence in modifying the severity of the symptoms, and in preventing the tendency to relapse. I was first led to use it by having, in a case of acute rheumatism, to treat some troublesome and painful hæmorrhoids, and the hepar was indicated for these, and given alternately with the medicine being used for the rheumatism, and great amelioration of all the symptoms at once occurred. I have found hepar the most useful medicine in peri-uterine inflammations, such as may occur after a fall or strain, or after parturition, and where one is afraid that pus may form. In my experience it also holds the first place in empyema. I can recall one neglected case where a large empyema in the left pleura ultimately bored for itself a passage through the chest wall and opened under the left nipple in the sixth interspace, with abundant discharge. It was in a little boy aged 5. A perfect recovery took place under the persevering and continuous use of hepar, and he is now the strongest and healthiest of the family. There was no other treatment, the cavity was not syringed, and no drainage tube was inserted.

In ulcerated throats, with thick yellow slough adherent to the base of the ulcer, and with some constitutional symptoms in the shape of fever and pains in the back and head, the affection, moreover, being of an infective nature, though not so severe, and the membrane not of the same character, as in diphtheria, phytolacca is very useful. So also are the iodides of mercury, notably the biniodide. I have also found phytolacca of great service when it is necessary to suddenly wean the child from the breast. A

little of the mother tincture poured into the palm of the hand, and the breast very gently rubbed with it, eases pain and tension, and after a few applications the breast dries up evenly, without leaving any engorged or inflamed lobules. Its use in inflamed and suppurating breasts is too well known to need mention.

Patients sometimes come complaining of a dry throat, with a tickling, irritating cough, which is not accompanied by any expectoration, though occasionally a little blood is brought up, which greatly alarms the patient. The throat will present relaxed and slightly œdematous fauces; there is a general want of tone about it. On enquiry it will often be found that the patient has been an athlete, or has in some way subjected himself to prolonged muscular strain; if we examine the lungs there will be some emphysema. A girdle of dilated veins marks the region of attachment of the diaphragm, and the right side of the heart shows evidence of dilatation. In these cases I have derived most benefit from cactus, and next to that from lachesis. Gelseminum is a remedy sometimes used for throat affections. Two cases occur to me in which its effect was very marked. One was the case of a child whose throat and constitutional symptoms closely resembled diphtheria; there was high fever, membrane on inflamed and reddened tonsils, and a heavy dull expression, but finding that the fever, which was high at the evening, departed without perspiration by the morning, and that this occurred three nights in succession, I gave gelseminum, with immediate benefit, the patient at once convalescing, and becoming quite well in a couple of days.

The other case was that of a man about 40, of florid complexion, who had been coachman to an old school practitioner, and who from getting wet through had contracted rheumatism, which affected him principally in the left thigh. His former master treated him for some time, and he had been to other doctors, but all without avail. I at first gave him bryonia, which relieved a little, but he soon came to a standstill. I then elicited two other symptoms. One was that he had attacks of giddiness which came on suddenly when walking, the other, that he had a peculiar

sensation in his throat when swallowing, as if the food fell over a precipice. This seemed to indicate some inco-ordination of the pharyngeal muscles, and taken in conjunction with the attacks of giddiness, pointed strongly to gelseminum. It was given in the first centesimal attenuation, and two doses cured him at once and permanently of his peculiar sensation in swallowing, his giddy attacks, and his rheumatism.

In ulcerated sore throats of infective nature, and especially resembling diphtheria, baptisia is often very serviceable. I have not found the presence of the symptom "absence of pain" co-existing with the ulceration to be always necessary; it seems to act equally well in other cases where pain is felt. In the late epidemic of influenza many cases had inflamed and ulcerated tonsils as one of the most prominent symptoms, and here baptisia acted very efficiently. Baptisia often covers an influenza case very closely, and I have found it a very useful remedy in the complaint, and especially where the bronchitis has run down to the smaller tubes and patches of broncho-pneumonia are forming, with rise of temperature and a dry brown tongue. Baptisia will at once cut short the pneumonia and bring down the temperature with a rapidity that I have not observed with any other medicine. Sometimes in children, after an attack of influenza, the temperature remains variable and convalescence lags; a few râles are heard at some part of the chest, usually at the base of one lung; a few doses of baptisia will usually clear these away and establish convalescence.

No doubt baptisia is effectual in many cases of diphtheria but for this disease unless some other remedy is very strongly indicated I generally use mercurius cyanatus. Sometimes another remedy is very strongly indicated by the symptoms; for instance, I once had a very bad case, where the patient fell into a faint every time he woke from sleep—lachesis was given in the 30th dilution, and in a few hours he was out of danger. But in my experience, in the majority of cases it is not easy to get symptomatic indications for any particular medicine, and I then utilise the fact of the great similarity of the symptoms produced by

mercurius cyanatus to those of diphtheria. The pathogenesis of mercurius cyanatus gives the patches of membrane on the the tongue, mouth, fauces, tonsils, and œsophagus, the great prostration and tendency to faint, the tendency to bleeding from the nose and the deteriorated condition of the blood, and the implication of the kidneys with albuminuria and casts. I have always used the 30th potency and find that it never fails to influence the disease for good, and to effect a cure, provided it is given fairly early and that the larynx is not affected. The pharynx belongs principally to the alimtary system, but it is crossed by the respiratory tract, and I think we may divide diphtheria clinically into two classes; the first, in which the tendency of the disease is to spread from the pharynx to the mouth and œsophagus; the second, in which the tendency is for it to go to the nose and larynx. In the first class, mercurius cyanatus is, I believe, quite a specific; in the second class—the laryngeal—it is all but useless.

In looking through mercurius cyanatus in the "Cyclopædia of Drug Pathogenesy," I find no report of any membrane being formed by it on the larynx. In one *post-mortem* of a dog poisoned with the cyanide, mention is made of inflammation of the larynx with its mucous membrane loaded with mucus, but that is all; no diphtheritic membrane in any of the cases was found on the larynx, though often on the mouth and tonsils; nor in either provings or poisoning were there symptoms of laryngeal obstruction. In accordance with this fact I have never found any benefit from it when used in diphtheritic croup. We are sadly in want of a good remedy for that fatal disease of childhood, and I must confess that when it has occurred in a child under seven years of age, I have usually been unsuccessful. Two or three cases have recovered under the use of kali bich., which is the remedy which has the most nearly produced the pathological membrane present in these cases. But the blood-stained coagulated masses found in the larynx, which could be separated from the walls like a membrane, recorded on p. 214 of vol. ii. of Cyclopædia, are hardly the same thing as the tough fibrous-looking casts coughed up by the

patient sometimes. So that kali bich. though possibly "simile" is not similimum, and cannot be depended upon. In giving mercurius cyanatus for diphtheria I use the 30th dilution and repeat it every hour or every two hours, and persevere with it till forty-eight hours have elapsed. Usually improvement sets in in twelve to twenty-four hours, but occasionally it is thirty-six to forty hours before a change for the better can be noticed. Amelioration is first noticed in the constitutional symptoms, especially in fall of pulse rate and temperature; it is only afterwards, and sometimes after days, that the membrane begins to clear off. In none of the cases that have recovered under the use of mercurius cyanatus have I seen any post-diphthéritic paralysis. Mercurius cyanatus seems to be just as useful in pyæmic conditions generally as in the special poison of diphtheria, provided they result from absorption of poison from a mucous membrane.

Two years ago I treated a case of extensive vaginal ulceration—not specific—in which there were attacks of shivering, followed by rise of temperature to 102° or 103°, succeeded by profuse perspirations. These attacks occurred every night, and the patient was rapidly sinking into an exhausted and dangerous condition. After giving several remedies, both local and general, without effect, she was put on mercurius cyanatus; and in two days the rigors and temperature had ceased, and she rapidly convalesced. Another case with very similar septicæmic symptoms occurred in the case of a man where the seat of absorption could not be determined, but was probably from some portion of the intestinal tract, and in which mercurius cyanatus did equally good service. I could mention other cases. I was encouraged by these successes to try it in the very similar pyæmic symptoms occurring in ulcerative endocarditis, but though given a good trial it was of no use. One would expect from its pathogenesis that it would be useful in acute nephritis. I have not had an opportunity yet of testing its value in this disease. It has an influence on inflamed tonsils similar to that of mercurius solubilis, but I think the latter acts more energetically.

Mercurius cyanatus is one of the medicines that confirms

one's faith in the efficacy of high dilutions. I always use the 30th of this drug. When that has failed I have not found a lower dilution, such as the 6th, successful. I speak of the dilution as the 30th, but I hardly know what it is, for I procured an ounce bottle of it from Gould's some years ago, and have replenished it when about half empty by adding rectified spirit, and giving the mixture a good shaking. Its value seems in no way diminished. This is one of those statements coming from the Homœopathic School which is eminently calculated to make the enemy scoff. One naturally prefers to use lower attenuations, but probably no one here will dispute that the high dilutions are effectual medicinal agents. We can give no satisfactory explanation of their action, but accept it as a fact that has stood the test of repeated experiment. The reaction of the human body to drugs in almost infinite attenuation reveals hitherto unsuspected properties of matter. We are in possession of an isolated natural phenomenon, which we can no more bring into relation with our other knowledge than the Greeks could bring their observation of the electric property of amber into relation with theirs. The advance of science has done much to explain electricity, it has overtaken the isolated phenomenon, correlated it with other like phenomena, and included it in general laws. We may be certain that some day a similar lot will befall our apparent marvel and paradox, and that our observation will be justified by the strictest scientific proof.

Let us hope that to the school which has discovered the fact may be the triumph of affording the explanation; but it would be more in accordance with the irony of fate, and it is perhaps more probable, that the explanation of the phenomenon will be furnished by the successors of those who deny its existence.

Dr. EDWARD BLAKE said of all the remedies referred to he used hepar the most frequently; but he had long entertained a suspicion as to its purity. He had obtained specimens of undiluted calcium sulphide from some of the leading London wholesale firms and had submitted them for examination at the

Chemical Laboratory of King's College. These examples differed widely in colour and odour. The proportion of pure sulphide varied from 5 per cent. upwards, the residue consisting of carbonate of lime. There was no evidence that anything had been added for purposes of adulteration, only impurities such as iron involved in the ordinary methods of preparation being present. Evidently the specimens had deteriorated through age and exposure. He would suggest that for strong effects it would probably be wiser to order the recently made drug in a closed capsule. He would suggest to homœopathic chemists that the bottles containing triturations of hepar and of similar unstable salts be kept inverted. A valuable key-note for baptisia is general muscular aching or malaise, with which compare actæa, mercury and the American specific for "breakbone fever," eupatorium. In diphtheria, the ordinary idea that death comes always from syncope appears to be erroneous. Death is often preceded by phrenic palsy, hence diphtheria is more fatal to boys than girls; a good remedy ought to be plumbum; he had given a thorough trial to bromine in laryngeal diphtheria, and it had proved to be a dismal failure. Dr. Blake went on to say that he had found nux vomica followed by tartar emetic of service in pharyngitis sicca, but it was also needful to educate the emphysematous lungs to secure permanent good results. With regard to this subject, some provincial practitioner writing to a medical paper last year said that he was prone to pharyngitis, until he wore the back of his neck protected. Dr. Blake had made a curious physiological observation that if wet heat be applied to the nape of the neck, mucus immediately begins to flow from the pharyngeal follicles. Dr. Stonham was right when he said that pharyngitis sicca is not a local disease; it is usually associated with an engorged liver and a hampered heart, hence the value of remedies like nux vomica, æsculus, hepar, nitro-muriatic acid and lachesis. Dr. Blake of course did not deny that children die of syncope after diphtheria; female children often do so. There are four methods by which they die of syncope:—(1) Paralysis of vagi; (2) paralysis of vagal nuclei; (3) acute degeneration of heart; (4) fibrinous collections in ventricles. The toxines of diphtheria which Roux and Jersus found were manufactured in the tonsilline mucous membrane only in man, and not in the other tissues as in some of the lower animals, notably the cow, in which case the udder suffers and conveys the microbe by the milk supply to children. Dr. Sidney Martin obtained the albumoses of diphtheria in an

isolated form, separating them from the bacilli by a Chamberlain filter of porous porcelain. He found that these toxines were direct nerve poisons and that they had a special action on the phrenics; they also cause centric coma like jequirity seeds and the snake poisons. Dr. Chaffey, formerly pathologist at the Children's Hospital, Great Ormond Street, in some observations, recorded on July 16, 1887, *British Medical Journal*, noted that out of twenty-three children who died of diphtheria one-half had fibrinous deposits in the heart; one-third had the right cavities nearly filled with firm decolorised fibrine. Some of the palsies attributed to toxines are doubtless embolic, and we can, if this be so, understand the tardy recovery of some forms of paralysis. For practical reasons, Dr. Blake desired to draw attention to the fact that many male children die of preventable apnœa, and that the best way to kill them is to treat them for syncope. He meant that the fate of a failing diaphragm may be sealed by suddenly pouring a draught of brandy into the stomach, and thus adding weight to a diaphragm already seriously handicapped. We should be on the look out for the well known and plainly marked signs of phrenic palsy. They are:—(1) increased movements of the lower ribs, followed by total cessation of mobility; (2) altered movements of epigastrium; (3) altered character of cough and voice. That the condition is not rare, is shown by Dr. Pasteur's experience at the North-Eastern Children's Hospital, where thirty-four consecutive cases furnished thirteen examples of phrenic palsy. All the cases he adduced were males. This is interesting when we remember that boys depend much more on the diaphragm for respiration than girls do. Dr. Pasteur found tube feeding by the nose and artificial respiration (Sylvester's method) of great service. He considers that these cases tend to conduct to death by way of œdema of the lung, which may be readily mistaken for pneumonia.

Dr. Dyce Brown said that a very interesting point which Dr. Stonham had taken up was the alternation of mercurius and hepar. It was generally supposed that one was antidotal to the other, but the late Dr. Bayes, who was a very acute observer in medicine generally, and in therapeutics in particular, prescribed mercurius and hepar alternately, and stated that he had found that they were not really antidotes to each other practically, and that he often got great advantage by giving the two alternately. Dr. Brown was inclined to think that there was some fallacy in the observation that one was antidotal to the other.

Dr. MORRISSON said that a medicine which had not been mentioned was apis. In nearly all his cases of diphtheria he had used, for some twelve years past, sulphide of calcium as a gargle; four to eight grains of the first decimal trituration to a tumbler of water was a very effective application. He recently had a bad case of a young woman of 23, whose symptoms were excessively severe. In addition to giving hepar sulph. 3rd. cent., and using the sulphide of calcium gargle, the odour of tar (Jeyes' purifier) was kept constantly in the room by the aid of the steam kettle. She made an excellent recovery as far as all general symptoms were concerned, though a hole was left in the soft palate through which the forefinger could be passed. At the present time she was suffering from partial loss of voice, with a slight difficulty in taking nutrition. In all these severe cases he had found that sulphide of calcium, if freely used, had great curative powers in diphtheria.

Dr. GOLDSBROUGH said he had been very pleased with Dr. Stonham's paper until he reached the end; his observations then were calculated to detract from the good investigations which had been given at the beginning. He (Dr. Goldsbrough) spoke very feelingly with regard to the question of mercurius and hepar. He remembered reading his first communication to the Society on the subject of diphtheria some years ago, and he happened to have given in one case mercurius biniodide and hepar in alternation, and he was called to account, for so doing, by some of the senior members of the Society, notably Dr. Dudgeon and Dr. Clifton. Following their advice he had abstained from giving those medicines in that way again, but since then he had found, with Dr. Stonham, that hepar followed mercurius in a most satisfactory manner. With regard to baryta, he was coming down from the higher dilutions to the lower; he did not think that baryta had served him above the third centesimal trituration. Mercurius sol. was most useful in simple congestion of the pharynx, or in an inflammation which covered the pharynx and tonsils where there was no disposition to a secretion. For genuine ulceration he did not know a better medicine than mercurius cor., and he said genuine ulceration because the inflamed throats which patients often called ulcerated were not really so, but were simply inflammation with a secretion resembling a diphtheritic exudation. For those cases of throat inflammation with the diphtheritic exudation he did not think they could get better medicines than phytolacca or mercurius biniodide. There was another medicine which had not been referred to, viz.,

æsculus, which was useful in a dry throat when there was considerable enlargement or congestion of the veins. An additional indication of baptisia to those which had already been given was the thickly coated dirty tongue, not the belladonna tongue, but a brown or yellowish tongue with spots upon it. He quite agreed with what had been said that baptisia was the sheet anchor in cases of influenza, only they wanted to begin with it straight away, and it seemed to cut the disease short in certain cases where the throat was affected. He thought Dr. Stonham rather spoilt his paper by referring to his experience with mercurius cyanatus. If he refilled up his bottle with rectified spirit only, what really was he using in his cases? Surely when he gave such a very striking illustration of giving medicine he ought to have given his cases in detail. He (Dr. Goldsbrough) had used all the dilutions of mercurius cyanatus, namely, the second, third, twelfth, and thirtieth, and he must say that his best results had been obtained with the second and third.

Dr. MOIR said that in true laryngeal diphtheria the sooner tracheotomy was performed the better. He had not at hand the statistics of the hospital, but he knew they had obtained successful results from children as young as twelve months. Of course the age was everything in diphtheria—after 15, 16, or 17 years of age there was no real danger from the throat as a rule, the danger was from other complications, such as syncope. He leaned much more to the biniodide of mercury than the cyanide. He prescribed 1x or 2x, if necessary, being sure it should be prescribed in material doses.

Dr. DUDGEON said he did not remember having deprecated alternating hepar and mercurius; indeed, he should think it was very unlikely, because following up mercurius with hepar was a very common practice of his own. He did it upon this principle. Hepar was said to be the antidote of mercurius, but why was one medicine an antidote to another? Because it acted upon the same parts as the other. When mercurius ceased to do good its action upon the parts for which it had an affinity was exhausted, and by giving hepar they gave another medicine, its own antidote, which acted upon the same parts, and therefore was a fresh stimulus to carry on the curative process. The giving of a medicine and its antidote alternately was a practice recommended by Dr. Constantine Hering, a thoroughly orthodox homœopathist, who in treating colic used to give colocynth alternately with coffee, one being apparently the antidote to the other.

Mr. DUDLEY WRIGHT agreed with Dr. Moir that with regard

to diphtheria, so soon as the larynx became implicated, the safest thing to do was to perform tracheotomy as soon as possible, and not to wait until the child had got so bad that it did no good. He should like to ask Dr. Blake, as he seemed to contend that syncope did not occur after diphtheria, how he explained those cases of sudden death which occurred when the patient was lifted up into a sitting posture in bed. He certainly thought himself that it was distinctly a case where the heart's action had failed. He did not see how paralysis of the diaphragm could in the slightest bit cause those effects. Dr. Stonham had made an allusion to the localising effect of drugs, for instance he said that cyanide of mercury acted chiefly upon the tonsils in diphtheria. He was inclined to take the same view regarding the localised action of drugs; although his experience had been chiefly in syphilis, and in that he found that mercurius particularly affected the larynx; iodide of potash acted chiefly on the pharynx and naso-pharynx, and nitric acid was needed when the tongue or mouth was involved.

Dr. DAY said that with respect to syncope in cases of diphtheria, this was no infrequent cause of death, and in many cases where it did not lead to death it caused many alarming symptoms, and many cases which he had collected from the hospital case books and other sources at one time or another showed symptoms of heart failure, and had to be restored by very prompt measures.

Dr. MADDEN said that with regard to the use of sulphur applied locally in cases of diphtheria, he presumed Dr. Moir had used it as a crude powder. Dr. Morrisson had mentioned sulphide of calcium used also in a crude form, and he should like to add sulphurous acid used as a spray, which he believed was a very much pleasanter method of applying it, and equally efficacious. With regard to the use of cyanide in high dilutions he had only to say that he had followed with great interest the paper and the discussion which Dr. Goldsbrough had brought before the Society on that subject a good many years ago. After that he had invariably used it in the sixth dilution, having up to that time used it in the third decimal or third centesimal without being able to trace any beneficial results at all. Since he had used it in the sixth he had seen quite a considerable number of cases which had apparently been markedly benefited by its use. He could only say, whether it acted in low dilutions or not, it certainly did act in the high.

Dr. STONHAM, in reply, said that the baryta carb. which he had found useful had always been of low trituration; he had

never tried high trituration. With regard to the dry post-nasal secretions he had found nux useful but not curative; it answered for a time, and seemed to do good, but the patients generally fell back again. That condition was very often due more to a general constitutional condition than to any particular local affection, and he had found the Turkish baths and sending the patients for change of air much more useful than any drugs. It had been stated that he ought to have brought cases before the Society with regard to the statements he had made concerning the use of mercurius cyanatus. He thought that would be tedious, but he had published in the *Monthly Homœopathic Review* a series of cases of diphtheria treated with a high dilution of that drug. He was very much interested in finding that Dr. Dyce Brown had also found that mercurius and hepar were good when given in alternation, and also as to what he had said about Dr. Bayes having found the same thing. That confirmed his own observations which were made quite independently.

OPHTHALMIC HINTS FOR THE GENERAL PRACTITIONER.[1]

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AT the outset of this paper it is necessary to mention, that in the following notes I have no intention of dealing with the subject of treatment, except so far as it seems necessary for me to explain the local action of drugs on the eye.

Likewise, seeing that an exhaustive description of the various diseases, occurring in the anterior third of the eye (to which region I intend to confine my observations), would occupy more space than I have at my command, therefore all I can possibly do is simply to drop a useful hint here and there.

The medicinal treatment of the affections of the eye, provided you can diagnose the condition present, does not differ in any material respect from what you have to do in any

[1] Read before the Liverpool Branch, March 8, 1894.

other ailment, *i.e.*, prescribe from what the patient tells you, plus what you can yourself make out. This has to be done in each individual case, and, therefore, for you to be told that such and such a medicine is likely to be useful in this or that complaint is not homœopathy. Such a programme may not be a very satisfactory one, but, for my own part as a general practitioner, it seems better for me to know a little of many things, than one thing thoroughly and my knowledge concerning most other things to remain a blank.

A little knowledge can never be a dangerous thing to any of us—provided we know enough to know when we don't know.

And, if in the following notes I can direct your attention to points worthy of more extended study, then my object will have been gained, and I shall be satisfied.

In disease the general appearance of the eye frequently becomes altered; in fevers, for example, we have all noted the unusual brightness of the eye, and its brilliancy in tuberculosis. We observe the transparent look of the eye in children suffering from tabes mesenterica, and note the great danger or presence of critical changes this transparency denotes in dangerous forms of fever.

During the catamenia the eyes assume a dull aspect, while in chronic affections, accompanied by debilitating discharges, loss of blood and the like, the eyes become sunk from the absorption of the cushion of fat on which the globe rests and turns in its socket.

We note the yellow tint of the sclerotic, temporary or permanent, according to the liver affection present; and the presence of exophthalmos at once directs you to examine for other symptoms of Basedow's disease.

Coming now to a few of the abnormal conditions of the eyelids likely to present themselves for your treatment, in the first place, there is simple inflammation of the lids, usually arising from cold; it is distinguished from erysipelas of the lids, by ending abruptly at the margin of the orbit.

Phlegmonous inflammation of the lids is much more severe and often terminates in abscess—it usually results from direct injury, severe conjunctivitis, or erysipelas.

Blepharitis marginalis may vary from slight inflammation of the margins of the lids, or, as the result of chronic inflammation, the whole lid margins become thickened and ulcerated—the hair follicles are implicated and the eyelashes fall out. Such cases usually arise in connection with errors of refraction, or are due to measles.

From various causes the lids may be inverted (entropion) or everted (ectropion). To make out those two conditions, we have simply to remember the normal direction of the eyelashes, and if we find them turned in on the globe, or downward towards the cheek, we can have little difficulty.

If entropion or ectropion exist to any extent they must be treated surgically, because in the one case the cilia, by constantly rubbing on the corneal surface, give rise to inflammatory changes, and opacity of the cornea or complete pannus, as in the case I show you, where, as a result of chronic entropion, the poor man has granular lids, symblepharon, corneal ulceration and opacity, in the one eye, this having gone on to pannus with complete loss of vision in the other eye.

Ectropion, on the other hand, not only renders the patient most unsightly, but in addition everts the puncta, so that the tears flow over the cheek, instead of into their natural channel.

Trichiasis is usually due to blepharitis. The lashes in this condition are short, crooked, and often turn inwards on the cornea. In distichiasis we find a double row of cilia, which may be complete, but usually is only partial.

The stye, you all know. I merely refer to it on account of the frequency of refractive errors in those patients where stye is of frequent occurrence. You will find it often occurs just before, or during, the menstrual period. Chalazion, sebaceous tumours, warts, epithelioma and lupus occur on the lids, and are said to be amenable to treatment by medicine. I cannot claim the success others have achieved; but (with the exception of epithelioma and lupus) it will do no harm to try a course of medicine, and then remove the growth when your patient's patience becomes exhausted.

Trachoma, or granular conjunctivitis, is mentioned here

because the follicular granulations characteristic of the disease usually appear first in the upper and lower culs-de-sac and then spread to the lids. At first, these granulations have a great resemblance to boiled sago grains, and are covered by mucous membrane. Finally, after many inflammatory and degenerative changes have occurred, we have the palpebral conjunctiva appearing as a fleshy mass, in which we can no longer distinguish the individual granulations. A more or less profuse muco-purulent discharge is secreted from the raw-looking surface, and sooner or later the cornea becomes affected; ulceration, opacity and pannus being the usual results of the constant irritation and friction to which it is exposed.

The tears in their passage through the puncta, canaliculi, lachrymal sac, and nasal duct, into the inferior meatus of the nose, may be obstructed in various ways. The puncta are frequently narrowed or stopped up, and must be cleared either by a fine Bowman's probe, or better still, the point of a Weber's canaliculus knife. In catarrhal inflammation of the lachrymal sac, we can usually, by pressure, cause a flow of mucus, or muco-pus, along the canaliculus and puncta. It is well to bear in mind, that stricture of the nasal duct, and inflammation of the lachrymal sac, frequently depend on a nasal catarrh, nasal polypi, or other nasal obstruction, and such obstructions have to be taken into account in our treatment of the case. Medicines are exceedingly useful here, but there can be no doubt that they are often persisted with over long. The catarrhal inflammation of the sac becomes phlegmonous with formation of pus and lachrymal fistula very quickly in some cases, and it is well to have the simple catarrhal form remedied by surgical, combined with medical measures, as soon as the condition (under medicinal treatment alone) tends to become chronic, before we run the risk of a lachrymal fistula. Abscess in the lachrymal sac may be mistaken for abscess in the cellular tissue over the sac, the two can usually be easily distinguished by applying pressure over the swelling; in the case of lachrymal sac abscess, the pus can generally be emptied through the puncta, or down into the nose. Abscess,

following cellulitis, cannot be dispersed in this way. After the surgical treatment of dacryocystitis, we find much aid from various medicines in restoring a healthy character to the mucous membrane of the lachrymal tract.

Conjunctivitis.—It is well to remember that conjunctivitis may result from direct local irritation; therefore the lids ought to be examined for inverted lashes, &c. (using a magnifying lens). Finding no source of irritation from the lids, the whole exposed ocular surface ought to be similarly examined—everting the upper lid—and finally inspecting the corneal surface, in a good light, and from all sides. This is especially necessary where we have a history of sudden invasion of pain—for some foreign body, grit, or such like, will frequently be found stuck on the cornea, or under the upper lid. Occasionally a foreign body finds its way to the upper retro-tarsal fold, above the margin of the cartilage; the bend of a hair-pin carried gently round the angle of conjunctival reflection will usually bring away what may have lodged here.

In recurring inflammatory attacks in this quarter, I would advise you to examine the condition of the patient's teeth; for I have found the removal of a non-painful but decayed upper molar relieve conjunctivitis and prevent it recurring. There being no local or foreign irritant to account for the congestion present, it is well to determine whether it is limited to the conjunctiva or extends deeper—and this we do in the following way:—We place the forefinger tip against the lower lid, and while exerting gentle pressure, we push the lid upwards, then by sliding the lid back to its former position, maintaining gentle pressure the while, we leave, if the congestion is limited to the conjunctiva, a blanched tract right up to the corneal margin. In such diseases as keratitis and iritis, the congestion extends deeper (to the ciliary zone), the small vessels of the sclerotic in this region are protected from the finger pressure, and remain visible as a pink zone. And, if the finger pressure empties vessels emerging from the eyeball in internal congestions, such vessels, of course, refill from the corneal margin towards the finger, the conjunctival vessels refilling from the finger towards the corneal margin.

The cornea normally is quite transparent, its surface acting like a convex mirror, returning diminished erect images of all objects in front of it, and through it the iris can be distinctly seen and its colour, &c., noted. These conditions may be interfered with by cloudiness of its epithelial covering, by local or general opacity, by leashes of blood vessels extending over its surface, &c. Opacity of the cornea is frequently due to scars left by former ulcers, or may be interstitial, due to cell proliferation. Again, the cause may be an abscess in the interstices of the corneal tissue, or ulcers remaining after such abscess has burst outward. Where pus from a corneal abscess has filtered through the corneal laminæ, forming more or less of a crescent at the lower part of the cornea, the term "onyx" is applied. When a corneal abscess bursts into the anterior chamber the term "hypopion" is used. When the anterior chamber is filling with pus from such causes paracentesis of the anterior chamber ought to be performed, before the pus reaches the lower segment of the pupillary circle.

Opacities on the posterior surface of the cornea constitute the so-called "keratitis punctata"; this variety of keratitis is usually associated with serous iritis. You will find that focal illumination is absolutely necessary to determine many of the abnormal conditions the cornea presents.

In the case of children suffering from pericorneal phlyctenulæ, ulceration of cornea, and the various forms and degrees of keratitis, we frequently find intense photophobia, and even blepharospasm present—preventing an inspection of the cornea. In such cases I use an anæsthetic to make out the condition of the cornea and its surroundings—keeping the eye exposed to a bright light for a few minutes, for this lessens the severity of the photophobia afterwards. You will find in such cases that the amount of pain, lachrymation and dread of light, is generally in an inverse ratio to the severity of the lesion—for example, a small central corneal ulcer, or a circle of pericorneal phlyctenulæ, barely discernible by a good light, causes more trouble in the way of pain and such like, than a cornea infiltrated with pus.

The Aqueous.—Normally the aqueous is invisible, it is so transparent, but it may be rendered muddy by various causes, such as inflammatory deposits, blood and such like, thus obscuring the iris, even when the cornea is quite cleared. If the anterior surface of the cornea retains its polish, the cornea is likely intact, and the opacity is due to some changed condition of the aqueous. In iritis, the aqueous is generally sufficiently turbid to apparently alter the colour of the iris —a blue iris looking green, and so forth ; when we evacuate the anterior chamber of its contents, the iris assumes its normal colour. The cornea and aqueous being normal, we next inspect the pupil and iris. The iris should show a bright and polished surface, and its striæ be distinctly seen. The pupil normally is of medium size, circular, and responds actively to different degrees of light. In testing the mobility of the pupil it is necessary to examine each eye separately, covering over the eye not under examination (for we find that when an eye is totally blind the pupil will react in unison with its seeing fellow). Dr. Argyll Robertson first pointed out that in certain cases (especially locomotor ataxia) the pupil fails to react to light, but still contracts in accommodating for a near object.

We ought to note whether the iris is in its normal vertical position or displaced backward or forward—whether it be steady or tremulous as in absence of the lens—whether its pupillary margin be circular or irregular from adhesions, &c.

Direct ophthalmoscopic examination and atropine are both requisite to determine the extent of adhesion between the iris and anterior surface of lens capsule. Any marked degree of irregularity can be seen with the unaided eye; but where the pupil reacts sluggishly or not at all to light, it is best to use atropine, as you can easily find out by this means whether the cause is due to adhesion or arising from some other source in the fundus (and, the pupil being dilated, you can the more easily examine the fundus).

Anomalies of the iris are occasionally met with, thus the irides may be absolutely different in the two eyes, *e.g.*, the one dark and the other blue, or one segment may be of different colour from the rest of the circle. In elderly

people we frequently see dark spots of pigment scattered about on the iris, with no trace of any inflammatory process having occurred. In albinos the iris is deficient in pigment, thus allowing the red reflex from the fundus to be transmitted through it.

Persistent Pupillary Membrane.—This is a congenital condition, and where it occurs must be differentiated from iritic sequelæ. The distinctive feature is that this membrane, whether it exists as one or more bands, or as a network or thin membrane, is never united to the pupillary border, but originates from the anterior surface of the iris, in front of the sphincter, without being connected with it; and thus leaves the pupil free to react during accommodation.

In coloboma there is a congenital cleft in the iris (and usually a corresponding cleft in the choroid), the pupil being rendered pyriform, or keyhole in shape. Usually this condition causes very little disturbance of vision, except when associated with such congenital conditions as hydrocephalus, microphthalmos, or pyramidal cataract.

Among the non-inflammatory anomalies we note first mydriasis; by this we mean an abnormal dilatation in an otherwise normal iris, where it reacts slowly, or not at all, to the influence of light or efforts at accommodation. When, therefore, we find one or both pupils larger than would be expected from the age or condition of the refraction of the patient, we suspect a disturbed innervation of the ciliary nerves, such as paralysis of the dilator fibres, supplied by the oculo-motorius, or spasmodic contraction of the radial fibres, innervated by the sympathetic.

Toxic Mydriasis.—Such mydriatics as belladonna, hyoscyamus, datura, and duboisia, produce mydriasis when instilled into the eye, intentionally or by accident; also when given internally or by rectum, or hypodermically. When introduced into the system other toxic effects of the drug employed may generally be noted, and are best antidoted by morphine injections. If we wish to counteract the local effects of the mydriatics mentioned, we use pilocarpine or eserine.

The action of mydriatics on the iris is not well understood. The above-mentioned drugs act chiefly by paralyzing the oculo-motorius; but they must also have some effect on the dilating fibres, for after section of the oculo-motorius, the partial dilatation which ensues can be increased by atropine. In fact, atropine must be a local mydriatic, if (as asserted) it acts on the iris of the excised eyeball. Cocaine, of the strength of a three or four per cent. solution, causes dilatation of the pupils, which, however, react to light and accommodation. Mydriasis may result from intra-ocular pressure, and be unilateral or bilateral, without any inflammatory symptoms in the eyeball. In acute glaucoma, the pupil is always dilated and rigid, and usually oval in shape, accompanied by pain in and around the eye, general congestion, and increase of tension in the eyeball. Mydriasis may result from syphilis, or from injuries to the eyeball, or it is said simply from cold. With paralysis of the accommodation, it is of frequent post-diphtheritic occurrence; in fact, some such symptom is often the first hint the practitioner gets that his patient has recently had diphtheria. Temporarily, it has been observed in cases of hemicrania and helminthiasis, and, as a permanent symptom, in affections of the upper cervical ganglion.

Myosis.—By this term we mean an unusual contraction of one or both pupils. In infancy and old age the pupils are comparatively narrow, in hypermetropes the pupil is unusually narrow and apparently not quite circular. Those engaged in fine work usually acquire a very narrow pupil, which necessitates the use of stronger convex glasses than would otherwise be required. Contraction of the pupil observed from irritation of the eyeball from alcohol, nicotine or opium poisoning, and in meningitis during the stage of excitement, may be attributed to irritation of the oculo-motorius supplying the sphincter.

Such myotics as eserine, nicotine, pilocarpine, muscarin, and morphia, by some are said to exert their action on the iris by stimulating the oculo-motorius; others assert they paralyse the sympathetic. Such anæsthetics as æther and chloroform, when they begin to cause stupor, contract the pupil; when their action is intense the pupil dilates.

Myosis spinalis is usually bilateral, and occurs in conjunction with some diseases of the spinal cord, especially where there is degeneration of the posterior columns (as in locomotor ataxia). It is also found in some cases of general paralysis of the insane. In ataxic cases it precedes or accompanies atrophy of the optic nerve, with narrowing of the field of vision, and the other ataxic symptoms present will indicate the nature of the disease.

Among the various inflammatory diseases of the conjunctiva are: (*a*) The catarrhal, varying from simple hyperæmia to the higher inflammatory grades accompanied with muco-purulent or purulent discharge, when the discharge is contagious. (*b*) Diphtheritic; this is rarely seen here; it occurs during epidemics of diphtheria, a layer of false membrane being occasionally seen on the conjunctiva leaving a raw surface when peeled off. (*c*) Purulent ophthalmia in children, called ophthalmia neonatorum, is due to inoculation of the eyes during birth with vaginal secretions; beginning from the second to the fifth day after birth, with puffiness of lids, injected conjunctiva and purulent discharge; this ought to make us at once resort to an active course of treatment to prevent the disease extending to the corneal tissue, &c. The discharge is exceedingly contagious. In children the source of infection is often gonorrhœal in its character from the maternal passage. In adults gonorrhœal ophthalmia is more severe than in a child owing to the unyielding nature of the tissues, with greater danger to the cornea. (*d*) Granular conjunctivitis has been mentioned. (*e*) Phlyctenular (or scrofulous) ophthalmia; in this, the most frequent variety, we find white vesicles filled with leucocytes, over the scleral conjunctiva, corneo-scleral junction, or over the cornea itself. Each is supplied by a leash of blood vessels, and surrounded by a congested condition of conjunctiva. It occurs mostly amongst strumous children and is very apt to recur.

The inflammatory diseases of the iris include: (*a*) "Plastic" iritis. This is the most serious form of iritis. It is very common. Here lymph is exuded, which unites the pupillary margin to the anterior surface of the lens, forming synechia. It often occurs along with syphilis or the rheu-

matic diathesis ; in many instances the origin is not evident. (*b*) "Serous" iritis. Here the exudation is not plastic, but more serous in its character, with little tendency to form adhesions ; the anterior chamber is distended with a turbid fluid, the iris pushed back, tension increased, and vision very much interfered with.

Passing on now to the lens and vitreous, and allowing the cornea and aqueous to be perfectly clear, the view of the fundus through the pupillary area may be obstructed by opacities in these two media. A discussion of the various forms of cataract does not fall within the scope of my subject, as any good work on ophthalmic practice gives all the information required to the anxious enquirer. I will simply mention that degenerative changes occur in the lens congenitally, also in senility, diabetes, ergotism and local disease of the iris, choroid or ciliary body ; in injury, especially where the anterior capsule of the lens is ruptured, or the lens punctured. Convulsions in children are said to give rise occasionally to lamellar cataract, and lastly, Hutchinson considers inherited syphilis to be an occasional cause of congenital cataract. Cataracts are generally divided into hard (senile) or soft, but all intermediate degrees of consistency are met with. We may say that as a rule cataracts which occur before the age of thirty, are soft ; those occurring after that age, hard (to this there are many exceptions). The practical importance of this distinction is that a soft cataract can be treated by needling, the hard must be extracted. In elderly people gradual failure of vision, and an inability to obtain suitable glasses, ought to make us examine the condition of the lens. We usually find one eye more affected than the other, occasionally one eye alone has cataract. In children there is usually a history of "near sightedness," which is observed as soon as the child begins to read, the book being held close to the eyes, so as to obtain larger retinal images ; this is more especially observed in lamellar cataracts.

Atropine, oblique focal illumination, and the direct method of ophthalmoscopic examination, have to be used in determining the variety and degree of degeneration in the lens.

To locate an opacity in the lens—or in the vitreous—it is necessary to remember that all movements of the eyeball are rotations upon its centre, so that any opacity in front of its centre must move in the same direction as the movement of the globe, and, any object posterior to its centre, in an opposite direction. At the same time, seeing that the centre remains stationary, it is evident that any opacity in the anterior capsule, or near the surface of the lens, will have a wider range of movement than opacitie s situated deeper in the lens, or on its posterior capsule. In the case of opacities in the vitreous, from hæmorrhages or other causes —if posterior to the equator of the eye, they will move in an opposite direction to the eye movements.

With regard to the medicinal treatment of cataract, I find that such medicines as cannabis sativa, silica, phosphorus and sulphur seem to have the power of partly clearing up a soft cataract, or in retarding its progress towards complete opacity. In hard cataract they do no good, and their use may be persisted in till the function of the retina becomes impaired, and operative treatment thus rendered less beneficial when resorted to.

Before leaving this region of the eye, it is well to notice some of the injuries commonly met with in this locality. These include perforating wounds of the cornea, of ulcerative or traumatic origin. If the cornea is perforated near its periphery, the iris falls forward, and gets caught in the opening. If the perforation is central, the lens is pushed forward, and usually some lymph (from the perforation) is deposited on its anterior surface. This is carried back when the aqueous re-forms and remains as an opacity on the anterior capsule of the lens.

Foreign bodies penetrating the cornea may fall to the lower part of the anterior chamber, or become imbedded in the iris, or penetrate the iris, and lodge in the lens, giving rise to traumatic cataract. It is necessary to bear in mind that the nearer the corneo-scleral junction, the more danger do we apprehend from a wound, for here we are close on the ciliary region, and any injury in this quarter quickly sets up cyclitis. Cyclitis in such a case frequently terminates in loss

of the eye, and sets up sympathetic inflammation in the uninjured eye. The practical import of this is—given an injury to the eye, with resulting cyclitis and loss of the function of the eye, the injured eye ought to be enucleated, as soon as the slightest photophobia, pain, or congestion appears in the other eye. In cases of injury such as I have described, we ought to use atropine in almost every instance.

Probably, in the case of a peripheral penetrating wound of the cornea, accompanied with prolapse of the iris, we may use eserine, to try and liberate the iris. But, if it does not act quickly, then resort to atropine, for iritis will soon be set up, and you will have the iris adhering to the anterior capsule, as well as prolapsed into the cornea. The prolapsed iris can be removed by an iridectomy when necessary. In the case of an ulcer, near the periphery of the cornea, where we fear perforation, it is well to use eserine, and keep the pupil well contracted, and thus prevent prolapse. Atropine can be used with comparative safety up to forty years of age; after that we must be careful, for its local use is apt to set up glaucoma. After forty, if we have to use a mydriatic, the safest is a two per cent. solution of cocaine, mixed in equal proportions with a two per cent. solution of homatropine hydrobromate. Just as atropine, by increasing the intra-ocular tension, is contra-indicated in glaucoma, so eserine, by lessening the intra-ocular tension, is often very beneficial in that disease.

The various strengths of mydriatics in use vary with the nature of the case. As a general rule, the sulphate of atropia is used of the strength of 4 grains to ʒi. aq. dest. Used three times a day for three or four days, this will give full mydriasis, and paralysis of the accommodation, in the most stubborn cases. If pupillary dilatation is all that is required $\frac{1}{4}$ gr. to ʒi. is sufficient. To quiet the spasmodic activity of the ciliary muscle, immediately succeeding the first use of spectacles, $\frac{1}{100}$ gr. to ʒi. is most useful.

Homatropine hydrobromate, gr. ii. to ʒiii. aq. dest., acts much the same as the B. P. solution of the sulphate. It produces mydriasis and paralysis of the accommodation much quicker, and the effect passes off usually in twenty-four hours, whilst atropine requires a week or ten days.

The sulphate of datura, gr. iv. to ʒi., is useful in cases of mothers nursing babes, and where atropia causes conjunctival irritation.

Eserine sulphate, gr. ii. to iv. to ʒi., is the best myotic, useful in acute glaucoma, and in mydriasis and paralysed accommodation.

Cocaine hydrochlorate, two to four per cent. solution, relieves iritic pain, and the pain in cyclitis, and hyperæsthesia of the retina, and produces local anæsthesia for surgical operations on the eye.

The subject of glaucoma, as well as the various diseases of the fundus, along with some remarks on the use of the ophthalmoscope in their diagnosis, must be taken at another time. So, putting these to one side at present, I shall bring this somewhat rambling paper to a close, with some observations on the refraction of the eye.

Thirteen years ago Professor Ogston remarked during the course of a clinical lecture: "For all that you gentlemen know regarding diseases of the nose, throat, ears or eyes, the human race might as well, or better, have been born without such special organs." This was pretty incisive, but perfectly true (at least, as far as Aberdeen students were concerned). This sad condition of things has been remedied of late years, such subjects being now taught systematically at my *alma mater*, and examined in during the medical professional examinations. With such preliminary training, it will never occur to the practitioner of the future to treat the constant headache of a child attending school without first examining the state of refraction present.

Such a course, however, is not universal as yet. I am loath to ascribe its non-observance to a mercenary tendency, and to say it must be due to ignorance sounds badly. Therefore, acting on the principle "that the least said is soonest mended," I pass on to observe that perfect vision demands that all rays proceeding from a point, which pass through the pupil, shall be again united in a point in the retinal image. An eye so constituted is said to be emmetropic.

The ametropic eye is one not having this power, and it may vary in three principal ways.

(1) The retina may be in front of the focus; this condition is called hyperopia, or hypermetropia.

(2) The retina may be behind the focus; this constitutes myopia.

(3) The retina may be behind or in front of the focus, or both, but by different amounts for two or more meridians of the eye; this is called astigmatism.

In estimating the degree of ametropia, a weak lens with an actual focus of one metre is taken as the standard, and called one dioptre.

If rays of light are not accurately focussed on the retina when coming from an object twenty feet away, called "infinity," we express the amount of defect in dioptrics. Thus we call an eye hyperopic to the extent of 2D., when a plus spherical lens of that power is required to bring the near point from its false position beyond infinity, as in emmetropia. Conversely, an eye with 2D. of myopia, requires a biconcave or minus spherical lens to carry the far point from its abnormal position, twenty inches away, to twenty feet.

Hyperopia may be regarded as a congenital defect, frequently also it is hereditary. The commonest cause of hyperopia is when the antero-posterior diameter of the globe is shorter than the normal average. Again, the length of the globe may be normal, but the refracting power of the media subnormal—as in a lessened convexity of the refracting surfaces, loss of the lens and the like.

Symptoms.—Frequently we get indications of hyperopia from certain objective signs. Thus the globe is generally undersized and mobile—its ellipsoidal flattening may be seen by exposing the side in extreme convergence; the anterior chamber is shallow, the pupil small, and there is apparent divergent strabismus. It sometimes co-exists with a short head and flat face, depressed nose, shallow orbits, and eyes set far apart. In a young patient with good accommodation, if the degree of hyperopia be small (1 or 2D.), no ill effects may be noted; bye-and-bye the accommodation, however, becomes unequal to the strain of near work, and accommodative asthenopia is the result. This is especially apt to occur after an illness, or in a deteriorated physical condition from overwork,

anxiety, and so on. The leading complaint then is inability to keep up continuous close work. The letters and words run together, sewing is blurred, and every kind of near work becomes muddled, especially during the evenings. Asthenopia ensues, pain in and around the eyes is complained of; also headache, dulness and heaviness of the eyes and lids. The eyes themselves look injected, weak and watery, the conjunctiva, especially of the lower lid, is hyperæmic, and the margins of the lids affected with sycosis occasionally. This general congested condition, if allowed to go on, eventually develops into granular lids, and lachrymal derangements. Such a condition is bad enough, but it is rendered much more serious when we consider the injurious changes in the interior of the eye, likely to result from chronic hyperæmia.

Generally we can get an idea of the presence of hyperopia, by observing the manner of reading the test type for distant vision; the patient will take some time for each line, but by-and-bye, in all probability, will read $\frac{6}{6}$ correctly. The ciliary muscle is able to focus parallel rays on the retina, at the expense of most of its power in this act of accommodation, so that for near work, where rays of greater and greater divergence have to be focussed, the ciliary muscle exerts the extreme of its power, soon becoming exhausted and striking work.

The manner our patient holds the test type in reading (especially in a high degree of hyperopia) might lead us to suppose we were dealing with a case of myopia. If he hold his book at the normal distance, he gets a small, distinct retinal image, but he chooses rather a large retinal image, even if it is blurred by circles of diffusion, and therefore holds his book, or the test type, as near to his eyes as if he had extreme myopia. The great amount of accommodation called into play in fairly high degrees of hyperopia, tends to produce a greater convergence than is required for the just fixation of the object by the visual axes. And given an inferiority of visual acuity, or of muscular strength in the opposing external rectus—the force of innervation (being equal in both eyes) expends itself in proper fixation of the superior eye, and in excessive convergence of the inferior

one. And thus convergent strabismus is developed, the eye having the greater degree of ametropia being the one thrown out of the field. When you see a case of convergent strabismus, you ought to know that about three-fourths of all such cases are due to hyperopia, and that the converged eye in course of time becomes amblyopic, or blind from disuse.

In myopia, parallel rays of light are, with suspended accommodation, brought to a focus in front of the retina. The lower degrees may be due to abnormal curvature of the cornea, or excessive refractive power of the media, &c., the eye-ball being of normal length; but the great majority is due to an abnormal length of the eye-ball. The cause of this axial increase is the constant, or abnormally increased intra-ocular pressure; and the giving way of the posterior membranes, especially the sclerotic, constitutes the posterior staphyloma which is the immediate cause of high myopia, the posterior third of the globe being weaker than the anterior and middle third, which have the supporting power of Tenon's capsule and of the ocular muscles. In the progressive or malignant type of myopia the ocular membranes are invaded, resulting in high degrees of myopia and dangerous morbid phenomena. Here also, scotoma, photophobia, photopsia, muscæ volitantes, congestions of the anterior surface of the eye, with pains in and about the eyes, occur.

We have just stated that convergent strabismus is often associated with hyperopia, and in myopia divergent strabismus is apt to occur, because the internal recti are unable to keep up the constant convergence required by the far point being so near.

The diagnosis of myopia is easy. The patient requires a concave glass to enable him to see $\frac{6}{6}$ on the distance type; the weakest glass he can read this with being the measure of his myopia. He sees distant objects badly, and near objects well; his eyes look prominent, the pupils being large and inactive.

Treatment consists in prescribing proper spectacles, and in taking such prophylactic measures as the case requires.

These are, to stand, or sit as erect as possible, while reading, writing, or doing any near work (to avoid congestion of the ocular tissues, which stooping causes); to have good light; to keep the work about fourteen inches from the eye; and to give the eyes frequent spells of rest. It is a popular fallacy that the myopic eye is stronger and better than the emmetropic eye; certainly the use of presbyopic glasses is postponed for a few years, but the penalty myopia exacts for this is that concave lenses have to be worn for twenty or thirty years *previously*. With constant practice we can usually estimate the degree of myopia, without the use of a mydriatic, with approximate correctness.

In hyperopia we can, with the distant types, discover the manifest hyperopia, or that the accommodation cannot mask, but the latent (that neutralized by accommodation) will always be hidden so long as the lens has any elasticity; and, consequently, as a rule atropine ought to be used before we proceed to estimate the degree of hyperopia.

Presbyopia may be defined as a recession of the near point beyond an easy working distance. This is due to lessened elasticity of the lens, with a consequent diminution of its refractive power. The symptoms are: dimness of vision for near work; asthenopia from continued use of the eyes in near work, and the necessity to hold the book or sewing at an uncomfortable distance.

The treatment consists in testing the patient for pre-existing ametropia; in the case of previous hyperopia the hyperopic correction must be added to the presbyopic.

In the case of a pre-existing myopia, of say 2D., the presbyopia does not become manifest till the increasing inelasticity of the lens has overtaken the myopia; and glasses will not be required till the patient is over fifty; and then we prescribe a + spherical lens which will replace the receded near point at a convenient working distance, replacing by stronger glasses as required.

Astigmatism.—The astigmatic eye may be defined as an eye where differences exist in the refractive power of the different meridians of the same eye.

This is termed "regular astigmatism," and may exist in five different forms.

Simple myopic=one principal meridian emmetropic, the other myopic.

Simple hyperopic=one principal meridian emmetropic, the other hyperopic.

Compound myopic=both principal meridians myopic, one more than the other.

Compound hyperopic=both principal meridians hyperopic, one more than the other.

Mixed=one meridian myopic, the other hyperopic.

Irregular astigmatism is where different degrees of refraction exist in different parts of the various meridians (Norton), arising from abnormal curvature of the cornea or lens.

Regular astigmatism is for the most part due to imperfect curvature of the cornea; the cause of the ellipsoidal curvature may be owing to the bending effect of the opposed recti, or unopposed oblique. It may, however, be hereditary, or congenital, and mostly always exists after cataract extraction. Astigmatism produces various headaches and asthenopia; as a result of the effort of accommodation, to overcome the unequal corneal refraction by its opposed one-sided activity. The outlines of distant objects are blurred, according to their position relatively to the more emmetropic meridian of the eye; on this account the patient is often observed to tilt his head to one side to see an object more clearly. Astigmatism must be corrected with the greatest care, and atropine used for each case. The work is often trying to the patience, but the results often obtained compensate in no small degree for the time spent and care taken.

I think the "Clinical Hints and Maxims" by Fox and Gould are well worthy of a place here, therefore I append a selection from them.

There can be no exhaustive diagnosis of refractive error without the use of a mydriatic.

You cannot prescribe spectacles by rules, few or thousands. Every one is "peculiar."

Asthenopia is a labour grievance, either a strike for fewer hours of work a day, or a demand for better tools.

Eye-strain causes more headache than all other causes combined. "If in all cases of frontal headache the physician would first send his patient to the oculist before trying other remedies, he would save very many people years of suffering."

Astigmatism is an invisible and elusive imp of mischief. His hiding place is in the ciliary muscle; his disguise, amblyopia.

Itinerant spectacle vendors or opticians should, under no circumstances, be allowed to adjust glasses for children, or for persons under 25 years of age.

In strabismus of the young, glasses correcting the ametropia should be tried for a long time before proceeding to tenotomy. The "spectacle pedlar" is a less dangerous person than the tenotomaniac.

Intellectual amblyopia, mental astigmatism, or educational strabismus make the cure of refractive errors that are merely ocular much more difficult.

All purulent discharges from the eyes are contagious. A large part of the blindness of the world is caused by ophthalmia neonatorum, which is both preventable and curable, if some one were not at fault.

If you have a case of "muddy" or "rusty" iris, instil atropia at once, especially if associated with ciliary congestion.

If an eye has been injured by an acid, wash the palpebral sulci at once with some weak alkaline solution, as carbonate of potash. If the injury was an alkali as lime—use a weak acid solution—vinegar and water, for example. Follow this by a few drops of pure vegetable oil, and exclude the air.

AN ECZEMA CASE, WITH A CLINICAL PROVING OF THYROID EXTRACT.[1]

BY DR. S. MORRISSON.

Suppose we say that the patient is a man rather above middle age, of spare habit, with bilious tendencies, not robust, but seldom having any ailment of consequence since his attack of rheumatic fever followed by congestion and putrefactive abscess of the left lung eighteen years previously. The debilitating influences of domestic anxieties, a long strain of professional work, the wear and tear of railway travelling, and irregularities in food, had not passed away when the rush of the third epidemic of malarial influenza swept over London. That was in January, 1892, and work came in with a rush. During the two previous epidemics, threatenings of attacks were warded off, but on this occasion the early indications were neglected. This patient went to bed on the afternoon of Wednesday, January 6, with high fever, pains in the limbs, and throbbing headache. Belladonna lessened the severity of the illness, and professional work was resumed on the following Monday.

But the tax on the physical frame was very great, and a rawness which had for a short time existed on either calf of the legs gradually developed into an eczematous rash of considerable extent. Sulphur 12 internally, with sulphur ointment, gradually subdued this, and by the early part of April it had nearly disappeared. Then came a change for the worse, the eruption again appeared, pustules formed, and began to appear on the trunk and arms. Early in June, an attack of general acute eczema came, the eyelids being puffed and the lower limbs covered with large pustules. Sulphur aggravated the symptoms. On June 12, the patient went to the Hydropathic Establishment in Wellington Square, Hastings. Several full sheet packs were used, and small doses of liq. arsenicalis taken. Then four sulphuret of

[1] Read before the Society, January 4, 1894.

lime baths were unwisely allowed, for a sulphur rash was the result; and to the pains and irritation of the eczema were added the irritant effects of sulphur. By June 25, the patient was able to return to London and gradually to resume his professional duties. Of the agonies of that acute stage it may be said that they can only be fully realized by those who have experienced them.

Then came the weariness of a persistent fight with ill-health while going through the daily routine. This continued till October 20, 1893, when a second breakdown was threatened, and the patient again went to the Hydropathic, at Wellington Square. A medical friend from St. Leonards gave, as his opinion, that it was an exceedingly bad case of eczema, running into psoriasis on the feet. At that time the lower limbs were highly inflamed, with extreme tenderness of the inner parts of the thighs, and scattered patches on other parts, as the arms and hands. Inflammation was reduced by the persistent use of compresses, and on November 7 the patient again returned to his work. His medical friend had shown him the report of cases treated by thyroid extract, as published in the *British Medical Journal* of October 28, and he resolved to try its effects in eczema.

Dr. Weil, of Germany, in 1889, experimented upon animals to discover the functions of the thyroid gland, and found that the sphere of action was over the nourishment of the nervous system. From this deduction arose the use of thyroid gland, and thyroid extract, in myxœdema; and then on to psoriasis. The benefits derived suggested a trial of the remedy in eczema, and it is to the effects produced in that disease that I would specially direct attention.

The patient referred to returned from Hastings somewhat benefited, but still in low condition. Some two months previously hydrastis compresses had changed the pustular eruption on the lower limbs into the vesicular form, which was even more painful than its predecessor. Linen packs, over the lower limbs, had been used for about three months before the last Hastings visit, medicated at times with rhus tox., hydrastis, or belladonna. After returning home the

application of plain packs was continued, the eruption then being on the lower limbs and upper surfaces of the feet, with scattered spots on the backs of the hands, the forearms, and loins. Vaseline, or paraffine molle, had been freely applied, sometimes medicated with oleate of zinc, rhus tox., or calendula. But a more useful application was found to be an ointment of the following proportions :—

℞ Ext. Bell.	...	...	...	gr. 1.
Resorcin	...	...	...	grs. xx.
Vaseline Alb.	...	...	...	ʒ j.

Through weary months of suffering belladonna was the only drug that gave decided and unfailing relief, applied externally, with an occasional three to five drop dose of the first decimal dilution at bedtime. The thyroid treatment was commenced on

November 8, 1893.—Two tabloids of thyroid extract, as prepared by Burroughs, Wellcome & Co., were taken after the middle day dinner. Within half an hour a slight nausea was noticed, recurring on thinking about it. On the following day a second dose of two tabloids were taken.

November 10. Dose repeated. The eruption on the hands has commenced to lessen. That on the lower limbs and feet is more irritable.

November 12.—Two tabloids taken. General increase of irritability of the skin, especially that of the hands, thighs, feet, and arms. Increase of flatulence, but with freer actions of the bowels. Return of slight nausea soon after taking the medicine.

November 16.—Dose repeated. Freer desquamation of the skin, especially on the lower extremities. Lips inflamed and tender. A few fresh pustules on the hands.

November 20.—A further dose taken. A general improvement of the lower limbs, except the inner parts of the thighs, behind the knees, and the feet. Lips peeling freely. Only two of the pustules on the hands have matured.

November 24.—Dose repeated. No medicine since the 20th inst., as it produced an unpleasant nausea, with light sensations in the head, scarcely amounting to giddiness,

and increased the burning sensation in the lips, which have now finished peeling. These symptoms had almost passed away, but the dose taken at middle day has this evening brought a return of the burning in the lips. During the past four days the lower limbs have made considerable progress. The skin is much clearer, and the desquamation has lessened. Where the eruption appears it has changed from the vesicular to a fine pustular form. The feet are in a healthier condition. A few scattered pustules have appeared on the body and arms, and rapidly matured.

November 28.—A further dose of two tabloids. On the day following the previous dose the desquamation of the lower limbs was excessive, leaving a fine tender skin with numerous small pustules. For the first time for several weeks, a free natural action of the bowels, after breakfast. On the 25th and 26th, small, papescent, light-coloured offensive evacuations, with increase of flatulence. Yesterday and to-day three and four small actions respectively, fairly formed, and of a "grey-powder" colour. The pustules on the skin are somewhat larger, and the lips have again peeled. The thighs and feet are much clearer, but the feet have become excessively raw and tender, rendering walking a work of painful difficulty.

December 2.—Two tabloids taken. Within an hour of the previous dose there was increased burning of the lips, with a marked increase in the irritability of the lower limbs. The lips have peeled for the third time; and on the day following taking the two tabloids, and during the next day, the feet peeled in large scales. General progress is, however, maintained.

December 9.—A further dose of two tabloids, after breakfast. The usual symptoms returned after the previous dose, though with lessened intensity. For the fourth time there was peeling of the lips, and on the fourth and fifth days after large scales were thrown off the feet. An improvement in general health was a marked feature, but this for the first two days was not so good. It has again improved, and is even more satisfactory than before the relapse.

December 16.—Two tabloids. During the past week

the same train of symptoms recurred, but they came a day later, and with lessened intensity. Constipation, with hard, irregular, clay-coloured stools, has been greatly relieved, and the fæces are darker. Blood is still frequently passed, but with less constitutional effect.

December 20.—Another dose of two tabloids. The irritation over the lower limbs has again increased. The fine pustular form of the eruption persists, with free desquamation.

December 24.—One tabloid taken. An improvement in general condition has taken place.

December 28.—A further dose of one tabloid. The improvement in the limbs continues, but the feet have become painful and tender.

December 30.—Another tabloid. Extreme tenderness of the feet, with burning pain.

January 2, 1894.—One tabloid has been taken daily, without marked effect till to-day, when the burning in the lips and the light feelings in the head have returned. The feet have again peeled freely, leaving a tender, inflamed surface, which readily cracks. (I have observed rather severe headache with two patients, as an effect of thyroid extract.)

January 4.—A tabloid was taken yesterday, and again to-day. Improvement continues. Even if this improvement should not be permanent the relief obtained, and the renewed physical vigour, afford a decided cause for thankfulness.

January 8.—One tabloid has been taken daily. The burning of the lips has continued, and to-day the lower limbs, feet and lips have commenced to peel. Some returns of inflammatory redness and sensitiveness of the inner parts of the thighs. Tendency to constipation. Increased urination, the secretion being of a deeper yellow. Deadness of the fingers of the right hand on rising in the morning and lasting nearly all the day.

January 12.—One tabloid every second day. The lower limbs and the feet have peeled freely.

January 16.—Two tabloids. About six hours after the last tabloid (two days previously) sharp neuraloid pain in

left temple lasting a quarter of an hour, followed by coronal headache, with extensions to the parietal eminences, lasting half-an-hour. Return of tendency to constipation, with small, pale lumps and increased flatulence. Thighs and legs clearer, but the feet are hot and tender, with weeping; the inflammation being lessened by the use of linen compresses. These have been employed almost continuously at night over the lower limbs for upwards of six months, but a break has just been made with a view to their being discontinued.

January 20.—Powder of thyroidin (Allen and Hanbury's), five grains. Desquamation not yet completed. Burning of the lips. Some constipation, with passing of blood. Urine free, pale. Feet and ankles painful and tender. The pustular eruption persists on the thighs and legs.

January 28.—The five-grain dose of thyroidin repeated. Desquamation of the lower limbs continues.

January 30.—Five grains of thyroidin. Desquamation still continues, with tenderness and weeping of the feet. Some two hours after this dose, frontal headache, centring at the temples and lasting a quarter of an hour, followed by coronal headache, radiating to the parietal eminences, and lasting half an hour.

February 1.— Thyroidin, eight grains. The pustules continue on the thighs and legs, with inflammatory tenderness of the inner parts of the thighs, and general desquamation of the lower limbs and feet. Constipation relieved. Passing of blood lessened by hamamelis, matrix tincture.

February 14.—Since last report, one tabloid of thyroid gland (B. W. & Co.) daily till to-day, when two were taken. The lower limbs and feet have continued to peel freely; but a fresh outbreak has occurred, the rash appearing on the inner parts of the thighs and spreading upward, with considerable heat and irritation. On waking during the night and in the morning, occipital headache, moving to the crown, then to the temples, and passing off during the forenoon.

February 16.—No tabloids. The fresh inflammation has been relieved by compresses, but the irritation over the abdomen is excessive, to the level of the lower ribs; to stay this an ointment of unguentum hydrargyri one part, vaseline

alb. two parts, has been prepared; to this a few drops of matrix tincture of cantharides was added, and the ointment freely applied.

February 18.—Mercurial symptoms are beginning to appear in the freer action of the bowels and the colour of the motions, though the condition of the skin has improved.

February 20.—During the past two days unguentum hydrargyri, diluted with an equal quantity of white vaseline, has been freely used.

The motion of the 18th was free, formed, and greyish in colour. That of the morning of the 19th was free, but lumpy; in the afternoon there was an excessive quantity, large, papescent of a dull grey colour, and with much flatulence. During the night there were three diarrhœic actions, small in quantity but with straining. This morning a free action, with hard lumps, and a quantity of blood. Rest in bed became necessary, and was required for three days. The ointment was changed to

℞	Resorcin	...	...	grs. xl.
	Spt. v. r.	...	...	q.s. (solve)
	Ung. simplex	...	...	ʒ ij.
	Vaseline alb....	...	...	ʒ ij.

Podoph. 1x, followed by china 3, relieved the relaxation. After the third day the medicine was changed, on the suggestion of a medical friend, to irisin 2x trit., one grain three times a day, and a few drops of matrix tincture of iris were added to the ointment. The motions became of a bright yellow colour, the passing of blood ceased, and improvement, both in the general condition and in the skin, was rapid.

February 24.—During the past four days the irisin has been taken night and morning only, with one dose of chelidonium 1x on the second evening. The thyroid headaches have nearly passed off. Certain mercurial effects continue, in the colour of the motions, a fœtor of the breath, and the loosening of teeth, all of which indicate that a mercurial ointment, even if diluted, should be cautiously applied to a

skin that has been denuded of its surface epithelium by the action of thyroid extract.

February 28.—The mercurial effects have passed away. Last spring and summer Turkish baths were taken freely, without special benefit, but one was taken yesterday to supplement the action of the irisin. Though the complaint is not cured, it is a satisfaction to be able to say that it has not been so thoroughly under control during the wearisome fight of nearly two years as at the present time.

The thyroid extract has been used in another case, that of a commercial traveller who has some twenty nasty patches on the right leg. It improved assimilation, but did not affect the eruption. In a consumptive case, with troublesome dyspepsia, it improved nutrition, but caused a somewhat persistent headache.

Our contemporary *The Hospital*, for February 17, contains an article on a paper read by Dr. Abraham before the British Medical Society:—

"What appeared quite clear, both from the paper itself and from the discussion which followed, was that in regard to none of the skin diseases, which had been made the subject of experiment, had thyroid gland any specific action comparable to that which it possesses over myxœdema. . . . .

"There were, however, a fair number of cases of skin diseases, especially of the dry and chronic type, in which definite improvement was observed, and several cases of psoriasis were rapidly cured; in others, however, the amelioration which took place seemed to occur no more quickly than under other forms of treatment, and in some no effect was produced. Among the cases in which Dr. Abraham observed at any rate temporary improvement were some of leprosy. . . . .

"There was a general consensus of opinion that the remedy was one of considerable potency, and not to be trifled with; and this warning is perhaps all the more necessary at the present time, now that it can be so readily obtained by anyone in the form of tabellæ, and administered just in the same way as any other drug. Under the influence

of an overdose, nausea and pyrexia tend to be induced; under any circumstances it causes considerable exhaustion. Tremors are sometimes produced, and its effect upon the heart must not be forgotten."

These observations largely correspond with my own experience, as recorded in this clinical proving.

The following is a summary of effects noticed :—

Slight nausea, recurring on thinking about it.

Feelings of lightness in the brain, scarcely amounting to giddiness.

Increase of appetite, with improved digestion.

Flatulence increased, followed later in the case by amelioration.

Relief of constipation, with more natural actions.

Increased urination, usually with clear, pale-yellow secretion.

Fronto-coronal headache, about two hours after each tabloid.

Persistent frontal headache, after taking one tabloid for four successive days.

A marked depression of cardiac action, with numbness of the fingers.

The vesicular form of eczema was changed to the fine pustular form.

Scattered pustules of eczema mature quickly, or abort.

Burning sensation in the lips, with free desquamation.

Peeling of the skin of the lower limbs, with a gradual clearing.

The feet repeatedly peel in large flakes, leaving a tender surface.

A steady and satisfactory improvement in general health.

These symptoms were more marked than any effects noticed from drugs during the previous treatment. Many of the chief medicines had been used, in accordance with the varying indications, from apis to sulphur, and in potencies from the matrix tincture to the 200th centesimal; but no permanent improvement had been effected.

Here are two portraits of a child suffering from—shall we say?—cretinism. He is not my patient, but a grandson

of patients of mine. His initials are L. K., and he has been treated by a doctor in the north-west of London. His ailments were noticed when about 12 months old. At the time when the first photograph was taken he was 3 years and 10 months old, and only 2ft. 6in. in height. You will notice the condition of extreme obesity, with the dulness of expression. The second photograph was taken when he was 4 years and 5 months old. Seven months' treatment with powdered thyroid gland had wrought a great change, much greater than that of treatment for the previous twelve months. Obesity lessened, and he grew 2½ inches. The doses had at times to be reduced owing to his complaining of pains in the lower limbs. I saw him to-day, as he is staying in my neighbourhood, and his present appearance maintains the improvement shown in the second photograph.

Finally, it appears to me that we shall find the extract of thyroid gland a valuable auxiliary in the treatment of some difficult cases, but whether it will take rank as a medicine or be considered merely a promoter of nutrition the future must decide.

GHOSTS, IN THE LIGHT OF MODERN SCIENCE.[1]

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

On approaching the subject of this evening's paper, I wish to say most emphatically that I do not dogmatise on any part of it. At the same time I demand that my hearers listen with an open mind, and *afterwards* form their own opinions. In these latter days it is too much the fashion, on the one hand for many well-meaning and religious people to burke all discussion of what they would term the supernatural, and on the other hand for certain scientists to disbelieve in, or refuse to study evidence for any subject that they cannot handle or subject to their scalpel or microscope.

Surely it is a most unscientific procedure to approach any given subject with a mind already prepossessed as to what the truth about it really is. At the same time, one may reasonably decline to investigate anything that cannot adduce a certain amount of *primâ facie* evidence in its support. But I hope to prove to you this evening that there is a large amount of evidence in favour of the existence of a debatable shadowland which is peopled with beings who are not amenable to the physical laws that govern matter as we understand it at present. Perhaps I am tolerably well fitted for the momentous task before me because I have never had the honour of seeing a ghost, and can therefore start quite free from prepossessions or theories of any sort—which is a good point when one wishes to deal with a subject impartially.

[1] Read before the Liverpool Branch, February 8, 1894.

As I know nothing of my own experience, I will give you a brief *comparative* outline of what various men and different more or less learned societies think and write about ghosts. Up to the present day the only body of men that has approached the subject of apparitions in at all a scientific spirit, is that of the Society for Psychical Research. And much has been learned by their means. I propose, therefore, to apply their teaching and hypotheses to the various divisions of the subject before us. But before we go any further, we must have a definition as to what we mean by the term "ghost," so far as such immaterial creatures can be said to be defined at all.

Definition.—A ghost is an unsubstantial apparition of some object animate or inanimate, which is believed by the percipient to have had, some time or other, a physical body, subject to the laws of physics, as at present recognised. In this paper I have nothing to do with those phantasmal appearances which are supposed to have never had any material existence in this our world of matter.

The old-time Christmas Bogie is dead!

But in his place has risen a new race of spirits, many of which, it seems, have nothing to do with murder and sudden death, but are phantasms of persons alive and in good health. As an example of the bygone type, I will remind you of Marley's Ghost in Dickens' "Christmas Carol." Old Marley, who in his life-time loved deeds and cash boxes, money and iron safes, and naught else, appeared to his partner Scrooge, a man like-minded with himself, dragging along an immense chain, rattling as he moved, made up of these same cash boxes, keys and iron safes which bound his mind to earth while living, and which now prevented his spirit from leaving it. "Ghost" is a good old Saxon word, meaning spirit, the German being "geist," and carries in its meaning a sense of terrifying. I shall therefore chiefly use it in this paper. Ghosts may be divided into two chief classes—objective or veridical, *i.e.*, truth-telling; and subjective or non-veridical. The first sort have a real existence, and impress the sensorium from without; but the second arise from within the subject, from his imagination. I need hardly say that the second is by far the larger class.

BIBLICAL.

"The witch of Endor."—1 Sam. xxviii. 7 *et seq.*

"Then said Saul unto his servants, Seek me a woman that hath a familiar spirit, that I may go to her and enquire of her. And his servant said to him, Behold, there is a woman that hath a familiar spirit at Endor. And Saul disguised himself, and put on other raiment, and he went and two men with him, and they came to the woman by night: and he said, I pray thee, divine unto me by the familiar spirit, and bring me him up whom I shall name unto thee. 11. Then said the woman, Whom shall I bring up unto thee? And he said, Bring me up Samuel. 12. And when the woman saw Samuel, she cried with a loud voice: and the woman spake to Saul, saying, Why hast thou deceived me? for thou art Saul. 13. And the king said unto her, Be not afraid, for what sawest thou? And the woman said unto Saul, I saw gods ascending out of the earth. 14. And he said unto her, What is his form? And she said, An old man cometh up; and he is covered with a mantle. And Saul perceived that it was Samuel, and he stooped with his face to the ground and bowed himself. 15. And Samuel said to Saul, Why hast thou disquieted me to bring me up?"

Then ensues a conversation showing that the spirit knew what had passed, and also what was in store for Saul in the immediate future. As we have not the testimony of Saul's two companions, we must judge the case on its intrinsic merits. We are not told what incantations the witch used. Probably she caused volumes of smoke or steam to arise from a fire or cauldron, and trusted that Saul would by his imagination form out of the vapour the spirit he desired to see. I don't think she expected to see any spirit at all, for she cried out when Samuel appeared, and did not dare utter his name, though she knew him, and thereupon recognised Saul, for she would think that no one else would dare invoke the spirit of Samuel. The woman was clairvoyant, but Saul was not, therefore he did not *see* Samuel, although he became clairaudient and heard his voice. This ghost was veridical.

In her usual necromancy, it is probable that the witch sometimes obtained, through telepathy from the mind of the questioner, the knowledge of what spirit was desired, and then described it till it was recognised. She would then answer herself all things supposed to be uttered by the spirit. This deceit would be unlikely to be found out, as she would, again by telepathy, learn from the mind of the sitter events in his past life.

In Job iv., we have another type of ghost, and one that is met with in modern narratives. Eliphaz the Temanite reports that "when deep sleep falleth on men, fear came upon me, and trembling, which made all my bones to shake. Then a spirit passed before my face; the hair of my face stood up. It stood still, but I could not discern the form thereof: an image was before mine eyes; there was silence, and I heard a voice."

It is not clear from the narrative whether this was merely a vivid dream, or that a real spirit did appear. I incline to think the latter. No definite shape was observed; this chimes in with modern instances where the percipient observes a pillar of luminous vapour, but cannot for all his staring see it in a human shape. But a voice was heard, whether the apparition was veridical or not. This again is often paralleled nowadays.

CLASSICAL—FICTIONAL.

I cannot forbear quoting the immortal story of the ghost in Hamlet, although purely a work of fiction.

Taken at its own word, it belongs to that class of ghosts which appears to carry out some idea forcibly impressed on the mind of the decedent at the point of death.

Ghost—"I am thy father's spirit;
Doomed for a certain term to walk the night;
And, for the day, confined to fast in fires,
Till the foul crimes, done in my days of nature,
Are burnt and purged away. But that I am forbid
To tell the secrets of my prison house,
I could a tale unfold, whose lightest word
Would harrow up thy soul; freeze thy young blood;
Make thy two eyes, like stars, start from their spheres

Thy knotted and combined locks to part,
And each particular hair to stand an-end,
Like quills upon the fretful porcupine;
But this eternal blazon must not be
To ears of flesh and blood: List, list, O list! –
If thou didst ever thy dear father love,—
Revenge his foul and most unnatural murther."

Brutus was visited by a spectre, said to be that of Julius Cæsar, who announced that they would meet again at Philippi, where he was defeated in battle, and put an end to his own life. ("Real Ghosts," p. 102.)

TRICK, MENTAL OR PHYSICAL.

The ghosts of this section are properly not true ghosts at all, but are due to trick, either of the percipient's fancy or to that of some third party.

(1) Are those due to lights and shadows, which an excited imagination pictures to be denizens of an unseen world.

(2) Are those occurring in dreams, and here I should wish, though it be difficult, to draw a line, to distinguish between mere dreams and those visions of the night which may be due to outside agency, as telepathy, &c.

(3) "Pepper's Ghost," caused by purposive reflections from mirrors. Maskelyne and Cooke have splendid ghosts of this sort, rather more realistic than real ghosts!

(4) Those due to the odyllic light of Reichenbach.

THEOSOPHICAL.[1]

We must give some consideration to the theories of apparitions as set forth by the Theosophical Society. As is well known, these ideas did not originate with this Society, but have been by them extracted and adopted from ancient Indian documents written in classical Sanskrit. However fantastic these ideas may seem to western minds,

[1] "Seven Principles of Man," Annie Besant, p. 11, *et seq.*

yet they form very complete working hypotheses accounting for all the different kinds of hallucinatory images. And as they embody the views of a long race of Hindu philosophers, who, perhaps more than any others, have devoted their energies to abstract speculations as to the constitution of man, we ought not to pass them by as of no importance. The original Sanskrit names are retained because there is no direct equivalent for them in English. *The first* is the *Linga sharîra*, variously called the astral, or ethereal, or fluidic body, the double, the wraith, the doppelgänger, which is said to be the vehicle of the life principle or vitality in the body. This body is formed of astral matter, material enough, but of a matter much rarer than that which is evident to our five senses. To this astral plane belong clairvoyance, clairaudience, many hypnotic phenomena, and telepathy. This *linga sharîra* is the exact double of the physical body to which it belongs, and is separable from it although unable to go very far therefrom. When separated from the physical body it is visible to the clairvoyant as an exact replica thereof, united to it by a slender thread. So close is the physical union between the two, that an injury inflicted on the *linga sharîra* appears as a lesion on the physical body, a fact known under the name of "repercussion." Separation of the *linga sharîra* from the physical body is accompanied with a considerable decrease of vitality in the latter. During this separation, it is said to be very dangerous to make any sudden noise or to disturb the physical body, as death may ensue. It is this ethereal double which often appears as the "materialised spirit," easily moulded into various shapes by the thought currents of the sitters, and gaining strength and vitality as the medium (to whom it belongs) sinks into a deep trance. The Countess Wachtmeister says that she has seen the same "spirit" recognised as that of a near relative or friend by different sitters, each of whom saw it according to his expectations, while to her eyes it was the mere double of the medium.

Many of the movements of objects that occur at such *séances* and at other times, without visible contact, are due

to the action of the *linga sharîra*. "Death" means for the *linga sharîra* just what it means for the physical body, the dissipation of its molecules. It remains in the neighbourhood of the corpse, and is the wraith sometimes seen at the moment of death and afterwards by persons near the place where the death occurred. It disintegrates *pari passu* with its physical counterpart, and its remnants are seen by sensitives in cemeteries as violet lights hovering over graves. This last point seems to receive corroboration from the researches of Baron von Reichenbach in what he calls the "odic light." Of this latter more further on.

The *second kind* is the *Kâma rupâ*. It can only appear after the death of the physical body. It is a very low entity, possessing brute cunning without conscience. It is attracted to places where animal desires are encouraged and satisfied, and is said to renew its vitality by absorption of the currents from those living persons who are of a correspondingly low animal nature. The longer or shorter persistence of the *kâma rupâ* is said to depend on the greater or lesser development of the animal nature of the dying person. Or again, if the earth-life has been cut short by accident or suicide, it is said to persist as long as the physical body would have done, if not so cut short. This *kâma rupâ* also haunts *séance* rooms when the medium is of a low order, and its fading vitality is reinforced by the animal currents of sitters of a passional nature.

The *third kind* is called *Kâma manasic rupâ*, and is the agent unconsciously used by clairvoyants, when they really travel to distant places they have never seen before, and may appear there to persons who are sensitive.

Dr. Wm. Gregory ("Animal Magnetism," p. 40 *et seq.*) mentions several cases of clairvoyants who were able, it seemed, to visit Aix, Bonn, Cologne, and other places, and describe correctly these places which they had never seen. In "Real Ghost Stories," 1891, Mr. Stead quotes several similar cases. In one case a prosaic Cornish housekeeper saw a house and laundry as in a dream. This house is at Hindhead, Surrey, and the woman was living in the west country and had never been in Surrey in her life. Some six

months after her vision she went to a new situation, and this proved to be the very place she had clairvoyantly seen, and all the surroundings were then found to be exactly as she had seen in her dream, or whatever it was.

A Mr. W. Howitt,[1] while yet at sea, on his way to his brother's house in Melbourne, seemed to see that house and grounds and the forest of eucalyptus trees near by. When he landed, he found everything exactly as he had seen while out at sea. He might have previously been informed of his brother's place, but he recognised the house on landing without being told whose it was. This *kâma manasic rupâ*, then, is seen to belong to a living body. It may appear in *séance* rooms, and shows a higher consciousness than the two former *rupâs*. It may also appear at the time of death of the body to some one at a distance, and not only *appear* as the *linga sharîra*, but speak and answer questions.

The *fourth form* is the *Mâyâvi rupâ*, or body of illusion. It is a higher form of the preceding, and is an astral body formed by the consciously directed will of the adept, who gives it whatever appearance he thinks fit. It may be warm and firm to the touch, carry on a conversation, and act at all points like a physical human being. During this separation, the physical body remains entranced, all its functions being suspended at the lowest ebb of vitality.[2]

Fifth kind.—There are thought images called *Kriyasakti*. These are forms of things or persons due to the consciously exerted thought and will of the operator upon the percipient at a distance. The existence of such thought forms has been at least partially proved by various hypnotic experiments (Binet and Féré, "Animal Magnetism," p. 213), and by the S.P.R.[3] The latter has recorded cases where a man has willed to produce an image of himself to friends at a distance, and this has succeeded when the said friends were ignorant that anything was going to be attempted. Of course, the would-be thought-projector must concentrate his whole attention very definitely on the image desired to be produced, or he will fail.

[1] Owen's "Footfalls," p. 118. [2] "Seven Principles," p. 48.
[3] "Phantasms of the Living," p. 104.

SPIRITUALISTIC.

I think you are likely to wonder what modern science can have to do with spiritualism. I would say that if it has not, it ought to. It is most unscientific to condemn anything unheard, even though the matter be deemed absurd. Then, to ascribe all the alleged phenomena of spiritualism to trickery is, I think, very clumsy. There must be some basis of truth in a system that numbers so many adherents —many of them being men acknowledged sane in every other particular, and a few men such as Professors Crookes and Wallace, both of them F.R.S., whose attainments in the world of modern science stand among the very first.

In the present paper we have not to do with rappings, or levitation of objects without physical contact, but the alleged appearances of "spirits"; our spiritist friends declaring each of them to be always the *imago* or *εἰδωλον* of some deceased person. Now for the sake of argument, let us assume the objective existence at a *séance* of some vague shadowy form, which obeys none of the recognised laws of physics, in fact, what ordinary people would call a ghost. Then, either this apparition is the spirit of a deceased person, or it is not. Now, of two theories for the explanation of some fact, the one involving the less of the miraculous is the one the more likely to be true, *e.g.*, the cholera was supposed to be due to the visitation of God; but now it is known to be a filth disease, and due, they say, to an infamous little microbe, the "comma" bacillus of Koch. I am not attempting to prove that the spirits of deceased persons never return to earth in a visible form; but I do believe that *most* spiritist appearances can be explained on a hypothesis less transcendental: which hypothesis is this :— The mental part of everyone is double; the reasoning part, and the intuitive part. The first is the one used by us in the work of ordinary life; the second comes into play where a "calculating boy" gives the answer to some complex arithmetical problem, without being able to explain the steps that led him to the result; or where we are able, as if by inspiration, to know the truth of some fact at a glance

before we have had time to reason it out. This is the part which enables some people to know a thing by telepathy. Women seem to have this intuitive part more highly developed, or shall I say more at their disposal, than men. This explains why it is that women more often than men are found in possession of psychic powers. One name for this intuitive part is the subjective or "subliminal consciousness," a name given because it lies beneath the threshold of our every day consciousness. Mr. F. W. H. Myers, of the S.P.R., was the first to formulate this theory, and, as I think, to demonstrate its existence. It is that part which is awake and operates in the hypnotic sleep, when the physical, objective senses are in abeyance. The medium at a *séance* falls into a hypnotic trance in which all his bodily powers are lying dormant. But his subjective self is awake and active. We will suppose that one of the sitters wishes to see the "spirit" of a dead friend whose form is unknown to anyone else present. The medium's subjective self by means of telepathy learns from this sitter his dead friend's name and appearance; he then, unconsciously of course, projects a thought body or form which exactly resembles the person desired. Or else he projects his own double, and the imagination of the sitter moulds it into the shape he was looking for.[1]

NON-VERIDICAL OR SUBJECTIVE

Are those which have no objective reality, and arise within the subject from his own imagination. Among the various causes of this class, are:—

(1) *Telepathic Panic.*—It sometimes happens that many persons in a crowd are infected by an hallucination more or less the same as that which arose in the first individual of that crowd who experienced it. These are termed "collective hallucinations." Cardinal Newman relates in a letter, January 3, 1833, that when in quarantine in Malta, he and

[1] Hudson, "The Laws of Psychic Phenomena," p. 280, *et seq.*

his companions heard footsteps not to be accounted for by human agency.

(2) *Auto-Suggestion*, from expectation. The percipient is afraid of meeting with apparitions in places reputed haunted, and, therefore, is likely to have some hallucination, whether it be veridical or not.

Many are the stories of a murderer being haunted by the ghost of his victim. This "ghost" might be subjective: (α) due to his fear of being so haunted; (β) or be objective in a sense, being a "thought form," *i.e.*, his intense thought of the form of the murdered person might be externalised as an objective reality; or (γ) it might be an apparition actually caused by the decedent. ("Real Ghosts," p. 82.)

(3) *Disease*, as insanity, hysteria, dyspepsia, and the action of certain drugs.

(α) The hallucinations of the insane are familiar to all students of mental disease. The insane person often imagines that he sees and holds converse with angels or devils, or the spirits of deceased persons.

(β) The hysterical sometimes see hallucinatory figures, purely subjective ones, of course.

An hysterical young woman, aged 24, was in the habit of seeing, in broad daylight as well as at night, various hallucinatory figures. She described them as being some like real people, while others were shadowy, like ghosts. There were eight or ten of these figures which troubled her, following her about and occasionally touching her.

I endeavoured, with gratifying success, to "lay" these ghosts by hypnotic suggestion; and very obedient ghosts they were; they came with a word, and departed as soon.

When I had suggested their presence, it was evident from the patient's frightened manner and gesture that they were very real to her. I read that veridical apparitions are not amenable to suggestion; therefore, as these were, it follows that they were what I thought them to be—mere subjective hallucinations.

(γ) *Dyspepsia.*—Bad dreams, with or without hallucinatory figures, are notoriously common in the experience of those who indulge in late suppers of such delicacies as cold

pork and pickles, and mince-pies. One ingenious gentleman wrote a paper to shew that he could produce a nightmare of any given brand, according to the particular article of diet he partook of.

(δ) *Various Drugs* are well-known to produce vivid hallucinations of figures; especially alcohol, haschisch, opium.

Drug Hallucinations of Figures.[1]

Aconite seems to have caused clairvoyance on one occasion, for Hahnemann relates that under its influence a man once was conscious that his beloved, who was at that time fifty miles away, was singing in a certain place.

Arsenic produces visions of bugs and other vermin, of thieves, of the *dead*. *Cf.* Hura; hepar; agaric.; muscar.; cannabis indica, conium; strychnia.

One prover had a most vivid hallucination—that of a man hanging himself, while he was powerless to prevent it, or to cut him down afterwards.

Atropin produces similar phantasms to those of belladonna, as might be expected—such as various "spectral illusions," and "frightful phantasies."

Agaricus muscarius—a prover of, saw his dead sister.

Alcohol—the delirium of, produces hallucinations, for the most part of a terrifying nature, generally of the lower forms of life such as reptiles, insects, cats and dogs. It is noteworthy that these phantoms often appear in all the colours of the rainbow.

Alcohol, like ether, haschisch and opium, excites the animal desires, and diminishes control over them.

Ether gave to a female prover a vision of the Almighty and a host of good angels.

Baptisia causes frequent vivid dreams, in which percipient is constantly engaged in fighting or disputation, but he always comes off best. ("Cyclopædia of Drug Pathogenesy.")

[1] Allen's "Encyclopædia," and "Cyclopædia of Drug Pathogenesy."

Belladonna.—Intellectual operations were at times very vivid. The special senses become hypersensitive. One prover says that ludicrous and fantastic spectacles were uppermost in his mind. Another says: "Nothing could rid my eyes of a legion of most disgusting spectra. I am not very partial to any part of the insect creation, but cock-roaches are my especial horror, and spectral cock-roaches were swarming all over the room. Every object in the room, both real and spectral, had a double, or, at least, a dim outline, owing to the extreme dilatation of the pupils." Among other phantasmal appearances were fish, horses, dogs, wolves, coloured butterflies, mice, giants, ghosts, birds, cucumbers, horrid monsters, a crimson serpent twining round the neck. One poor fellow saw a tall yellow corpse trying to get into bed with him, but fortunately he was able to eject it.

Cannabis indica, or haschisch. These hallucinations are characterised by great exaltation of all thought above material things. The concept of immensity pervades the ideas. The most ordinary phenomena become transformed in the most grandiose way. Some ordinary noise appears like the grand harmonies of an oratorio. There is frequently produced the sense of duality. The objective and subjective parts of our being seem to be separated—both being consciously active at the same time. In one prover the soul seemed separated from the body, and was looking down upon it. True catalepsy is sometimes induced; but what hallucinations are experienced—if any—in this state, we are unable to say, as the subject of catalepsy remembers nothing of his trance when in the normal waking condition.

There is frequently uncontrollable laughter, *cf. Bel., Zn.*

As distinguished from those of alcohol, the subject of the hallucinations of cannabis indica frequently knows that they are only delusions; the subjective self follows out the various absurd ideas, while the objective self is at the same time regarding them with a pitying smile.

Among other phantasms are those of dancing satyrs, corpses and the dead, diabolical imps, the devil, old wrinkled females, butterflies, and other phantoms of all sorts.

Crotalus cascavella has produced a spectre of death, seen as a gigantic black skeleton.

Dulcamara caused one prover to see a ghost which kept on enlarging until it disappeared.

Helleborus niger produces a general despondency of mind. One prover saw a hundred forms float before his eyes.

Mercury has caused various frightful images.

Opium will produce various frightful visions, including those of dragons, animals and skeletons. Under the influence of this drug, the animal passions are excited, and at the same time, there is a marked loss of control over them by the mind.

Plumbum.—One prover saw ants swarming in his bed. Another thought he was pursued by fiends.

I do not wish to lay much stress on most of these drug hallucinations.

Odic.—Baron von Reichenbach.

In Vienna, about the year 1844, Baron von Reichenbach commenced a series of researches in magnetism. This was the same date that Dr. Jas. Braid, of Manchester, published his work on "Neurhypnology," in which he introduces the present well-known term "hypnotism." The Baron was a man of great scientific ability, and a good chemist; he was the discoverer of kreasote, I believe. To von Reichenbach is due the proving of the idea that the light of the aurora borealis is due to magnetic rather than electrical agency. He thought it possible that ordinary magnets might exhibit a similar light under favourable circumstances. He says[1]: "In recalling to mind that the northern light appeared to be nothing else but an electrical phenomenon produced through the terrestrial magnetism, the intimate nature of which is still inexplicable, in so far that no direct emanation of light from the magnet is known in physics, I came to the idea of making a trial whether a power of vision so exalted as that of Miss Nowotny might not, perhaps,

[1] "Researches in Magnetism," p. 9.

perceive some phenomena of light on the magnet in perfect darkness. . . . And if it did actually present itself, the key to the explanation of the aurora borealis seemed in my hands." Accordingly he constructed a nine-fold horse-shoe magnet, capable of supporting a weight of ninety pounds of iron. In absolute darkness, some of his sensitive subjects were able to see a reddish light emanate from the south pole, and a bluish one from the north; the lights disappeared as soon as the armature was replaced. He also constructed an hollow iron globe, the shape of the earth. Within this was a bar of soft iron, running from pole to pole. This bar could be made a magnet by running an electrical current through it. In the same way, some of his sensitives were able, in perfect darkness, to describe reddish flames darting from the south, and bluish from the north pole. He carried his investigations further; studying crystals, chemical action, sunlight, and many other things, in relation to this light, which he termed "odic." His method was to place a sensitive subject in a dark room, which was connected with his laboratory by means of a copper wire many yards in length. He treated his end of the wire in many ways, such as by plunging it into a mixture undergoing chemical action. In all cases, a light was observed in the dark room, issuing from the free end of the wire. He also found that some of his sensitives, when taken to a burial ground on a dark night, were able to locate the newer graves, because they described a mass of luminous vapour standing over such graves to the height of about four feet. It would take too much space here to recapitulate his numerous precautions against deceit and imposture, conscious or unconscious. Supposing his results to be correct, we have a good theory accounting for many "ghosts" seen in churchyards, &c. Some frightened person passing such a place at night, and expecting to see something ghostly, would easily mistake this formless mass of luminous vapour for the shape of a human being, and excited imagination would add the gash in the throat, or head carried under the arm, or anything else that the local ghost story demanded. According to the Baron, this light was due to the decomposition of the body.

This theory is strengthened by the fact that this odic or magnetic light shone brightest over the newest graves, and was not seen at all over the oldest ones. He repeated this experiment successfully in a garden wherein was buried a murdered person. He knew the locality of the grave, but his sensitive did not know there was a grave there at all. It is only right to remark that others have tried this experiment of producing a light from magnets, &c., without success. Neither was the Baron himself able to see it.

In the light of modern psychical investigation, man seems to have a dual nature, the objective or masculine, and subjective or feminine, which two parts should work together harmoniously, though the objective part should have the dominance. But in diseases like hysteria, and under the influence of drugs such as we have considered, these two entities become separated in a greater or less degree, the result being that mental equilibrium is lost; thoughts and actions become chaotic.

As life is at present constituted, the objective takes precedence, and should keep the subjective in subjection. When, however, this normal position is reversed, we find the imagination running riot, the subjective part having usurped the mastery over this objective life of ours which it is not fitted to sway. This explains the origin of hallucinations, which mistake empty shows for solid realities; and explains in a great measure why it is that so many of those who develop the subjective side of their nature by becoming "mediums," &c., eventually become insane. "Genius to madness is allied"; so we see many persons of genius becoming eventually insane, owing to the gradual usurpation of their subjective side—to which their genius belongs—over the objective realities of life. The moral of all this is, I think, as follows:—That man should endeavour to cultivate that part of him in which he is most deficient, in order to possess a well balanced brain. Those who work at matters psychological, taking up hypnotism, crystal gazing, the study of apparitions, and many other such things often termed "occult," should also work at subjects the reverse of these, which deal exclusively with physical facts — such as

mechanics, or natural science. Thus will the objective and subjective parts of our consciousness be equally developed and maintain their normal correlation.[1]

VERIDICAL OR OBJECTIVE

are those ghosts which have an objective reality, and are not due to the imagination of the percipient.

These naturally divide themselves into two classes :—

(I.) Phantasms of the living.

(II.) Phantasms of the dead.

Each of these may be either (*a*) spontaneous or (*β*) experimental.

(I.) *a*. These *spontaneous* apparitions of the living generally occur at the period of some crisis of the agent's life, such as danger, or any time of great emotion when the agent is thinking intently of the person who becomes the percipient; though occasionally, we find a case where the percipient may be quite unknown to the projector of the hallucination—as *Journal S.P.R.*, No. 106, p. 188, also in "Real Ghosts," p. 51. Intermediate between spontaneous and experimental phantasms are those seen when the agent is at the point of death. These form the bulk of so called ghost stories. The dying agent may either consciously will to impress his thought form on some friend dearly loved, or his apparition may be perceived when he was merely thinking intently of that person, or it may be seen when the dying person was apparently comatose, and not capable of exerting conscious will. ("Real Ghosts," p. 53, 52, 63, 67, 65, 59.)

β. Experimental apparitions are very rare, but a few cases are recorded which seem authentic. These are caused by the agent consciously willing that the percipient may see his form ; the agent may be aware or unaware of his succeeding. ("Real Ghost Stories," pp. 26, 27, [S.H.B.]; "Phantasms of the Living," p. 104, 109.)

Lytton's "Strange Story." Margrave causes a phan-

[1] See also F. W. H. Myers on "Hysteria" and "The Subliminal Consciousness," chap. vi. in the "Proceedings," S.P.R., part xxiv.

tasm of himself to appear as a luminous image on the wall. This is called "*schin læca*." These apparitions are not considered to be the immortal spirit of the agent, but merely as his double or thought form; and are what would be called in Theosophic parlance the *linga sharîra*, or else the *kâma manasic rûpa*.

(II.) *Phantasms of the dead* are rarer, and less well attested.

(*a*) These are supposed to occur where the deceased person wished to communicate something—such as his murder, with the view of bringing the culprit to justice ; or of pointing out the position of some buried money, or lost document as a will. This apparition always disappears permanently when once its object is attained, and can give no information other than that relating to that object. ("Real Ghosts," p. 83, 84, 85, 86, 74.[1])

(*β*) Or it *may* be the actual spirit (form) of the deceased, possessing all the attributes of his conscious personality. Hitherto there appears to be no real proof of any such apparition existing. ("Real Ghosts," p. 87.)

The spiritualists,[2] however, maintain that such do really occur. But in a former paragraph I have given reasons for supposing that these ghosts are no more than thought forms of the mediums who do not know themselves their true origin.

(III.) *Anomalous cases*, such as "banshees." It does not seem clear from the stories extant, whether these guardian spirits are those of departed ancestors, or that they have never had a human origin. They seem attached to certain families, and give warning of approaching disaster or death sometimes by sounds alone, "keening," or in a visible shape. As a rule they make their presence known to the person on whom the crisis is impending. These hallucinations are supposed to be experienced only by the members of that family to which the banshee belongs ; and to disappear for ever if that family become extinct.

[1] See also "More Ghost Stories," p. 10, *et seq.* : Experiments with the double.
[2] "Spirit Teachings," by "M.A.Oxon," 1893.

A. VERIDICAL OR OBJECTIVE.

I. Phantasms of the Living.

(*a*) *Spontaneous*, due to the unconscious volition of the agent.

(*β*) *Experimental*, due to the conscious volition of the agent.

(*γ*) *Intermediate*, occurring when the agent is at point of death.

(1) When the dying person is thinking intently of the one who becomes the percipient.

(2) When the dying person is in a state of coma, and, therefore, apparently not able to exercise any conscious volition.

II. Phantasms of the Dead.

(*a*) Is the actual spirit form of the decedent.

(*β*) Is the persistence of a thought form of the decedent, which only manifests intelligence in regard to that thought.

III.—*Anomalous*, as banshees.

B. NON-VERIDICAL OR SUBJECTIVE.

I. Are those due to *telepathic panic*, as when a crowd sees a subjective apparition started by one person.

II.—Are those due to *suggestion*.

(*a*) Purely subjective, being due to expectation.

(*β*) Are objective in a sense, being externalised thought-forms.

(*γ*) Are truly objective, *e.g.*, a murderer, expecting to see the ghost of his victim, really sees it. This truly belongs to II. (*a*) or (*β*).

(*δ*) Experimental, being due to hypnotic suggestion.

III.—Are due to *disease*, as (1) insanity, (2) hysteria, (3) dyspepsia, (4) the influence of certain drugs.

IV.—Are not really ghosts at all, but are due to

(*a*) Trick, as "Pepper's Ghost."

(β) Are due to an excited imagination mistaking lights and shadows.

(γ) Are due to the Odic light of Baron von Reichenbach.

Class I.—Biblical, classical, fictional.

Class II.—Theosophical.

Class III.—Spiritualistic.

Class IV.—Veridical, non-veridical ("Society for Psychical Research.")

Class V.—Trick, physical and mental.

Dr. HAYWARD looked upon the whole subject as imaginary, occurring purely in the mind of the percipient. He doubted the desirability of studying or discussing such subjects. He knew of cases in which the study had led to insanity.

Dr. HAWKES referred to some curious instances that had come under his own observation, and asked Dr. Green if he could offer any explanation.

Dr. JOHN HAYWARD said that there were two ways of discussing the subject commonly used—the dogmatic, and the ridiculing. He deprecated both. He thought that a large proportion of the remarkable cases which were quoted to support such experiences were merely coincidences which had become substantiated, and that the enormously larger proportion which had failed were forgotten.

Dr. MAHONY believed the subject was a valuable one to discuss. Personally he had never seen a ghost, but he thought the matter worthy of thorough investigation.

Dr. GORDON SMITH mentioned two personal cases of "warnings."

Dr. ELLIS wished that the subject were generally discussed in a philosophic spirit. Thought or nerve power is a force, and he knew of no reason why this should not be transmitted through space, as light is, and so cause telepathy.

In reply, Dr. GREEN quoted from a paper by Dr. Simpson, in the *Homœopathic World*, as follows: "It has been well said, 'there are some truths which men despise because they will not examine them, and which they will not examine because they despise them.' Homœopathy is one of these truths. Scientific men think it foolish, because they are ignorant of its practical value, and this notion of its inertness hinders them from becoming acquainted with the evidences in its favour." In the above

extract he would merely substitute for the word "Homœopathy" the subject of the paper. Some object that attention to such matters is of no practical utility; but how do we know that? The whole world would be in a sorry plight if scientists refused to investigate anything until it had been proved of practical use. It does not do to reject a thing merely because it *sounds* absurd to *us*. He himself had had a lesson on this point when he began to study homœopathy, believing that it was a tissue of mistakes and nonsense. Before one is capable of forming a true opinion on this subject, it is necessary to study the literature, and chiefly that furnished by the Society for Psychical Research. Some of the cases quoted in illustration of the various divisions of the subject show that there is a residue of fact not explainable on purely physical grounds.

VARIOUS WORKS CONSULTED ON THE SUBJECT.

"Society for Psychical Research," various numbers of the *Proceedings* and *Journal* thereof, which contain authentic stories of apparitions; also "The Subliminal Consciousness," and "The Mechanism of Hysteria," by F. W. H. Myers.

"Laws of Psychic Phenomena," T. Jay Hudson, 1893.

"Researches on Magnetism," Baron von Reichenbach, 1850.

"Hypnotism," books by Moll, Tuckey, Binet and Féré, Dr. Gregory (1877), Braid, Heidenhain, and others.

Andrew Lang in *Contemporary Review*, September and December, 1893.

Theosophy, "Seven Principles of Man," "Re-incarnation," Besant.

Spiritualism, "Spirit Teachings," S. Moses, M.A., Oxon, 1893.

"Real Ghost Stories," and "More Ghost Stories," compiled by Stead, 1891-2.

"A Strange Story," E. B. Lytton.

"Hamlet," Shakespeare.

"Macbeth," Shakespeare.

"Christmas Carol," Dickens.

Medical, "Allen's Encyclopædia of the Materia Medica," "Cyclopædia of Drug Pathogenesy."

SEQUEL TO A CASE OF ABDOMINAL TUMOUR.[1]

BY GILES F. GOLDSBROUGH, M.D.

THIS case was exhibited at the Clinical Evening, March 2. 1893, and is reported in the *Journal*, vol i., p. 161.

The history prior to the patient's death on Feb. 12 affords little material for record. On account of the temporary closing of the London Homœopathic Hospital whilst removing into new quarters, the patient was sent to Guy's, but the surgeons there decided that an operation was too hazardous to be undertaken, and the man has lived quietly at home until his death. The abdomen gradually increased in size, ascites ensuing with dropsy of the extremities. There was extreme emaciation of other parts with pronounced cachexia. Symptoms of pressure by the growth upwards gradually increased, notably cough, inability to take or retain food, dyspnœa and exhaustion. Eventually death took place by slow asthenia.

On opening the abdomen at the *post-mortem* examination, the ascending colon was observed in front, slightly to the right of the middle line, adherent to a reflection of peritoneum, which covered a growth behind. The growth was destitute of peritoneum at its right margin. It occupied the whole of the right side of the abdomen, and encroached on the left. It extended upwards, displacing the liver so that the most of that organ lay in the epigastric and left hypochondriac regions with the stomach behind it. The growth turned out to be a cyst of the right kidney, and the structure of the kidney was entirely effaced on that side, the large renal vessels entering directly and boldly into the cyst. The capsule of the cyst was thick but loosely formed. On opening it by a longitudinal incision the cavity was composed of two portions, a higher and posterior occupying about one-third of the whole, which contained thick, dark blood, and into which the large vessels entered. The other, lower and more anterior, about two-thirds of the whole, contained a mass of semi-fluid, cheesy substance of a pink-red colour. The left kidney was healthy and larger than normal by about one-half. The other organs were healthy.

[1] Contributed to the Society, March 8, 1894.

At the discussion on this case reported in the *Journal* some difference of opinion was expressed concerning the probable nature of the growth. I was inclined to regard it as malignant, basing the diagnosis, in addition to the feel of the abdomen, on the condition of the patient generally; but those members who thought it was a cyst were undoubtedly right.

ANGINA PECTORIS.[1]

BY ALEX. R. CROUCHER, M.D.

Physician to the Hastings and St. Leonards Homœopathic Dispensary.

I HAVE chosen angina pectoris as the subject of the paper which I shall have the honour of reading before the society this evening, because I am of opinion that there are many points in the etiology and general pathology of the disease which are of great interest.

The name is derived from *αγχω*, I strangle, and *pectus*, the breast, a strangled feeling of the breast. The disease has no accurate pathology, no localised lesion, and even the very symptoms have such broad limits that they are often the subject of dispute. Its character has elements of functional, organic, and especially of nervous irregularities, and the highest authorities can exhibit nothing more than a few isolated facts in favour of one theory or another. Perhaps the most concise definition, and the one expressing the tendency of modern views, is furnished by Quain, in his "Dictionary of Medicine": "An affection of the chest, characterised by severe pain, faintings and anxiety, occurring in paroxysms, connected with disorders of the pneumo-gastric and sympathetic nerves and their branches, and frequently associated with organic disease of the heart."

The first man to make a study of the symptoms, and the one to whom we owe the use of the name, was Heberden,

[1] Read before the Society, April 5, 1894.

who, in 1796, treated of this affection under the title of "De dolore pectoris" in his Commentaries, though he had previously described it, his first communication on the subject (to the College of Physicians) being in 1768. From that date to the present the affection has enlisted the attention of many eminent pathologists, each advocating his own theory, but seldom advancing much our knowledge, until we come to Quain, who perhaps sums up the result of modern investigation, leaving its pathology still very vague and indefinite. Another interesting feature in the history of angina pectoris is the array of celebrated names, whose cases have been cited to illustrate the peculiar symptoms. Seneca, Lord Clarendon, John Hunter, Dr. Chalmers and Dr. Arnold (of Rugby) are said to have been sufferers.

The causes of angina pectoris are either predisposing or exciting. Among the former should be noted the fact that a predisposition to angina pectoris may be inherited, that is, a patient may have handed down to him a temperament that is nervous, susceptible to impressions, and characterised by a highly developed condition of "the nervous element, associated with certain habits of life, sedentary employment, high living, &c.," predisposing to such attacks.

The advantage of sex seems to be on the side of women, for they are seldom sufferers from the disorder, most of the cases on record having been in men; the age of a person, if not a predisposing cause, is certainly a factor in the liabilities, for persons advanced in years, of fifty or more, often complain; cases in young persons are rare. Quain says: "The peculiar diathesis in which lithic acid predominates in the system, that which gives rise to neuralgia in different parts, is more open to attacks of angina pectoris."

Of exciting causes may be mentioned, disease of the tissues of the nerves themselves, or which may have a direct mechanical effect, such as the pressure of a tumour, or of an aneurism. Organic disease of the heart is a great exciting factor, and many have tried to prove that angina pectoris is always traceable to such a lesion. The mental condition has a great influence, as undue excitement, or great anger, a celebrated instance of the latter being that of John Hunter,

who died suddenly after a passionate dispute in St. George's Hospital. Exertion seems to act as an exciting cause, though this is by no means the rule, for often the attack comes on during sleep, when lying down, and when in a state of perfect quiet. Some authors, Trousseau among the number, have sought to prove that angina pectoris and epilepsy are identical; but although epileptic patients have been known to be subject to angina, yet, on this theory, there is no explanation for the symptoms occurring in those to whom the suspicion of epilepsy has never been attached. If we examine the pathology of angina pectoris we are likely to be utterly bewildered.

Quain says: "The affection in general is, undoubtedly, a form of neuralgia; the character of the pain goes to prove this. It has been ascribed to spasm, but a spasm of the heart, lasting as long as an ordinary paroxysm of angina, would destroy life; besides, the heart's action is seldom, if ever, arrested."

The pathological relations of angina are interesting. Flint says: "It involves, in a large proportion of cases, the existence of some organic affection of the heart and aorta, but the lesions found do not agree invariably in any appreciable morbid alterations. Valvular lesions may or may not be present."

Liègeois, describing the causes of angina as predisposing and causative, thus classes the former: (1) organic; (2) nervous; (3) diathetic; (4) toxic. Of the *organic* causes, he states that three-fourths of all cases may be attributed to atheroma or sclerosis of the coronaries or aorta, either one or both; of the others, in order of frequency, he gives, as the only causés worthy of consideration, dilatation of gastro-hepatic origin, acute pericarditis, chronic peri-aortic pericarditis and cardiac symphysis. *Nervous* causes are enumerated as neurasthenia, spinal irritation, hysteria, Basedow's disease, and mental affections. Again, he considers these as either neuralgic in type, or pure neuroses. The *diatheses* may manifest themselves in the form of atheroma, or arterial sclerosis, yet do not need such intermediary. A gouty or rheumatic subject may have an angina as he might have a

neuralgia, the diabetic also. Metastasis, too, may occur, when in a gouty or rheumatic subject there is a decline of the articular symptoms, and may then involve the cardiac plexus. Among the *toxic* influences, tobacco, and especially cigarette smoking, are very prominent, especially when combined with bad hygiene and malnutrition. Much the same may be said of tea drinking, as soon as neurasthenia is well established, and ergot and malaria are credited with one case each. There may be no coronary stenosis or obstruction; simple endo-arteritis or peri-arteritis may so impair the contractility of the arterioles that sufficient blood cannot enter the parenchyma of the heart. The consequent anæmia may give all the phenomena of angina in the same way that arterial obstruction elsewhere causes the frightful pains of senile gangrene.

A similar anæmia may be produced functionally in neuropathic anginas. It is the same vasomotor action in the coronaries that produces the accompanying phenomena of pallor, cold extremities and vertigo preceding the attacks. Pure anginal neuroses are rare; but in those cases of sudden suppression of gouty and rheumatic pains, it is not unreasonable to suppose that hyperæmia of the cardiac plexus may be one manifestation of the metastasis.

The direct exciting causes named by Liègeois are:— Any active efforts or movements, such as walking fast against the wind; emotions of love, anger, or joy; reflex influences from errors in diet; menstruation; pains, chills, &c.

Gélineau, who is known as the author of the most considerable treatise on angina, adopts many of Liègeois' statements, but gives prominence in his etiology to degenerations and lesions of the myocardium and of the pericardium, and to intra-abdominal and intra-thoracic tumours. He dwells on syphilis and gout as important factors, in that they may act either as diatheses, or by causing arterial scleroses.

Huchard supports his affirmation that sclerosis is the characteristic pathological feature of this disease on the evidence of 75 cases. He explains a case in which the

coronary orifices were not obliterated by assuming that at some part of their course the arteries were not patent. When obstruction or obliteration of the coronaries occurs without angina, as often happens in the aged, it is assumed to have occurred so slowly that collateral circulation could be established. In other cases the absence of the lesion, in spite of typical anginal developments, is accounted for by the assumption of a reflex spasm, and contraction of the arteries; such he asserts to be the case when angina is produced by tobacco smoking.

Other recent clinical experiences illustrate various aspects of anginal manifestations. Leydon reports four cases in which he attributed the angina-like paroxysms to neuralgia affecting the vagi nerves. In these the disease was associated with tabes dorsalis appearing late. Vulpian has recorded a case in which the cardiac symptoms appeared early. The evidence of such cases suggests a degenerative peripheral neuritis affecting the vagus.

Dr. Tilley, of Chicago, gives the history of an interesting case, in which anginal paroxysms, moderate in severity, were followed by great œdema and sudden death. The autopsy showed one of the coronary arteries almost entirely occluded, and just below the manifest atheroma an aneurism, the size of a large walnut, had developed. The ischæmia had led to great thinness of the cardiac walls.

Ewald gives a report of death in collapse of an elderly woman, with the symptoms of mitral stenosis. The autopsy revealed complete ossification of the coronary arteries. The patient had had no anginal symptoms, only extreme dyspnœa.

A suggestive case is given by Mollière in which a paroxysm of angina killed the patient. The autopsy showed behind the stomach, and above the pancreas, a mass of degenerated lymphatic glands that compressed and destroyed the two cords of the great sympathetic, enveloping in their mass most of the elements of the solar plexus, in which were the terminal fibres of the pneumo-gastric. Mollière also reports a case of angina pectoris where there was found, *post-mortem*, carcinoma of the mesenteric and

præ-vertebral ganglia, involving the cæliac plexus. There were secondary carcinomatous nodules in the lungs, but the bronchial and pulmonary ganglia were not involved, and the author suggests the possibility that the angina pectoris in this case was caused by irritation of the sympathetic in the abdomen. Budor, in his observations with regard to the effect of obliteration of the coronary arteries on the condition of the cardiac walls, found that, in about one-fourth of the cases, there are supplemental coronary arteries, which run mostly in the upper part of the ventricles, the collateral circulation in which may sometimes prevent myocardial degeneration.

This subject was discussed by the Medical Society of London, February 9, 1891. Dr. Douglas Powell spoke of a vasomotor form of angina, which was of comparatively recent discovery. The prognoses, in such cases, must largely depend on the actual condition of the heart. He regarded the vasomotor disturbance as an essential factor in the majority of cases of angina pectoris, just as bronchial hyperæsthesia was in cases of asthma. He believed it to be possible for the heart to succumb to these attacks without itself being affected with any obvious lesion. A fatal issue is rare in these cases. Though physiologists maintained that when systemic arterioles were contracted by cold the viscera were dilated, and *vice versâ*, yet it was highly probable that, under certain conditions of chill and emotion, the whole arterial system might undergo contraction. In angina pectoris gravior, on the other hand, the vasomotor disturbance is associated with degenerative cardiac disease. He criticised the view that the disease was necessarily caused by, or associated with, disease of the coronary arteries.

Dr. Broadbent said he had been unable to make up his mind as to the condition of the heart during the paroxysms. Sometimes the pulse was irregular and small; sometimes there was high arterial tension, at other times not; while occasionally the pulse was practically unaffected during an attack, even of great violence. It was especially in those cases due to weakness of the heart that the great danger lay. He pointed out that the vasomotor resistance alone

would not be sufficient to determine an attack. The proportion of cases of high arterial tension without angina pectoris was very much greater than the proportion of fatal cases of angina in which there was no disease of the coronary arteries. With reference to the neurotic theory the vast majority of anginal cases occurred in the non-neurotic sex, it being extremely rare in women. They ought, therefore, to beware of attaching too much importance to an unexplained neurosis.

Dr. Grainger Stewart declined to admit the explanation that the pain was of muscular origin, due to a contraction similar to that which occurred in the legs in cramp. The regular action of the heart during the attacks, which was often observed, negatived this idea, and besides there was no *post-mortem* evidence pointing to any such condition of spasm. He failed to attach any meaning to the expression of spasm of the heart, and urged that the pain presented a very close resemblance to that met with in an epileptiform neuralgia. His idea was that the pain was caused by some change that had taken place in the terminations of the nerves which regulated the action of the heart.

Dr. Lauder Brunton was of opinion that much help might be obtained by the analogy between the heart and the bladder. Both were hollow muscular organs, contracting and dilating at fairly regular intervals, and expelling liquid contents. In both, slight distension formed a stimulus to contraction; but if the distension became excessive, it might cause pain, varying in amount from slight pain to extreme agony. The sensation of pain, he said, was always central, for it depended on a condition of the brain which might be excited by a peripheral irritation like a diseased joint, but might exist apart from any peripheral disease, as in hysteria. A mixed condition might exist which was both central and peripheral, as in the vesical crisis of locomotor ataxia; and probably a similar condition might occur in the heart. Unusual distension, either of the bladder or of the heart, not only caused contraction in them, but, through the nervous system, lessened the resistance of the sphincter in the case of the bladder, or of the arterioles in the case of the heart.

Disturbances of this nervous relationship might cause excessive distension or pain in either organ, apart from organic disease, giving rise to spasmodic retention or vasomotor angina. But while the spasmodic character of angina pectoris indicated its nervous origin, it was so frequently associated with diseased coronary arteries and fatty heart, that these evidently played an important part in its causation. Angina pectoris might be said to be due neither to high tension alone, nor to weak heart alone, but to weakness of the heart in relation to the resistance it had to overcome; and it might be brought on by weakening the heart, or by increasing the resistance, or by both together. In tracing out its pathology, the analogy with the bladder was useful. The resistance which the heart had to overcome depended upon the contraction of the systemic arterioles. Of these, there were three subdivisions: cutaneous, visceral, and muscular—and the latter was more important in relation to the attacks of angina. One of the most striking symptoms of angina was the ease with which it was brought on by muscular action. The first effect of this was to prevent the passage of blood through the muscles, and to raise the tension, although afterwards the vessels of the muscles dilated, and the tension fell. To this primary rise Brunton attributed the occurrence of anginal attacks from exertion; and their passage off, if exertion could be continued, was, he considered, due to the subsequent dilatation of the vessels of the muscles, with the consequent fall of blood-pressure and lessened resistance. He thought that atheroma of the coronary arteries was so powerful in causing angina because it prevented the supply of blood to the heart being increased on exertion as it ought to be in the muscles generally.

Angina pectoris is very rare in children; but one case was recorded of a boy, aged 14, in whom there was aortic regurgitation and mitral stenosis; in another, where there was ossification of the auriculo-ventricular groove—a condition which would present dilatation of the mitral orifice and insufficiency of the valve.

Auscher reports a case of angina in which death occurred during a paroxysm. Aortic and mitro-endocarditis was

found *post-mortem*, but no lesion whatever of the coronaries. The writer had made numerous autopsies on the bodies of old people, at the Bicêtre Hospital, where there had been no complaint of angina during life, and yet the coronaries were found to be almost occluded by atheromatous plaques. Pilliet confirmed these observations. He had found a large number of obstructed coronary arteries which had never caused angina.

Tison reports two cases in which the coronary arteries were atheromatous, calcified and rigid; in one case, indeed, they were scarcely permeable. In neither case had there ever been an attack of angina pectoris.

Peter remarks that the old theory, recently revived, that angina pectoris is caused by a lesion of the coronary arteries producing stenosis, or, in the absence of a lesion, by spasm of the coronaries, rests on an error of observation, and an error of interpretation. It is usual in making autopsies to examine the coronary arteries alone, and to forget that coronary arteritis is only part of a general arteritis; so that no search is made to discover aortitis, and especially periaortitis. The writer refers to a case in which the coronary artery was diseased, and filled with a thrombus, without having caused angina pectoris. He also refers to the cases reported above by Auscher and Pilliet, in which marked coronary obstruction was not accompanied by angina pectoris. Peter explains the occurrence of angina in one of Auscher's cases, as being caused by neuritis, consequent on adhesive pericarditis which was present. The pericardium envelops the base of the aorta, and is in intimate relation with the cardiac plexus. Pericarditis may, therefore, occasion a neuritis of the cardiac plexus. Cardiac neuritis is generally consecutive, however, to aortitis.

While it is not believed that a weak heart is a necessary condition, it is more than probable that a condition is often present which is similar to myalgia elsewhere in the body; in other words, cardiac myalgia may simulate, or co-exist with, angina.

Collecting, then, our knowledge on the subject, we may sum up by saying that the symptoms of angina pectoris

compose a neurosis of the heart which may result from uncomplicated nervous affection, or which may arise from complication with organic disease of the heart or its closely connected blood vessels.

The *post-mortem* appearances are of too contradictory a character to serve as a guide; the heart may be filled with blood, or it may be empty; there may be severe organic lesion, or none worthy of note.

The affection is characterised by paroxysms of intense pain, emanating from the region of the heart, and extending in various directions, often into the left shoulder and down the arm, accompanied by indescribable anguish, a sense of suffocation, and a feeling of impending death. The pain radiates into both sides of the chest, into the back and upper extremities, and sometimes extends to the lower extremities. The pain in the upper extremity does not always extend into the hand, sometimes it ends at the shoulder, at other times at the elbow, and the pain is occasionally felt only in the forearm. It commonly seems to follow the course of the nerves, and is felt all over the affected extremity, even to the ends of the fingers.

The pain is attended by a feeling of numbness, as if the limbs were paralysed. The patient is seized suddenly, often during motion, as walking up hill or against a strong wind, or in turning in bed. Besides the pain the feeling of suffocation alarms the patient, and he feels as if death were imminent. Dyspnœa is not always present, but the breathing is often suspended for an instant, or restrained by an act of the will, for fear of increasing the pain; but the ability to expand the chest and to breathe regularly is not impaired. Speaking is often impossible or difficult, as it seems to aggravate the pain.

Palpitation is often present; the action of the heart is in some cases intermitting and irregular, the pulse strong or feeble, and sometimes very slow. The countenance is pale, and expresses terror, anxiety and distress, a death-like complexion and haggard features suddenly taking the appearance of health. Lividity is sometimes observed. The surface is cold and bathed in sweat. The faculties of the mind remain unimpaired or nearly so.

There are two classes of medicines to be used: (1) Those which diminish the severity of the paroxysm, and which are capable of arresting it. (2) Those which will postpone or prevent the recurrence of the attacks.

The most important remedy to diminish the severity of the attack is *amyl nitrite*, by careful inhalation of a few drops at a time. Patients on whom it acts favourably should always carry this drug about with them.

Glonoine or *nitro-glycerine* is a drug that is in the highest degree useful in angina pectoris, and although its good effects take longer to become manifest than do those of amyl nitrite, yet we find that they last longer. It is well known to all of you that glonoine has, for many years past, been used in the old school to relieve angina. Of course its method of relief was not admitted to be according to the homœopathic principle, but, as our friend Dr. Hughes has remarked, it was given rather as a sedative.

Actæa 1x I have found very useful in relieving the pain which often troubles anginal patients more or less. Essence of coca in doses of fifteen or twenty drops, I have found an excellent restorative in the prostration which follows an attack of angina, and it is convenient, as it can be given in anything at hand. During the paroxysm fomentations to the thorax and arms, as hot as they can be borne, are very useful. Ether and other diffusible stimulants may be freely given.

But it is to the treatment of the patient in the intervals of the paroxysms that it is important we should direct our attention in order to prevent the recurrence of the attacks. If the patient is gouty or rheumatic, it would be right to send him to drink the waters of some alkaline springs, and to direct special attention to be paid to diet. The use of tobacco in excess should be prohibited. Generally speaking, tranquillity both of body and mind, especially the suspension of all occupations or even amusements that tend to over-strain the heart, or hurry the breathing, must be insisted upon, also very moderate daily exercise on level ground; and in all cases the avoidance of all manner of food tending to flatulence, and the regular but strictly moderate evacuation

of the bowels, either spontaneously, or by the mildest laxatives, are measures the importance of which cannot be too highly over-rated. Of the remedies that have been recommended and successfully used in the interval of the attacks, I might name arsenic, digitalis or its active principle digitaline, cuprum, crotalus, lachesis, cactus and convallaria.

In two cases reported by Shoemaker, the paroxysms were aborted by prompt galvanism of the sympathetic, the left side being selected preferably in both subjects; the relief was quicker than that following the inhalation of amyl nitrite. I have found the first decimal of nitrite of sodium relieve pains in the region of the heart apparently simulating angina pectoris.

Huchard's treatment for prevention and cure of angina is endorsed by Liègeois. It is to take up to three grains of iodide of potassium daily for fifteen days, followed by from two to twelve drops of a one per cent. solution of nitroglycerine daily for the same period, continuing the alternations for one, two, or three years. He believes that the effect of the iodide is to diminish arterial tension, to stimulate the interstitial circulation of the heart, and to induce resolution of arterial fibrosis when not too far advanced. The advocates of this treatment affirm that the ratio of deaths, in cases of organic angina, has fallen from nine in ten to from three to four in ten, and claim to base the statement on absolute fact.

I will now proceed to give you the notes of a case of angina pectoris which I treated in 1889.

Mrs. M., aged 28, consulted me in February, 1889, and from her description of the symptoms of the attacks from which she suffered, I formed the opinion that they were those of angina pectoris, and I soon had an opportunity of verifying that opinion by witnessing them. The first attack came on at the end of 1886, and she believed it was caused by trying to climb a hill, and for some time the attacks recurred at intervals of two or three months, sometimes longer. For some time previous to the first attack she was subject to fainting fits, for which there seemed no cause. The pre-

monitory symptoms, immediately previous to the attack, were palpitation and a feeling of pressure about the heart. The pain in the region of the heart was always very acute, and lasted only for a few minutes, and the pain extended down the left arm as far as the elbow; the struggle for breath lasted much longer. She was sensible during the actual attack of angina, but faintness always followed, and during the faintness the pulse was almost imperceptible.

The attacks came on in intervals of about ten days, and frequently during sleep, especially when over-fatigued, or after even moderate excitement. Nothing abnormal could be discovered by auscultation or percussion. Having diagnosed the attacks to be those of angina pectoris, I determined to adopt the treatment recommended by Huchard. I told my patient that I entertained a very reasonable and sanguine hope that I could relieve her, even if I could not cure the disease, but that it would be at least eighteen months before she would be able to experience any marked improvement. I therefore prescribed:—

℞ 1. Kali hydriod. 1-5
2. Glonoine 2x

five drops in a table-spoonful of water three times a day in courses of fourteen days in alternation; and had the satisfaction, after three months had passed, of witnessing a marked amelioration in the severity of the attacks, which recurred at longer intervals. My patient improved so rapidly that she was able to travel to London in the early part of June, 1890, having been under the iodide and glonoine treatment since consulting me in February, 1889, and, although the excitement involved in a railway journey had previously invariably brought on an attack, on this occasion no attack followed.

I have heard from this patient and seen her several times since, and have learned with much satisfaction that she has been free from any severe attack, and, in a letter received from her February 27 last, she informed me that she had not had any severe attack for two or three years, the last being due to a sudden fright when driving; but she some-

times has slight pain and palpitation, especially when she is tired. She tells me that it is very delightful to feel so much better, and not to have the dread of those attacks hanging over her head.

There can be no doubt that the action of iodine is homœopathic in its relation to the symptoms of angina pectoris, and the physiological effects of iodide of potassium shew that its operation is analogous to that of iodine. We find that iodine has caused a violent beating of the heart with fainting; another effect of iodine is recorded as "a sensation as if the heart were squeezed, with pain in the chest and neck" (Jahr). Also "visible and external cardiac pulsation, spasmodic cardiac contraction, with sense of pressure" (Heinigke).

Occasionally, when the pulse was small and thready, I gave strophanthus ϕ, and from time to time cactus and actæa. She had sp. chloroform always at hand.

I hope I have described this case sufficiently to prove to your satisfaction, as it certainly is proved to my own, that the iodide and glonoine treatment, suggested by Huchard, has been successful, in a marked degree, in relieving my patient in regard to these alarming and dangerous attacks of what I consider to have been angina pectoris.

Dr. DUDGEON said that although the author had devoted a good deal of the paper to the subject of the supposed pathology of angina pectoris, he believed angina to be a symptom common to many conditions of the heart. In some cases it was associated with ascertainable morbid states of the heart, but just as often it occurred when no morbid physical signs were observable. He had had two cases lately in which, curiously enough, years before they had any attack of angina they suffered from that peculiarity of the action of the heart which he had called stammering heart, but in both cases, since the angina developed itself, the heart had become quite regular. In neither case could he detect any disease of the heart by physical examination. On the other hand, he had the case of a gentleman who, in the course of the illness which developed itself after an accident, had had a very violent attack of angina pectoris of the most classical character. That he treated with amyl nitrite, and the patient

[illegible] He died about ten days afterwards, and [illegible] Dr. Dudgeon found that the coronary artery [illegible] the left ventricle was not only ossified, [illegible] and its lumen was filled by a clot. [illegible] present at the examination. The parts supplied by that artery were in a state of fatty degeneration. This all [illegible] of a week or two. One of the cases of angina which he had had before him was an old gentleman 81 years of age. He had the usual symptoms of angina—that when he commenced to walk, after taking a few steps he had to stop on account of the breast pang. After being treated with several remedies, among the rest, hydrocyanic acid, and especially glonoin, which was found very useful, he recovered. Angina pectoris unattended by organic disease of the heart he considered to be a perfectly curable disease.

Dr. EDWARD BLAKE had a suggestion or two to offer the Society as to angina pectoris. The most important contribution of modern times to the pathology of angina pectoris has been made by Dr. James McKenzie, of Burnley, who, in the *Medical Chronicle* of August, 1893, gives an analysis of seventy cases. He said that it was impossible to establish Huchard's distinction between (a) angina vera and (b) pseudo-angina. He considered that Huchard's is an entirely artificial and arbitrary grouping, and it only meant that in middle life a thick heart gives way to a thin or dilated one and that digestion and assimilation begin to fail, the glands which deal with effete products are over-worked, tissue metamorphosis is sluggish and the body is laden with products only partially oxidised. The anterior internal thoracic is in a state of [illegible] between the pectoralis minor and the [illegible] a sudden movement may start the pain. [illegible] passive [illegible] of the left [illegible] of the [illegible] will [illegible] the left groin, usually called ovarian [illegible] neuralgia of the [illegible] a peculiar [illegible] hanging [illegible] Dr. [illegible] Lauder Brunton [illegible] in the first year of [illegible]

[illegible]

attack by pressing the internal anterior thoracic. He summed up our present knowledge of the subject as follows:

(1) Angina pectoris is not a disease, but a symptom forming no necessary part of any complete pathological picture.

(2) Angina pectoris has nothing to do with the heart, it is a bulbar neurosis; the heart stops as a reflex from the intensity of the pain.

(3) The pain referred sometimes to the region of the heart is not in the heart, but in the internal anterior thoracic nerve, and can be induced *naturally*, in many differing diseases, by pressing that nerve between the pectoralis major and minor, *artificially*, by pressing it against the rib.

(4) There is no evidence that the heart can feel pain; all our absolute knowledge is opposed to this idea.

(5) The symptoms may be reflected from the heart to the internal anterior thoracic, *angina vera*; or from the interior anterior thoracic to the heart, *pseudo-angina*.

(6) Any agency, as tea, terror, tobacco, or over-exertion, which can produce cardio-pulmonary arythmia may lead indirectly to angina.

(7) The pulmonary and other symptoms are often quite as important pathologically, but, owing to the dramatic intensity and tragic issue of the cardiac symptoms, the other signs have been thrown into the shade.

(8) The general treatment should be directed to developing the lungs and treating the heart with a view to setting up physiologic balance between the lungs and the heart on the one hand and between the two sides of the heart on the other. The anginal attack must be treated as an acute neuralgia.

Dr. HUGHES agreed that angina pectoris was due to some nerve trouble, but he could not agree that it was dissociated from the heart. He thought the so frequent connection of it with the impairment of nutrition of the heart through the obstruction of the coronary arteries was too significant a symptom to be lost sight of. Another point, that Balfour puts very well in his book on "Diseases of the Heart," must be borne in mind, and that was that no marked line of distinction could be drawn between fully developed angina and the pain that accompanied imperfect compensation of the heart. He could remember a case of valvular disease connected with rheumatic fever, in which the establishment of compensation took some time to bring about, and during that time the boy had attacks, not so severe as the angina that killed people, but indistinguish-

able in symptoms from that affection. He ventured to lean very much to Dr. Lauder Brunton's view that the condition of heart in the attacks of angina was one of dilatation, forced dilatation, painful dilatation, and that part of the pain was due to that; but he fully admitted that the intensity of the pain could only be accounted for by supposing it to be a severe neuralgia. The theory of the thing, however, was not of so much consequence as the treatment, and he almost wished that Dr. Croucher had made his paper yet more valuable and interesting by going more fully into the medicinal treatment of the disease from the homœopathic point of view. He thought Dr. Croucher was a little too ready in setting down Huchard's treatment as being homœopathic. It was possible that some of the sufferers from iodism had complained of some pain of the heart, but he would ask Dr. Croucher whence he had quoted those symptoms of iodine.

Dr. CROUCHER : From Jahr.

Dr. HUGHES said that Jahr was utterly untrustworthy, he mixed up the clinical and the hypothetical and so on. He did not remember any genuine effect of iodine that had the slightest resemblance to angina pectoris. He should think it more likely that if iodide of potassium did any good in those cases, it acted as it did in aneurism. The effect of it in aneurism was very valuable, and he could not account for that by any homœopathic action. They wanted large doses continued for a length of time, and he thought it must be purely the chemically destructive power of the drug which they invoked for that purpose. What he should like would be to have a full study of those drugs that cause real pain in the heart, and those that had been found useful in the treatment of angina pectoris. He did not think Dr. Croucher had included one of the most important of all, viz., spigelia. There was no drug that caused so much pain in the heart in its pathogenesy as that did, and Dr. Jousset, who in clinical observation yielded to none, put it in the forefront of the remedies for angina pectoris—he had found the utmost benefit from it. Spigelia was one of the princes of cardiac remedies, and had its special action on the nerves of the heart. He thought they should never ignore that. He did not think Dr. Croucher had mentioned the most important medicine of all, viz., arsenic, which must be looked upon as a supreme remedy in cases of pain at the heart. Another medicine, of which he learned from Dr. Holland and Dr. Bayes, was cuprum. He thought it must act homœopathically because it acted quite well in quite small doses, as in

the third dilution of the acetate; and he had more than once, where the symptoms had not led him to spigelia or arsenic, prescribed cuprum with great advantage. He suggested that the essence of all cases of severe angina pectoris was some want of balance between the contractive power of the heart and the receptive capacity of the arteries. Either the arteries were contracted, and so the heart had to pump blood into them with pain, or the arteries being normal the heart was too weak to pump blood comfortably into them. Then the tendency to neuralgia would set up pain and they would get the breast pang, and for the relief of the breast pang there was nothing like amyl nitrite or glonoin. The nitrite acted more rapidly, glonoin was a little slower but more permanent. It was more convenient for people who got those attacks when they walked abroad, and he was in the habit of giving them pilules of glonoin 1, which always gave relief.

Mr. GERARD SMITH mentioned a case which was doing well under cactus, when ten-drop doses of liq. strych. nit. (1-200) were prescribed, not by him; four doses were administered, each dose being followed by a severe attack of angina, with a fatal termination after the fourth dose.

Dr. DAY was inclined to think there were no two cases alike. He had had under observation for some years past a most marked case, differing from all those that had been described that evening. The lady, aged about 71, had suffered for at least fifteen or twenty years. The attacks varied in severity and frequency. The condition of the heart, when examined between the attacks, was absolutely healthy. The attacks were most undoubtedly of gouty origin. Whenever there was any indulgence in forbidden articles of diet, it was invariably followed by some dyspeptic trouble and an attack. The attacks were always associated with the most severe pain, and the pain, besides going down the arm, always went to the jaw. There was deathly pallor and the fear of impending death. She was very subject to flushings. It was evidently a severe vasomotor disturbance which occurred in the attack. The nitrite of amyl did not give the relief they were led to suppose it always did. In fact it caused headache afterwards, so that she refused now ever to have it. The means that always had been thus far successful had been brandy given in water as hot as possible, and in large quantities. In her case it was one of the most prompt restoratives; aided also by mustard leaves to the epigastrium, and mustard and water to the feet. As regards medicinal treatment, in between the attacks many remedies had been

tried—glonoin, cactus, and so on. Latterly lycopus v. had done a good deal. With respect to diet—which was most important in her case—it was almost entirely milk diet; farinaceous foods, with the exception of rusks and toast, are abstained from, and all red meats, only the white of fish and fowl being taken. Stimulants were reserved only for the attacks.

Dr. CHRIS. WOLSTON thought they would all agree that no two cases of angina pectoris were alike, and that they could not draw any deduction from one case as to another, or lay down any general rule or regulation with reference to the treatment of such cases. He had one very bad case in a lady of 70, who had hypertrophy of the heart and a loud mitral bruit brought on by climbing hills in Switzerland. It was an ordinary and typical case of angina pectoris. She would be seizedwhile walking in the street, or while at rest in bed in the middle of the night. He could never trace the occurrence of the attack to excessive muscular action or to any irregularity in diet or mental excitement. Nitrite of amyl at once relieved the severe paroxysms in this case. Digitalis and cactus grandiflora in the mother tincture helped the most in warding off attacks and in the way of improving the general condition of the heart, while veratrum viride decidedly relieved and aborted mild attacks. She subsequently died of heart disease, but not suddenly. As to what is reputed to be often the cause of angina pectoris, namely, ossification of the coronary arteries, he had a striking case a good many years ago of a lady with general dropsy following double pleurisy, and of which she died. He made a *post-mortem* examination and found considerable congestion of the liver, and the gall bladder full of gall stones. She had previously complained of slight heart trouble, and had mild mitral bruit, but when he came to examine the heart itself the coronary arteries were found to be completely ossified, resembling the branch of a tree, and yet she had not complained of pain in the heart itself, nor had she the slightest trace of so-called breast pang. This is a very decided negative proof against ossification of the coronary arteries being a *cause* of angina pectoris. The arteries were not only completely ossified, but they were almost entirely occluded, the like of which he had never seen since or ever read of. Another case of mild but true angina pectoris he had observed, and still had under observation, in a lady of about 60. This lady had the attack rather frequently, it being readily induced by muscular exertion or mental excitement. In this case there is only the very slightest evidence of cardiac disease. The heart walls are flabby and their action feeble

from what seems to indicate fatty degeneration. She is what might be called a neurotic patient, and the ordinary cardiac medicines, such as ignatia, digitalis and cactus, are of great use to her; but the remedy that relieves her most rapidly at the time of an attack is the one referred to by Dr. Day, namely, hot brandy and water. She is now in fairly good health, the anginal attacks being slight and very infrequent.

Dr. GALLEY BLACKLEY mentioned a form of angina, not perhaps one of the worst, but a sufficiently common one, if they admitted that angina was only a symptom and not a disease; that was the form which was met with in the condition known as neurasthenia. Many of these patients had at times, when the state of nervous prostration was very pronounced, a modified form of breast pang. The pain was not very severe, and it was apparently post-sternal, causing the patient to stop instantly in anything he was doing, and take hold of the nearest thing for support, and remain perfectly still for a few seconds or minutes, until the attack passed off. It was usually easily relieved; but that it was distinctly due to the general condition was shown by its being staved off and kept away by general remedies addressed to the general condition. He had never troubled to give either glonoin or amyl nitrite, or any of those things, for it; but had treated the patients on general lines with ignatia or strychnine or phosphorus, or whatever was best indicated, and the thing had passed off. There were, however, a good many well-known cases on record where no pathological spmptoms whatever could be detected. A son of a well-known professor in Vienna died in this way, and the most careful scrutiny at the hands of Professor Rokitansky failed to discover the slightest microscopic lesion.

Dr. MADDEN thought they were all agreed that for palliative measures nothing came up to glonoin or the nitrites. Whether it was only and always a neurosis, they must admit that neurosis was the most important element of it. There had been a large majority of cases that seemed to depend upon disease of the heart, and in other cases it caused a temporary heart affection, which had the same effect on the persons as if they had heart disease; so that they could never leave out of sight the heart element in their treatment of the case, at the time at all events.

Dr. CROUCHER, in replying, thought that the paper had certainly elicited a very interesting discussion. He might mention that the lady he had spoken of in his paper had been examined by Dr. Dyce Brown, and he agreed with him (Dr. Croucher) that there was nothing abnormal at all about the

science. We may apply to Hahnemann an adaptation of the famous couplet addressed to Newton and say :—

The law of healing long lay hid in night.
God said 'Let Hahnemann be,' and all was light.

"Let us drink in silence to the Memory of Hahnemann."

———

The President once more, in feeling terms, proposed the toast "The Memory of Quin," the founder of the Society, and his own dear and lamented friend. After describing the incidents connected with the foundation of the Society, he, like Dr. Dudgeon, contrasted medicine of to-day and that in vogue fifty years ago. He cited examples of the services rendered to homœopathy by Dr. Quin, the introduction of its practice into England being the most important; his second greatest service being the laying the foundation of this Society. Soon after this great achievement came his foundation of the London Homœopathic Hospital, the little Hospital in Golden Square being memorable as the spot where homœopathy first won its spurs in London by the marvellous success and triumph which it obtained in its glorious struggle with that terrible outbreak of cholera in 1854. He concluded by saying: "Should the day ever come when the services of Dr. Quin to our cause are forgotten, or his name ever overlooked when this society is paying its highest honours to the memories of our greatest benefactors and predecessors, homœopathy will then be very near that ruin of character, position and honour which our opponents lavishly prophesy is its certain fate. I now ask you to drink in solemn silence to the memory of Dr. Quin."

The toast was accordingly drunk in silence.

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Dr. Hughes was honoured (he said) by having to propose the toast of the evening: "Prosperity to the British Homœopathic Society." After touching upon the growth of the society in late years, he said that whether its members had been few or many, it had striven to fulfil the duties for which such associations have their being. It had ever held up before its members a high standard of professional character—reminding them that they had duties, not only to the public they served, but to the ancient and noble fellowship to which they belonged, whose honourable traditions they were bound to maintain the more strictly that they differed from the majority in therapeutic opinion. It had acted for them as a Court of Honour, to which the disputes that will from time

to time, unhappily, arise between colleagues might be brought to receive adjudication and (if possible) healing. Above all, by its monthly meetings, which since 1845 had been kept up throughout, or for the greater part of each year, it had given them opportunity for communicating thought and experience, and for discussing together the various points of homœopathic theory and practice. While this had been the (so to speak) internal work of the society, it had not been wanting in service to homœopathy at large. It had collected a library, which was, he ventured to say, second to none in the world for richness in homœopathic literature; and which was open for consultation to any accredited representative of our system. It had founded in 1862, and sustained to the present time, a journal which gave to the profession at large its transactions and discussions. It had brought order into the chaos of homœopathic pharmacy in Great Britain by drawing up and issuing an authoritative pharmacopœia. It had published, or assisted in the publication of, several important homœopathic works. Above all, it had initiated and, with the co-operation of its coæval sister—the American Institute of Homœopathy (to whom it took this opportunity of sending a hearty greeting)—had carried through the task of providing students with our whole wealth of drug pathogenesy in a form unvitiated, undistorted; alike interesting, intelligible, and instructive. In asking them to honour this toast, he called on them to breathe the desire that the future of the society might be worthy of its past; that it might continue to be to its members an inspiration of honour, a bond of union and peace, an arena for the fruitful exercise of their intellects; while to homœopathy at large, and to British homœopathy in particular, it acted as a rallying centre, a motive energy, and—should occasion demand it—an effectual aid.

Dr. Madden, V.P., in responding on behalf of the society, thanked Dr. Hughes for the encomium he had passed upon the society, of which they were all proud to be members. He reminded his hearers that their society was the only one in the kingdom, together with its branches, in which it was possible to discuss all questions relating to medical work. In this Jubilee year of their society, it was very pleasant to know that they were showing signs not only of continued, but of increased vitality. Never before had the society numbered so many members as it did to-day. Never before had it included so many who confessed the truth of homœopathy. An ideal homœopathic society would

include all who recommended the truth of homœopathic principles, but in every form of enthusiasm there must be some ultra-enthusiasts, and homœopathy had not escaped that misfortune. The society contained now, he believed, almost the whole of the British homœopathic practitioners. Besides this increased numerical strength, there was an increase of activity, of life, of energy, such as he, at all events, did not remember ever to have seen the like of. Not only was the society larger and better managed, but its members felt that they were going to do the work which homœopathy ought to have done before in this country, and they would not stop now until they had leavened the whole lump of the profession.

Dr. Hawkes (Liverpool) expressed his regret that neither Dr. Ellis, the president, Dr. Hayward, the representative on the Council, or Mr. E. Capper, the secretary of the Liverpool branch, was able to be present. He referred to the formation of the Liverpool Homœopathic Medico-Chirurgical Society, in May, 1857, at the house of the late Dr. Drysdale, when Drs. Roche, Stokes and Hayward were present in addition to their host. He expressed the pleasure it had afforded them to amalgamate their society with the London one, and to second the energetic action of Mr. Knox Shaw. They had added their strength to the greater strength of the older society, in the hope and with the conviction that united they would be stronger than ever. He thanked them in conclusion for their good wishes for the important branch he had the honour to represent.

Dr. Goldsbrough said he was entrusted with a toast which he felt confident would be honoured with delight and with enthusiasm. "It is that of 'The health of the President,' in this the Jubilee year of our Society, one thousand eight hundred and ninety-four. We rejoice that Mr. Cameron is able to be present with us to-night. Mr. Cameron is not only our President in the Jubilee year, but the Jubilee year is the jubilee of his membership. We congratulate him, and drink his health all the more heartily on account of it. Without doubt, observing Mr. Cameron's gentleness, quietness of manner, courtesy, and kindness of heart, combined with his insight into and decision upon points of principle and detail relating to the society's work, these qualities have made one feel that he has been able to realise in

life the aspiration of an ancient prophet when he says 'in quietness and confidence shall be your strength.' Mr. Cameron's faith and quietness stood him in good stead, and enabled him to exert a most happy influence in honour of homœopathy. The truth of homœopathy forms but a small proportion of the sum of truth at large, and it is destined, perhaps, to be swallowed up in the victory of a healthy human race. In the meantime, however, there is much to be done to contribute to that victory. Mr. Cameron in his long life has witnessed to that truth and contributed to that victory. In so doing he gives us this evening a heritage, which we have to hold ourselves and to hand on to the generations who will follow us. But there is still another point. Russell Lowell writes in one of his sonnets :—

'Great truths are portions of the soul of man;
Great souls are portions of eternity;
Each drop of blood that e'er through true heart ran
With lofty message, ran for thee and me;
For God's law, since the starry song began,
Hath been, and still for evermore must be,
That every deed which shall outlast Time's span
Must spur the soul to be erect and free.'

"Gentlemen, Hahnemann and Quin, and Cameron representing them, and he himself, have given us their souls, themselves, their best energies. They spur our souls to be erect and free. Let us most heartily drink to the 'Health of our President.'"

The President, in reply, expressed his most sincere gratitude for the kindness shown in receiving so warmly what he termed "the far too friendly opinion my friend has formed of me." "I wish," he continued, "that I could look forward to more years in which I could give more help, but that in the course of nature is impossible. Ever since I have been a member of this society I have experienced your more than friendly kindness. I make no pretence of having done any great service to this society in any way, but I prize very much this proof of your kindness, because I know from long experience that it comes from your hearts. I cannot sit down without a glance at the future. When I look back over the eighty years of my life I am brought face to face with the fact of the marvellous change which has taken place on the face of this earth in that time. When I was twenty years of age there was no railway, there was no electric telegraph, no photograph, no spectroscope. We had no phonograph, nor any of those enormous

evolutions of science which have become so familiar to us. If in the last fifty years, we will say, science has so largely developed all over the world, what may not its development be in the future, when for every investigator we had then, we have a thousand now? In the year 1844 I was thirty-four years old. When I look around and see the number of eager faces, so many who are much younger than that, I cannot help impressing upon them the necessity of searching very assiduously the new avenues of knowledge which will thus be opened up to them, and which had no existence fifty years ago." Amid loud and long continued cheers, Mr. Cameron resumed his seat.

Mr. Manfield, M.P., proposed the toast of "Homœopathic Hospitals and Dispensaries." In doing so he dwelt upon the benefits derived from these institutions; they were of great public value, and well deserving of support from the public. He was glad to know that homœopathy in this country was well provided for, and that when the new homœopathic hospital was completed, homœopathy would be better fitted for further development than ever it had been. It was, therefore, with much pleasure that he proposed "Success to the Homœopathic Hospitals and Dispensaries."

Mr. Perks, M.P., the President of the Bromley Phillips Memorial Hospital, responded. One thing had attracted his attention in connection with their hospital at Bromley—viz., an increasing disposition among all sections of society to look upon homœopathy with favour as a practical method of relieving disease. It was because he was sure that these hospitals and dispensaries were spreading the light among all classes that he had consented to the request of Dr. Madden to act as president of the local hospital to which reference had been made.

Dr. Gordon Smith (Liverpool), whose name was also coupled with this toast, said he thought that the history of homœopathy was the same as that of all new truths that have projected themselves against prejudice and vested interests. We were apt to think that our system grows very slowly; but we must remember that all great things, all strong things, grow and mature slowly. He urged the importance of homœopathic practitioners devoting themselves more exclusively to the work of perfecting the materia

medica—of making it more workable. Every effort should be made to render homœopathy perfect. If they did that, hospitals and dispensaries would multiply with surprising rapidity. They had to work for it. Success depended upon them, and if they were faithful to their trust, by-and-by, possibly before they imagined, the power would be taken from the hand that held it now and given to the younger sister.

Dr. Nankivell proposed the next toast: "The Literature and Journals of Homœopathy," and said that we have in our midst Dudgeon and Richard Hughes, Hayward and Dyce Brown, Clarke, and Pope, with whose name he gladly associated this toast, in the much regretted absence of Dr. Neatby. He said we do not always realise what we owe to these men, who for the love of our cause are willing to spend many a weary evening, and burn many a midnight lamp, that we and others may profit thereby.

Dr. Pope claimed for homœopathic literature that it had exercised considerable influence in changing the feeling towards homœopathy. He read an extract from *Punch*, of June, 1845, containing a satirical reference to the festival of the Homœopathic Association. He entered fully into the rise and progress of the various Homœopathic Journals of this country, and eulogised the services rendered to Homœopathic Journalism by such men as Drysdale, Black, Russell, Dudgeon, Atkin, Hughes, Clarke, Bayes and Dyce Brown.

Dr. Galley Blackley proposed the health of the visitors present that evening.

Dr. Lambreghts, in responding, expressed his appreciation of the honour of belonging to the British Homœopathic Society. Homœopathy had made great progress in Belgium. In Brussels, in addition to the old homœopathic dispensary, was one established by some charitable ladies. In Antwerp the Public Homœopathic Dispensary had already attained very satisfactory results. Last year they had nearly 5,000 patients. The attendance at the Old School Dispensary had been on an average 4,000. So that after only two years' existence they had 1,000 more than their opponents. He thanked them very much for the kind reception they had given him.

Mr. Sydney Gedge also in a few words acknowledged the toast, and in doing so expressed his regret that homœopathy had not been discovered fifty years earlier, that he might have enjoyed the advantages of it in his boyhood.

Dr. Clifton having asked the President's permission to propose a toast called upon all present to drink to the health of their worthy and energetic secretary, Mr. Knox Shaw, to which Mr. Knox Shaw briefly responded.

SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

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

MARCH—MAY, 1894.

PHARMACODYNAMICS.

Acidum Carbolicum.—Dr. E. Carleton adduces evidence to show that vinegar neutralises the injurious effect of carbolic acid, when used in too concentrated a form, on skin and mucous membrane.—*Hom. Physician*, March.

Acidum Hydrocyanicum.—A case is translated from an Italian journal in the *Pacific Coast Journal of Homœopathy* for April, which seems to show that the cyanic poisons can have more than temporary effects. A boy, who had drunk freely of essence of bitter almonds, after recovering from the immediate effects became epileptic, with retarded mental and physical development and moral degeneration. Committed to an asylum at the age of 20, he was found to have hystero-epilepsy, the seizures marked by right hemianæsthesia and -analgesia. There was permanent diminished sensibility of right side, with loss of taste, smell and hearing, and diminution of right visual field; also pronounced moral and mental weakness, with tendency to impulsive acts.

Aconite.—In a learned article on the history of aconite, beginning in the March number of *L'Art Médical*, Dr. Imbert-Gourbeyre furnishes us with a complete bibliography of the drug from 1648 to the present time. This must be noted for purposes of reference.

Ammonium causticum in Membranous Croup. — Dr. H. M. Bronson recalls attention (as was done by Dr. J. C. Peters in

the *Hom. Examiner* forty years ago) to the homœopathicity of ammonium causticum to membranous inflammation of the air-passages. [We are unable to follow the reasoning by which the later writer supports this thesis. He says: "The provings of ammonium causticum show a most remarkable tendency to the formation of false membranes in the air-passages." The drug has only been proved once (see "Cycl. of Drug Path.," i., 1 *a.* of art., "Ammonia"), and nothing of the kind appeared. He then gives three *post-mortem* conditions exhibiting such formation, and says, "these are among the symptoms found in our *materia medica.*" Will he tell us where? They are not in the "Cyclopædia," nor in Allen.—Ed.] He has had six cases which have recovered under its use alone, four or five drops of a 1x dil. being given every hour until the membrane was removed. [The action is probably local, Dr. Helmuth having found the diphtheritic membrane dissolve in liquor ammoniæ far more rapidly than in acids or caustic potash. —Ed.]—*N. Am. Jour. of Hom.*, March.

Apocynum.—Dr. Mossa seems to get good diuretic effects from apocynum in fractional doses of the tincture. Cases of cardiac, post-typhoid, and post-scarlatinal dropsy are related in which it answered well; also two of ascites, occurring after the menses had ceased, with portal congestion.—*Allg. h. Zeit.*, Nos. 1 and 2, 1894.

Arsenicum.—Dr. Stens records a case of mentagra, in which oozing of yellow fluid occurred every evening at 6 p.m. Arsenic was given in the potencies down to the 4th with little effect; but Fowler's solution, 6-12 drops *per diem*, led to a rapid and complete cure, without relapse or untoward consequences.—*Hom. Recorder*, April.

Atropine in Prosopalgia.—Dr. Mossa prefers atropine to belladonna in neuralgia without congestive phenomena. He relates a good case of the trigeminal form, complicated with cardialgia. Atropine 3x rapidly dispelled both.—*Allg. h. Zeit.*, Nos. 1 and 2, 1894.

Aurum in Adenitis.—In two cases of adenitis in children a rapid subsidence of the glandular swelling ensued on the administration of aurum, given for concomitant mental affections—in one hallucinations and vivid dreams, in the other fearfulness and dread of being left alone.—*Hom. Journ. of Obstetrics*, &c., March.

Aurum in Inflammation within Frontal Sinus.—Mr. Dudley Wright reports two cases in which recurring attacks of this malady seem to have been arrested by aurum muriaticum 3x.—*Monthly Hom. Review*, March.

Aurum in Fœtor of Breath.—In the winter of 1858, a lady of rank came to consult me about her daughter. She told me that the young lady exhaled such a disgusting smell from her mouth that she did not like to be in her vicinity, and had long ceased to kiss her. She knew no cause for the affection, and the worst of it was that her *fiancé* was coming on a visit in three months, but would be justified in breaking off the engagement on any pretext. When the young lady entered the room I was agreeably astonished to see a figure like that of Juno approaching me, but with eyes red with weeping. She shyly shook hands with me. She was about 23 years old, blonde and blue-eyed. Externally no defect could be observed; her mouth, as well as her tall but rather flabby body, was a model of cleanliness; not a single one of her faultless teeth was absent. The tongue was beautifully clean, also the fauces; and yet it required great resolution to come near her mouth, for the horrible stench nearly knocked me down:—

"Und von sich haucht den giftigen Wind."
(Kampf mit dem Drachen.)

And yet all her functions, even the female ones, were normal. The conundrum was hard to solve. I resumed my examination of her, and it seemed to me that this was dependent on a scrofulous taint, and her mother confirmed my opinion as she told me that her daughter when a little girl had frequently suffered from scrofulous affections of eyes and nose. On enquiry of her mother about her moral condition, I was told that she was always rather of a melancholy disposition, and that now she loved solitude, was reserved and serious, likewise timid and sad. From these hints I constructed my diagnosis and treatment. Guided by the law of similars, especially with regard to the state of the disposition, and also because of the scrofulous diathesis, I prescribed aurum metallicum 5x. trit., a pinch three times a day before meals; after three days a drop of the 10x dilution night and morning. The result fulfilled my expectations. After a week the mother told me with great joy that there was a decided improvement; after another week the breath was much purer, and after three weeks, during which she took a drop of the 30th

dilution once a week, she was perfectly cured. Her wedding came off two months afterwards. The fœtor never returned.—Pröll, *Arch. f. Hom.*, iii., 56.

Baptisia.—In a discussion on the treatment of typhoid, Dr. V. Léon Simon said: "Baptisia has been much praised against typhoid fever; Ozanam recommended it strongly in doses of some drops of the mother tincture. I have seen it act very rapidly in conditions resembling the *début* of *dothiénentérie* and characterised by fever, headache, tinnitus aurium, vertigo, epistaxis, prostration, and tenderness of abdomen. Several times has such an illness yielded to it in a couple of days. But when one has had to deal with a well-marked typhoid, baptisia has done nothing whatever to arrest its evolution."—*Revue Hom. Française*, May.

Dr. Tinker is quoted from the *Eclectic Medical Journal*, as urging that the green tincture of the fresh root—which contains "the life of the plant"—should always be used. He relates three cases of typhoid dysentery in which life seemed nearly extinct, but in which rapid improvement ensued on commencing the use of such a tincture, in no sparing doses.—*Hom. Recorder*, April.

Belladonna.—A poisoning by the application of a belladonna plaster is related in the *Pacific Coast Journal of Homœopathy* for March. Brain, eyes, throat and bladder were affected much as when the drug is taken internally; and on examination, "the whole pharynx, fauces and uvula were uniformly dusky-red and infiltrated."

Dr. Willella Howe writes in the same journal for May an article commending this remedy in meno- and metrorrhagia. The usual indications for its use are given. An interesting case is mentioned, where a patient, taking the same medicine for herself, but in too strong a form, wrote that she had taken belladonna till she could not see, and yet the flow continued, and even increased. A change to the 3rd dil. wrought a speedy improvement.

Bismuth in Gastralgia.—E. B., aged 21. October 12, 1893: For eight days, shooting and digging pains from navel to middle of sternum, for an hour after every meal; worse when stooping. Menses every four weeks for five days, very copious with black clots, preceded by pains in back. Puls. x. October 17, no better. Bell. x. October 19, no better. After the smallest quantity of food there occurred burning pains in abdomen. Bismuth x.

October 21. Pain inconsiderable. Rep. bism. October 30, no more pain. Menses occurred a week ago, without pain, and lasted two days.—Baltzer, *Arch. f. Hom.*, vol. iii., p, 58.

Blatta.—Blatta orientalis, whose old repute in asthma has lately been vouched for anew by Dr. Cartier, is praised also by Dr. Boocock, in the March number of the *Hom. Recorder*. "Some who could not lie down to sleep," he writes, "have had very good sleep and easy breathing after taking the remedy. In one case of spasmodic croup, the child seemed to be choking with the great accumulation of phlegm, tough and stringy. Kali bich. did very little to help, and after acon. and spongia had failed I gave blatta, and the child began to breathe easier almost immediately, came out from under the shadow of death in a few hours, and made a good recovery."

Bryonia.—Dr. Stens relates a case of cough of six months' standing, malady and patient calling clearly for bryonia, in which, nevertheless, high and low potencies of the drug alike failed to produce material effect. At last, a drop of the mother-tincture was given one evening before retiring, and by next morning the cough had taken its departure, and did not return. — *Hom. Recorder*, April.

Calcarea fluorica.—"A proving of calcarea fluorica, by Dr. Sarah N. Smith, is reported in the *Advance* for January. The 6th trit. was used, and the following Schusslerian indications were produced in the proving: Great dryness of the mouth and throat and dryness and harshness of the skin; increased secretion of mucus in the posterior nares; diminished urine, which is high-coloured and offensive; a dull weight and discomfort in the right hypochondrium. A peculiar sensation in the head was quite constant; it is described as a sort of creaking, straining and drawing, similar to the noise made by a corn-stalk fiddle, and greatly interfering with sleep. Otherwise, the proving contained nothing especially important."—*Med. Century*, March 1.

Causticum.—In our last note on the chemistry of this preparation,[1] we mentioned that further researches had been ordered by the Société Française d'Homœopathie. These were reported upon at the December meeting. M. Ecalle, preparing the drug strictly

[1] Page 95 of this volume.

according to Hahnemann's instructions, found neither lime nor potash in the product; it *was* alkaline, however, and was found to owe this quality to ammonia. M. Delpech had obtained the same results, but these two chemists differ as to the source of the ammonia; the former tracing it to the lime employed in the preparation, the latter to the sulphate of potash.—*L'Art Médical*, March.

Coffea in Prosopalgia.—Mrs. L.: violent pain on right half of face, coming on suddenly so that she must scream out, then she feels every hair on that side of her head. The pain first came on sixteen years ago; it goes from the right upper lip like an electric shock. Aggravated by emotional excitement, by drying the face, by chewing, by lying on the right side, by taking cold, by worry. Relieved by slight massage. August 1, 1893: Coffea 6, eight powders. Report, January 6, 1894: After taking the medicine the pain did not return, in spite of an attack of influenza the patient had in December, 1893, and in spite of the mental worry she had undergone during the rheumatic fever of her son.—Baltzer, *Arch. f. Hom.*, iii., p. 77.

Convallaria.—A full account of this medicine is given by Dr. Arndt, in the May number of the *Pacific Coast Journal of Homœopathy*, in the course of which he stoutly maintains the thesis that this and the other "heart-tonics" act by exerting their physiological properties, and not as homœopathic remedies.

Crocus in Uterine Irritation.—Mrs. L., aged 32: November 17, 1893. For five days leucorrhœa as thin as water, worse at night. Menses every three weeks, lasting eight days, very copious, dark, almost black, malodorous. The last occurred on November 2. Before menses, pressure in abdomen. Digging in abdomen, rising up from it and then flow of water from the mouth. These attacks last ten minutes and recur regularly every three weeks. She has suffered in this way for two years. Nausea during the attacks. Frontal headache every day, relieved by open air and by washing in cold water. Of late great emaciation, weight 83½ pounds. Uterus in normal position, os tincæ excoriated, painful when touched. Crocus 6. A warm water injection into the vagina at night. November 30, no more trouble. Leucorrhœa quite cured, os tincæ normal. Menses not yet returned.—Baltzer, *Arch. f. Hom.* iii., 59.

Cuprum in Syphilis.—"Surgeon Price, U.S.N., has experimented largely with the sulphate in syphilis, and believes that it exercises a specific action in this disease which is especially directed to the lymphatic system. He claims that it prevents the development of mucous patches and throat symptoms. The average dose is gr. $\frac{1}{30}$ three times a day. In syphilitic cachexia he advises one ten-thousandth of a grain (!) once a day. In this condition the usual dose produces a decided and alarming prostration."—*N. Am. Journ. of Hom.*, March (from *N.Y. Med. Record* of February 3).

Diuretics.—In *L'Art Médical* for April, Dr. Jousset has an instructive clinical lecture on diuretics. He asks the question, what is a diuretic? relates instances of cardiac and aortic dropsy, and of ascites from cirrhosis of the liver; and concludes by replying that in vasculo-cardiac affections every medicine that augments the arterial pressure is a diuretic, while in hepatic cirrhosis and in nephritis the diuretic drug is that which ameliorates the malady.

Ferrum in Deltoid Rheumatism.—This old, but somewhat forgotten, indication is again verified by Dr. Schenck in the April number of the *N. Am. Journ. of Hom.* (p. 252). There was great sensitiveness to touch, prostration and much perspiration. Bryonia and mercurius did little, but ferrum metallicum 6 proved rapidly and continuously curative.

Gualtheria.—Dr. B. F. Lang writes to the *Hom. Recorder* for May to communicate his experience with the oil of wintergreen as giving quick relief in the various forms of neuralgia. It should be given, he says, in doses of 5-20 drops on sugar. The benefit seems as lasting as it is rapid.—*Hom. Recorder*, May.

Helleborus in Hydrocephaloid.—A boy aged three months had been delicate from birth. During the first week he had suffered from catarrh of the bowels with intensely green motions, for which calomel was given with good effect. He was fed with oatmeal boiled in milk. The bowels became again deranged; after about six weeks the intestinal catarrh was back again with slimy, greenish, very fœtid stools, vomiting or retching. Tongue red, thirst considerable. Aconite, mercurius, ipec., chamomilla and colocynth were of no use. The diarrhœa continued, the motions varied in colour from green to bright yellow and white;

their consistency always getting more liquid. There was straining and pressing before every stool which made the infant cry. Little urine was passed. Abdomen distended, painful to pressure. There was frequent violent hiccup and sneezing. Sulphur and arsenicum did no good. He seemed unable to suck on account of some obstruction in the gullet (spasmus pharyngis ?). There now came on the following symptoms: In contrast to the large skull over which many blue veins coursed, the face appeared small; it was pale, distorted, like an old man's; pupils dilated, insensible, eyeballs rolled upwards, only half covered with the lids when the child slumbered. He bores his head into the pillow (the nape is stiff), and rolls it often from side to side. Hands and feet feel stiff, the right hand moves automatically, and sometimes picks at the nose. Chewing movements. The forehead wrinkled. Pulse small, quick, thready. Occasional whining. This condition had lasted ten days, and the prognosis was bad. Hell. nig. [dilution not stated] was given three times a day. There soon appeared signs of amendment. The stools became rarer, of better colour and consistency. Sleep returned. The skin became warmer, slight sweat came on, and the urinary secretion was restablished. In a short time the child was well.—*Arch. f. Hom.*, iii., 73.

Iberis amara.—Mr. Frederick Kopp, of Greenwich, New South Wales, has an article on this drug in the *Homœopathic World* for May, commending it as a cardiac remedy. He writes: "The following are some of the most prominent cardiac symptoms developed throughout a proving of iberis." Does he mean that they are the results of a proving of his own ? If so, they supply a valuable confirmation of those given in the "Cyclopædia of Drug Pathogenesy," which have been challenged.

Kali muriaticum.—In an article on "The Effects of the Potashes and Sodas upon the Ears,[1]" by Dr. Schenck, of Brooklyn, he speaks of kali muriaticum as "enjoying a more extensive use among homœopathic otologists than any other remedy" (we suppose he means of this series), "especially in chronic catarrhal and suppurative otitis." He cites Drs. Houghton, Rounds and Sterling in its praise. Profuse secretion seems to be an indication for it.—*N. Am. Journ. of Hom.*, April.

[1] Dr. Schenck mentions kali iodatum, among these, as having caused "Otorrhœa of yellow matter mixed with blood." This is one of Houat's inventions. He further says, "Hardness of hearing is noted by several provers and in poisonings." Houat and one case of poisoning are the only sources of such a symptom in Allen; and in the "Cycl. of Drug Path." no instance of its occurrence is recorded.—ED.

Kreasote in Tuberculosis.—One "Consultation Day" at the London Homœopathic Hospital, Mr. Dudley Wright exhibited a case of tuberculous laryngitis. After failure of ars. iod. and tuberculin, kreasote 1x, mij. t. d. s., led to gradual healing of ulceration and restoration of voice. The left lung, which had shown some apicial involvement, also cleared.—*Monthly Hom. Review*, April.

Ledum.—An old case of Dr. Stens, of Bonn, is translated in the *Hom. Recorder* of March, and is instructive reading. The patient was one whose health had been broken by exposure in the Austro-Prussian campaign of 1866. Alternate attacks of rheumatism and pulmonary disease kept him a constant invalid, and his recovery was despaired of, but ledum—in rare doses of the higher dilutions—initiated and finally completed a cure.

Dr. R. C. Baker reports very speedy effects from the 1st dil., internally, in a swollen and vesiculated arm caused by handling rhus.—*Med. Century*, April 15.

Dr. Jousset relates an obstinate case of hæmoptysis in a phthisical subject, where ledum at last proved curative, but not till it had been given to the extent of 20-30 drops of the mother-tincture *per diem*.—*L'Art Médical*, May.

Lycopodium in Sciatica and Lumbago.—Dr. Banerjee reports a case in which an old lady of 70 had suffered in this way for twenty years, during the last five of which she had been confined to bed. Lycopodium 30, given mainly on account of the concomitant gastric symptoms (acidity and distension, with burning between the scapulæ), effected such improvement in two days that further medication was suspended, and complete cure resulted.—*Calcutta Journ. of Med.*, March.

Mancinella.—"An Italian lady communicates to *La Rivista Omiopatica* an interesting cure made by this remedy. The chief symptom was that for several years she had suffered from the fixed idea that she was becoming insane. This fear of becoming crazy tormented her night and day. She became a wife and mother, but still this idea tormented her, until one day, running over Puhlmann's Therapeutics, she discovered that mancinella had the symptom 'fear of getting crazy,' and she commenced to take it in the 12th attenuation, which completely removed the symptom." [No such symptom occurred in the eighteen provings and poisonings with this drug collated by Allen.—Ed.]—*Med. Century*, March.

Melilotus.—Dr. G. W. Bowen, to whom we owe the original introduction of this plant to medicine, writes in the *American Homœopathist* for March 15 to testify his continued satisfaction with it. The promptness of its action makes it, he says, the most effective of palliatives. It acts as a hypnotic; it stops all forms of spasm, epistaxis and hæmoptysis; dispels congestive headaches, and has cured many and apparently hopeless cases of this affection. "The only form I have ever used it in," he says, "has been pilules medicated with the first centesimal, and it has proved to be my most reliable aid in all the forms of disease above specified for the last two decades of years." [Dr. Bowen describes the plant now as the "melilotus alba," but in his original communication (1870) he specifies it as the "m. officinalis," whose flowers are yellow.—Ed.

Mercurius corrosivus.—Dr. Deady, of New York, has been testing the proposal of Darier to treat chronic choroiditis with subconjunctival injections of corrosive sublimate. In this affection, and in detachment of the retina, he has not had results sufficiently marked to report; but in amblyopia complicating myopia—which is supposed to depend upon some degeneration of the choroid and retina in the vicinity of the optic disc, from the antero-posterior stretching of the eyeball—he has no doubt of the efficacy of the treatment. [As the conjunctival circulation has no direct communication with that of the deeper parts of the eye, would not the internal use of the drug be as effective?—Ed.]—*N. Am. Journ. of Hom.*, April.

Mercurius cyanatus in Diphtheria.—Dr. Neuschäfer adds another tribute to the anti-diphtheritic virtues of the cyanide of mercury. He gives it hypodermically, using first the 30x dil., later the 5x, which he considers more "reliable."—*Allg. h. Zeit.*, Nos. 1-2, 1894.

Morphia and its Antidote.—It is hoped that in permanganate of potash a true and safe antidote to morphia has been found. An old-school physician, a Dr. Moore, is the discoverer;[1] but homœopathists have been forward in verifying his recommendation. Experiments on animals showing the antagonistic influence

[1] He proved and substantiated his faith in the antidote by swallowing three grains of morphia, immediately afterwards drinking a solution of four grains of the permanganate in four ounces of water. No effect whatever was noticed.—Ed.

of the permanganate have been made at the New York Homœopathic College (see *Hahnemannian Monthly*, March); Drs. De Baun, W. J. Martin and Bryson have published cases of poisoning where the treatment was adopted with brilliant results (*N. Am. Jour. of Hom.*, April and May; *Med. Century* for May 1); and Dr. Oehme has found that a mixture of solutions of poison and antidote results in a coffee-like and almost tasteless fluid, proving that the two completely neutralise each other and form an entirely different body.—*Hom. Recorder*, April.

Natrum sulphuricum.—Miss P., aged 19. For years—she cannot remember how many—has suffered from megrim headache every 14 days in the right temple, pain shooting, begins in the morning after rising, increases till the evening and only ceases about one a.m., when she goes to sleep. Relieved by cold compresses, in the open air, in a dark room, by vomiting; aggravated by noise, light, eating (dares not eat anything on the days she has the pain, otherwise it would be aggravated), by stooping, during menstruation. Whilst she has the headache the mouth is always full of water, causing her to spit constantly. Menses every four weeks, lasting eight days, attended by headache and diarrhœa. April 12, puls. 30. April 25. Yesterday, the day when this megrim should come on, the mouth was constantly full of water, and there was vomiting of mucus, but no headache. Phosph. 30. May 15, megrim five days ago; vomiting and flushes of heat. After the headache much thirst and craving for acids. Disposition irritable before the headache; natr. sulph. 30. May 25, no headache; rep. med. June 15, no headache; rep. med. June 24, no return of megrim.—Baltzer, *Arch. f. Hom.*, ii., 317.

Nux Moschata.—Two fresh cases of nutmeg-poisoning are reported by Dr. Julia Haywood, both in women. In the first the symptoms were those of pure narcosis; when sensible, she complained of pulsation in the head (though face was pale). Loss of memory and impairment of motion continued for some time. In the other, prostration, pallor and even fainting were present, but the heart was beating 160 to the minute, the pulsations being plainly visible through the clothing. For some time palpitation occurred after slight exertion.—*Med. Century*, May 15.

Petroleum in Rhagades.—Dr. George Royal reports three cases of what he calls "psoriasis," but whose essential feature was

cracks, wide and deep, in the skin of the hands, the integument about these being dry and flaky. Petroleum, 3rd or 6th, proved curative.—*Ibid.*, April 1.

Phosphorus.—Dr. Fisher has had two cases, both in young men, of mental hebetude with some physical prostration ("so tired all the time") following influenza, in which phosphorus, 12x trit., was given with excellent results.—*Ibid.*, May 1.

Plumbum.—W. S., aged 1½, October 13, 1893. When the child is taken out of the cradle it begins to cry and has urging to stool. No stool since yesterday. As soon as it is laid back in its cradle it becomes quiet. From the 13th to the 26th, it got merc. x, nux vom. x, bryon. 6, merc. corr. 6, without benefit. Enemata brought away very little fæces. Abdomen soft, compressible, not tender. Appetite good. On the 25th, an injection brought away two balls of fæces the size of hazel-nuts. The urging to stool continues when the infant is lifted. October 26, plumb. 6. The same day a normal stool and the straining ceased.—Baltzer, *Arch. f. Hom.*, iii., 58.

Senega in Aphonia.—Dr. H. C. Allen calls attention to senega as an overlooked aid in aphonia. When its characteristic dry cough is present—aggravated by cold air, and by motion, particularly walking—it will not fail to restore the voice, should this be concurrently affected.—*Amer. Homœopathist*, January 15.

Stellaria media.—In the December No. of the *Homœopathic World*, Mr. Frederick Kopp, of Greenwich, New South Wales, gave an account of a proving he had made of this plant—the chickweed of popular nomenclature. In the May No. he gives a fuller account of his procedure, which shows that substantial doses were taken. The chief influence of the drug seems exerted on the liver and the joints, and it has already been verified as a remedy in morbid conditions of these parts.

Sulphur and Lycopodium.—Dr. Eggleston, the new Professor of Medicine at the Michigan School, differentiates the action of sulphur and lycopodium thus: "Both are remedies for deficient reaction, but with the former there is irritability and tension; with the latter, depression."—*Amer. Homœopathist*, April 1.

Thuja in Syphilitic Iritis.—A case of parenchymatous iritis, in a woman of 35, showed a large gumma on nasal side of iris; extensive adhesions of iris to lens; vision reduced to the perception of light; cornea presented small punctate spots. There was no redness or pain. One week after beginning treatment with thuja θ, no trace of the gumma remained; and the pupil dilated markedly after the use of atropine, with a gradual improvement of vision.—*N. Amer. Jour. of Hom.*, April.

Thyroidin.—Designating under this name all the preparations, culinary and pharmaceutic, whereby the thyroid secretion has been introduced into the human system, from its incidental effects on patients taking it Dr. Clarke has prepared a pathogenesis of the drug, which may lead to its homœopathic employment. This is commenced in the May No. of the *Homœopathic World.*

Tuberculinum.—Dr. B. Arnulphy relates two more cases[1] of acute pulmonary tuberculosis treated by Koch's tuberculin, in the 8x or 6x trit. The first was far advanced when the treatment was commenced, and ended fatally in another fortnight. The second made a good recovery. Dr. Arnulphy has also now had some experience with the medicine in incipient phthisis of the more chronic kind. He will report later, but can already speak of more success than he expected to meet with.—*The Clinique*, March.

Viola odorata.—Dr. Cooper relates another case[2] in which viola odorata led to a profuse discharge from the ear with great relief to the patient's mental condition. He also mentions one of periodical headache connected with chronic choroiditis, where both troubles cleared up wonderfully under its action.—*Hahn. Monthly*, March.

Wyethia helenioides.—An account of a proving of this plant is given in the *Pacific Coast Journal of Homœopathy* for March. As, however, the entire article, save its last paragraph, appears in the 5th edition of Hale's "New Remedies" (1880), it is rather belated here. In the last paragraph the author states that latterly he has used it with prompt effect in irritable sore throats, giving the 30th potency.

[1] See vol. i., p. 89. [2] See p. 101 of this volume.

THERAPEUTICS.

Appendicitis.—Dr. A. R. Wright, of Buffalo, contributes three cases of this disease, where the diagnosis could not be questioned, making a good recovery under ordinary homœopathic medication —thus showing that operation is not always necessary.—*N. Am. Journ. of Hom.*, March.

Dr. Orrin Smith reports six cases. In one only was an operation performed, and that one only died.—*The Clinique*, March. (In the same journal for May, Dr. F. E. Nichols contributes four and Dr. J. D. Craig five, with but one death between them.)

Adenitis.—A servant girl, aged 24, had for years had hard, swollen cervical glands, dyspnœa, palpitation on going upstairs, and is always tired. Her menses were formerly scanty, but now normal. After taking pulsatilla 30 for six weeks I found many of the glands reduced in size, but some as large as ever. I prescribed baryta carb. Three months later I could only find slight swelling. I lost sight of her for three years, and then was told by her mistress that she had not had any further treatment, and I found the swelling of the glands entirely gone.—Villers, *Arch. f. Hom.*, iii., p. 113.

Arteritis.—In this disease affecting the aorta and coronary arteries, Dr. Jousset follows Huchard in trusting to the iodide of sodium, but he contents himself with twenty centigrammes of the substance *per diem*. He relates a case in which this medication raised the arterial tension, and correspondingly the flow of urine.—*L'Art Médical*, April.

Asthma.—Mrs. P., a strongly-built woman, had for eight weeks suffered from dyspnœa soon after falling asleep. Chest felt constricted, she must sit up, sometimes got out of bed, and she required to lie higher than before. In the morning, wet with perspiration. Breathing short when walking. Constant feeling of something in her throat, but not when eating or drinking. Laches. 30 every night. This soon put a stop to the malady.—Hesse, *A. h. Z.*, cxxviii., p. 89.

Cancrum oris.—In the *Calcutta Jour. of Medicine* (now happily revived) for April, Dr. Banerjee relates a case of cancrum oris in a girl of 6, apparently resulting from a single dose of two grains of

calomel. It recovered mainly under arsenicum. In the same journal for March, Dr. Sircar had recorded another case of the same disease, supervening on malarious fever, where lachesis 6 was given with uninterrupted improvement, saving the child (as he expresses it) "from the very jaws of death."

Chilblains.—Miss E. R., aged 26. Every winter, as soon as frost sets in, she suffers from chilblains on the hands. At first, the second and third phalanx of the right index becomes swollen and red, then the other fingers of both hands. Movements impeded and painful, tenderness to touch. Warmth relieves, cold aggravates; when thaw occurs relief is immediate. Hep. sulph. 3. January 21, she came and told me that, after taking the medicine, she had ceased to suffer from chilblains, and begged me to give her some more of it in case she should require it for next winter. —Baltzer, *Arch. f. Hom.*, iii., p. 59.

Cirrhosis of Liver.—Dr. Jousset relates a case of the hypertrophic form of this disease, with ascites and scanty urine, in which calomel excited diuresis and cleared the abdomen. It was given in the 1x trit., at first 25, then 50 centigrammes being spread over three days. A milk diet was also observed. The liver remained too large.—*L'Art Médical*, April.

Diarrhœa.—E. E., aged 24, for two months has suffered from diarrhœa. Stools yellow, pappy, very fœtid, five to seven times by day, two or three times at night, worse after drinking. August 19, arsenicum 6. August 26, for four days had no stool, for the last four days one stool *per diem* of normal character.—Baltzer, *Arch. f. Hom.* iii., 318.

H. T., aged 1½, diarrhœa for three weeks, hitherto unsuccessfully treated. Stools 10 to 14 times during day, five to eight times at night, involuntary, brown, watery; putrid smell. August 11, 1893, secale 6; August 13, yesterday two firm stools; August 15, since last report one stool daily of normal consistence.—*Ibid.*, p. 317.

Dysmenorrhœa.—A young, pale and delicate lady, who had been subject to many abdominal ailments, suffered from dysmenorrhœa with pain and scanty discharge. At that time she was depressed in spirits, chilly, and though weary she always wanted to be walking about. She had for a long time been under allopathic treatment, and got temporary relief from

ichthyol. She then came under my care, without much effect, until during a menstrual period a new symptom occurred. Whilst the menses, which were as before, lasted, she could not sit down owing to a very violent pain in the coccyx which radiated to the nates when she was seated, so that she had to take her meals standing. On the second day of menstruation, the sensitiveness of the part was so great that putting on her shift and a thin frock gave her pain. She got graphites 30, five globules every two hours. The first dose was taken at noon, and when I saw her at eight p.m., I found her seated, and she maintained that position during my visit. When I rose to go away, she expressed a wish to be able to rise up. I stopped the medicine, and the next morning she was free from pain, and the menstrual discharge continued to the unaccustomed length of four days.—Villers, *Arch. f. Hom.* iii., 112.

Enteralgia.—A young woman, aged 22, who said she was otherwise quite well, had been troubled for eight weeks with a pain that came on every morning between three and four o'clock. On the right iliac region near the groin she had a violent pain spreading inwards with every inspiration, urging to pass water with scanty discharge, without relief to the pain. Nothing did her any good, and it was equally bad during the menstrual period. I prescribed rhus morning and evening. During the first and second night after beginning the treatment she had the pains, but after that they quite ceased.—Villers, *Ibid.*, iii., 113.

Hiccup.—An old gentleman, aged 85, had recovered from an attack of pneumonia, and had suffered for some days from spasm of the diaphragm of the most intense character, with short intervals. In his days of health he always had a great tendency to hiccup. He could not obtain any rest at night, and food only increased the suffering. Chamomilla and ignatia had no effect. I then selected zincum valer., of which I gave six powders of the 1st dilution, one to be taken twice a day. The attacks gradually subsided, and at length ceased, though slight recurrences of it continued for some time.—Goullon, *A. h. Z.*, cxxviii., 74.

Cystitis Tuberculosa.—Dr. Jousset records two cases of this disease, in both of which cantharis was of benefit, but aggravated up to the 12th, while even when the 30th was given the amelioration showed itself most decidedly after the medicine was left off.—*L'Art Médical*, May.

Eczema (?).—A married country woman, aged 26, who has always worked hard, is prevented working at all on account of soreness of both palms. Every fold of the palms and the folds between the fingers are red, secrete an ill-smelling, whitish discharge, and are very sensitive to touch and water. The pain caused by dipping them in cold water lasts a long time, that by touching only a short time. At night the pain comes on unless the patient carefully covers up the hands warmly. Merc. sol. 30, twice a day, removed the rawness; the whole surface of the palms got the appearance of new skin, though there had been no desquamation. A fortnight later the hands appeared perfectly normal, and during the two months that have elapsed since then no amount of work has made the hands sore again.—Villers, *Arch. f. Hom.*, ii., 318.

Hydrocele.—One "Consultation Day" at the London Homœopathic Hospital, Dr. Roberson Day exhibited a case of double congenital hydrocele, in which the tumours were gradually disappearing under internal treatment by apis 3x.—*Monthly Hom. Review*, April.

Hypochondriasis.—A girl, aged 18, had a hypochondriacal idea that she was too thin, though she was in reality quite plump for her age. Betwixt her regular meals, she took five or six times a day flour boiled in milk, and would even get up at night to eat. Her catamenia were irregular and scanty, and she had swollen cervical glands. She got pulsatilla 30, one drop *per diem*. After 22 days of this treatment she said she had now no more anxiety about her health, and her sisters said she was now quite cheerful and well. The menses had come on more copiously and all symptoms of chlorosis had disappeared.—Villers, *Arch. f. Hom.*, iii., 111.

Intestinal Obstruction.—Dr. Arriaga, of the city of Mexico, reports the case of a woman of 73, who was seized with symptoms of intestinal occlusion, violent colic, nausea, obstinate constipation, slight meteorism, complete anorexia; no fever. Nux vomica quieted the colic; and plumbum, first in the 12th, then in the 13th, attenuation gradually brought about recovery within four days from the beginning of the affection.—*Hahn. Monthly*, March.

Lientery.—H. L., aged 52, had every three or four weeks an attack of diarrhœa with undigested stools, which lasted several

days. He had three or four thin, pappy, or sometimes watery stools by day and night, preceded by cutting in bowels. Much eructation. Gherkins disagreed with him particularly. Hands tremble when excited. Sulph. acid. 30 cured him.—Hesse, *A. h. Z.*, cxxviii., 89.

Menorrhagia.—Miss M. F., aged 20. From her 13th year has had menses every 14 days, lasting eight days, so that she is only eight days free from the discharge. The blood is dark, with black clots, fœtid. Two days before the occurrence of menses, pains in left side of abdomen. A little thin yellow leucorrhœa with itching. September 12, puls. 30, four powders. September 26, catamenia on the 16th, without any pain, lasted five days, blood dark, fœtid, no clots. The patient complains that she has every day a dull pain in forehead, it comes on about noon, is better in open air, aggravated by noise and excitement. In the morning hawking of grey slimy masses from throat, frequent coryza. As a child she had suffered much from eczema in arms, legs and head, which had disappeared on the occurrence of the menses, when she was 13. Now she has rough spots on left upper arm and both legs, which scale when rubbed. Sulph. 30, three powders. October 6, headaches now very rare. In bed itching all over the body. Puls. 30, five powders. January 19, no more ailments; menses every four weeks without pain.—Baltzer, *Arch. f. Hom.*, iii., 78.

Night Sweats.—Another palliative for the night sweats of phthisis seems to have been found in camphoric acid (the result of the treatment of camphor by nitric acid). From ten to twenty grains have to be given at night; the effects are of some duration. —*N. Am. Journ. of Hom.*, March. (At p. 183 of the same number of the journal Olojewski is quoted as claiming similar effects from hydrastis, 30 drops of the fluid extract being given three times a day.)

Psoriasis.—Dr. Lambreghts, *fils*, of Antwerp, relates a case in which the suppression of psoriasis by chrysophanic acid set up an acute dyspepsia. As this subsided under arsenicum and bryonia, the patches of psoriasis reappeared. The patient (a woman) did not follow up the treatment prescribed for these, but subsequently came under care for an acrid leucorrhœa, with other symptoms of metritis. Sepia dispelled these, and again the psoriasis—which

had spontaneously subsided—came out on the thighs. This time it was treated by carbolic acid 1x (which, Dr. Lambreghts says, has rendered him precious service in some cases of the disease), and complete cure resulted without any metastatic effects.—*Revue Hom. Belge*, March.

Retinitis Albuminurica.—A case of this affection, where hæmorrhage had taken place in the retina, is reported by Dr. Delap. The concurrent symptoms, especially aggravation of general state after sleep, led to the prescription of lachesis; and after six months' course of the 6x a practical cure had been effected.—*Amer. Homœopathist*, May 15.

Shock.—In an interesting paper on "Our Surgical Remedies," Dr. Howard Crutcher writes as follows: "For shock, camphor, veratrum album and carbo vegetabilis are pre-eminent. Coldness is the main feature of camphor; blueness calls for carbo; and the well-known cold sweat on the forehead and over the body points to veratrum. I have repeatedly witnessed the efficacy of these remedies in surgical shock. One case is recalled where exceedingly brilliant results were obtained from carbo vegetabilis. The patient seemed to be sinking deeper and deeper into the depths of shock, from which it appeared there would be no awakening. I gave the remedy in water, and repeated it several times. Its action astonished the attendants. The patient recovered entirely."—*Med. Century*, May 1.

Tarsal Tumour.—A lady, aged 40, had for five or six years on both eyelids hard lumps the size of peas. She had no recollection of having had any inflammation of the lids. On May 19, she got graphites 30, two drops every week, and by the middle of October the lumps were so reduced in size that they could not be observed on superficial examination. The treatment had to be interrupted owing to a pain in the upper orbital border which came on when the eyes were fatigued, for which she got baryta carb. with good result.—Villers, *Arch. f. Hom.* iii., 112.

Variola.—In an article on the treatment of this malady, now becoming epidemic in the United States, Dr. Winterburn claims for variolinum 30 an abortive power over the eruption. He does not say whether his patients were vaccinated; it is well-known that similar phenomena are observed in such subjects, exsiccation

beginning about the fifth day, and no "secondary fever" occurring. Dr. Winterburn also praises sepia 30 for removing the brown spots often left on the site of the vesicles.—*Hom. Journ. of Obstetrics*, &c., March.

Writer's Cramp.—A lady, aged about 30, had suffered for more than 10 years from writer's cramp. From the slightest cause the fingers of both hands, but especially those of the right hand, stood out stiffly. Warmth and mental emotions aggravate, whereas cold, and dipping the hands in cold water, relieve. In the coldest weather she wears no gloves. Aggravation a week before menses. I treated her for eighteen months with very moderate result. One day, when examining her carefully, I was told that she had suffered from scorbutus shortly before her present complaint began, and that since then she had frequently had bleeding and ulceration of the gums. Thereupon I ordered staphis. 6 in frequent doses with permanent good results for gums and hands. The medicine had to be continued for a long time, because when she left it off the malady became worse. She has now been a year without any need to take medicine.—Hesse, *A. h. Z.*, cxxviii., 166.

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GALL-STONES AND THEIR VAGARIES.[1]

BY W. T. P. WOLSTON, M.D.

It is not the object of this paper to give a full account of this painful malady, either from the physician's or the pathologist's standpoint. The etiology and usual symptoms of cholelithiasis have been carefully studied, and fully recorded, as its extensive bibliography amply proves, from early ages. During the last decade, however, a good many cases have come under my notice which had rather out-of-the-way symptoms, and I thought the record of some of these would interest this Society, and afford a basis for a good discussion as to the best treatment of what is often a most distressing malady to the patient, and a source of anxiety to the doctor.

My experience, during over thirty years of medical work, leads me to the distinct conclusion that gall-stones are the *fons et origo mali* of a number of maladies which we treat—or maltreat shall I say—under other names. Further, I believe cholelithiasis to be in Great Britain—where butcher

[1] Read before the Society, May 3, 1894.

meat and alcohol are so freely partaken of—a much more common malady than physicians suspect, or patients dread.

From their comparative frequency and association, peri-hepatic *pain*, and *jaundice*, appear to be synonymous with gall-stones in the public mind; and my intercourse with the profession has revealed a somewhat similar view, as the dominant idea in not a few cases. Admitting freely that acute pain, and consequent jaundice, are almost absolute indications of the existence of cholelithiasis, it is of the last importance to bear in mind that the malady may, and often does exist, without either of these symptoms, and also that the absence of jaundice is quite compatible with the most terrible colica calculosa. In saying this, I am quite aware that I am advancing nothing new. I seek only to emphasise a fact often forgotten, but which, if borne in mind, would save many a suffering patient hours—perhaps months—of torture, by leading the physician to a much earlier correct diagnosis of the real nature of the case that puzzles his brains, and baffles his best chosen remedies, and suggesting a rational line of treatment, based on a true pathology.

Gall-stones result from the precipitation of certain substances which the bile holds normally in solution. Usually these amorphous or crystalline precipitates form concretions in the gall-bladder, varying in *number* from an average of five to ten, up to the astounding number of 3,000 (Morgagni), 3,646 (Hoffman), or 7,802 (Otto). Their *dimensions* vary similarly from a grain of sand to the size of a walnut, or even a mass 6 inches by 2½ (Meckel). As to *shape*, the round or ovoid form may be said to predominate, while irregular shapes abound, the polyhedral being frequently met with. If the stones are lodged in the bile-ducts of the liver, they may be branched or cylindrical, and sometimes, though rarely, tubular (Briquet).

The symptoms they produce reveal little relation between number and size on the one hand, and the sensations or sufferings of the patient on the other, and it is this point I wish to dwell on. A gall-bladder, crammed full of stones, may set up no discomfort which leads to the suspicion of their presence, while the efforts to expel a stone no larger

than a small pea may produce a nerve storm placing the sufferer's life in jeopardy. It was a case of this kind that, in 1881, turned my eager attention to this malady.

Case 1.—Mrs. M., aged 36, was delivered of her first child in December, 1880. The labour was tedious, the first stage exceeding twenty-four hours, and the second was terminated by the use of forceps, the child—a large boy—not surviving. The loss of her child was a great shock to the mother, and she made a slow recovery, not being permitted to put her foot to the ground until the twenty-second day. That evening I was hastily summoned to her bedside, to find her sitting up with pallid face and staring eyes, gasping for breath, clutching convulsively at her heart, and complaining of agonizing pain in the præcordial region. That pain she afterwards described as like "an iron hand" clasping her heart. Regarding the case as one of acute indigestion, I rapidly produced emesis, and she was relieved. Two months after she had a similar attack about 11 p.m., with the added symptoms of a cord tightly tied round her waist, and vomiting of acid mucus. From March, 1891, to June, 1892, her sufferings were very great. Nocturnal attacks of pain came on with increasing frequency, lasting from two to forty-eight hours. During the early months, cardialgia was the prominent symptom as regards pain, but the most careful examination of the heart revealed no disease, and the pulse and temperature were always normal. Gradually the site of the intense pain drew towards the epigastrium, but never was, at that date, in the hepatic region, nor were there any indications of icterus in the urine, conjunctiva, or skin. The bowels moved spontaneously once, or more often, daily, and revealed abundance of bile. In September, 1881, the patient became *enceinte* a second time, but, unaware of this fact, took a long railway journey for change of air, with an abortion of a six weeks ovum as a result, in the middle of October. This accident accentuated her illness greatly, and the nocturnal attacks of pain, aggravated by a clawing sensation about the shoulders, now set in with marked regularity every third night, and finally every night. They were simply agonising to witness, not to say endure. The pains of

labour, she declared, were child's play compared to her sufferings now. Naturally I reflected much, and thought greatly about this case, and said to myself, "Can this be a case of gall-stones, passing, or trying to pass?" Acting on this thought, I had the stools carefully washed for a whole month, but with negative results, so the gall-stone theory received a damper, the more so as no jaundice existed, no tumour could be felt in the region of the gall-bladder, and no special tenderness existed in the hepatic region. Towards the close of 1881 other symptoms began to assert themselves. The patient could foretell that an attack of pain was imminent by the excessive amount of limpid urine she was passing. Rigors became the order of the day, so much so that the possibility of some deep-seated abscess had to be faced. Great depression in the early morning was very marked, and now the patient had, at about six or seven each morning, a sudden and urgent call to stool, which was invariably unformed, loaded with bile, and very offensive.

Completely puzzled by the case, I sought the help of others. A surgeon of world-wide fame, and with wonderful fingers, diagnosed neuralgia of the solar plexus. A little later a professor of medicine in a Scottish university gave a hopeless prognosis, on the ground of cancer of the pylorus existing. Another very well informed physician suggested some mischief in the spinal cord, or canal, probably a neoplasm—affecting the nerves which were involved in the girdle pain, which was now rarely absent.

My friend and colleague, Dr. Bryce, now joined me in watching and treating the case. He regarded the liver as the organ chiefly at fault, but did not entertain the gall-stone theory, in which opinion Dr. Ramsbotham, of Leeds, who also saw the case, coincided. Thus left severely alone by all my colleagues, I confess that I began to waver myself as to whether a gall-stone could be at the bottom of the grave condition of affairs which was now manifest, for spite of all our theories, and the hundred-and-one remedies which those theories suggested, the poor patient got steadily worse. When February, 1882, was reached she had been five months in bed, was simply skin and bone, had

no ease in life, and longed for death to release her from the paroxysms of remorseless agony which, night by night, she had to face. Morphia lulled the pain, but made her so sick that she would not have it. At this stage no food whatever could be tolerated by the mouth ; and for a fortnight she was fed *per rectum*, with Leube's beef and pancreas emulsion, eight ounces of which were injected every twelve hours. After this, koumiss was given, and that she retained and lived on for quite three weeks. Following this for seven weeks she lived only on chicken-tea and rusks. Early in May, some amelioration of symptoms set in, the stomach could digest pounded breast of chicken, and the paroxysms of pain came only at much longer intervals.

Towards the latter part of June my patient, though still very weak, could, I judged, bear transit by water to Bad-Ems, in Germany, and thither I accordingly conveyed her, to see what its mild saline waters could do. Relating the case to our well-known, and most competent colleague, Dr. Geisse, and asking him to visit her, he abruptly said, " You are right ; and your colleagues are all wrong. She has gall-stones, and she shall pass them here." This prophecy came true. Two glasses of Kesselbrunnen in the morning fasting, and one at 4 p.m., with a saline bath every second day, was the treatment for ten days, and then came a severe attack of the old pain lasting many hours. Four days thereafter a green gall-stone, the shape and size of a small pea, was found in the stools—which were carefully washed all the time the patient was at Ems. That stone Prof. Fresenius of Wiesbaden analysed, to make our diagnosis sure. A fort-night later a second attack of pain was followed in four days by the discovery of a precisely similar second stone, which I pass round. By its side are seen three characteristic grains of gall sand, also found in the stool. If I heard anyone say, as he looks on that tiny globule, "*Parturiunt montes nascetur ridiculus mus*," I should not be surprised nor offended. When fresh it was certainly nearly twice its present size. But even so it is a small stone, and yet what serious consequences attended its abortive efforts to pass down the *ductus cysticus*, for I do not think any stones passed until

the Ems water had produced its well-known effects of reducing mucous turgescence as well as diluting the bile.

The patient passed no more stones then, and has enjoyed fair health since, aided by an occasional visit to Ems.

I learnt a great deal as to the many curious symptoms a very little stone can set up, by pondering that case. I think it was the complete absence of jaundice, at any time, that flung us all off the scent, while the locality of the pain was everywhere but where one would have expected it—just in the region of the gall-bladder. Late in the case there was some tenderness there, but the most careful examination revealed no tumour. Nevertheless, I think the gall-bladder was partially full of fluid, and the cystic duct for long occluded, hence the morning looseness, of which I shall have more to say further on.

I now lay great stress on *rigors without rise of temperature*. They should always put us on our guard in obscure cases of pain. Passing a catheter produces them by stretching the urethral canal. The same shivering sensation is experienced in the passing of a renal calculus down the ureter. Sometimes they are the only subjective sensations you can base your diagnosis on, and a good deal may turn thereon, as the following history illustrates :—

Case 2.—On March 12 of this year I was asked to see J. N., in the town of Alloa, in consultation with the two chief medical men of the place. The patient had been for two years suffering from *malaise* after eating, with great production of flatus. Every kind of diet had been tried in vain. He had been brought to Edinburgh, and had seen both Dr. John Wyllie and Dr. Byrom Bramwell, consulting Hospital Physicians of well-earned repute. The diagnosis was come to that malignant disease existed. Where was not decided. The stomach probably was the involved organ, and the patient had taken to his bed to die in due course. He was a tall powerfully built man of over six feet high, aged 42, and as he lay in bed, a dusky blueness was evident on the face which I never saw in malignant disease, and have often observed in hepatic maladies. Careful examination revealed a healthy heart and lungs, and a

somewhat dilated stomach. The liver was enlarged in its vertical diameter from one-and-a-half to two inches beyond the normal. No tumour or marked hardness existed in the pyloric region, or that of the gall-bladder. The bowels were habitually very constipated, and although usually dark, were occasionally clay-coloured. Proceeding to elicit his subjective symptoms, I found that he had great morning depression, and very frequently had nocturnal rigors, and that these rigors were associated with free urination. There was no trace of jaundice any where, but he said that two years before he had had rather a sharp attack of pain in the region of the stomach, and that was followed by a slight transient icterus. Although much thinned down the general appearance of the skin—specially of the abdomen—lacked the silvery sheen so characteristic of advanced malignant mischief, and I therefore ventured the diagnosis of gall-stones, attempting to pass, and stuck either in the cystic duct, or, if in the *ductus communis choledochus*, of such a shape as to permit the bile to escape into the intestine at most times. Malignant disease I judged to be contra-indicated both from history and symptoms.

I recommended the use only of koumiss, chicken tea, and German rusks, with the addition of a bottle daily of the Ems-water, Kesselbrunnen source, and urged the patient to rise and walk as much as he could without fatigue. I also warned him that under this treatment he would, while feeling sustained, probably get thinner still, which would be the best thing that could happen to him, as the stones would be more likely to pass, and he must expect an attack of pain some day. He acted up to the letter of this advice, resumed his duties—as Superintendent of Police—in part, walked a good deal, improved rapidly in his sensations, became hungry as he got thinner, and a month after I saw him had a very severe attack of *colica calculosa*. From the date of my visit the stools were regularly washed to search for gall-stones, and although as yet no large stone has been secured, I am informed that a quantity of gall-sand of a gritty, sharp, angular shape, has been found in each stool.

My latest report is that the patient can walk some miles daily, and is rapidly convalescing. The justness of my diagnosis has been manifested fully. In the month of May I ordered him to Ems, and the result has been most satisfactory. No acute attacks of pain have been sustained, but perfect digestion of a general diet has been attained, he has gained over a stone in weight, and now (September) is in perfect health.

The existence of gall sand should be borne in mind. It is the passage of these sharp angled fragments that so often gives rise to passing attacks of pain in the liver, as they slowly grate their way down the hepatic ducts in which they are formed. To dilute the bile, and wash these irritating concretions out, must be the physician's aim, if their existence be suspected, and, given a history similar to the last, their presence is an assured fact, though no big gall-stones may be detected or passed.

The relation of dilated stomach to the long pre-existence of undetected gall-stones is very important, as there is little use in treating the stomach and its ailments so long as the mechanical irritant which is really, by reflex irritation, at the bottom of its troubles, remains unremoved. This point is well illustrated by the following history :—

Case 3.—In January, 1883, Miss B., age 40, first consulted me. She was an exceedingly tall, and had been a very handsome, woman, but persistent morning diarrhœa, and intractable stomach irritation, and inability to digest any food, had reduced her pitiably. She had a marked pallor of the skin, that, at first sight, suggested the existence of malignant mischief of the chylo-poietic system. She complained of painless but profuse morning diarrhœa, with much stomach discomfort after every variety of food, which quite a round of doctors had in turn ordered her. There was also constant eructation of gas from the stomach of so fœtid a character that the patient not only smelt it herself, but was aware that she was becoming an object of aversion to others on this account. Careful re-regulation of the diet, with a prescription of arsenicum album, arrested the diarrhœa for a time, but the gastric eructations remained untouched,

and at length I persuaded her to let me wash out her stomach, which I did with a warm solution of bicarbonate of soda. The result was the evacuation of about a pint of green, slimy, and frothy fluid resembling mashed sea-weed, of a horrid odour, and which had for long dwelt in the stomach, I concluded.

The relief afforded by this simple operation was so great that my patient requested to be allowed to add washing-out of her own stomach to her ordinary morning toilette, and this accordingly she did by the space of a month. As a result her gastric discomfort ceased, but the diarrhœa recurred. One day, while examining my patient, I had the curiosity to note what amount of water the stomach would receive ere it gave discomfort; and was confirmed in my previous suspicion that a considerable amount of dilatation existed, the lower border of the viscus falling to the level of the superior spine of the ileum. As I kept her on a spare diet, consisting chiefly of koumiss, rusks and pounded chicken, the abdominal cavity, which at first had been much distended by flatus, fell in considerably, and, six weeks after my treatment began, I for the first time detected a hard, stony mass the size of a walnut just in the region of the pylorus. For anything of this kind I had repeatedly searched in vain before, and the query now arose, "Is this carcinoma?" which her look has so betokened, or "Is it a bag of gall-stones?" I thought I would get the stomach to answer that query. I resolved to fill it once more to the full. If the mass were connected with it, then as the viscus filled and fell so would the tumour be dislocated; if, on the other hand, it remained unmoved, the diagnosis would lie between cancer of the pancreas—of which she had not the symptoms—and a distended gall-bladder. The stomach received nearly two gallons of water, but the mass remained unmoved. A leading question now elicited the fact that seventeen years before she had had an acute attack of jaundice, accompanied by "nodules on the liver," her then physician told her, whatever malady that may have been. This, however, cleared up the diagnosis, and, shortly after, having occasion to go to Ems, I induced my patient to accompany me thither.

On seeing the case, Dr. Geisse fully agreed with the diagnosis as to the gall-bladder being full of stones, and that their presence had induced all the unpleasant symptoms I have recorded. He, however, said, "If you have told that lady that the waters of Ems can wash out that gall-bladder, which has for many, if not for seventeen years, been full of stones, you have told her too much." "No," I replied, "I was careful to promise nothing, but that her dilated stomach would be comforted, and probably regain tone."

The patient spent seven weeks at Ems, began to recover appetite, strength, and flesh, and never had a twinge of biliary colic, but returned to Edinburgh after four months in perfect health, with her tumour gone, her gall-bladder normal—save a little thickening—the bowels in perfect order, and able to eat and digest all sorts of food.

Eleven years have gone by, and her symptoms, due entirely to the gall-stone reflex irritation, have never recurred.

In connection with the first case recorded I spoke of early morning diarrhœa. This affection I am convinced is very often due to occlusion of the cystic duct, by swelling of its mucous membrane, or the impaction of a tightly fitting stone, and until this be remedied or removed, we shall fail to cure the diarrhœa. The cause of the morning looseness is plain. We all know that bile is nature's normal laxative. Formed as it is from the blood at all hours of the day and night, as the venous current sweeps through the portal system, it is usually stored, during the intervals of digestion, in its curiously-positioned reservoir the gall-bladder, from which by the action of its muscular coat the bile is expelled at stated times. If the *ductus cysticus* be occluded the bile, as formed, must descend by the *ductus communis choledochus* to the duodenum. During the day, when food is being ingested at various intervals, and the chyme is being poured into the small intestine, it mixes with the passing aliment continuously, and its quantity is relatively small, at any given moment, to the moving mass of food. At night, however, these conditions are changed. Within an hour or

two after going to bed the stomach may be regarded as practically empty, no new supplies of food going into it during the hours of sleep. It is just at this time, however, that the liver is doing its chief work. The ingesta of the day are lying in the bowel. The portal system is passing on the products of secondary digestion to the liver for its elaborative processes. Bile is steadily and continuously formed, and not being now stored up, as is normal, in the gall-bladder, it collects in the duodenum for several hours, till its essentially irritating and purgative properties so act on a practically empty intestine, through which no food is passing—as the last train-load, so to speak, has already gone by—that a temporary diarrhœa is set up before the usual hour for rising arrives. One, two, or more dark, bilious, stinking, and unformed stools are the result, and then the patient has quiet as regards the bowels till the next morning, when the same process is repeated. It was the following case that led me to study the morning diarrhœa problem, and evolve the foregoing theory.

Case 4.—Mrs. W., aged 40, came to Edinburgh from the south of England in 1889, to place herself under my care. She had been ill for five years, and was now manifestly near her end. Morning diarrhœa of the kind I have specified had commenced her illness. Nothing had checked it, and in its train had come an abscess which pointed and burst, first in the vagina, and secondly in the right lumbar region. The discharge was incessant, and as years rolled on it was manifest that the kidneys were involved. She was placed under chloroform and the sinus in the right lumbar region carefully explored. No dead bone was found, nor could the origin of the pus be detected. Waxy degeneration of liver and kidneys, as well as of the intestines—which were chronically loose now, was judged to exist, and in a few weeks she succumbed to her ailments. She had never had jaundice, nor any pain in the region of the liver, leading to a suspicion of gall-stones.

A *post-mortem* examination revealed the cystic duct tightly corked by the circular spur of a large gall-stone, whose mass was in the gall-bladder, along with a couple of

dozen other stones of various shapes. (These stones I pass round. The spur has unfortunately been broken off, but it fitted the duct just like a cork, and was with difficulty extracted). The gall-bladder was distended, and shaped like a Cambridge sausage, its walls thinned to the utmost, and was perfectly translucent, as the fluid it contained was only like faintly coloured water. The right kidney had completely disappeared, a small mass of suppurating tissue alone representing it. From it clearly had come all the pus which had burrowed in the directions before indicated. The ureter was occluded, which explains why no pus ever came by the bladder, which was the case.

Now it might seem venturesome to lay this fatal illness at the door of the gall-bladder, and I do not know that I am entitled so to do, because so frequently on the *post-mortem* table the gall-bladder is found full of stones, unsuspected during life, and which seem to have had no relation to the fatal cause. But a gall-bladder full of stones, and cystic duct occlusion, are not quite the same thing, for the gall-bladder is a very yielding and distensible organ, and if the duct be not occluded there is always room for a certain quantity of bile to flow in and flow out among the stones, so that the organ is still to a certain extent a reservoir.

Since that case occurred my attention has been on the alert in this matter and I have seen several cases where morning diarrhœa was the initial malady, and on examination I have found the gall-bladder full and the cystic duct manifestly occluded.

When we remember that the diameter of this duct is only 3 mm. (= a little more than a line) it is easily seen how readily it may be blocked, with or without pain, but always *without jaundice*, in the production of which it plays no part whatever. We need blockage of the common duct for that, which may occur while the cystic duct is quite free.

Case 5.—As an offset against my first case and the intense pain which so small a stone produced, I pass round now a polyhedral stone with a diameter of nearly half an inch in every direction, which was passed almost painlessly by an old lady of 70 under my care. Its many facets tell that it was

one of a crew. The patient had been "livery" all her days, and twelve years ago passed hundreds of small stones all the shape of a half-penny roll and about one line in diameter. They all came from the gall-bladder and produced comparatively little pain in passing. Two courses of Ems relieved her of all symptoms for seven years, and then came an attack of *colica calculosa* of a smart but short duration, and this stone, with three others of similar size, was passed. The cystic duct had permitted them to pass I conclude, for other symptoms did not point to a fistulous connection between the gall-bladder and the bowel, as is often the case when stones of this size are passed in numbers. Von Schueppel, whose monograph on gall-stones in Ziemssen's Cyclopædia is perhaps the best in the English language, says (vol. ix., p. 726): "I believe that a gall-stone of about one centimetre in diameter is the largest that can ever pass the diverticulum." As this stone is just of that size, the question must lie open, as the lady yet lives, as to what route it took in its downward passage, but if it came by the cystic duct it shows how dilatable, in certain cases, that canal may be.

It is quite probable that some of my audience may be saying at this point "There is not much homœopathy in this paper." That remark is true, and indeed I do not think that homœopathy—*per se*—can even boast of many triumphs in this class of cases. I am not aware of any drug that has been conclusively proved to produce gall-stones, hence the law *similia similibus curantur* can scarcely be applied truthfully in such a malady. The disease is, when existent, a mechanical irritant, and must be regarded as such. To get rid of the stone most painlessly and most quickly must be our aim. During the attack of colic, while the stone or stones are endeavouring to pass, anything that will relax the passages is most needed. Here warmth locally applied, hot baths, or even chloroform administered, must be thought of. The agonising pain may call for the administration of a local sedative, but this is a *dernier* resort. The treatment of some scores of cases, however, has convinced me that whatever will liquify the bile best, and reduce the turgescence of the mucous membrance of the ducts most

quickly, will be the best for the patient. Having proved the value of the simple saline waters and baths of Ems so fully in the first case recorded, I do not think I can improve on nature's laboratory. She has prepared just what the sufferer needs, and so, when practicable, I pack the invalid off, with the full assurance that three or four weeks of residence in a warm relaxing climate, and the production of bile dilution with nature's efficiently prepared warm saline water, will effect what months of treatment in our cold harsh climate cannot effect. The truth of this scores of cases attest. I am partial to Ems because its waters are not purgative like those of Carlsbad and Marienbad, and because it is so easily reached, being only twenty-two hours from London *via* Hook of Holland, or Queenboro' and Flushing.

The after treatment of these cases, when the stones have been passed, is important. It is here where the diet is to be rigidly attended to. I have found the elimination of red meat of service. Fish, milk, fruit, and white meat should form the staple diet, and alcohol in every form should, if possible, be avoided.

The mal-digestion that leads up to the production of gall-stones is most effectively treated on homœopathic lines. That, however, is outside the scope of this paper, beyond the remark that each case must be treated on its own merits, according to the constitution of the patient, and the peculiarities of the *malaise* which are manifested.

Dr. DYCE BROWN said he had never associated morning diarrhœa with gall-stones, and the connection between the two was extremely important to bear in mind in future. He quite agreed that while the pain of gall-stones lasted the object was to relieve that pain. The *rôle* of homœopathy was, after getting rid of the stones to remove the diathesis which produced them. Gelsemium he found to be of great value in removing pain ; it also relieved spasm. Where the pain was very severe they must resort to opiates. He thought the use of natural mineral water was a very great help in the treatment of such cases. His experience was that under homœopathic treatment they could practically cure a patient of gall-stones.

Dr. GALLEY BLACKLEY was surprised that Dr. Wolston had

not mentioned the beneficial effect of salad oil. In his own practice he had had several cases completely cured after the steady use of salad oil. In one or two of them the gall-stones had come away, in others the attacks had ceased to make themselves evident, and the patient was at peace. Although he had not had so much success in relieving the spasm, he believed that some of their medicines were very strongly indicated; but of course they all knew the orthodox plan was to put the patient under the influence of chloroform until the spasm had passed off. One medicine which had stood him in very good stead in cases where gall-stones were suspected, or where the bile was evidently inspissated and liable to set up very severe pain in its passage down the duct, was berberis. He had had a good many cases where he had given berberis persistently for weeks, or even months, and always with the very best effect. He supposed that hydrastis owed its effect in those cases to the berberine which it contained. Hydrastis had a reputation in the same way for causing dilution of inspissated bile, or getting rid of calculi such as were small enough to pass the bile duct. With regard to *post-mortems* he had seen a gall-stone as big as a walnut on one occasion which had never been suspected at all during life.

Mr. DUDLEY WRIGHT showed a few specimens of gall-stones. The first were three which he had removed from *post-mortem* cases; they were very fair sized ones and had caused no symptoms at all during the life. The next was about the size of a thrush's egg, or a little bigger, which he also removed from a *post-mortem* case, and which had given no symptoms during life. The last two stones were particularly interesting as bearing on what Dr. Blackley had just said. In the small phial handed round there were two stones—one very small, and another considerably larger. The patient from whom they were obtained was an elderly man who had suffered for some time from colic, and he had been called to see him about three months ago in a very bad attack. After some days the patient became jaundiced, and on examining the stools they found a very small gall-stone. He was apparently quite well until about four weeks ago when he had another of those attacks and passed the smaller of the two stones. It was an extremely painful act, and lasted about three days, and all the time he was lying with his legs drawn up. There was a considerable amount of perihepatitis, as they could hear by friction rub over the liver, and also some peritonitis. He had to administer morphia during the greater part of the time to overcome the pain. Dr. Moir who had seen the patient

with him in consultation came to the conclusion it was gall-stone colic. In accordance with this opinion capsules of olive oil containing half a drachm were administered several times daily. During convalescence the patient got up and went downstairs, and no sooner had he got downstairs than he had another attack of colic. The attack lasted half-an-hour, and was by no means so painful as the preceding one, and the next day they found in the motions a stone which was considerably larger than the one which had caused him such acute pain, which he was inclined to put down to the effect of the olive oil which had been previously used. With regard to the distention of the gall-bladder he might mention a case which he had an opportunity of seeing some time ago, where there was a large tumour resembling the gall-bladder in shape on the right side beneath the lower edge of the liver, which was operated upon and was found to be a large hydatid cyst. There was jaundice accompanying it, and the cyst had undergone suppuration. The patient subsequently made a good recovery. With regard to the large gall-stone which Dr. Wolston showed them it was very doubtful whether it ever passed through the duct at all; it was very probable it passed through a fistulous opening between the gall-bladder and the duodenum. Morning diarrhœa was certainly a very important thing to bear in mind. Of course they would also have the help of the absence of jaundice, but the doubt came in just those cases where there was no jaundice at all, and nothing to point to what was the cause of the pain—it was just those cases where, if morning diarrhœa was present, it would become of very great value as a diagnostic aid. There was one thing which one ought to think of when diagnosing gall-stones, and that was the question of diagnosis between gall-stone and cancer. Intermittent rise in temperature was an accompanying symptom of gall-stone, and marked pain and tenderness were also present. The only one of those symptoms which was present as a rule in cancer—he was leaving out of the question jaundice altogether—was the tenderness. They had the absence of the rigors; the absence of the intermittent temperature; and, as a rule, the absence of the colic. If they had the absence of those, and only the jaundice and tenderness on pressure, he thought they might almost be inclined to put it down to cancer.

Dr. HUGHES said he had just had an interesting experience in gall-stones. His patient was an old lady of 90, who had had a very severe attack, first of portal congestion, with blood passing freely, both by vomiting and by stool. Then she began to have

attacks like gall-stone colic, and though they had never been able to find any gall-stones, he had little doubt that either some of that sand which Dr. Wolston had described, or thickened bile, as he had described it provisionally to the patient, had passed. However, she had got through in spite of the severity of the illness, and was now flourishing as well as a lady of that age could be expected to do. That showed what might be done by care, sometimes, in apparently desperate cases. He had had a case in a member of his own family some years ago, in which there was, undoubtedly, gall-stone colic at first, and then such obstruction of the cystic duct—there was no jaundice—as to lead to great distension of the gall bladder. He had never seen such a tumour as was formed there; it went on increasing up to a certain point, and then remained stationary, and then almost suddenly collapsed. Still no stones were found in the stools, though with what care they could use they searched for them. Frerichs described a condition in which the gall-bladder, after swelling up for some time, would at last collapse and become practically inert and non-existent. The patient now enjoyed a very fair measure of health. There was constipation with the attack, and not diarrhœa, but still he thought there could be no doubt that it was the gall bladder. He was not so sceptical as to homœopathy having nothing to do with gall-stone colic, as Dr. Wolston. Theoretically he agreed it ought to have nothing to do with it, but practically he must again say that the effect of calcarea 30 was something which he could not explain, which he found it very difficult to believe in, and yet he had seen it successful over and over again. Only in the last number of the *Medical Century* there was a case where calcarea 30 had been given after every ordinary expedient, homœopathic and allopathic, had been tried, and at once the patient seemed to begin to improve. It might have been a coincidence, but the writer said it was not his only experience of the kind. The coincidence happened so often that he advised his colleagues to give their patients the benefit of it. It was much less harmful or risky than the use of morphia or chloroform, and there was no reason why a patient should not be put into a hot bath and have plenty of hot drinks, and, if they pleased, take olive oil. The difficulty was to get people to take the oil, but he had no doubt the treatment was a good one. In the treatment in the intervals, he did not think they could shut their eyes to the remarkable experience of Dr. Thayer, of Boston, and Dr. Claude, of Paris, both of whom had published a series of cases in which china had played a great curative part in averting attacks of gall-stones.

By keeping the patient steadily upon that—the sixth and third dilutions had been mainly used—the attacks seemed to be mitigated, and the patient delivered of the bondage of the gall-stones. There was, of course, other treatment which one would adopt in connection with the disease, viz., a proper diet, and the regulation of hours of eating, and so on; but here again the coincidence and so frequently occurred that he thought they should give the patients the benefit of this doubt also, and keep them upon china in the intervals, whatever else they might do. He thought that the patient should not go too long without food. The more frequently they could get the gall-bladder to empty itself by supplying food, the less likely it was to deposit its cholesterine and form concretions.

Dr. CLIFTON said the cases which he had seen of gall-stones had not been in meat and beer consumers, but rather the contrary. He did not remember early morning diarrhœa being associated with any of the cases he had treated, either in men or women. In other cases where that symptom occurred in women, he had generally looked for either inflammation or irritation of the ovaries, or the uterus, of which pathological condition it is a very common symptom. With regard to the treatment during the attack of gall-stone, occasionally he had seen very marked benefit by giving belladonna, first decimal dilution, in three or four drop doses, alone or alternately with two drop doses of matrix tincture of berberis; and during that time he had in two cases given "delinæ" oil instead of olive oil, which the patients took better than the latter oil. In those two cases whilst there were no gall-stones passed, yet there was a large amount of sandy, gritty, gravelly matter, like grains of sand, but very sharp indeed. He had never found chelidonium do any good where he could really trace that there were any gall-stones. In certain states of the liver where there was merely bad digestion and acute pain, chelidonium would often relieve and so would hydrastis, but he did not think that either of those medicines would be found to be good where they could really distinctly trace gall-stones. In the intervals his main medicines were berberis and china.

Dr. ROBERTS said he found that hydrastis in very many cases had relieved pain in passing gall-stones, and he generally gave it in ten drop doses in a tumbler of hot water and let the patient sip it. In one case, however, it did not seem to relieve, and Dr. George Jones, of Birkenhead, suggested that he should give calcarea carb. It was a question whether he should give that or morphia. He

gave calcarea carb. 200, and the pain disappeared directly. Whether the calcarea carb. caused that result he did not know, but certainly there was the fact that pain was relieved. With regard to the question of mineral waters he could recommend Harrogate. Dr. Myrtle, an authority on Harrogate waters, agreed that in a great many of those so-called cases of gall-stones the pain arose from obstruction caused by catarrh of the gall-duct rather than from gall-stones, and that it was the effort of the gall-duct to pass the mucus that caused so much pain and so much suffering. Dr. Myrtle mentioned the case of an officer's wife who had severe pain, jaundice and a tumour which could be distinctly felt over the gall-duct. After three weeks of the waters she got no better and he suggested that they should perform an operation, which the patient refused. She persisted with the sulphur water, and passed a large mass which looked like black putty which they had had analyzed and found to consist almost entirely of cholesterin. After that she passed several casts of the gall duct composed of a similar black putty looking substance, and also several gall-stones, and the case was cleared up, and the patient went home again under two months perfectly well. As to the diagnosis of gall-stones, Mr. Mayo Robson, of Leeds, in a paper in the *British Medical Journal* laid great stress upon the fact of the rigors. He pointed out that they had rigors in gall-stones, but not in malignant disease.

Dr. MADDEN said he wished to confirm what Dr. Blackley and Dr. Roberts had said in favour of the relief given by hydrastis during the passing of gall-stones. He could recall two very definite cases where the use of hydrastis in tincture given in hot water had afforded most distinct relief, and after persevering for a day or two the whole attack had passed off. One case had rigors, and the other was the case of a gentlemen who had rather a curious history. Some twenty-five years before, in the pre-abdominal surgery days, he had hydatids of the liver, and although he was tapped with temporary relief he was given over by the leading surgeons of the day until at length he had a sudden very profuse watery diarrhœa, and passed all the hydatids:—about two gallons passed out in one or two evacuations, and since then the trouble had ceased although he occasionally had attacks of gall-stones and jaundice. In one of those attacks where he had intense agony, he (Dr. Madden), had given hydrastis, and almost immediately the patient began to get better. Although he had tried calcarea he was sorry to say it had not been one of the coincidences in his practice that its administration had been followed by relief.

Dr. DAY said he had seen a case some time ago in which there was a fistulous communication with the gall-bladder, through which were discharged from time to time small gall-stones. A second case bore out exactly what Dr. Wolston had said with regard to the digestive organs being the primary cause of the trouble. It finally led to a serious attack of jaundice. A curious feature of the case was that no stone could ever be found. Although the patient had periodic attacks of jaundice and absence of bile from the stools, yet after searching they never found a stone, but after many weeks during which treatment of all kinds was tried, in the extremity he suggested a surgical operation. Before doing that he had the patient anæsthetized with a view of ascertaining more correctly the position of affairs, and, if possible, by manipulation urging on the stone. But nothing was gained by that, and the patient was in no way inclined to submit to an operation. In the end the patient got quite well, and the necessity was impressed upon him of seeing that he never went too long without food, and that he abstained from any of the nitrogenous foods; he was kept mostly on farinaceous foods such as milk puddings and so on. Every morning he (Dr. Day) advised him to take a small dose of Carlsbad salts as evaporated from the spring. The patient attributed a great deal of his health to that, and in that way he always kept the bowels acting. He could not say that any remedy tried had any directly beneficial effect. There were severe paroxysms, and they had to give the patient morphia which gave relief. Oil was tried, but the patient was simply nauseated, and it did no good.

Mr. WRIGHT asked if it were given in capsules.

Dr. DAY. No, in bulk in tablespoonful doses. Periodically he had instructed him to take capsules containing three minims of turpentine. The patient took them once or twice a week at first, and gradually discontinued them. He was now in perfect health, and had been so for more than a year.

Dr. BURFORD said he had never seen gall-stones cause pelvic symptoms in women. He had a very clear case at the hospital in which a woman was suffering from distended gall-bladder with peripheral inflammation, and she never had any pelvic symptoms. He remembered seeing a case in his House Surgeon days in which there was an abscess in the right flank, and out of that came something like twenty or thirty gall-stones, and the abscess sac was apparently entirely disconnected from the gall-bladder.

Dr. WOLSTON, in reply to Dr. Dyce Brown, said, with regard to the use of gelsemium and all ordinary remedies—he took it

for granted they knew what the homœopaths were in the habit of using, and therefore he had not enlarged his paper by reference to them. He had not used salad oil himself, but he knew that the late Dr. Willemin, of Vichy, whose experience had been very large, had recommended it as exceedingly useful. Berberis he (Dr. Wolston) had used habitually, and he thought with very great efficacy, in the moments of intermission, and he was quite sure that china also was of value. Mr. Wright had asked as to the time of operation. That was certainly a difficult point to answer, but there were certain cases where they ought to interfere without much delay. He had seen a lady near London some years ago who was suffering from very severe pain in the region of the gall-bladder. She had been seen by a good many medical men, and they were tossing up whether it was gall-stones or cancer, and at length it was declared that she was dying of cancer. He (Dr. Wolston) had seen her with her ordinary attendant—an allopath—and had declared her case to be undoubtedly one of gall-stones, and advised that she should be operated upon without any delay. The patient would not agree to that, and he advised, therefore, that she should go to Ems, which she did. She was there about fourteen days and improved marvellously. One morning her physician went to see her, and she told him that she had had three days of comfort such as she had not had for two years. Three hours afterwards he was sent for. She was in mortal agony and utterly collapsed, and within another three hours she was dead. The gall-bladder had burst. Had the patient been operated upon he believed her life would have been saved. In another case the wife of a friend of his, a doctor retired from practice, was lying at death's door, suffering from jaundice, due, it was supposed, to malignant growth. He, however, felt certain, on hearing the history, that her illness arose from a large impacted gall-stone, and advised that a surgeon, noted for dexterity in abdominal surgery, should be summoned to perform an operation. The famous surgeon came and refused to operate, because he declared it to be a case of cancer. No operation was performed, but the liver was probed, and the result was that the patient felt a little better. The liver was probed again with such vengeance that at last the stomach was probed also, the patient had tremendous hæmorrhage in the stomach and died. There was a *post-mortem* examination, and one large calculus was found blocking the common duct—a stone which would have slipped out of its place like a pea out of its pod. The woman's life was sacrificed for want of boldness and

proper diagnosis. It was, perhaps, possible that diet had not very much to do with the formation of gall-stones in many cases, but the constitution had to be borne in mind. He did not wish it to be understood that he thought that every case of morning diarrhœa was due to gall-stones, but there were a great many cases of morning diarrhœa which were very intractable, where he thought they would find that the cystic duct was occluded.

THREE OF THE ALKALOIDS

(*Aconitine, Digitaline, and Hyoscyamine*), *with some remarks on Piperazine.*

BY S. MORRISSON, M.D.

ONE of the difficulties in regard to matrix tinctures is their liability to change. Many of these are of uncertain strength after having been some months in stock, but of course this does not apply to the medium and higher dilutions, which leave no residual sediment. Natural products have also to compete with chemical compounds, hence the question of stability comes more and more to the front. Of late years, the alkaloids have taken a more prominent place in therapeutics, partly because of their greater stability, partly because of their uniformity of strength, and partly because of the convenience of their administration. The words "uniformity of strength," however, require some explanation, as its application may be merely local or national. We know that many products slightly vary, in accordance with the conditions of manufacture, and from this the alkaloids are not entirely exempt. Our English aconitine, for instance, is about double the strength of French aconitine, and this is an important factor in prescribing. It is recorded that a certain French doctor was hurriedly called to a patient to whom he had prescribed aconitine, and found her in a state of collapse. Restorative measures were employed, and she began to rally. But the doctor would not admit that the symptoms were due to aconite poisoning, as he had ordered quite ordinary doses, and in order to convince the friends he offered himself to take

a double dose. This he did, with the result that in half-an-hour medical aid had to be summoned for him ; but it was of no avail, for although the lady recovered the doctor died. On enquiries being made, it was found that the chemist had used English aconitine where the French preparation was intended. Of course this prescribing was sailing "very close to the wind," as a nautical man would say. The cases of drug poisoning that occur every hour are far too numerous, and one cannot but wonder why many ordinary practitioners so frequently push the doses of drugs so near to danger point. Surely the repetition of small doses will bring all the necessary effects of the primary action of drugs without any risk to the patient. How to accomplish this with the alkaloids I wish to place before you.

Aconitine, the representative of aconite, is the first to which I shall refer. My early experience was with dosimetric granules, each of which is said to contain halt a milligramme (130th of a grain) of the active substance. As they are of French manufacture we may suppose that they contain the French preparation of the alkaloid. The chief exponents of dosimetry call their practice a system of medicine ; but in reality it is merely a method of using certain drugs, of which the alkaloids and metalloids are the chief representatives. *Le Nouveau Manuel de Thérapeutique Dosimétrique* states that the great object to be attained is the jugulation of acute disease at its commencement. Numerous cases are published to show that this object can frequently be attained, the alkaloids most frequently employed being aconitine, digitaline, and veratrine. Whether the patients who may be saved from prolonged sufferings, say of typhoid fever or pneumonia, and their friends, would really give the practitioner credit for special skill seems to me very doubtful. I rather fancy that many of them would say that the doctor was making much out of what after all was only a trifling attack, unless they were sufficiently educated in medical matters to understand the indications of the pulse and of the clinical thermometer. Be that as it may, it seems to me that there must be some risks, as I have seen, in pushing these remedies for rapid

effects. It is not my intention to enter upon the general indications for aconite, but to refer to one well-known to us all, and that is the reduction of fever temperatures. In simple fever our ordinary dilutions, more particularly the first to the third decimal of the ordinary tincture, will suffice, especially in frequently repeated doses. But in specific fevers, such as those of the typhoid, remittent and intermittent types, the ordinary aconite stage has usually passed before the practitioner is sent for. It is our business then to watch the temperature carefully, and for over ten years I have adopted the plan of giving one grain doses of this trituration of aconitine in a dessert-spoonful or table-spoonful of water every hour for four or five doses, directly the temperature touches 103° F. A dose less or a few doses more may occasionally be required, but the indication for stopping the medicine is the outbreak of profuse perspiration. Then the temperature falls steadily, usually about two degrees within twelve hours. Should it again rise an occasional dose will bring it again below danger point. This sounds very simple, does it not? But we can hardly say that it is so, for in severe cases skilled nursing is required, together with what is commonly called "gumption" in noting the susceptibilities of the patient. This special trituration is marked 1·1,000. It is not exactly the third decimal, as it is prepared by single trituration, and it will keep unchanged for an indefinite time. In an early case I nearly lost a patient from syncope after seven doses of aconitine granules, taken singly; but this trituration has never yet misbehaved itself. Dosimetric practitioners possibly, perhaps, lessen the effects by mixing three, and sometimes four sets of granules in one dose—a practice as objectionable as that of ordinary polypharmacy.

Let us now refer to digitaline, this trituration of which is marked 1·100, and is also prepared by the single process. The average dose is from one grain to two and a-half grains, and the effects may be relied upon. We all know how useful the preparations of digitalis are in cardiac affections marked by intermittency, and in their complications, but it cannot be a pleasant matter to find that a patient has been half

poisoned by the infusion, as our allopathic colleagues sometimes do. There is another form of constitutional affection in which this preparation has always served me well, and that is Graves' disease, or more properly, exophthalmic goitre. For chronic cases, one drop of matrix tincture of belladonna morning and evening, with a two-and-a-half-grain dose of this trituration at middle day. Some will say, why give the two drugs in that way? I reply, the effects of both are required, and it saves time in treatment. In ordinary practice we seldom see our patients with sufficient frequency to always keep to the use of only one medicine throughout a longish period of time. In dosimetric practice this alkaloid is used in granules, each containing one milligramme (65th of a grain).

Our next trituration is hyoscyamine, which is marked 1·1,000, and is prepared in the same way as the others. If you come across a bad case of delirium tremens (which is purely an artificial disease), try this preparation in one to five grain doses. I have still under my care a girl of 12 with scarlatina anginosa. At first, about quarter drop doses of belladonna were given every two hours. Membrane formed on the left tonsil, and the temperature rose to 104·2° F., with a pulse of 116. A sulphide of calcium gargle was prepared, and the belladonna was changed to the first decimal. The formation of membrane was checked, but night restlessness became a marked symptom. Some four grains of this trituration of hyoscyamine were dissolved in two-thirds of a tumbler of water, one dessert-spoonful to be given every two hours during the night if wakeful. The restlessness ceased, sleep soon came, and she is making a rapid recovery. Some twelve years ago I saved a brother of this child, whose case (also scarlatina anginosa) had been pronounced hopeless by two allopathic doctors, and the parents have ever since been staunch adherents of our system. In dosimetric practice the granules of hyoscyamine each contain a quarter of a milligramme (260th of a grain). They are sometimes of great use in relaxing spasm, as in spasmodic retention of urine, and for strangulated hernia. An old patient of mine suffered for

many years from umbilical hernia. At times this would become fixed. If not soon reduced by home measures a hurried message was sent on to me. When 90 years of age I found it one day very intractable. It would not yield to the taxis, even with the hot bath. I had taken some granules of hyoscyamine with me, and after half-an-hour's ineffectual effort commenced to give him a granule every five minutes, still gently continuing the taxis. If memory serves me correctly it was after the eighth dose that the hernia slipped quietly back, just as if it had never intended mischief.

And now I would say a few words upon the new drug—piperazine. My attention was drawn to this some four years ago, by a notice in one of the medical or pharmaceutical journals, and my impression of it then was that it deserved to be thoroughly proved. It occurs in colourless, needle-shaped crystals, having scarcely any odour, but a pungent taste, and being freely soluble in water. The melting point is 104° C. (219·2° F.). It has been stated that "in aqueous solution it will dissolve twelve times as much uric acid as carbonate of lithium will render soluble under the same conditions." The action of piperazine is specially upon the urinary tract. Uric acid is said to be diminished by its use, and the excretion of urea increased, and "a one per cent. solution at blood heat suffices to dissolve within a short time urinary calculi, consisting of uric acid only, or in association with phosphate of lime." It also has a direct action upon renal and urinary calculi, and especially upon the former. An old patient of mine, who has for many years suffered from a vesical calculus which she never would have interfered with, was recently seized with severe renal and lumbar pains. She has had similar attacks previously; but on this occasion she was put upon piperazine, five grains to two drachms of diluted alcohol, five drops to be taken every three hours. On the fourth day she passed two renal calculi, and on the following day a third. The attack passed over more quickly than on previous occasions. Another patient, who took similar doses, stopped the medicine because of its so greatly lessening the flow of urine; and yet another, to whom two and a-half grains had been prescribed, but only once a day,

stopped it on the same grounds. Yet our allopathic friends prescribe from five to ten grain doses. An elaborate account of the action of piperazine and its effects in artificial diabetes, as conducted in the Breslau Pharmacological Institute, has been published by Dr. H. Hildebrant. My special object in referring to the drug is to induce some energetic friend to thoroughly prove it, and give us the tabulated results.

Just a final word in regard to the alkaloids. We should always remember that in selecting drugs to act in accordance with the law of similars, we must be very careful as to the dose. By descending to low potencies we are not forsaking our system, for even Hahnemann says that for temporary purposes material doses are sometimes admissible, but that they should always be kept within the range of the quantities necessary for the actual cure of the disease.

Dr. BYRES MOIR said he had used piperazine in several cases with very good results in gout. He had used it allopathically.

Dr. GOLDSBROUGH stated that he had used hyoscyamine, particularly in the form of dosimetric granules, in sleeplessness from neurasthenia, where the mind was very wide awake. He had never seen any bad effects follow. He had a lady patient who was taking the dosimetric granules over and over again with the greatest possible benefit. He would say that the action must be purely homœopathic, as the action of hyoscyamine was to induce a state of exaltation or excitement of the brain and the nervous system.

Dr. CARFRAE said that the last patient to whom he gave hyoscyamine (in dilution, not in granules) had such violent headache and no sleep, that she would not go on with it.

Dr. MADDEN said that piperazine was said to pass through the body without producing any symptoms whatever, unless it met with uric acid, and then that was altered and rendered soluble. He said there could be no doubt that in the use of these alkaloids one had to be very careful in the dose. He could confirm what Dr. Carfrae had just said as to the use of hyoscyamine. If the dose was not reduced they were apt to get increased excitement of the brain, and headache.

LOCHIAL PYREXIA.[1]

BY ALFRED E. HAWKES, M.D.
Physician to the Hahnemann Hospital, Liverpool.

My reason for bringing this subject before my colleagues may be said to be two-fold, for not only have some cases recently come under my notice, but I have also had an opportunity of putting to the test a remedy with which the zeal and acumen of Dr. Drysdale made us familiar.

I do not think the name of Dr. Drysdale is in any danger of being forgotten, but as some of our allopathic brethren were fonder of noting the points wherein they did not differ from his methods, than of emphasizing those in which they did, it the more behoves us to call to remembrance our indebtedness to him.

It is not my intention to attempt even a *résumé* of the views enunciated by those entitled to write authoritatively on this important subject. The following sentence, written by a well-known authority, would almost warrant the attitude assumed by those who place symptom-covering, with all that is meant thereby by the homœopathic practitioner, before ætiology. Dr. Barnes[2] says: "Differentiation, or the identification of the particular poison at work, is established sometimes by watching the clinical evolution of the disease, by the antecedent history, by search into the surrounding influences; and not seldom the problem baffles solution. We must then be content with the general fact that we are dealing with a puerperal fever."

For an interesting account of the course of the temperature in puerperal cases, I beg to refer you to a paper by Dr. J. W. Hunt, entitled, "The Normal Course of Puerperal Temperature."[3] Herein the effects of emotion, retained clots, and other hindrances to recovery, are well exemplified.

Not long ago I attended a primiparous case in conjunction with a colleague where all went well, but soon after the

[1] Read before the Liverpool Branch, May 10, 1894.
[2] "Obstetric Medicine and Surgery," vol. ii., p. 406.
[3] *The Practitioner*, vol. xl., page 81.

termination of labour, within a few hours, the temperature ran up to 103° F. It soon came down again, whether in consequence of the arnica we gave, or spontaneously, will doubtless afford occasion for difference of opinion.

Some year or two ago I was asked by a medical friend to see a multiparous patient who had been delivered by him a month previously. She had been kept from her ordinary work for three weeks, and during the last week of the month had occupied herself with the simple duties within the scope of a convalescent. But at this stage she became very ill; chill, high fever, delirium, hallucinations and indifference to her child manifesting themselves, to our great anxiety. Sordes on the teeth, gray diphtheritic patches on the fauces, much bladder irritation, and some albuminuria followed. The uterus was scraped with care and thoroughness, and although at that period in the history of the case much weight could not be attached to the absence of the lochial discharge, the uterus was douched with appropriate fluids, as though it had been proved to be, which was not the case, the *fons et origo mali*. Rhus., merc. cyan., and merc. cor., the serpent venoms and arsen. served us well, and the patient not only recovered her health, but what at the time seemed to be in still greater jeopardy, viz., her reason.

At the time the bias of our minds was towards the autogenetic nature of our patient's disorder, but the somewhat discursive researches of the few days immediately preceding the writing of this contribution lead me to the view that the confinement acted only as a predisposing cause of the febrile attack. It is worth recording that my colleague, although he with his own hands syringed the uterine or vaginal cavity daily, continued his obstetric work without infecting any other patient.

As bearing closely upon this phase of the subject, the following notes are transcribed, and I think you will agree that they are too valuable to lie hidden in a ward journal:—

Mary D., aged 24, was admitted into the Hahnemann Hospital on January 17, 1891, under the care of Dr. J. W. Hayward, through whose kindness I am permitted to read the following condensed epitome of his notes:—

She had been confined exactly six weeks prior to admission. She had done well for three or four days after the confinement, but then began to suffer from uterine pain, and this was accompanied by a fœtid, copious discharge. This subsided under medicated douches, and she got up about the end of the third week, and for a fortnight was able to attend to her ordinary duties. A week before admission she began to suffer from headache, vomiting, and diarrhœa, accompanied by feverishness and restlessness.

On admission the patient was dull and apathetic, the tongue was brown in the centre, the edges being more natural, but the whole organ was dry and the breath foul. A spot suspiciously like an enteric papule was discovered. There was also some cough, the respirations being forty per minute; the pulse was small and weak, and 120 per minute; the temperature varied from 101° to 103° F. Delirium also was present.

Two days after admission, the temperature being 102° F., five minims of a one per cent. preparation of sepsin were injected into the arm, and in two hours the temperature fell two degrees, and four hours after it was found to have gone down another degree.

Next morning it again rose to 101·8° F. Another injection acted in the same way, the same strength and quantity being used, and the temperature fell. But sordes accumulated, and the breath continued foul, though no abdominal tenderness and no spots existed. The pulse and respiration did not alter. During the next day (fourth in hospital) the temperature did not rise above 100° F.; the patient was very restless, and she picked repeatedly at the bed clothes. Not much urine was passed, and this was loaded with lithates. Much muscular twitching was present, but no diarrhœa. Hyoscyamus 1x every two hours was ordered.

On the following day the patient was very dull, but she could be got to answer. She attempted to get out of bed. There was no vaginal discharge. The temperature fell to 96° F. For reasons not fully stated in the notes, ignatia 1x was administered. On the sixth day in hospital the temperature again rose to 103·6° F., and sepsin was injected as before. The thermometer rose 0·2°, but then gradually fell to 99° F. Soon after this the patient became collapsed, the whole body was in a state of tremor, the face became turgid, the tongue dry, and the patient lay in an unconscious state. She again rallied, spoke rationally, and the temperature began to rise, and for the fourth

time five minims of the sepsin solution were injected (seventh day in hospital). The temperature fell, and a good night was experienced ; she perspired very freely and the bowels were moved, the evacuations being formed.

At eleven a.m. next day the temperature again reached 102·4° F., and another quantity of sepsin was administered. The syringe did not work well, some fluid escaped, and no good resulted, at any rate for some time. In the evening of the eighth day in hospital, the temperature was 101° F., the skin was dry, and the patient semi-comatose : there were also well marked tremors. Five minims of the sepsin were injected, and next day the patient seemed much more herself, and the temperature fell to 99·2° F. She slept well, the delirium ceased, but the perspirations were very profuse, and the catamenia returned. At this stage the chest symptoms needed phosphorus 3, every two hours.

The notes taken on the three following days denote a steady and satisfactory improvement. The improvement in all respects continued until February 2 (sixteenth day in hospital), when the temperature rose to 102·2° F., the pulse reached 130 per minute, and thirst and headache recurred. Gelsemium 1 was administered, but no good resulted, and sepsin was again resorted to. The temperature fell, but almost immediately afterwards began to rise. It again fell, and by the following morning it was 101·6° F. It fell no lower at this time, but on the other hand began again to rise. When it had reached 103·4° F., sepsin was again administered, and for the eighth time. This seemed to have no effect, but it was remarked at this stage that the rapid rising and falling of the temperature did not appreciably affect the patient. On the eighteenth day in hospital the temperature varied a good deal ; it reached 103° F. at ten a.m., and for the ninth time sepsin was given hypodermically. This had but little effect on the temperature, but the patient seemed particularly well. The rest of the illness was uneventful, the bowels needed an occasional enema, and by the end of another week some solid food including bread was partaken of. There was no further report after February 19, and the patient went out on March 4, having been in hospital forty-six days.

It remains for you who listen to this narration, and who see the chart in its entirety, to say what you think this case was. Perhaps you will liken it somewhat to those cases of scarlet fever which seem to supervene on diphtheria, after an

interval, much shorter of course than in this case, and more or less consonant with what we know of the incubation period of these disorders.

Reading the history of the case, or hearing it read, may lead you to think that the connection of the puerperal state with the subsequent condition did not stand in the relation of cause and effect, except in so far as the first condition may have predisposed to the second. I do not think any questioning will arise as to the profound effect of the pyrogen.

During the latter half of 1893 I had rather an unusual experience in regard to childbed feverishness, and I beg to relate certain portions thereof. On June 21, almost immediately after a long holiday, which included a sea voyage, I was called to see a woman in poor circumstances whom I found suffering from peritonitis. She was very ill, and for a day or two I could elicit no history of her case, or it might possibly have eventuated differently. In a day or so I, somewhat against rules, had her conveyed to the Hahnemann Hospital, where all that could be devised was done for her till she died. It was elicited that she had been attended occasionally by a medical practitioner who had predicted something untoward in the case. She, notwithstanding, engaged a midwife very favourably known in the district in which they resided. The midwife, alarmed on hæmorrhage occurring before the birth of the child, sent for a skilful and experienced practitioner. The condition of placenta prævia having been diagnosed, chloroform was administered, the child turned and delivered alive, and the placenta removed, not, however, without some more hæmorrhage. The surgeon did not return, and I cannot learn that douches were used by the midwife, who ceased attending on or about the tenth day. When I became aware of the history of the case, having been a day or two in attendance, I informed the surgeon of the condition of the patient and sent for the midwife. They were content to leave the case in my hands, and I continued in attendance, but I informed the friends that I feared a fatal termination.

Scrupulous cleanliness, intra-uterine douches which I manipulated myself, and the serpent venoms were all tried,

and when *in extremis* sepsin was injected, but the patient died eighteen days after delivery, and six days after my first visit. The legs were swollen, and the case presented most of the features of the worst forms of phlegmasia dolens. She died on June 26, but no *post-mortem* was permitted. It was notified as puerperal fever. The Medical Officer sent for the midwife, ascertained that she had had no such case at any rate of late in her practice, and saw no necessity for her abandoning work even for a time.

The soundness of his advice may be gauged by the following case :—

Within a few days of the death of this patient, I was asked by a medical man to see a case of uterine hæmorrhage, apparently due to some organic disease. The patient having been a dispensary one, I went up alone to save time. I found her much blanched as a result of the hæmorrhage. I did not like to delay, but examined the patient and found, not what I had been led to expect, but evidences of recent miscarriage. Having proceeded thus far, I emptied the uterus, continued in attendance, and the patient had no unusual symptom, but of course suffered from great weakness and prostration. Shortly after this, about sixteen days after the death of the woman in the hospital, a friend called for me, and before I had time to reflect I found myself in a cab with him and an anxious husband, whose presence made retreat impossible, on our way to a placenta prævia. The delivery of the patient, chloroform having been administered and the child turned, presented no difficulty. The mother rallied, and was well enough to be left in due course, but no effort sufficed to get the child to breathe. The mother did well for a short time, but although all precautions were adopted, high temperature, 103° F., some rigors, suppressed lochia and brain symptoms necessitated vaginal and uterine douches, chinin. sulph., lachesis, veratrum vir., and baptisia ; and fully a fortnight elapsed before the patient was out of danger.

There was nothing particular about the treatment, but I am bound to put these questions to you, as I have put them again and again to myself—Was the feverishness in this

case due to the placental wound being so much nearer the os uteri than usual, and so less far removed from atmospheric influence, or to the introduction of the hand and part of the forearm into the uterine cavity, albeit well anointed with antiseptics; and can it be maintained that the freedom from high temperatures and other untoward signs in the intervening abortion case shows that nothing could have been carried from the case which ended fatally some eighteen days previously?

My next experience did not occur till two months afterwards. On September 12 I was summoned by a friend to lend him a hand with a primipara. Labour had lasted many hours, the head was firmly fixed and would not move. Forceps were used, and a large child extracted without disaster to it. There was rather free hæmorrhage, and the perinæum was so far lacerated as to need careful stitching, although the tear was not extensive. This step necessitated the use of the catheter and the douche, for the application of which I went one part of the day and my friend the other. A week sufficed for my share of such duties and I ceased to attend, but about the tenth day I was summoned again. I found the patient feverish, the pulse quick, the milk and lochia diminished, and the friends anxious. I need not detail the course of treatment, but for some days baptisia, lachesis and crotalus were given according to the well known indications, but with scant benefit. On the twelfth day after delivery, a peculiar symptom sent us to the Materia Medica, viz., a sensation as if the hand, and, indeed, the whole body, were too large. I need hardly say that our attention was drawn to apis, and that, as there was tenderness of the abdomen and some cystitis, we did not hesitate to trust to it. It removed the feeling alluded to and the patient's symptoms were modified, but the prognosis was not much bettered. Rigors came, the delirium was more muttering, the temperature at times exceeded 105° F., and we felt that more must be done. Tepid sponging generally reduced the temperature a couple of degrees, and a continuous pack, once or twice repeated, helped, but not until we injected hypodermically five minims of the pyrogen one

per cent., did we find a really serviceable febrifuge in this case. She had, in all, eight injections, but one was badly administered, as in Dr. Hayward's case, and the patient was worse, evidently experiencing the want of it. Her progress under its use was satisfactory, the pulse and temperature fell, the lochia slightly returned, her indifference to her child gave place to the opposite feeling, and I was able to discontinue my attendance on the twenty-seventh day. After I left, desquamation and falling of the hair occurred. The case was reported to the authorities, who found the drains wrong and had them altered.

Recently I have had the opportunity of examining the patient. There is a good perineal body, a very slight cervical tear, the slightest deposit at the left of the uterus, and a healthy child to compensate the mother for all she has passed through. My friend informed me that at least one who had been loud in her denunciation of the homœopaths while the patient was at her worst, subsequently called to consult him herself.

While in attendance on this case I was summoned to a patient of my own; I declined to attend, and Dr. John Hayward went in my place. But almost the next day a primipara, the subject of bad mitral disease, sent. I made a feeble effort to get out of the case, but did not succeed. I attended her, and had to stitch a small tear and use the catheter and the douche, as the nurse was quite incompetent. Beyond suffering from insomnia myself no harm resulted, and I hope for a time I have seen the last of high temperatures in obstetric practice.

Permit me to state that on one occasion I had a primiparous case where I had to peel off the placenta; which procedure was followed by hæmorrhage. In a day or two, high temperatures, suppression, and a state bordering on insensibility supervened. Aconite, veratrum vir., and gelsemium failed, but baptisia, glonoin, nux, each in single doses of a moderately high dilution, at long intervals, under the advice and sanction of Dr. Mahony, whose patient she had been, acted very satisfactorily. A broken midfeather trap, leading to the accumulation of filth at the basement of the house, was the evident cause of this complication.

A few words as to pyrogen. Those who desire to follow the workings of Dr. Drysdale's mind in regard to this powerful agent, will doubtless read his paper on the "Germ Theories of Infectious Diseases,"[1] and his paper "Pyrexin," in the *British Journal of Homœopathy*, vol. xxxviii., page 140, *et seq.*, and also his contribution on the same subject in the *Monthly Homœopathic Review*, vol. xxxii., page 416, wherein he refers to Dr. Burnett's pamphlet on "Fevers and Blood Poisoning and their treatment, with special reference to the use of Pyrogenium."

I will only quote one sentence from the *British Journal* article. Dr. Drysdale says: "In septicæmia, metastatic pyæmia, and puerperal fever, it is more difficult to see any possible opening for a remedy of this kind."

In view of this it will be for you to say whether our success with this agent after other means were apparently failing, controverts Dr. Drysdale's conclusion, or whether we unjustifiably used the remedy under the circumstances. We may be assured that he would not attach undue weight to one successful case were he here.

I will conclude with one or two obstetrical *obiter dicta*.

"Should there be the slightest rise of temperature and pulse, intra-uterine injection is imperative"; Barnes. "Linen which has only been washed is a frequent source of infection"; Barnes. Few will go all the way with Lapthun Smith[2] when he says: "If no improvement occurs in twenty-four hours, curette, irrigate, and apply tincture of iodine to the cavity of the uterus. If these measures fail and peritonitis develops, perform an exploratory incision; and if there is no evident source of infection, remove the uterus."

"If any sanitary defect be discovered in the house the patient should be at once removed from it."[3]

Barnes and Playfair[4] do not agree about venesection. I have seen excellent results obtained abroad from the application to the abdomen of a dozen leeches.

American practitioners and others insist on the smallest laceration being repaired at once.

[1] Bailliere, Tindall & Cox.
[2] *Medical Annual*, 1894, p. 491.
[3] *Medical Annual*, 1894, . 491.
[4] Treatises on Obstetrics.

Playfair,[1] Barnes and Fordyce Barker speak of aconite and veratrum viride with favour, but I fear most of us would say that they do not know quite how to use them.

Barnes[2] recommends that the obstetrician should not wear gloves, and that he should ride in the open air.

Some of Dr. Barnes's sentences might have been taken from a proving of rhus, but I do not think anyone would treat a case without attempting to wash away, or otherwise remove, any "perilous stuff" contained in the uterus.

I need hardly add that the object of this paper is to draw attention to a *dernier ressort*, after means which are equally well-known to all of us have failed.

Dr. GORDON SMITH said that his own experience was very free from cases of puerperal fever. After confinements he always used antiseptic douches for a few days, commencing the second day after delivery.

Dr. NIVEN said that because there were no evidences of septic symptoms in the intervening case between the septic cases, too much importance must not be placed upon this as an argument in favour of the auto-genetic, as opposed to the hetero-genetic mode of infection. He was inclined to regard the case in which desquamation took place, on account of the time of its occurrence, as one of scarlet fever infection. He had himself attended a case for a practitioner for whom he was doing *locum tenens* work, which died the day after he saw it, and which turned out to be the fifteenth successive case in which primiparæ had developed puerperal septicæmia and died. Here one was forced to the conviction that these cases were hetero-genetic and preventable. With regard to the treatment of puerperal cases of septicæmia, after no little experience of quinine and local antiseptics, he was inclined to rely more and more on frequent injections of water which had been boiled used as hot as possible.

Dr. J. D. HAYWARD thought that cases should not be called puerperal fever simply because there was a rise of temperature after parturition. He thought specialists were inclined to take too strong a view in such cases. He felt bound to protest against some of the concluding strictures quoted by Dr. Hawkes,

[1] "Science and Practice of Midwifery," vol. ii., p. 354.
[2] "Obstetric Medicine and Surgery," vol. ii., p. 495.

e.g., Lapthun Smith's indication for removal of the uterus. He strongly recommended the use of diapers and bed sheets that could be destroyed. Hartman's and Southall's sheets and towels were strongly advocated.

Dr. WILLIAMS thought that the case that desquamated was undoubtedly one of scarlatina. Probably scarlatina takes on the symptoms of puerperal fever in lying-in patients. There was marked cystitis and nephritis, albumen and pus, and some throat symptoms. Five minims of a ten per cent. solution seems a very tangible dose of pyrogen, especially when injected subcutaneously, still the action is probably homœopathic.

Dr. NANKIVELL emphasized the influence of sewer gas in such cases, and mentioned a case in illustration.

Dr. BERNARD THOMAS said that he had not had much experience in such cases. In one fatal case which had come under his notice, where a midwife had attended the confinement, the temperature rose to 107° F. There was great œdema in both lower extremities. He thought that sepsin acted isopathically rather than homœopathically.

Dr. GREEN recommended the use of iodoform bougies in addition to the use of the douche. He mentioned a case where the child had died some time before delivery, in which a well-marked septicæmic rash was present over the buttocks, the rash being followed by desquamation. In a second case, where the placenta was retained, crotalus 3 internally, and iodoform bougies locally, with the injection of perchloride of mercury (one in 3 or 4,000) t.i.d. proved effectual.

Dr. ELLIS remarked that the paper centralized on the value of pyrogen. Although at first impressed in its favour by Dr. Drysdale's recommendation, he had come to the conclusion that it was useless as a remedy, other measures acting more efficaciously. He did not consider its action to be a homœopathic one. He believed most of these cases to be heterogenetic, and the injection of alkaloids from putrid meat was isopathy, not homoeopathy. With regard to the action of quinine in large doses, it seems strange that it should act well, as it undoubtedly frequently does, when we consider what a powerful destroyer of the white corpuscles quinine is, and one of the principal actions of the corpuscles is that of phagocytes.

NOTES AND COMMENTS ON A CASE OF PERFORATING APPENDICITIS: OPERATION; RECOVERY.[1]

BY JOHN DAVEY HAYWARD, M.D.LOND., M.R.C.S.
Surgeon to the Hahnemann Hospital, Liverpool.

THOMAS STOUT, aged 21, seaman, was first seen by me on December 4, 1893. He was then lying in bed complaining of abdominal pain and of vomiting; he had been under Dr. Gordon's care for the previous three days, and it was by this physician's invitation that the case came under my notice.

Previous History.—It is stated that the patient had an inguinal hernia on the right side as an infant, which became cured after a truss had been worn for a short time. The mother describes an attack, closely resembling the present one, as having happened to the patient when a child, and mentions that it was called "inflammation of the bowels" by the doctors in attendance. With this exception the patient has had no serious illness or injury, and has always been a strong healthy lad, whose bowels were generally quite regular. Family history good.

Present Illness.—Patient went to bed on the night of November 30, on board the tug-boat on which he serves; he was feeling quite well, except for a slight cold, due to a chill from a wetting experienced two days previously; he was roused in the night to take his watch, when he first noticed that he had a pain in the right lumbar region; this became so severe that, after a short time, he was obliged to go back to his bunk and eventually to be taken home. The pain was continuous; but, for the first three days, the bowels still acted regularly. On the first day he tried to relieve the pain by drinking large quantities of cold water; this induced vomiting and, since then, he has vomited everything taken.

[1] Read before the Society, June 27, 1894.

Present Condition.—When seen by me on the evening of December 4 (fourth day of illness) the patient was lying in bed on his right side; face drawn and perspiring; he was complaining of pain in the right lumbar region. I was shown a basin, containing about a quart of green fluid, in which were some small lumps of curdled milk and a large round-worm; this had all been vomited in the afternoon. There was no nausea present; but, without warning, the patient suddenly commenced to vomit, large quantities of fluid pouring from the mouth, some, of course, going over the patient and the bed, before a receptacle could be applied. This was the character of the vomiting throughout the illness. There was a distinctly fæcal odour to the vomit. The right rectus abdominis was rigid, and there appeared to be behind the abdominal wall a large tumour in the right lumbar region, over the ascending colon and extending down into the right iliac region; pain was referred to this region and to the umbilicus. The swelling was tender, but not markedly so, and there was little general abdominal tenderness or distension. Flatus had been passed *per anum et per os.* The patient was anxious, but not collapsed; there had been no shivering. The temperature was slightly above the normal, but had been up to 101° F. The pulse was fair, but markedly intermittent; generally every fourth beat was missed, occasionally the seventh. Ipec. 1x and bell. 1x were given alternately and poultices applied locally.

Course.—The condition described continued, with little change, for the next two days, and on December 6, the patient was removed to the Hahnemann Hospital.

The note taken on admission records: fæcal vomiting soon after his arrival; face flushed and perspiring profusely; no collapse. Pain is severe and paroxysmal, it is situated below and to the right of the umbilicus. The abdomen is distended and distended coils of intestine can be defined. The right lumbar region is dull, the dulness extending down into the right flank. This area is distinctly tender and, on palpation, there is a sense of resistance over it. The rectum is quite empty. Tongue furred, but moist. Pulse intermits

every fifth beat; its volume is good, but the impulse is hard. Breathing abdominal; patient asserts that taking a deep breath relieves the pain.

Patient was put in the knee-elbow position, a long tube was inserted through the anus and about ʒiv. of glycerine and water were injected; this fluid was soon returned, with a scanty motion of small pieces and a little flatus. No food to be given; hot water to be sipped. Temperature 98° F. ℞ Opium 1 every half-hour.

December 7.—Patient had a severe bout of vomiting last night, of distinctly fæcal fluid. Abdomen softer and less painful. Flatus passed. There was another prolonged attack of vomiting in the evening.

December 8.—Patient better. A little Valentine's meat-juice and water given; also a little milk and soda-water.

December 9.—Bowels slightly moved, by a soap-water enema.

December 10.—Temperature 99·4°. Urine tested—no albumen.

December 11.—Says he feels much better; has passed a large quantity of flatus. Abdomen still somewhat distended. The dulness in right loin and inguinal region much less. ℞ Nux vom. 3x.

December 12.—Tongue red, no fur. Very hungry; had some mutton broth. Slight griping.

December 13.—Patient doing well, feels very hungry; small piece of fish allowed. Temperature 96°, rising to 98° in the evening. Bell. 3x.

December 14.—Return of the pain last night. No appetite to-day, tongue furred, tympanites increasing. Temperature 97°. ℞ Ol. ricini ʒss., plumb. acet. 6.

December 15.—Feels a little better, passing flatus per anum, bowels moved well after the castor oil. Sensation of a lump at the umbilicus with gurgling, increasing to actual pain. Pulse still intermittent; generally every seventh beat. Temperature 97°.

In the afternoon the man vomited ʒx. of fæcal fluid, and began to look and feel very poorly again.

On the admission of the patient to hospital the question

of abdominal section had been considered, but up to the present the symptoms had not justified such a proceeding. The indications had been to incomplete intestinal obstruction; and, as the abdominal distension was decreasing, flatus passing, tongue fairly clean and moist and no collapse threatening, while the vomiting had intermitted and the general condition improved, the idea of operation was postponed. To-day, however, the patient is evidently sinking; he has now taken very little food for over a fortnight, while of that taken only a small quantity has been retained; he has had fæcal vomiting for 12 days, and considerable pain, anxiety and loss of sleep. A large amount of flesh has been lost; the face has become pinched and almost Hippocratic; the pulse has been intermittent from the first and is now weak, thready and irregular; the tongue also is becoming dry and shiny. To-day the patient has described himself as feeling much worse and being "done;" he has passed a little flatus by the rectum, and by the help of an enema of olive and castor oil, inserted by a long tube, a small motion has been obtained. There is increased pain and feeling of distension near the umbilicus, and the patient has vomited to-day over a pint of brown fæcal fluid, extremely fœtid. Hiccough also is constant and troublesome. Temperature 97° F.

A consultation of part of the hospital staff was called; it was determined to make an abdominal section in the morning, if no improvement occurred in the meantime. The patient and his relatives were anxious for something to be done; the latter were informed of the serious character of the patient's condition, and of the prospects of surgical interference.

The operation was looked upon as, to some degree, an exploratory incision; for, although the early symptoms had pointed to typhlitis, still the vomiting and later history rather indicated intestinal obstruction, and the character of the symptoms suggested the cause to be a band, possibly from adhesions about the seat of the infantile hernia.

December 16.—11 a.m. Patient no better; he has had a restless and painful night. A pad of antiseptic solution was placed on the abdomen and the patient anæsthetised with

chloroform. An incision, an inch and a half long, was made in the right inguinal region, below and to the right of the umbilicus; its centre about half-way between the umbilicus and the anterior superior spine of the ilium. Owing to the distension of the abdomen it was not easy to hit upon the linea semilunaris; so the dissection came to be made through an especially well-developed muscle. The peritoneum was opened and a finger inserted; no band or other obstruction could be found about the umbilicus, but exploration revealed mischief about the cæcum; it was necessary to prolong the incision down towards the right groin, until it was about four inches long. The colon was empty and distended with gas; a mass of intensely congested small intestine was found, the coils were adherent to each other and to the colon, and a fold of mesentery was drawn across one loop, and was adherent to the abdominal wall low down in the iliac region, but no strangulated or damaged bowel was found; this loop was released, and the adhesions were separated by the fingers and by scissors, some oozing of blood occurring from the separated adhesions. During the separation of the adherent bowels the lower end of the right colon was reached, and suddenly a cavity was opened, from which over half an ounce of horribly fœtid pus appeared; most of this escaped externally, but an appreciable amount ran into the peritoneal cavity. Further dissection, with the finger and scissors, enabled the vermiform appendix to be brought out of the wound; it was long, dark, thick, and its end was ulcerated off; a large director could be readily passed into the ragged open end and up into the colon. The appendix at its lower end was sloughy; so it was tied, close up to the cæcum, in two places, with carbolized catgut and cut off. Owing to the patient's bad condition, under the anæsthetic and operation, it was not advisable to take the time necessary to stitch up the cut end of the appendix *secundum artem*. About a drachm more of the evil-smelling pus was removed; but no concretion or foreign body could be detected. The abscess deep in the iliac region, and the general peritoneal cavity, were well flushed out with hot water, through a wide funnel and large india-rubber tube.

The epigastric artery and two other small vessels required tying. The lower end of the epigastric vein gave considerable trouble and bled freely;—before it could be secured, the peritoneal cavity and the pelvis contained a large quantity of blood and clot, and required repeated washing out; some blood also oozed into the abdomen from the divided abdominal muscle, and these two troubles prolonged the operation to over an hour's duration. The patient's condition was so bad that it was not advisable to persist until the bleeding was quite stopped, nor the peritoneal cavity completely cleared of blood. The intestines had been kept in, as much as possible, by means of sponges and gauze pads; but gave some little trouble to return and retain. The peritoneum was stitched up with uninterrupted catgut ligatures, the abdominal wound by deep wire and superficial green-gut sutures. A glass drainage-tube was inserted into the pelvis and the wound was dressed with iodoform, green protective and absorbent perchloride wool. An attempt was made during the operation to keep the hands and instruments antiseptic; but only boiled unmedicated water was used to the wound and the abdominal cavity.

The anæsthetic used by Mr. Nicholson (our anæsthetist) was chloroform; occasionally a little ether was given by inhalation and hypodermically. Towards the end of the operation the pulse became very bad, and the patient collapsed. Nitrite of amyl was administered by inhalation, and a little brandy given by the mouth, while oxygen inhalation proved of benefit.

During the operation I was ably assisted by my colleague Dr. Hawkes, and by Drs. Davidson and Vincent Green (now of Eastbourne). To the latter gentleman I am also indebted for some of these notes, and for his care and attention to the after treatment.

The serious condition of the patient, before and during the operation, and the free escape of the stinking pus into the abdomen, caused a gloomy prognosis to be entertained.

Shortly after the operation the patient vomited over two pints of brown, grumous, fæcal matter, and about an hour later, some ounces of the same fluid.

At 3.30 in the afternoon the temperature was 95° F., pulse extremely irregular and intermittent, patient somewhat rallying from the collapse. A teaspoonful of warm water to be given occasionally. ℞ Arnica 1x om. 3 hor. The mouth to be washed out every half hour.

6 p.m. Temperature still 95°.

At 10 p.m. temperature rose to 96°, but soon fell again to 95°. Pulse 89.

December 17.—2 a.m. Temperature up to 98·2°; another vomiting of fæcal fluid.

6 a.m. Temperature, 97·2°; pulse, 100; respirations, 34.

10 a.m. Wound dressed; very little discharge; patient has slept about two hours, but is very weak. Pulse 106; tension hard, and inclined to be wiry. He complains of thirst, and is very restless; tongue moist. To be given frequent sips of warm water. ℞ Ver. virid. 1x.

6 p.m. Vomited fæcal fluid.

10 p.m. Vomited fæcal fluid; wound dressed; little discharge. Patient's restlessness has displaced the tube, and it could not be re-inserted. ℞ ʒss. brandy every three hours.

December 18.—Patient vomited a large quantity of the brown, grumous, fæcal material in the night, and again this morning; he has not passed any flatus since the operation. Complains of cutting pain across lower part of abdomen, which was very severe through last night, and was somewhat relieved by colocynth 3x and hyoscy. 1x alternately. Tongue dry; fomentations over abdomen. Ten grains of calomel were given, and crotalus 6 prescribed. Wound dressed; very little discharge; a rubber drainage tube inserted. In the evening the pain and restlessness were so severe that a suppository containing gr. $\frac{1}{4}$ of morphia was used, followed by a hypodermic of the same amount of the alkaloid. Temperature 96·6°; pulse 88; respirations 20.

December 19.—Had a fairly good night; is quiet and rather drowsy and depressed. Wound has become septic, and a fair amount of fœtid discharge has escaped; tube removed, as it does not appear to enter the peritoneal cavity. No food yet to be given by the mouth, but a

peptonized suppository is to be used every three hours. Temperature 96·4°; pulse 80; respirations 22; hypodermic morphia gr. ¼; ℞ Merc. corr. 3 t.d.s.

December 20.—Fairly good night; fæcal vomiting again this morning: wound fœtid. An enema of Oj. of soap and water, with ʒiij. of castor oil, was given, and caused a motion; the enema was followed by further fæcal vomiting. Temperature risen to 97·8°; pulse 88; respirations 24. Less pain; no further sedative was given. Wound to be dressed with iodoform twice a day.

December 21.—Fair night; temperature risen to normal; pulse 80; respirations 22. No further vomiting; brandy stopped. A little Valentine's juice and water by the mouth, and an occasional nutrient suppository still to be used. Wound stitches removed.

December 22.—Improved; no vomiting; wound less fœtid. Temperature 98°. A little flatus has passed per anum. Very little pain at wound. No abdominal pain or tenderness or other sign of peritonitis.

December 23.—Temperature 97°. No vomiting. Nutrient suppositories stopped. Feels hungry. To have Valentine's juice and chicken broth alternately. Bowels have acted naturally, a large, soft, painless motion having passed. Wound sweet.

December 24.—Had a good night and feels much better. Temperature 97° to 98°. No pain: but complains severely of hunger. Was given six oysters with ʒiv. of stout, and more beef-tea and chicken broth. Bowels opened naturally.

December 25.—Good night; feels well and ravenously hungry. Jelly, oysters, stout, milk and soda water. Wound healthy and granulating, it has gaped and is to be pulled together with strapping.

December 26.—Good night, no pain, very hungry, temperature normal, wound healthy, pulse good but still intermittent. Minced chicken, dry toast and tea added to the dietary. Allowed to smoke an occasional pipeful of tobacco; [to calm nerves, pass the time, still the feeling of hunger and act upon the alimentary canal.]

December 27.—Very well, very hungry. Minced beef,

egg, toast, tea. ℞ Arsen. 1, nux vom. ϕ. Smoked two cigars. Temperature normal. Bowels acting naturally.

December 28.—Looks much better; is cheerful, and filling up in face; still hungry; allowed some brown bread. Smoking. Bowels regular. Wound pulled together with strapping and dressed with eucalyptus ointment.

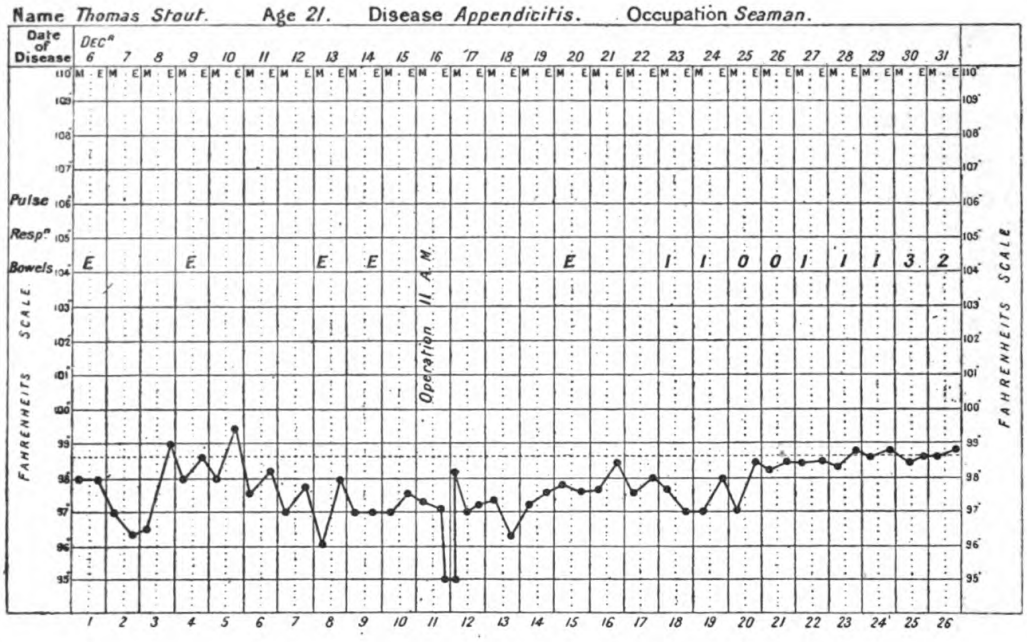
December 31.—Patient doing well,—wound shallow, pulse 88. Temperature normal. The pulse is now continuous for the first time since the patient came under observation; but the seventh beat is generally smaller than the others. Bowels opened naturally each day; yesterday there were three good solid motions, and to-day there have been two. Patient has sat up in bed for the last two days; he sleeps all night and has no pain or discomfort.

January 9 (1894).—Since last note patient has gained flesh and strength; he now takes the usual food of the hospital, and walks about the ward and corridors; he has no pain, sleeps well and has regular, natural action of the bowels. Temperature normal, occasionally slightly above. The wound is now only a scar with a few red granulations; there is no evidence of any risk of ventral hernia, on coughing or straining. Beyond some muscular weakness patient is quite well. The pulse is rather quick, especially on exertion; it is firm and regular, and has quite lost its intermittency.

January 18.—Discharged well; wound quite healed.

A few weeks ago the patient showed himself to some of the staff at the hospital; he expressed himself as being quite strong and well, and in full work on ship board; he certainly looked the picture of ruddy health. He was stripped; there was no appearance of any hernia at the scar when he coughed, strained or lifted a heavy weight; nor was he conscious of any weakness there. In passing I may remark that the frequent occurrence of ventral hernia, after abdominal operation, would be diminished if the peritoneum, the aponeurosis, and the superficial structures were united by separate, that is, by three rows of sutures, rather than one deep set of sutures used for all. I should prefer catgut for the peritoneum, silk for the aponeurosis, and silk, wire or silkworm-gut for the skin and muscle.

The temperature chart and the open ulcerated end of the vermiform appendix are here for the view of those who wish it.



I have reported this recent case of perforating appendicitis at length, chiefly because it illustrates the main difficulty in such cases, namely, that of diagnosis. In the first place, it is, commonly, very difficult to distinguish typhlitis or appendicitis from other abdominal inflammations, especially from intussusception and the various forms of intestinal obstruction, and, in women, from inflammation of the right ovary; and, secondly, it is often impossible to say whether the condition present is that of a moderate inflammation of the cæcum or its surrounding tissues tending to resolution, or of an ulcerative appendicitis tending to perforation, abscess and dangerous peritoneal inflammation. For instance, in the above case there were no rigors nor sweating indicative of suppuration, nor was the temperature at all characteristic. The treatment varies so importantly according to the condition present, that the difficulty of diagnosis is one of extreme importance. In several cases, I have known ovaritis to be mistaken for perityphlitis and *vice*

versâ ; and, in one patient of my own, both affections have occurred on different occasions.

I was once summoned at night by a *confrère* to operate upon an urgent case, supposed to be an example of the affection we are considering; but which, with difficulty, I diagnosed as pelvic hæmatocele, and which recovered under appropriate medical treatment.

The case reported presents other features of interest, to which I will first allude; and then we will briefly consider the subject generally.

Persistent, and even fæcal vomiting frequently occurs in cases of inflammation in and about the cæcum: the attacks generally give temporary relief to the pain and other symptoms, and are, no doubt, due to reverse peristalsis. In the present case the vomiting was so early, and so soon of a markedly fæcal character, as to suggest intestinal obstruction higher up the canal than the colon; and incomplete strangulation by a band was suggested: the report of the operation shows that to some extent such was the case. The continuance of the fæcal vomiting, for some days after the evacuation of the abscess and the removal of the obstruction, is worthy of note. The obstruction resulted, mainly, from Nature's attempt to seclude the abscess from the general peritoneal cavity.

No foreign body was found, although searched for. It is probable that the majority of cases of ulcerative appendicitis result from the irritation of some foreign body; such as undigested food, fruit-stones, bones, fæcal concretion or parasites; but possibly idiopathic causes may produce inflammation and ulceration of the part, the result of a chill, of enteritis and so forth.

The low temperatures registered, during a portion of the patient's stay in hospital, are remarkable. Charts, in general, do not contain a line for such a temperature as 95°; while that for 96° is very rarely used. On several occasions, during the preceding case, these temperatures were registered; at these times the mercury would not rise even to these points in the mouth, but only after a prolonged stay in the axilla. The temperatures were carefully taken, generally

under the immediate supervision of the ward sister ; I regret, now, that the thermometer was not also tried in the rectum. The temperature chart in such cases is usually of little use for diagnostic purposes ; giving no certain indication as to the presence, or absence, of pus or of extensive peritonitis : for prognosis, the condition of the pulse is more important than the temperature. Bad as my patient's symptoms and condition were at times, his pulse was generally about 80, and rarely ran up to 100 beats per minute ; although intermittent it never became markedly thready, wiry or irregular. I look upon a pulse of 120 as a serious indication in these cases, as in others in which the peritoneum is involved.

The fact that the patient recovered from such severe and complicated surgical proceedings, following upon the week's starvation, pain and vomiting, is remarkable. If Lawson Tait had taught us nothing more than to view with contempt the pretensions of the peritoneum to inspire fear or even respect, so long as we can flush it out with plenty of unmedicated water, he would still be one of the foremost surgeons of all time.

In this, and other abdominal operations in which I have been concerned, I am convinced that such proceedings have importantly conduced to the successful issue.

It has fallen to my lot to see many cases of what we used to call typhlitis and perityphlitis, in hospital and general practice ; but this is the first in which I have any personal experience of operation. The great majority of the cases got perfectly well, without any surgical interference. I can recall three recent cases in private practice, in which the rapidly serious condition of the patient led me to suggest operation ; but without such being performed. One of these died ; the others recovered. Two of these had previously had two similar attacks. Besides this fatal case I remember two such in my house-surgeon days. In addition to these I once made a *post-mortem* on a young lady for the late Dr. Drysdale ; she had died with obscure abdominal symptoms suggesting perforating gastric ulcer. I found a large abscess at the vermiform appendix. The end of the appendix was open, and in the abscess was an elongated, hard, fæcal concretion resembling in shape a small date-stone.

The surgical literature of the day favours the opinion that all those cases we have been accustomed to class as typhlitis and perityphlitis are really appendicitis, that is, consist of the results of inflammation of the appendix vermiformis; and that, in a large proportion of such cases, a surgical operation is called for. Both propositions, but especially the second, I believe to be anything but proven. Putting aside the extreme difficulty of diagnosis of most of the cases, especially in women, it seems to me that the hospital surgeons and professors, who write our books and whose debates are recorded in the medical journals, reason too much from the large proportion of serious cases which are referred to them, and do not sufficiently regard the legion of milder cases treated, and successfully treated, by the general practitioner. That a large number of the fatal cases of inflammation about the cæcum are due to inflammation, ulceration and perforation of the appendix, followed by a local abscess or general peritonitis, I quite believe; as also that a large proportion of these cases could have been saved by timely operation; but that the great majority of cases of inflammation in or about the cæcum yield to suitable, and especially to homœopathic medical treatment, I am convinced.

Typhlitis is an inflammation of the coats of the cæcum; probably generally due to the irritation of hardened retained fæces.

Perityphlitis is inflammation of the areolar tissue around the cæcum; it may be caused by a chill or by local injury, and is probably generally present when there is typhlitis. A rheumatic variety is described.

Appendicitis is no doubt the real affection present, at least in the first instance, in the majority of the cases we are considering. The pathology is probably generally as follows:—From the presence of foreign bodies or fæcal concretions the lumen of the appendix is stopped or its walls irritated; the same results may follow from ulceration, from muco-enteritis, from irritant undigested substances and drugs, from a chill, injury or strain; from the consequent changes in the walls of the small canal or from pressure

from without, a portion of the lumen is diminished or obliterated. The retrograde changes which take place during early adult life, in structures proportionately more developed in the fœtus and infant, lead to a narrowing of the cæcal opening of the appendix; and such developmental relics are notoriously inclined to inflammation. The mucus secreted in the distal portion cannot pass readily into the cæcum, and the distension and spasm produced cause the pain experienced. It has been proposed to call this appendicular colic. Certain persons are, without doubt, especially liable to the disease and some appendices invite it by their length, calibre, shape, or other physical property. Pain, tenderness and swelling occur, with more or less peritonitis; the termination may be in resolution, in permanent thickening and enlargement of the appendix, in the so-called dropsy or cystic disease of the appendix, in perforation, in local abscess or in general peritonitis. An abscess, when formed, may burst into the peritoneal cavity, into bowel, the bladder or other abdominal cavity, or externally. In some cases the disease recurs time after time: in some this is prevented by the obliteration and shrinking of the organ.

The ubiquitous bacteria have, of course, been credited with the responsibility of causing most cases of appendicitis; the bacillus coli communis being apparently the chief offender.

Where the cause of an attack of appendicitis is transient, such as swollen mucous membrane from some catarrh or irritation, with more muscular spasm than inflammation, the attack may soon pass off; where the pre-disposing cause is permanent the attack may develop the severe and dangerous complications I have enumerated, or may pass away to recur, perhaps many times. It is these latter two classes that call for surgical interference. Independently of the suffering endured from repeated attacks of the disease, there is the risk and probability of some attack passing on to the dangerous variety. An operation, between the attacks, is of slight risk compared with the danger of the frequent recurrence.

The non-homœopathic treatments of the diseases classed

under the above names follow the most divergent plans; some recommending the expectant treatment of opium or injections of morphia, with complete physical and digestive rest; and some advising free purgation, blisters and enemata.

The homœopathic treatment of these affections is very satisfactory; the diseased condition itself is very amenable to the properly selected drugs, and the manner in which the peritonitis and other complications can be combated is among the most striking triumphs of scientific therapeutics.

The treatment I have found most successful, in cases of inflammation in or about the cæcum, is as follows:—Complete rest in bed; the avoidance of any food or drink by the mouth, except a little Valentine's meat-juice, or the raw white of an egg stirred up with a little cold water; a little ice may be sucked or some hot water sipped; the use of rectal enemata, injected through a long tube and consisting of soap and water, glycerine and water, or a mixture of castor and olive oil. For feeding I rely on nutrient enemata; or suppositories, if the case is prolonged. The drugs employed should, of course, be selected according to the special symptoms present: I generally find these to indicate belladonna and nux vomica. If the pain and tenderness be very severe, I occasionally give frequently repeated small doses of opium, or use a morphia suppository. Where the evidence points to typhlitis stercoralis I have seen benefit from gentle local massage, a dose of glycerine or castor oil, or frequent small doses of calomel. In many cases I have used hot fomentations, turpentine stupes or mustard poultices, I am sure with benefit; and I have a firm faith in the value of the officinal extract of belladonna with glycerine, applied over the painful swelling.

Belladonna is the drug I have most usually found indicated and beneficial. I used it in my pre-homœopathic days, with some vague idea of its action on the unstriped muscular tissue of the intestinal walls: I then gave, together or alternately, those physiological antidotes, opium and belladonna; or gave the opium internally and used the belladonna

extract externally; the success of such treatment is, I fear, its only excuse. Of course, nowadays, I refer the benefit derived from belladonna to the fact that, under its symptomatology is to be found: "Great pain in the ileo-cæcal region, cannot bear the slightest touch there, not even the bed-cover"; while nausea, vomiting, and other symptoms usually present, are included.

Nux vomica and strychnia were also used by me in my physiological days; and now I depart not from them, when I can consider them as organopathic or homœopathic.

Under lachesis, to quote Raue, I find: "Great sensitiveness to contact of the abdomen; swelling in the ileo-cæcal region; painful stiffness from the loins down to the os sacrum and thighs; constipation; only possible position on the back with the knees drawn up." Mercurius has: "Painful, hot, hard and red swelling in the ileo-cæcal region, painful to the touch; face red or pale, sickly; thirst; red, dry tongue; constipation or frequent slimy discharges with straining."

Drugs occasionally indicated, and whose relations to many of the common symptoms are evident, are plumbum, rhus tox., opium and arsenicum.

Verat. viride, bryonia, aconite, belladonna and lachesis are invaluable in checking or removing peritonitis. Probably belladonna, aconite, merc. corr. and arsenicum have direct action on the bowel affected; and, homœopathically, prevent the congestion, catarrh or ulceration, that may be present, from proceeding to perforation and abscess. Hepar sulph. will be of use when abscess is threatening or has formed; in the latter case also silicea and mercurius demand attention. During convalescence nux vomica, arsenicum, and iodine are generally the most prominent drugs; I am fond of combining the two latter in the iodide of arsenic.

The question of operation, in such cases as we have been considering, is one of the most difficult that can come before the practitioner; many desperate cases recover, with patient medical and mechanical treatment, without any evidence of an abscess having occurred; while, even when suppuration has taken place, the evacuation and closing of the abscess

may occur, without surgical interference. On the other hand, no doubt, many fatal cases of perforating appendicitis might have been saved by timely operation.

The great difficulty in the cases, as they come before us, is to diagnose the dangerous appendix cases before they become too bad for operation; and to avoid interfering surgically in any of that large class of typhlitic cases, which would recover without such interference. If performed before the constitutional or peritoneal condition has become desperate, the operation is not a difficult nor a dangerous one. Indeed, an individual is better without his appendix, if the inflammation of this relic of development tends to recur several times; I should, in such cases, advise the operation during an interval just as I think any one the better for the loss of an offending hernia, prepuce, tonsil or gall-bladder. In some of these relapsing cases the appendix may be found as large as a sausage, even of the Bologna species.

In the great majority of cases operated upon it will be found unavoidable to open the peritoneum; this is the less regrettable as in most cases the appendix has its own mesentery; and any perforation must therefore necessarily involve the peritoneal cavity, unless some adhesive process should fortunately anticipate such an event.

Difficult as it is to understand why such an affection as appendicitis should be so much more frequent and severe among the inhabitants of one country than of another, such must be the case with regard to the United States as compared with the Old World; unless we are to believe that much mistaken diagnosis takes place, or much unnecessary surgery is exhibited, across the water. Appendicitis and the operation therefore occupy a much more prominent position in American than they do in European periodical medical literature.

Perhaps the American appendix is longer, more patent or more sensitive than with us; though this would be rather a retrograde step in development, and, theoretically, one would rather have expected so advanced a race to have, by natural selection, improved away an evolutionary relic so deleterious to the individual.

Compare with the facts, that in Europe appendicitis is not a very common affection, that a fatal result is unusual and that the operation is a comparatively rare one, with the following note in the *Homœopathic Recorder* for February last: "A New York instrument maker has sold six dozen special trusses for ventral hernia, the result of operations for appendicitis."

You will, naturally, ascribe such wholesale proceedings to the deficiency of non-homœopathic therapeutics; but, in the most able and interesting American homœopathic journal with which I am acquainted, *The Clinique*, there is reported, in November last, a case read at the Hahnemann Medical College (the largest homœopathic school in the world); in which report we find a patient had died, after an operation performed for appendicitis, where, by-the-bye, there turned out to be nothing of the kind. In the discussion that followed the operator remarks, apparently without any disapproval being expressed by the assembled physicians: "I am one of the group referred to as modern cranks in surgery, and believe appendicitis is in all its phases a surgical disease and should be treated as such. Operate without delay is my advice, for you never know how soon a catarrhal appendicitis may become perforation and involve the peritoneum in extensive and fatal inflammation."

I should think this surgeon is too modest when he describes himself as only a "crank"; he is the complete machine.

The logic of this "preventive surgery," as I may term it, would justify the removal of an inflamed ovary, testicle, tonsil or indeed of any inflamed structure, not absolutely essential to existence, because "you never know how soon" such may "become" a disease calling for operation.

As a surgeon, and especially as a homœopathic surgeon, I say: "That be far from me!"

Dr. DYCE BROWN said he had seen a considerable number of cases of typhlitis and perityphlitis which it would seem now ought to be called appendicitis, but had never seen a fatal case or one requiring operation; they had all recovered under homœo-

pathic treatment. In his experience the two most valuable medicines were mercurius and belladonna, with enemata. When the temperature was high he gave aconite to begin with. He had seldom required to use other medicines until the patient turned the corner, when of course nux vomica might be necessary.

Dr. DUDGEON said that the chief medicines which he found successful in cases of perityphlitis and typhlitis, which seemed now to be called appendicitis, were mercurius and bryonia. Bryonia was indicated by the peritoneal symptoms and mercurius was homœopathic to the inflammatory affection of the mucous membrane.

Dr. BURFORD said that in the latest text-book on abdominal surgery, a work only a few days old, occurred this sentence: "Personal experience is of more value than the most elaborate and careful compilation." Dr. Hayward's paper seemed to have been written almost under the inspiration of that sentence. They had had very little of somebody else's experience and a good deal of his own, and such papers were a distinct acquisition to general medical literature. With regard to appendicitis, another remark was made in one of the special text-books on that subject, a remark by a surgeon, that in former days the great majority of cases of what was now called appendicitis got well without surgical interference. On the other hand, there could be little doubt that many cases were badly diagnosed—diagnosed as intestinal obstruction or volvulus, or something of the kind, and they died. When in Berlin last autumn he went over the Moabit Hospital, where, probably, there was more appendicular work done than in any other hospital on the continent. He saw there the last of a long series of cases of operation for appendicitis—an operation which was only undertaken when it was, from the surgeon's point of view, absolutely necessary, and in the majority of cases with the best possible result. The same occurrence was found in other things—ovarian tumours, for instance, did not seem to be so frequent in the last century as they were now, because they had found a better means of treating them. Directly medical and surgical resources became amplified then the type of case seemed to increase and multiply, simply because they were imperfectly diagnosed before. In a case mentioned in the *British Medical Journal* a fortnight ago, of rheumatic appendicitis, no internal, vaginal or pelvic examination was made, and the case was interpreted as one of appendicitis because it did not apparently fall so easily under any other category. He had had

three or four cases of appendicitis under his care in recent times. The last case was that of a gentleman who had what was now called relapsing appendicitis, and there was no doubt of his appendix being involved. The patient got a little better and was advised that he should be left alone, but he had another attack, and Dr. Burford opened the abdomen. There was nothing to be done—the vermiform appendix was simply welded into a mass of adhesion—and the patient died on the fourth day, entirely from collapse. He got very well over the operation but had a very bad aortic lesion which largely contributed to the fatal result. The second case was that of a little girl, 2 years old, who suddenly developed an abdominal abscess from which was discharged half a pint of pus. The discharge went on for six months, and on seeing her he found it was appendicular in its origin, and he passed along a soft catheter which ran its way down to the cæcum. Nothing could be done in that case. The origin was probably tubercular, and no fæcal matter passed from the anus. To attempt to deal with a thing like that by operation was worse than useless, and the patient, he believed, afterwards succumbed. The third case was one he had under his care in his unregenerate days. The patient recovered under opium and rest. The fourth case he wished to cite, not one of appendicitis, was one in which they had reason to believe appendicitis existed. It was that of a patient, a lady, whom he watched for something like four weeks. For the first two weeks she made very satisfactory progress indeed—he intermitted his attendance for a fortnight, and the gentleman in charge looked after the patient. That gentleman had a profound faith in the value of enemata, giving her three enemata a day for fourteen days—forty-two enemata—with no fæcal evacuation, and then they sent for him (Dr. Burford) again. It looked as if the case was one of appendicitis—there was localised pain, localised swelling, and enormous distension, and the opening of the abdomen demonstrated to his own satisfaction, and to the satisfaction of others, that the appendix was absolutely normal. The cause of the intestinal distension was a mystery to this day. That was as typical a case of appendicitis, as regarded outward and visible signs, as he had ever seen, and yet internal exploration proved that such was not the case. The case illustrated the enormous difficulty there was in abdominal troubles of that character. He was glad to see Dr. Hayward adhering to the heterodox canon—take little notice of the temperature, take every note of the pulse. If it were 100 or below they could put

their hands in their pockets, if it were 120 or above there was mischief brewing, whatever the temperature or the other symptoms might be, and over 130 meant a probably fatal issue. That was not mentioned in the text-books, but every man of practical experience could testify to it. It was very hard to say when such cases were to be relegated to the physician or to the surgeon, but as a rule some such line of demarcation as the following might be adopted:—Directly in the occurrence of an acute attack of appendicitis it became a matter of probability that perforation had occurred, it should be handed over to the surgeon—every case short of that was a fit and proper case for medical treatment, and was likely to be amenable to medical treatment. With regard to peritoneal remedies he knew no remedy on the face of the earth comparable to belladonna. After belladonna came mercurius corr., after that came lycopodium and then arnica.

Dr. CASH agreed that where they got recurrence, operation was necessary, but he might refer to a case he had had where the patient had recovered from appendicitis, which, however, recurred frequently at an interval of a few months and sometimes a few weeks. He suggested the internal use of mercurius corr. and lycopodium which were persevered with, and the patient made a satisfactory recovery for the time, and since that he had had several threatenings of the attack again, which had always been warded off by the use of the same remedies.

Mr. DUDLEY WRIGHT said that Dr. Burford had led them to understand that he would only operate in one class of cases, viz., those which were associated with perforation of the vermiform appendix and discharge of fæcal matter into the general peritoneal cavity. He could quite understand that other conditions than those would demand operative interference. For the sake of seeing which cases did need it, they might classify the various kinds of appendicitis with which they met. There was, first of all, simple appendicitis, in which there was simple inflammation of the appendix itself, not spreading very far, and associated perhaps with some fluid effusion within the cavity of the appendix itself. They had, secondly, those forms of appendicitis which were accompanied by a certain amount of abscess formation in the neighbourhood. The abscess was, as a rule, localised; but was liable either to rupture into the general peritoneal cavity or to extend, by gravitation, into the tissues round about. Thirdly, they had those forms of acute appendicitis in which the general peritoneal cavity became affected; and fourthly, they had the

cases which were hardly to be classed as a separate series, but which were particularly liable to relapses. With regard to the first class, they might leave those to the physician—they were particularly suitable to internal treatment. With regard to those in which there was abscess formation they had a condition to deal with which was very much more serious. They had a localised suppurative process going on in close proximity to the general peritoneal cavity, and any slight movement on the part of the patient or any exciting cause might end in a rupture of that encysted abscess, and general peritonitis might be set up. That was the kind of case which Dr. Hayward dealt with, and they saw there the results of surgical interference. In connection with this form of the disease certain "pockets," formed by the peritoneal folds, should be borne in mind. For instance, at the point of junction of the ileum with the ascending colon there is one known as the ileo-colic fossa, which often passed a short distance beneath the cæcum. Likewise, at the junction of the ileum with the cæcum there is another, called the ileo-cæcal fossa. This is a very important one, and may extend a long distance upwards behind the colon, even as far as the kidney. A third, less important one, the sub-cæcal fossa, is situated beneath the lower extremity of the cæcum. The appendix may become herniated into any one of these fossæ and become strangulated, or suppuration may take place within the fossæ. In the case of the ileo-cæcal fossa, it is obvious that if this was large and spread up as high as the kidney, the pus might work its way to the surface in the lumbar region, and thus cause some difficulty in diagnosis. He saw a case some time ago in hospital in which there was a slight swelling in the right lumbar region. The abscess was opened up and a probe was passed down and found to pass into the position of another swelling in the cæcal region which also was opened, and the two communicated, and were washed out. He would not say that that was a case where hernia occurred, but it was probably one where pus spread up by the tract before mentioned. There was another class of case where operation would be necessary; he quite agreed with Dr. Burford and others, that the acute perforation needed surgical interference, but the only thing was such cases were very bad ones to interfere with because the amount of collapse which usually came on directly the perforation had taken place, and the rapidity with which the patient sank, was really a very great bar to any surgical interference. The last class of cases was that in which the relapsing perityphlitis or relapsing appendicitis occurred. Occasionally those cases could be quite

well dealt with by medicine; but when it came to a business man being laid up constantly and prevented from going to his work through those attacks, he no doubt would prefer a surgical operation. He agreed that the temperature was a fallacious sign in most cases where they had to deal with the abdominal cavity—the pulse was the great thing they had to look at, and they should be guided solely by the condition and the action of the heart. With regard to cure, some cases undoubtedly in which an abscess was formed when treated by the physician were perhaps cured, but he should say that a fallacy came in there, because occasionally the abscess of itself perforated one of the adjacent viscera, such as the rectum or the vagina, and the pus thereby obtained egress, the abscess healed, and the physician was often none the wiser; whereas, the fact was that the case became cured through that rupture and not through his remedies. It was not owing to the physician that it did not rupture into the peritoneal cavity, but at the same time it was very fortunate for him that it did not.

Dr. CARFRAE did not think it was a wise thing to lay down any hard and fast rule as to the exact number of pulsations of the heart and be guided by that, because they had all met with cases where a man's normal pulse was sixty, and where, if that man had a pulse of eighty or ninety, that meant a considerable amount of fever. They ought to take the idiosyncrasy of the patient into account. He quite agreed in the main that the temperature was not so much to be relied upon as a diagnostic sign. He thought that belladonna was the medicine of all others most to be relied on in abdominal inflammations. He thought the sum and substance of what Mr. Dudley Wright had said might be thus stated—whenever they were persuaded that there was matter in the abdominal cavity it was time to operate.

Dr. HUGHES thought the advice which had been given in one of the American discussions on the subject was an exceedingly good one, viz., that when they had a case which seemed to be one of appendicitis, they should associate a surgeon with themselves, so as to be on the alert for the first opportunity when surgery had better come in. He did not think that Americans generally were quite so keen for surgical treatment of appendicitis as would appear from the November number of the *Clinique*. If Dr. Hayward would look at the March and May numbers he would find a series of cases which had been treated medically with excellent results; the recoveries had been in large proportion to the cases which had turned out badly, and the general feeling seemed

to be that medical treatment might, on the whole, be trusted, but that they must look out for squalls. Dr. Hayward had quoted certain symptomatic indications for some of the medicines which he used—he wanted to ask him where he got those indications; they were very strange to him. Their symptomatic indications for drugs ought to be from pathogenetic effects of those drugs—to get them they must go to Hahnemann's "Materia Medica Pura" and other works of the kind, otherwise they were liable to get mere clinical and general observations which, however useful as guides to practice, could hardly be quoted as the pathogenetic effects of the drugs. With regard to drugs he agreed with Dr. Burford in depending upon belladonna and mercurius corr. Bryonia was good, but he thought mercurius corr. had a keener action on the peritoneum than bryonia, and in general cases it would be the medicine to follow belladonna. He agreed that belladonna was the prince of medicines in these cases.

Dr. HAYWARD, sen., said that he had performed *post-mortem* examinations in three fatal cases, and he was quite satisfied that they frequently did have cases of appendicitis which recovered under medical treatment if they got them in the early stage of attack. He thought they had missed one great remedy for the beginning of the case, viz., aconite. He thought they would find the symptoms were very much like aconite, at the beginning of the treatment. The result of the absorption of pus from the suppurating appendix had been referred to as septic peritonitis. He was quite satisfied that it was so, and when he looked round for medicines for septic peritonitis he scarcely found them either in belladonna or bryonia, and he thought if they looked at the symptoms that they were not those which would necessarily lead them to belladonna or bryonia—they might find them in mercurius, but they had not that dry skin and that inflammatory condition which they should have for bryonia or belladonna. He thought they would find that they were of a hectic character. As septic peritonitis is marked by hectic symptoms he must fall back on his old favourite remedy, crotalus, which in his experience had proved very satisfactory. He quite agreed with the painting with belladonna and the poulticing and the necessity of keeping a surgeon at one's elbow.

Mr. KNOX SHAW said he had been for months past trying to arrive in his own mind at a clear conclusion as to the exact purport of appendicitis and more especially as to the precise time at which an operation should be performed. He had found that it was at present an almost insoluble difficulty to know exactly

when they should operate and when they should not. He felt that with appendicitis as with the surgery of the kidney, surgery had run in advance of the diagnosis, and he believed that they would not make a great advance in the treatment of appendicitis until a better knowledge of the diagnostic symptoms of appendicitis was obtained. There were many diseases for which it might be mistaken, and if they would study the literature of the subject they would find that a number of operations had taken place for appendicitis where appendicitis never existed, and that often the appendix was attacked when it was too late. There was no doubt that attacking the appendix when there was pus materially hampered them in their operation, and added most seriously to its danger; in all probability prevented their removing the organ which they particularly set out to do. When they opened the abdominal cavity and came upon a pus cavity, the less the surgeon went groping about to ligature and remove the appendix the better for the patient. They would probably transform a local abscess into a general septic peritonitis, and would at once put their patients from comparative safety into imminent danger. So he felt it should not be the general consensus of opinion that they were to wait until the formation of pus. They did not quite understand how it was that a sudden congestion with some disturbance of the mucous lining of a curiously ill-formed organ like the appendix should make a man so horribly ill as they were very often within a few hours of the attack. It was interesting that, with regard to those recurrent attacks to which Dr. Hughes referred, there was very rarely to be found any pus. There was some peculiar condition which rendered a man liable to a constant recurring attack, which might lead to localised peritonitis without the formation of pus but possibly with adhesions, which led to other troubles, viz., intestinal obstruction. The discussion which had taken place helped one a great deal, but he felt it had not thrown all the light upon the subject that he would like. There were two points with regard to the treatment. He had seen that, good homœopathists as they were, and enamoured and fond as they were of genuine homœopathic therapeutics, there was a considerable inclination sometimes when they saw a man writhing in pain, to give him opium in material doses. There was nothing which so seriously hindered a man in arriving at a conclusion as treating such patients with opium; it masked symptoms and lulled one into a state of false security. That was one point in the treatment, of the error of which he was firmly convinced. He also was

not at all convinced that the treatment of those cases and the accompanying constipation by enemata or by any form of purgative was valuable at all. It seemed to him that to ensure the rapid cure of a case by therapeutic measures they must have absolute rest of the intestinal canal, and if they gave a patient a large enema they set up an increased peristalsis, which might do a great deal of harm. It was far better if there was peritonitis and a possibility of pus, that the peritonitis should be kept as localised as possible ; constant movement was likely to spread the inflammation beyond the original focus into a more general peritonitis, so that personally he was rather against the use of enemata. He had seen patients who had been brought into a serious state of collapse and pain in those cases following the use of a large enema.

Dr. RAMSBOTHAM wished to express the satisfaction with which he heard Dr. Burford mention lycopodium as one of the chief medicines to be relied upon in the treatment of those cases. He thought that it had hardly received the attention it deserved in many forms of abdominal inflammation, especially when they were associated with a tendency to suppuration.

Dr. H. WYNNE THOMAS mentioned a case he had had last summer in which the diagnosis was rather obscure for some time. The lady was about 35 years of age, and had been ill a week before she came under his care with gastric catarrh and fever, and pulse not very quick. Instead of getting better under ordinary remedies she got worse. The abdomen was very distended, and there was no action for three or four days, and vomiting came on. The vomiting was not very frequent, but although the temperature did not get very high, it gradually rose, and her pulse got between 108 and 110. She had had, amongst other remedies, aconite 1x, belladonna 3x, mercurius cor. 3x, lycopodium and carbo veg. He was fortunate enough to have the assistance of Dr. Dyce Brown, who discovered a swelling in the right iliac fossa, very tender on pressure, and who suggested that he should give belladonna 3c., instead of 3x. He went on with that for three days, and the patient seemed to be getting worse, and he therefore telegraphed to Dr. Brown to ask whether they should get the advice of a surgeon. However, Dr. Dyce Brown recommended him to persevere with the belladonna 3c., and the mercurius 3x, every alternate hour, and keep up hot fomentations. He acted upon that advice, and the patient gradually got better. There was one medicine which had not been mentioned, which their friends across the water seemed to think rather highly of,

viz., dioscorea villosa, which he believed was given in 1x and 3x dilutions. Another medicine which he thought had not been mentioned was sulphur. He had had a patient lately with an obscure inflammatory swelling in the right side of the abdomen, who made distinct progress by the use of sulphur 3; the swelling gradually went down, and she was now practically well, although for some ten days before she had mercurius and belladonna, and did not seem to be affected by them in the least.

Dr. JOHNSTONE said they were dealing with a disease which had its seat in close proximity to the peritoneum. The anatomical relations were such as to favour the infection of the peritoneum with micro-organisms so deadly in their pathogenetic effects, that in the great majority of cases such peritoneal infection proved rapidly fatal, even in spite of any too tardy operative treatment which might be undertaken to arrest it. Such proximity of pus and micro-organism to peritoneum simulated that of fire to gunpowder. The exact moment of explosion could not be foretold. Doubtless there were many cases of inflammatory irritation in the region under discussion, call them by any "itis" one pleased, which did not tend to the fatal issue of infective peritonitis, but which by a process of localised non-infective peritonitis and its resultant adhesions, became more and more shut off from the peritoneum. Thereby the danger of peritonitis was averted *pari passu*. But the difficulty they had to contend with was that by no known means of diagnosis, short of opening the abdomen, were they able to say that in one case the lesion was in imminent danger of bursting into the peritoneum, or that in another no such dreaded result was probable. In view of the most satisfactory results obtainable from abdominal surgery, carried out with the most minute aseptic detail, there was everything to be gained and nothing to be lost by a bias toward early operative interference in such cases.

Dr. NEATBY said there seemed to be a tendency to mix up perityphlitis, typhlitis and appendicitis, almost, perhaps, to displace the two former by the latter. He had seen conditions, particularly in children, that he diagnosed at the time as perityphlitis, where there was tenderness, pain, swelling, very often induration in that region, and a little higher up, which had ended in resolution in the majority of cases, under homœopathic treatment. Two or three times they had occasionally ended in the formation of pus, which was opened from the outside.

Dr. ROBERSON DAY said that some years ago he had had the

opportunity of performing a *post-mortem* upon a child who had died from appendicitis, which occurred while he was acting as house physician at the Wolverhampton Hospital, where the patient had not had an opportunity of having homœopathic treatment. The case was interesting because although the issue was fatal the *post-mortem* examination showed there had been no suppuration whatever. The patient was a boy of about fourteen; the usual allopathic remedies were adopted, belladonna was applied locally with hot fomentations, and internally, opium, but the case ran on to a fatal issue, and the *post-mortem* showed there was inflammation of the vermiform appendix and the region of the colon, also the inflammation had extended to a general peritonitis, but there was no suppuration whatever, and therefore, if they had to wait for pus before they operated, they would have to wait too long in some cases.

Dr. JOHN DAVEY HAYWARD, in reply, said the desire amongst them all was to find a sign when they should operate and when not, and he was afraid the discussion had not given that sign. With regard to the use of purgatives in the illnesses they were discussing, they could not make a general rule at all. They must differentiate every case. He must differ surgically with Mr. Knox Shaw when he said that it was a mistake to go groping about or anything else as soon as an abscess cavity was opened. He thought it was a great mistake not to do so. If the wound was shut up immediately afterwards, a long, suppurating vermiform appendix might, perhaps, be left to continue the mischief, or perhaps a concretion. If the abscess cavity was flushed out the risk was not increased by searching for the cause. As regarded the dose question, he thought that hardly needed any further remarks. They were all agreed on the *drugs*, and they seemed to act satisfactorily to all of them.

THREE CASES OF LOCOMOTOR ATAXY.[1]

BY J. ROBERSON DAY, M.D.LOND.

Assistant Physician and Anæsthetist to the London Homœopathic Hospital.

LOCOMOTOR ataxy occurs so seldom in women, and as I have recently met with two patients, one of whom you had the opportunity of seeing at our last meeting, I venture to bring the notes of these cases before you.

[1] Read before the Society, June 7, 1894.

Mary McK., aged 51, was the patient you saw last month. For eighteen months she was a stewardess on board one of the Castle liners, but was obliged to give up her work because she became so unsteady on her legs, and the crew and passengers used to say she was tipsy! It is now three years since she was stewardess, after which she became a seamstress in the employ of the same company, where she now remains.

On March 3, 1894, she came to me complaining of great unsteadiness in walking and severe dragging pains in the abdomen. These pains are shooting at times, and were always worse in the great heat of the tropics. At one time she had a sensation as if a string was tied round the waist and cutting.

She was married at 19, has had four children, only one of whom survives, and after 26 had no more children. She never had any miscarriages. Her husband died two years ago of alcoholic paralysis.

Both knee-jerks were found to be absent and she walks very unsteadily, especially when turning round, and the difficulty is increased in the dark.

The feet feel so heavy, and when she walks she has a sinking sensation under the feet as if the ground was giving way, or she has no feeling in her feet. If she does not place them wide apart on standing with her eyes closed, she would fall.

The pupils are the size of a pin's head and do not react to light, but slightly to accommodation. Her sight is defective although she is able to use her needle. The memory is very bad.

The bowels are obstinately confined, and she has gone as long as fourteen days, and generally she has only one action a week. She now feels pains in her arms which are very bad, and about every four weeks the pains get worse and the head gets worse too.

Case 2.—Also a female. Mrs. B., aged 65, who has been a widow fourteen years, has two sons. She has the unsteady ataxic gait made worse on closing the eyes, and would fall if not supported.

About seven years ago she first noticed a sensation as if she was treading on crumpled paper.

She is now able to walk about a mile, and walking becomes easier as she goes on. She cannot walk in the dark, she would fall. Both knee-jerks are absent. The pupils are normal in size and react to accommodation, but not to light.

She once had a sensation like an iron band round the chest, and it hurt her to take a deep breath. She has pins and needles in the left hand, and for the last four years has wasted. She sleeps well, but is often troubled with indigestion.

Case 3 is an example of the disease in an advanced stage. The patient, a male, aged 61, has been afflicted thirty years! He dates his disease from an accident he met with at the gas works when he fell on his back from a considerable height; he felt he was shaken all over, and never seemed well after. Two years after this accident he noticed for the first time he had difficulty in walking, felt as if walking on knots and his feet seemed to drag, and he was obliged to look at them when walking. He got gradually worse, and would fall about; pain became severe in his limbs, causing them to draw up.

For the last three years he has been confined to his bed, and now is unable to stand unless firmly supported on both sides.

At times the urine passes involuntarily, and he has to use the bed urinal.

He suffers from severe cramps and burning pains in his legs, and sometimes feels as if he had no legs at all; at other times the legs from the hips downwards "go numb," so that he cannot feel anything, or, on the other hand, he may feel so acutely that he is obliged to have the weight of the bed-clothes removed. He manages to obtain some amount of relief by holding the limb firmly when the darting pains come on, or when they are in the hands and arms by tightly twisting a pocket handkerchief round them. Perspirations come on at times, which are preceded by a prickling sensation like pins and needles. This ceases when the perspiration breaks out. Sometimes the skin appears so tight, that he cannot pinch it up, and feels as if it

wanted stretching. Occasionally the skin is over sensitive to heat, so that a cup of tea appears so hot that he is obliged to drop it; or, on the other hand, cold things appear so cold that they actually cause pain. Bright light of the sun would cause him to turn giddy.

The pupils are unequal in size, the right one being larger than the left; irregular in form, and they do not react to light or to accommodation. Both knee-jerks are absent; the bowels are very obstinate.

He has also inco-ordination of movement in the upper limbs, the disease having extended upwards. If with his eyes closed and arm extended, he is told quickly to touch the tip of his nose with his forefinger, he makes a random shot and fails to accomplish the act.

Tabes is a disease of the *sensory* nerves, peripheral as well as central. The posterior columns of the cord are affected (see diagram), and the sensory nerves in a varying degree in the course of their distribution. Hence the symptoms are all referable to disorders of sensation—there is no paralysis, and no muscular atrophy. There may be trophic changes, however, but no *motor* disturbance. The cerebellum, which is intimately connected with the posterior columns, has thus its influence withdrawn, and we get the loss of co-ordination.

The loss of the knee-jerk is in a similar way explained, by there being an interruption in the sensory tract conveying the impressions from the muscle to the cord. Sensory impressions, as they are conveyed to the cord, enter by the posterior roots, and then pass through the posterior columns to the opposite side; in so doing they have to traverse the diseased tract.

In those rare cases where the knee-jerk is present or the ankle clonus exists, it is explained by the sclerosis extending into the *lateral* columns—or very rarely there may be muscular atrophy, which is distinct from the wasting of disuse that the limbs undergo, and this is owing to the anterior cornua being involved.

(Two microscopical sections were passed round—one of the normal healthy spinal cord; the other, a specimen show-

ing an "ascending degeneration," which had taken place in the posterior median columns [columns of Goll]. Reference was also made to two diagrams, illustrating the lesions met with in the cord in locomotor ataxy.)

Prognosis.—The above cases sufficiently show that the disease is not in any sense a *fatal* one. In the case of the male the disease has lasted thirty years! It is essentially a *chronic* disease, and must not, although a nervous disease, be regarded in the same light as a *paralysis*.

It is a disease of *sensation*, and in this way it gives the patient *pain*, which may at times be so severe as to make life scarcely endurable, and there is the loss of co-ordinating power which is one of the earliest and most troublesome symptoms.

Still patients who are in a position to obtain assistance can continue to transact their usual business, and can travel to and fro without difficulty. Their walking powers are limited, but the *mind* is unaffected, as a rule.

Treatment.—Much can be done in the early stages to benefit these cases, especially if rest and general hygienic conditions can be studied, but *cure* there is none.

I have seen stretching of the sciatic nerve practised, and with no beneficial result, and the later method of treatment by suspension has likewise fallen into disuse. I have given arsenicum 3x, gels. 1x, zinc. mur. 3x, nux v. 1x, hydrocyanic acid, and phosphoric acid, according as they seemed best indicated, and with beneficial results.

These patients always feel changes in temperature and the varieties of weather, so they need warm clothing and protection.

In these three cases there is *no* history of syphilis, although Gowers considers it the cause of the great majority of cases. In the case of the male, the accident was the probable cause.

The foregoing remarks are based on such cases as it has been my fortune to meet with, but in no way has any attempt been made to give a complete description of locomotor ataxy.

Dr. MADDEN said he was sorry that his experience did not quite bear out Dr. Day's assertion that tabes dorsalis was not fatal. He had seen at least one case which was brought to a fatal termination as the result of the prostration caused by the attacks of pain, not attributable to any other complication at all. With regard to the origin of the disease, he could fully bear out the suggestion that it was caused occasionally by direct accident to the spine. One very interesting case he had had under his notice lately, of an actor who went upon tour for some six months with a company who acted "As You Like It." He took the part of Charles the Wrestler, and was chucked over Orlando's shoulder and landed on his back every night. He did not feel it much at the time, but six months afterwards he could not walk steadily, and had a peculiar tottering gait which made him very suitable for the part of an old man but unsuitable for that of a young one. This gradually developed into undoubted tabes. This man had found most beneficial results from the use of massage with electricity. No medicine seemed to have any direct benefit, but since he had used steadily and continuously massage with electricity he had markedly improved, so much so that many of the nerve specialists who had seen him had declared that they had not seen any case so distinctly improved, and not only arrested, as appeared to be the case with him. There was one other medicine not mentioned by Dr. Day, the pathogenesy of which held out a hope of more effective treatment, viz., secale. But he confessed that his own experience did not warrant him in speaking more highly of it than of most others. They appeared to be able to give temporary relief, but wrought no real cure.

Dr. NEATBY said the duration of the disease would depend very much on the age at which it commenced—the younger the subject the shorter the duration. He had seen several young men beginning to have the disease from 28 to 35 years of age, and the course in those cases had been very rapid; death had occurred either from exhaustion or from some complication within ten years. In those cases he should be inclined to differ a little from Dr. Day, unless he was describing his own cases, when he said that there was no mental complication. It was well recognised that a condition of mind very much resembling that of general paralysis of the insane developed; the patients got peculiar and exalted ideas and so on, which might sometimes be associated with violent mania. He had seen that condition, and a very difficult one it was to manage. He was struck by the fact that

the female cases got a very much larger proportion of optic atrophy than men.

Dr. DUDGEON said that in one case of his, in an elderly person, the pain was so very severe that the patient, although a man of great courage, screamed out with it. He complained of the sensation of a tight band round the middle of the body. The remedies which he had found most successful for the lightning pains were argentum and digitalis. He had been led to try digitalis by the effect which that medicine had had upon him, when making a proving of it, chiefly to ascertain its action on the heart, viz., a feeling in different parts of the legs as though there was a red-hot wire suddenly darted through them. He had used it successfully in the case of an old lady suffering from spinal paralysis who was much tortured by these lightning pains. None of the cases he had treated died of the disease or of exhaustion produced by it, but of something else.

Dr. JENKINS (Washington) recalled one case of a man who had had ataxy for a considerable time. His troubles might be attributed to the life which he led—he smoked cigarettes constantly and drank any amount of whisky. He improved more under nux vomica in the sixth decimal than anything else, and electricity also did a great deal for him.

Dr. DAY, in reply, said that Dr. Madden had taken exception to the words "not fatal," but they must understand clearly what was meant by fatal or not fatal. If a disease extended for ten years before being fatal it was not in the ordinary acceptation of the term to be considered as fatal. Dr. Neatby had also spoken of the disease as rapid, but his rapid case took ten years to die. He also said the earlier it began, the more likely it was to prove fatal. The man who had had the disease for thirty years was thirty-one years old when he first had it, which was fairly young. He thought those mental cases that were met with were rather to be regarded as accidental, and not part and parcel of pure locomotor ataxy, because they could understand the sclerosis might extend in various directions, and might advance more in the brain than in the cord, but the primary seat was in the posterior columns, and he did not think those were pure cases. He thought the explanation of Dr. Moir's case, where the sensory symptoms were so largely in the ascendancy, was that the seat of lesion was almost confined to the posterior external columns, affecting there the posterior roots and leaving possibly the posterior median columns. Therefore the loss of co-ordination was not present, but simply a variety of sensory impressions

and symptoms were complained of. He would certainly remember Dr. Dudgeon's digitalis and would try it, because the cases were not hopeful and they could only expect to relieve. There was a great deal to be done in working out the effect of drugs on such an obscure and difficult disease.

UTERINE HÆMORRHAGE.[1]

BY WM. CASH REED, M.D.

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Introduction.

WHEN asked by our worthy Secretary to write a paper on this subject I felt the more ready to acquiesce, in that it has such a wide scope and thus presents more than one possible field for review. I gladly, therefore, now venture to put before you some lessons learnt in this special branch of our art, in the shape, mainly, of a few clinical pictures for your consideration this evening. By uterine hæmorrhage I understand, "bleeding from the womb other than that which occurs in normal menstruation."

A Knowledge of the Pathology Essential.

The more I think over this very important subject, the more I am impressed with the fact, that there is no royal road open, even to the homœopath, by which to arrive at the specific for this or that case, as it presents itself to us as a morbid entity. By this I do not mean that the distinguishing characteristics of a case must not be carefully compared with the proving of an indicated drug, but that this must be done *if possible* in conjunction with a definite and explain-

[1] Read before the Society, June 7, 1894.

able knowledge of the lesion present. If this be *not* fully possible—and there are many cases in which it is not—then the most that is ascertainable as to its pathology must be gained. The less there be, the less likely is our treatment to be effectual, and *vice versâ*. The means to acquire this knowledge will from time to time be alluded to in the course of this paper. To refer here to the most important: There must be, in most cases, bimanual examination with or without an anæsthetic. The latter is to be preferred, in that sensation not being abolished the patient is able to localise pain, which is often of the greatest assistance to the examiner in enabling him to arrive at a conclusion. From examination thus alluded to, it is scarcely, perhaps, necessary to add, that with a few exceptions I exclude all cases of unmarried women and children, and refer to by far the largest proportion, occurring as they do in married people, after, say, the first two decades of life are passed.

Analogy between Menstruation and the Puerperal State.

It must have struck us all from time to time that there is a very close analogy between the well-known symptoms of menstruation and the puerperal state. Whilst the virgin uterus is functionally dormant during three out of the four weeks, its *status quo*, is, of course, essentially the same as that of the unimpregnated organ after marriage. When, however, the catamenia are about to occur in either case, there arises a state of nervous erethism, shown by depression of spirits, some irritability, languor and frequently sleeplessness. How this reminds one of the "morning sickness" with its extraordinary caprice, and the odd vagaries of appetite and thirst in the pregnant female, of which we could all furnish even ludicrous examples. Then, as the "period" is imminent, pain in the breasts or ovaries, or both, occurs, and a feeling is experienced as though the sanguineous discharge must have made its appearance, and yet it is delayed. How like the concomitants of the last months of pregnancy, when "hope deferred maketh the heart sick," and gloomy forebodings, the result of pain, tend to fill the mind.

Finally, just as the "flow" occurs, there is an absence of all pain; torpor and sleepiness perhaps take its place, and a feeling as though some miscalculation must have been made, when all at once this impression is falsified. Thus, too, as labour is about to commence pains cease, and there is a great calm. Thus, beneficent nature prepares the way for the supreme effort.

Deductions from above.—I have ventured into this, perhaps, fanciful analogy because I am profoundly impressed by the fact, that in the study of the diseases of women, and particularly of the errors of menstruation, we are face to face with very complex nerve phenomena, and not with the grosser organic lesions, and hence our remedies must be refined. We have all seen the deplorable results of "forcing the flow" by iron emmenagogues, so that when the unfortunate viscus has reluctantly consented to respond, the latter state of the patient has been worse than the former. Similarly, *mutatis mutandis*, the gain from the arrest of bleeding by coarse hæmostatics may be of very questionable benefit.

Such cases, more especially the first, are essentially due to neurasthenia, and lend themselves to successful treatment only as that is based upon lines which go to supply nerve tone. There must, *e.g.*, for the young, be a cessation of the debilitations of school life, a removal from the crowded city to the exhilarating influences of moorland or seaside, and an addendum to the routine boarding school perambulations, in the shape of the tonic of the gymnasium.

Uterine Hæmorrhage associated with Pregnancy.

Threatened Miscarriage.—Uterine hæmorrhage, viewed in its grosser aspect, brings one at once to a consideration —in which I shall be very brief—of *threatened miscarriage.* If a case is to be averted at all, my experience is that it is the most likely to be so by very minute doses of sabina. I call to mind two cases especially, in each of which there was the history of eight or nine miscarriages, and now there was the greatest anxiety that something might be found to avert

a similar issue. In both I gave sabina 3x with the happiest possible results. Rest, of course, was rigidly insisted upon, but as an *auxiliary*, a vastly important one, 'tis true. *Before* it had been employed, with equal persistency, but then it was the "be all and end all" of the treatment.

Of other instances of uterine hæmorrhage occurring in the puerperal state, I shall refer to two only, viz., "missed abortion" and "missed miscarriage," regarding them as instances of "pitfalls," to use Mr. Knox Shaw's phrase, rather than considering them at length, which would lead us too far afield. If there be one thing more than another that is of the utmost importance to bear in mind in dealing with the diseases of women, it is the possibility of *pregnancy*. It seems strange that such an obvious platitude should call for notice, but it does. What one is not prepared to find one does not search for, and we should hear less of grave errors in diagnosis if this possibility were more definitely kept in view. For us, who are followers of the great Hahnemann, this is the more important, for reasons which are but too obvious. For us, a mistake in diagnosis is not judged from the impartial standpoint of those who perchance once wrote in their copy-books side by side with ourselves, "*Hominis est errare*," but is attributed to some mental obliquity which is directly related to the therapeutic dictum which we profess. But to return. If the catamenia have ceased definitely for a certain period of time, and there be other well-known signs consistent with the possibility of pregnancy, it behoves us to institute an exhaustive inquiry as to whether we have not pregnancy to deal with, perhaps alone, or perhaps plus some morbid condition of the uterus or in its neighbourhood.

Case of Cancer with Sciatica.

By an easy transition I now come to speak of a case in which the important sign of uterine hæmorrhage was so hidden as well nigh to lead me to a grave error in diagnosis, as perhaps its obscurity had done in the case of the previous medical attendant.

Mrs. S., aged 43, deaf and dumb, presented herself at the Dispensary with a very intelligent companion as interpreter, and through the latter narrated a sad tale of woe respecting the intense pain she suffered in the left thigh. I narrowly inquired into the case, but was unable to form a more definite diagnosis than that which had already been made, viz., that she had *sciatica*. Thus the case was treated *symptomatically*, and as such belongs to a class which, I freely admit, humiliates me more than any other. In spite of the digression I must add that, so far from taking a pride in treating a case in this fashion, as some of our school I believe do, it fills me with shame and confusion. Instances of course occur, when to attempt refinements of diagnosis would lead one into the fields of speculation or romance, and this is to be shunned. I go so far, however, as to say, that with the gynæcologist such cases ought to be rare, and this especially applies to those of uterine hæmorrhage. The prime cause must be diligently delved for. To return, however. The patient derived no benefit, and I was told by the friend that the nights were so distressing that, on a recent occasion, she had for some unexplainable reason, except that she had great faith in its virtues, administered a large dose of castor oil. "That night," added she, "Mrs. So-and-So slept the whole night long." "If this is the case," I said to myself, "there is here some mechanical pressure in operation." I had already made careful inquiry *re* menstrual function with negative result. Prosecuting it now with more rigour, I made out that there was *some excess* of the flow, accompanied by some irregularity. I at once examined her, and found unmistakable cancer of the uterus. Here then, an "excess of the flow" meant carcinoma sufficiently far advanced to have involved the sacral plexus, or some of its branches. Perhaps, had the patient been in possession of her faculties, one might have elicited this crucial information earlier.

Case of Prolapsed Uterine Fibroid.

Some two years ago I was stopped in the street and requested to go and see a woman who was "bleeding to death,"

I think the expression was. I found the wife of a tradesman, aged about 26, lying in bed with profuse bleeding from the vagina. Her friends informed me that, being of a very retiring disposition, she had concealed as far as possible the fact that she had recently had repeated attacks of "flooding," forcing herself to attend to her household duties as much as she could. She had one healthy child of six or eight months. On introducing my finger within the ostium vaginæ it at once came upon a hardness which felt very like a child's head. On turning round the bed and separating the labia, I was able to some extent to expose this protruding substance to the light, when I found it smooth, glistening, and purplish red in appearance. It protruded through the os uteri, which was stretched to about the size of a five-shilling piece, and was so tense that I could not ascertain the attachments of the lump above. I had no doubt the case was one of prolapsed fibroid. Hamamelis was prescribed, with a strictly recumbent posture, and hot water irrigation was ordered to be employed, if necessary. Time passed, and improvement ensued so far as arrest of hæmorrhage was concerned; still, the tumour remained but little, if at all, altered. From time to time the patient suffered from very copious yellowish watery discharge, which was very offensive and distressing. Moreover, dropsy of the left leg became marked from pressure on the intra-pelvic veins. I felt strongly that the only chance of saving this patient's life was to strangulate the tumour, but before doing so I sent her to a well-known surgeon, who placed her under chloroform and examined the attachments of the growth, with the result that he came to the conclusion that they were so intimately amalgamated with the structure of the fundus, that it was undesirable to attempt surgical interference. He advised the use of ergot subcutaneously. I dissented from this opinion, but practically my hands were now tied. The ergot did no good, and finally the patient went into the country for change of air. Whilst there she benefited sufficiently to be able to take some exercise, and on one occasion so far exceeded the limits of her small powers that, as the informant told me, the mass came down between

her thighs, and she was carried home, the nearest doctor was summoned, and she died collapsed in a few hours. What, then, are the practical lessons to be derived from this disastrous case? In such an one, we owe a duty to the patient to give her, in the ordinary phrase, "a chance." Here, I believe, there was more than "a *chance*," and I shall never cease to regret that I did not put a corkscrew into the mass and drag it down as far as possible, then encircle the neck with a thickish platinum wire, such as I use for large growths, connect it with the battery, and gradually burn through the attachment. Probably there would have been no hæmorrhage to speak of. The stump thus charred, and its vessels thrombosed, would present a non-absorbent surface. It should then have been dressed with iodoform gauze, and the vagina packed with the same material. Thus, I venture to think, there would have been much probability of saving life. The *cold* snare I should not feel anything like the same confidence in.

Uterine Fibroids in General.

This leads me to refer to the treatment of uterine fibroids in general. I have spoken elsewhere of some of the remedies indicated in certain circumstances; it remains only to refer to the induction of an artificial menopause by removal of the ovaries and tubes. I leave those who can speak authoritatively upon this point to discuss the matter, merely observing that where enucleation, after dilatation, cannot be accomplished, and where the indications for removal, viz., free mobility of the uterus and moderate size of the tumour, exist, I, for one, think the operation is to be upheld by all means.

Case of Ovarian Prolapse.

I desire now to refer to a case of uterine hæmorrhage with prolapse of the ovaries, and other symptoms which I will immediately detail, a case which, in spite of its very unfavourable signs as regards the likelihood of amelioration, ultimately yielded to extremely copious hot water irrigation.

Mrs. H., aged about 30, has not been well since her youngest child was born, a few years since. Shortly afterwards she began to suffer from bearing down and copious monthly periods, the former aggravated by any exertion, such as pushing a perambulator, against which she was repeatedly warned. This state of things continued better or worse for a long time, and finally she sought advice. I found the uterus enlarged and prolapsed, the vagina shortened, pocketing, and thrown into folds, and the ovaries tender and prolapsed.

Pessaries were badly borne, in fact, with the exception of a Zwanke's she could not bear one at all. Thus matters were partially and imperfectly relieved, and when I was away from home on one occasion she was seen by a surgeon, who, in view of the condition of the ovaries, advised removal of them, and sent the patient to London to a well-known specialist for confirmation or otherwise of this opinion. His advice was to temporize, and in the meantime to employ tremendously copious irrigation of hot water, several gallons to be used at a time. I may incidentally remark that I had employed this method already, but to nothing like the same degree. Time passed, and I am bound to confess, that at length, this most ponderous treatment effected a satisfactory change, in so far at least as to lead the patient to-day to express herself as "nicely," whatever that may be held to imply.

Permit me here to refer to a difficulty which I have often had, and which must be common to all my brethren, and upon which I should like to hear an expression of opinion. My patient was one of those who bear restraint badly. Mrs. H. had at times suffered cruelly from so-called "depression," which was liable to considerable aggravation by the restraint necessary to her state. Some patients in similar circumstances are the victims of restlessness which is well nigh intolerable, so that one cannot urge rest for them either with unmixed benefit.

Such women are the exact antithesis of those who take invalidism well, and with regard to whom the doctor must be on his guard, lest by chance they fall into the state of the

chronic, hysterical invalid. Those first referred to are of the lively neurotic type, unselfish, full of healthy plans for others, and are thus of an attractive disposition, women, in short, for whom the world is infinitely the better. They say, as one did a few days ago, "Whatever you do, don't keep me in bed, I cannot bear it," and they cannot. They demand and require a variety of intellectual food, and an ever-varying environment. A graphic picture is drawn of this type of person in Chas. Reade's "Never too Late to Mend," in the case of Robinson, incarcerated in the dark room. It well repays a study.

Causes.

I now come to say a few words upon the *causes* of uterine hæmorrhage, and observe at the outset that within the brief space of this paper it is obviously impossible to give anything approaching an exhaustive list. Moreover, to attempt to tabulate them properly would be equally out of the question.

Amongst the great variety of causes, I desire to glance especially at a few which have come more prominently perhaps than others within my own personal observation and experience. They are briefly :—

(1) Uterine engorgement and hyperplasia, the result of sub-involution.

(2) The first and last "climacterics," to use Thomas's phraseology, viz., puberty and the menopause.

(3) Want of fresh and pure air, especially when the temperature of the apartment is maintained by lighted gas.

(4) Tight lacing.

(5) Wearing too many and too heavy clothes, the injurious effect of which operates in two ways, viz., (*a*) by producing a condition of muscular and nerve exhaustion by their weight, and (*b*) by inducing pelvic stasis by their constriction at the waist.

(1) *Sub-involution.*—In these days of high pressure which tells so injuriously upon women perhaps even more than upon men, no wonder that the subject of an abortion

or miscarriage should dispense with that beneficent restorer *rest*, long before its work can have been half accomplished. When the imperious calls of home and family summon the mother to activity she obeys them with an unselfish devotion, which, however, does not lift the burden of responsibility from the doctor's shoulders, but rather redoubles it. It renders his duty the more imperative to insist upon a sufficient length of time in the recumbent position.

It is, however, under the head of *treatment* that I have something to say upon this cause of uterine hæmorrhage.

With regard to the *second cause* mentioned, viz., *excessive bleeding at the "climacterics,"* I have also but little to say. Under *treatment*, I might say much, but as we have had recently in the pages of the *London Homœopathic Hospital Reports* a fairly exhaustive review of this subject, it were idle to travel that ground again, especially as, in regard to "climacteric" bleedings, a careful study of the clinical features of the individual case is the key to success in dealing with it. I mean, of course, when there is no actual organic lesion to be found.

The third cause, viz., want of fresh and pure air, and the injurious effect of lighted gas for heating purposes, demands a note. I have recently met with some cases which are explainable only on the assumption mentioned, and are practically incurable until the cause be recognized and removed. When it *is*, the indicated remedy can do good, but *until* the remedy is thus "*liberated*," shall I say, it is valueless.

(4) *Tight Lacing*.—At the risk of dwelling upon a well-recognized, and, as some may say, a well-worn cause of uterine hæmorrhage, I must ask your indulgence while I again call attention to this, for it is of the first importance viewed in the light of the pathology of the morbid condition we are considering. Moreover, it does not appear to me that the teaching of physiology, so much more now in vogue than formerly, has so far tended to diminish the evil in any conspicuous degree. To glance at a *typical case*:—

M. W., aged 17, was quite well till three years ago, when

she began to complain of pain at the "periods," so that her doctor had to give her a "draught" every month. The catamenia first appeared when she was 12 years of age, and were at that time painless. After a time she began to lace tightly, calling in the aid of a young friend to assist in pulling in the strings of her stays as tight as it was possible to do. Since this time she has always suffered from constipation, and intense pain at the "periods." The latter is mostly referred to the *left* ovary, and lasts six or eight hours. Moreover, the flow is excessive. Examination revealed the uterus acutely retroflexed, and jammed in the pelvis. Under treatment she gradually but slowly improved, the reflex nerve phenomena being the most difficult by far to combat, begotten as they were by a misappropriation of the nascent nerve forces of puberty. Instead of their being permitted to accomplish the designs of nature by furthering the developmental changes incident to the first "climacteric," they have, so to say, been deflected at a tangent, and in this case the result has been a choreiform or purposeless chain of phenomena, mostly emotional. To such we give the name of *hysteria*. Inasmuch, however, as the uterus has been so hardly dealt with in such cases, it becomes us to consider the antecedent events which have brought about the lesion, when it is abundantly apparent that the uterus itself is the *last* organ to blame.

I am greatly impressed by the part played by tight lacing in a class of cases which may be briefly illustrated as follows:—

A woman between, say, 17 and 30 years of age, with anæmia written in her face, seeks our advice for pain about the epigastrium, or one or other hypochondrium. It may or may not be affected by food, sometimes it is aggravated, sometimes relieved. The bowels are costive. On asking to see the tongue we are struck by the fact that it is red, shining, glazed; yet, withal, there is a certain degree of underlying pallor. The catamenia are painful, and sometimes excessive. If menorrhagia exist, though this is not the rule, our first thought is, what relation, as regards cause and effect, do it and the anæmia bear to one another? It is,

however, unnecessary *exactly* to determine, for one glance serves to detect the constricted waist, and this will unravel all the mysteries of the case in hand. So common has this group of symptoms come to be associated in my mind with tight lacing, that I picture involuntarily a displacement of the abdominal viscera, more particularly, I believe, of the stomach, to say nothing of the jamming in the pelvis of the organs therein. I almost automatically begin treatment by insisting upon a loosening of the constriction *cito, tuto, et jucunde.* Without this, which is the keynote of all, the treatment is vain and fruitless. *With* it, arsenicum, sometimes iron, sometimes chin. sulph., will produce a change in a short time, which is little less than marvellous.

Treatment.

I now glance at the question of treatment of uterine hæmorrhage. Incidentally this has already been referred to in dealing with the clinical cases brought before your notice.

The *medicinal* treatment has, as already remarked, been somewhat fully discussed in the papers of the last volume of the *London Homœopathic Hospital Reports.* I make no apology, therefore, for not referring to it more fully here.

It remains, however, to speak of an *auxiliary measure*, which I have found of great service in dealing with some cases, especially with those coming under the head of *sub-involution.* In such we have to deal with an enlarged and heavy uterus low down in the vagina, one which tends to topple to the right or left according to the position which the patient assumes.

How is the uterus in such case best maintained in the right position? and how is the menorrhagia of which it is the object, the best controlled? To answer the second question first. The endometritis will require the local application of iodine, iodized phenol, or carbolic acid, which will result in a renewal of the mucous membrane, and hence, so far as it is concerned as a factor, arrest the excessive discharge. Sabina administered internally will, moreover, materially assist. But what will best support the enlarged

and heavy uterus is, so far as my own experience goes, the inflated india-rubber ball pessary, such as I had the honour to describe at Northampton last year.

It should not be kept in very long, a week or two is sufficient; it may then be replaced by the india-rubber ring which will have to be worn for a lengthened period probably. The posterior wall of the vagina is retracted by a Sim's speculum. The india-rubber ball collapsed is held in the blades of an ovum forceps, and when well greased and finally smothered with iodoform it is slipped into position, and then well inflated by air. I have learnt the advantage of using a smaller-sized ball than formerly, and of retaining it, as stated, but a comparatively short time, and have been much gratified with the perfect result obtained. Rest in bed or on the couch is at an end. The patient can once more get about without any harm resulting from again resuming the vertical position, nay, a positive and great gain is the result of a renewal of muscular activity, for the uterine attachments gain in tone *pari passu* with that of the voluntary muscles. Moreover, there is now no longer the distressing sense of weight in the pelvic region which was so conspicuous before.

Case of Gonorrhœal Salpingo-ovaritis.

In conclusion, gentlemen, I desire to bring under your notice a case which has already been published in the *London Homœopathic Hospital Reports*. If on that account I ought not here to refer to it, my excuse is that I am very anxious to hear the opinions of my brethren upon it, more particularly in reference to treatment, because upon the advice we give in this regard so very much depends for weal or woe to our patients.

Mrs. X., age about 30, wife of an army officer, has been ill for twelve years, with what has been called "catarrh of the womb." She has been married four or five years, and has passed most of that time in India. She has one child, a fine, healthy girl of two and a-half years. Patient suffers from profuse menorrhagia, and constipation is a marked and

painful symptom. There is intermittent, and at times very profuse, leucorrhœa. She has lately been under treatment by a well-known medical man in London, and has had caustics locally in abundance, and ergot internally. On Sept. 25 last I examined her and found the cervix notched on both sides; the sound showed the uterus to be three inches in length, its axis was straight, and the whole organ tended rather to the right side. There was tenderness in both ovarian regions. I diagnosed the case as sub-involution of the uterus, in part caused and maintained by the erosions spoken of, and ovarian inflammation. The *treatment* consisted of sepia, and glycerine and carbolic acid tampons. For the constipation an appropriate diet was ordered. Improvement at once ensued, and when the next "period" recurred, though the quantity was about the same as usual, the general state of the patient was obviously better in every way. I now gave lilium tig. 2x with marked improvement as regards the leucorrhœa. Thus matters continued on the ascending scale, until one day I was suddenly summoned by telegram, and on arrival found intense pain and tenderness in the right ovarian region, considerable pyrexia, and other signs of acute peri-oöphoritis. This was sufficiently disappointing, not to say puzzling, and I set myself at once to inquire as to the cause of the turn affairs had taken. On careful inquiry I learned that a month after the child was born in India the patient suffered from what I had no doubt, from the symptoms described, was an attack of acute gonorrhœa. Here, then, was a case of gonorrhœal ovaritis, and probably also salpingitis, with, at the present juncture, implication of the adjacent peritoneum and cellular tissue.

I need not detail the history of the case for the next few weeks; it was one of acute suffering and some danger. The specific remedies relied upon were merc. cor. and bryonia; belladonna suppositories in the rectum to ease the intense pain, and occasionally some nepenthe with a like object. A steady convalescence ensued. When the case was sufficiently recovered I again made an examination and found a fixed uterus and, as before, a tender right ovary. If now my con-

jecture, *re* gonorrhœa, were correct, of which I had no doubt, the patient was in jeopardy of a like attack which might prove fatal, and that, perhaps, in the near future. I therefore unhesitatingly advised removal of the adnexa, and was greatly relieved to find that Dr. Burford, who came down to Plymouth to see the case, entirely concurred. This radical advice naturally alarmed the friends, and for corroborative purposes they sought opinion outside our school, in which I concurred.

I need not enter into particulars, except to say that the first opinion was to the effect that the symptoms were due to a fibroid, and the second—that of a well-known specialist in London—was entirely confirmatory of Dr. Burford's and my own views, except that in consequence of the marked improvement which had taken place in the patient in the interim, delay as to operation was advised, and that in the event of its performance, one set only of appendages should be removed. Thus the matter rests, and whether the advice to act with promptitude or to delay until perchance another attack occur, be the right one, I can only say with Dr. Burford, "*Dies declarabit.*"

In conclusion, it is necessary to make one or two comments. After the patient was convalescent from the acute attack described, the husband first sought my advice for gonorrhœa, which, as before shown, had, until that time, been a matter of conjecture only.

And now let us consider for a moment the question of operation. What future developments, if any, are we likely to have in this case, and what do they portend as regards the patient? A careful study of the history of such cases convinces me that, speaking broadly, *recurrent peritonitis* is almost certain to take place sooner or later; the *status quo* is essentially unstable. Statistics show that in patients with suppurating tubes these lead to death in about one-fourth of the cases (Cullingworth). What of the mortality after operation for the removal of the adnexa? The same author gives this as from 5 to 10 per cent., according to the skill and experience of the operator. Then as to the advice to delay. Why wait for another attack of peritonitis, which may be

fatal *per se?* If not so, haply, it would immensely increase the difficulties of surgical interference, and correspondingly diminish the chances of recovery.

Another feature of the same advice was to remove one set only of appendages.

It has been abundantly proved that though one side start the mischief, both sides are involved in the inflammatory adhesions, and Lawson Tait has conclusively shown the fallacy of removing one set of appendages only in these cases. I have already drawn attention to the fact that this patient first came under my care for *uterine hæmorrhage*, in fact, this was her "complaint." And here I would observe that this is a very usual symptom in such cases, a point which, if lost sight of, might cause us to be led far afield.

Dr. BURFORD showed a uterine fibroid which he had recently removed. The patient had been under medical supervision for some years, but latterly the period began to occupy almost as long a time as the interval, and as the tumour was, within the last six months, rapidly growing, the time had come for radical alteration of treatment. So the patient came into hospital and the operation was performed. It was the toughest operation, so far as regarded the removal of a uterine fibroid, that he had ever undertaken. To his own and the patient's delight the highest temperature for the first week was 99·8°. The present week was the fourth after the operation, and the chart was a most satisfactory one. On listening to the paper he had been reminded of the axiom of the great German physiologist who used to insist upon teaching all his pupils that it was far better to observe than philosophise. The four clinical cases were worth a great deal of philosophising on the subject; every case had been considered on its own merits, and with reference to its particular symptoms. He made bold to say that there were certain cases of uterine hæmorrhage in which no remedies hitherto were of any permanent avail. In dealing with a case of uterine hæmorrhage, the first thing they had to find was the cause. There were many causes of uterine hæmorrhages that were extra-uterine in character. Extraneous causes often set up a uterine bleeding which was sometimes almost intractable. It was possible to have very many lesions of the ovary, not those of the ordinary ovarian tumour, setting up intractable

uterine hæmorrhage. He had had a patient recently, over 40, who had been suffering from uterine hæmorrhage for years. He found on operation the expected sclerosis of the ovaries, the removal of which completely cured the hæmorrhage.

Dr. NEATBY said there were two classes of cases he should like to refer to; one was uterine hæmorrhage occurring in young women from the age of 18 to 25. He did not mean by uterine hæmorrhage exactly what Dr. Reed did, *i.e.*, he referred to menstruation, but menstruation which was obviously in excess, in other words, which was distinctly pathological. Within the last few months he had seen quite a number of these cases—mostly either in the students at college working for their degrees, or tutors—ladies who had had a large amount of mental work. In four out of five cases which he had particularly in his mind he found upon examination by the rectum that one or both ovaries were distinctly large and tender; the ovaries had taken part in the general irritation and had been the secondary cause of hæmorrhage. He considered those were a class of case by themselves. Then there were some troublesome cases which came to them after the ovaries had been removed, to bring about an arrest of hæmorrhage or to relieve pain. In some of those cases there was a condition of endometritis, which was probably due to the previous state of the uterine adnexa, and had not been locally treated beforehand. The removal of the cause had not cured the local condition. He thought that local treatment should be tried if there was any reason for doing so. With respect to remedies, very little had been said about them. There was one very important one, viz., hydrastinin, which was introduced three years ago, first in Germany, and a very short time afterwards in this country by Dr. Burford. Hydrastinin had met with varied success in the hands of different men. In his own case it had been fairly satisfactory, but it was necessary that it should not be used higher than 2x or 3x. The expense of it made it often impossible to continue it, but that remedy and phosphorus had been in his hands of the greatest possible use in the cases he had referred to, viz., students who had uterine hæmorrhage associated with ovarian irritation. Hydrastinin just before the period and phosphorus in the interval had given the greatest possible satisfaction, and enabled the patients who were, perhaps, working up for an examination and almost breaking down, to go through satisfactorily. He had read recently (in the last issue of the *Zeitschrift f. Geburts. und*

Gyn.) of investigations with regard to hydrastinin, which showed that it had practically cured all kinds of uterine hæmorrhage. He was afraid, however, that they could not judge much of that because it was impossible to say what the condition of the patient was. In simple menorrhagia where there was no local diseased organic condition to be found, the success was very satisfactory, amounting to eighty per cent. of the cases treated. The relief lasted from one to three years. The observations were extended over a period, in some instances, of from two and a half to three years, and there was no relapse for that length of time, although the hydrastinin had not been continued. Forty-five per cent. of the cases of subinvolution were very distinctly ameliorated, if not entirely cured, and in those cases also the results had been lasting.

Dr. DUDGEON said it was often said by physicians that a good many cases were cured by them, upon which surgeons would otherwise operate, but sometimes the surgeons had the best of them. He had treated a lady affected with menorrhagia, and had given her every possible remedy that homœopathy could suggest, including hydrastinin, but without avail. As she was the wife of an allopathic doctor she had previously been subjected, without benefit, to all the known remedies of his school. A surgeon was called in and the uterus curetted, which effected a perfect cure. The patient was now quite comfortable, only having very moderate menstruation, and no suffering at all. So there homœopathy was beaten and surgery was triumphant.

Dr. MORRISSON said that fifteen months ago he saw a patient who had had a small uterine fibroid removed for excessive hæmorrhage. She had been for three years under allopathic treatment, and had been almost completely poisoned by ergotine. Following the operation, some three or four days after each monthly period, she had hæmorrhage. Then hæmorrhage recurred, and she suffered intense pain. She obtained considerable relief from the pain by six months of Mattei treatment, but the hæmorrhage still continued to a dangerous extent. When she came under his (Dr. Morrisson's) care the hæmorrhages recurred about every three weeks, with attacks of severe pain in the left ovarian region. Three or four days after the cessation of the usual hæmorrhage she passed a very small quantity of arterial blood, and on each of these occasions she was threatened with collapse. Under the use of secale 3 and various other remedies, carefully selected, there was considerable improvement, but the case was not altogether satisfactory. The

mental symptoms then directed his attention to chamomilla, and under chamomilla 3 the patient not only improved and left her bed, but got out for drives. In January last she went to the sea-side, and at the present time was getting about the midland districts in comparative comfort.

Dr. GOLDSBROUGH said that threatened miscarriage was met with, at frequent intervals, by general practitioners, and his experience had not been a favourable one with regard to the use of remedies for its prevention. There were two, however, which certainly had a good effect, one mentioned by Dr. Reed, viz., sabina, and another which he thought had a better effect still, if the patient was seen early enough, viz., arnica. As a rule, there was some traumatic cause, perhaps of a slight character, which was the exciting cause of a miscarriage, and in these cases arnica had a very good effect, but if not seen until there had been pain, his experience of any remedies had been of a very uncertain kind. Dr. Burford would recollect a case of fibroid tumour which he (Dr. Goldsbrough) had sent him two years ago, which he thought would require early operation—the case of a domestic servant between 30 and 40 years of age. The pressure symptoms were being developed very strongly, and the patient was very uncomfortable; she could hardly pass water, and the pressure on the rectum likewise was very bad. Dr. Burford advised him to temporise for a while. He put her on three- or four-drop doses of the mother tincture of secale, and she had been taking that medicine ever since, and at the present time she did not suffer in any way whatever from the pressure symptoms. He had forgotten to mention that the hæmorrhage had been very profuse, but the patient did not suffer from that now, and altogether her health was very much improved. It might be necessary for him to hand the patient over to Dr. Burford later on, but at present there was no indication of it; and of course the patient was rejoiced at having escaped such a severe operation. With regard to hydrastinin, he had used it in the trituration suggested in vol. ii. of the *London Homœopathic Hospital Reports*, and had found it of considerable benefit. He thought the cases where hydrastinin was indicated were where there was a considerable amount of exhaustion of the vital powers on account of the hæmorrhage. It seemed to stay the hæmorrhage and make the patient feel better, and generally the improvement so far had been maintained. He had generally given it in the second decimal trituration, as suggested in the account given in the Reports, but in one case recently he had

tried the fourth decimal because the patient complained that the medicine was trying her. Whether there was any ground for that he could not say, but at any rate she was maintaining great benefit from it. The lessons he had learned from the symptoms of uterine hæmorrhage had led him, if he could not discover the cause, to hand it over promptly to the special physician for an exhaustive examination.

Dr. MADDEN (chairman) said with regard to the case on which Dr. Reed especially asked their opinion he did not think that any of them would wish him to have acted other than he did in advising operation, and he (Dr. Madden) hoped that it would be undergone speedily, so as to bring the patient out of danger at the earliest possible date. With regard to the method of treating threatened miscarriage, Dr. Reed had not mentioned the medicine which in his (Dr. Madden's) hands had proved most successful, viz., caulophyllum. He could recall two or three cases where rest alone had failed and where rest combined with caulophyllum had carried the patient through the critical time, and living children had been born, and everything had gone on satisfactorily. He generally gave it in the second decimal, five-drop doses three times a day.

Dr. CASH REED, in reply, said that with reference to the question of extra-uterine causes of uterine hæmorrhage, he had not specially referred to that for the very simple reason that it involved so much. Pathological menstruation had been much discussed of late, and therefore he had not referred to it very particularly.

NOTES ON PATHOLOGICAL SPECIMENS, CASES, &c., SHOWN AT VARIOUS MEETINGS.

The Diagnostic Value of Tubercle Bacilli in Sputa.

Dr. HAWKES[1] showed a quantity of the sputum of a patient in which, on examination, he had discovered a number of the bacilli of tubercle.

He stated that the patient had been under treatment for three weeks; that the signs of pleurisy—friction sounds and pain—were well marked, and that the middle lobe of the right lung was dull on percussion.

[1] Liverpool Branch, December 9, 1893.

The case otherwise presented the usual appearances of an influenza attack, but the expectoration was more purulent and green than in ordinary cases, and suspicion was aroused.

The patient was a gentleman aged 59, whose wife had died of cancer of the breast at the age of 53. She had not shown any consumptive tendency.

They had had six children.

The eldest died of phthisis, aged 19 years.

The second of pneumonia, aged 14 months.

The third of phthisis, aged 15 years.

The fourth of nephritis and pneumonia, aged 13 years.

The fifth, aged 5 years, of meningitis.

The sixth, who when quite young had suffered from chronic pneumonia, accompanied by great emaciation, after an attack of measles, was said to be in good health.

It was remarked that the points of interest were too obvious to need enlarging upon. It was also stated that during the course of the illness, the patient's temperature had hardly ever risen, and that it continued normal, but that he suffered from profuse sweats.

Tuberculosis of Lung and Mesenteric Glands with Hæmorrhagic Pleuritis.

A portion of the lung and one or two of the mesenteric glands were exhibited from a patient who had recently died under the following circumstances.

The patient, a single lady aged about 50, had been suffering from the presence of pleural effusion, a quantity of which had been withdrawn from the right side by her medical attendant.

In his absence she was attended subsequently by a colleague, who consulted Dr. Hawkes as to the desirability of again performing paracentesis. It was agreed that there was not enough fluid to render the expedient necessary just then.

In a few days it was thought desirable to evacuate the fluid, but on this being done it was found to consist, to a large extent, of dark blood, and this was also the case on a subsequent occasion.

No benefit accrued, and it was decided not to repeat the tapping.

The patient gradually sank, and at the urgent request of the medical attendants, a *post-mortem* examination was permitted. This revealed a perfectly innocent small mammary tumour. The

left pleural cavity contained clear fluid; the right, which had been tapped, was full of sanguineous fluid. On both sides there were many adhesions.

The lungs were both "crammed with tubercle" and collapsed.

The mesenteric glands were exceedingly tubercular. These had been felt during life, and were so hard and large as to give rise to the conjecture of cancer, such a frequent cause of hæmothorax. The thermometer had not revealed any pyrexia.

A reference to "Trousseau's Clinical Lectures," vol. iii., p. 277, lends colour to the suggestion that the blood came from the tearing of the adhesions after the paracentesis, and that it was not due to puncture of the lung, which was probably far away from the needle.

Malignant Endocarditis.

At the February meeting, Dr. Byres Moir showed a heart from a case of malignant endocarditis.

The patient, a girl aged 12, had been admitted to the London Homœopathic Hospital with a history of acute rheumatism two and a half years previously; since which time she had been in good health. She was found to have a hypertrophied and dilated heart with mitral obstructive and regurgitant murmurs; later on an aortic systolic bruit was also noticed. A septicæmic temperature was present throughout the illness, and latterly symptoms indicating embolism had been observed. Aconite ϕ was tried without effect. Temporary improvement seemed to follow crotalus 12.

Dr. Johnstone, who had examined the specimen, gave the following report:—

"The heart in this case is enlarged much above the normal size at the age of 12. The left ventricle shows most hypertrophy. Shrinkage from the preservative fluid precludes exact measurements. The endocarditis diagnosed during life is found to be confined almost entirely to the left auriculo-ventricular valves and the structures in their immediate vicinity. The valvular opening is surrounded by huge masses of vegetations sprouting from the entire surface of the cusps—from part of the auricular walls and from the cordæ tendineæ. The anatomical characters of the cusps are completely masked and their function must have been most seriously impaired. The process extends down some of the cordæ tendineæ which here and there have ruptured *ante-mortem* owing to the weakening change in their tissue. The apices of many of the musculi papillares are involved in the ruin, and at

their bases are seen some beautiful examples of the early stages of the vegetations. These appear at first as slight buds or projections of granulation tissue covered by the layer of endothelium which in time wears off. The bud sprouts into the cavity, increases in length and mass by proliferation of its own elements and also by accretions of fibrin deposited from the blood. As the mass sways to and fro in the blood current the pedicle becomes attenuated. The wonder is that these masses are not more frequently torn away from their anchorage and stranded by the circulation in some distant organ. As the specimen was removed some time *post-mortem*, no bacteriological examination was attempted. The theory that such cases of endocarditis owe their origin to bacteria still requires additional proof."

Sloughing Adenoma of Breast.

Dr. BURFORD[1] showed for Dr. Mason, of Leicester, a large tumour of the breast which had been successfully removed in an offensive sloughing condition. Dr. Johnstone at the same time presented the following report as to its pathological condition :—

"This tumour on being cut into with the knife showed several characters indicative of sarcoma. The tissue was very soft. On microscopic examination it proved to be an adenoma where there was an excess of activity of the connective tissue elements, giving rise to much vascular young granulation tissue in which as a matrix the adenomatous elements were embedded. There was an abundance of cysts, some an inch or more in diameter, others quite microscopic. Without reference to the clinical history, one was inclined to the idea that the adenoma was of a somewhat malignant type."

Fragment of Catheter in the Bladder : Removal by Median Perineal Cystotomy.

Mr. KNOX SHAW[2] showed a portion of No. 11 French black catheter, $3\frac{3}{4}$ inches long, and slightly encrusted with phosphates, removed from the bladder of a male patient aged 58 years. The catheter had accidentally broken off four days previous to the operation. The bladder was entered through the perineum after the lithotrite had failed to seize the catheter so as to allow of its extraction. The patient made a rapid recovery, and left the hospital six days after the operation.

[1] February 1, 1894. [2] March 1, 1894.

A Case of Chronic Lead Poisoning.

Dr. ELLIS[1] exhibited a young man, aged 18, who after working for two years as a plumber contracted lead poisoning, beginning as a peripheral neuritis with dropped wrist and darting pains in the extremities. When he came under observation, twelve months after the commencement of the attack, the muscular power of the extensors had been almost regained, but the hand was very tremulous; the knee-jerk was completely absent; a few pains of varying character were felt in the arms and legs, but the loss of co-ordination in the muscles of articulation was particularly marked—so that his speech could scarcely be understood. After some few months of treatment, in which the drug that appeared to be most serviceable has been the iodide of potassium in grain doses three times a day, he is now able to write distinctly, the pains have completely disappeared, and the co-ordination of the speech muscles is improving.

A Case of Severe Chorea.

Dr. HAWKES[2] referred to a girl in the wards who when admitted had neither rheumatic nor cardiac symptoms, but whose choreic movements were so exceedingly severe that she had eventually to be restrained by means of a D. T. apparatus to prevent her injuring herself.

Stramonium, which she had taken before admission, having failed, cuprum was administered, as the tongue and lips at times were very blue.

This was only partially successful, and in view of a peculiar tremor of the tongue, the grotesque attitudes of the body, and the general condition of the patient, agaricus 1x was given with complete success.

A Comparison of the Urinary Tests for Albumen.

Dr. C. T. GREEN[3] asked the members if they had tried Dr. J. G. Blackley's test for albumen in urine, mentioned in the February REVIEW. This is a 10 per cent. solution in water of acid. salicyl-sulphonic. Dr. Blackley describes it as being at least six times as sensitive as the cold nitric acid test.

[1] Liverpool Branch, April, 1894. [2] Liverpool Branch, April, 1894.
[3] Liverpool Branch, April, 1894.

Since February, Dr. Green had used it frequently, comparing its action in every case with nitric acid test, cold and hot, the acetic acid and ferricyanide test, and that with picric acid in varying strengths.

Dr. Green had found the acid salicyl-sulphonic test very sensitive, showing albumen to be present where the nitric acid test had failed; but he did not find it more sensitive than the test with acetic acid and ferricyanide of potassium.

He had tried it on a solution containing mucin, and it then showed a very slight opalescence.

He thought the test a very valuable one where only a trace of albumen was present.

Keloid of Cheek.

Dr. JOHN D. HAYWARD[1] exhibited a healthy man of 70 years of age who had a hard tumour in the right cheek. This had existed for five years, very slowly increasing; until now it is the size of a walnut. No pain or tendency to implicate the skin or mucous membrane; although the skin is adherent in one place. No glandular enlargement. The diagnosis he suggested is that of a fibrous growth, possibly allied to keloid; as the commencement of the growth is referred to superficial cauterization of small varicose veins, the scars of which are obvious and are adherent to the tumour. The patient himself is firmly convinced of the employment of the actual cautery being the cause of the growth.

Pleuritic Fluid of a Peculiar Character.

Dr. HAWKES[2] drew attention to a case of pleurisy in the wards, in a man somewhat advanced in years.

The accumulation of pleuritic fluid had been somewhat insidious; had not lessened under medicinal treatment; and had, therefore, been treated by aspiration.

When the fluid, which amounted to about a pint and a-half, had been withdrawn a short time, coagulation took place so that the vessel containing it could be everted without the fluid escaping except *en bloc*. This was taken to indicate a low form of pleurisy. There was no bacillus in the sputa.

At a subsequent tapping the fluid contained blood, but the gelatinous consistence was less marked.

On the third occasion of testing the fluid, this time with a hypodermic syringe, there was no blood, and the exudation was more watery.

[1] Liverpool Branch, April, 1894. [2] Liverpool Branch, April, 1894.

Ehrlich's Reaction in Enteric Fever.

Dr. HAWKES[1] drew attention to a short paper in the *Practitioner* for March, 1894, p. 180, by Dr. Reginald Grove.

It was remarked that some time ago Glasgow was specially marked out as a city in which fever cases were not diagnosed, and that now certain districts of Liverpool were under a similar charge.

Under these circumstances it was obviously desirable that no aid to diagnosis should be neglected, hence this reference to Ehrlich's reaction. The test, it was remarked, is thus prepared:

"Fifty ccm. of hydrochloric acid are made up to 1,000 ccm. with water, and sulphanilic acid added to saturation.

"To 200 ccm. of the mixture, five ccm. of a half per cent. solution of sodium nitrite are added, and the resulting fluid is added to the urine in equal parts. Normal urine gives a yellow colour, while the urine of fever patients turns scarlet." In order to obtain the reaction a drop or two of liq. ammon. fort. must be added.

Trials with healthy urine will demonstrate that the ammonia is not the cause of the reaction. In the cases about to be narrated the delicate salmon colour of the form alluded to by Dr. Grove was the distinguishing feature of the test. This was obtained by shaking the urine. Measles is said to cause the reaction, but Dr. Hawkes had not succeeded in producing it in that malady; he had not tried it in acute tuberculosis. A curious incident occurred when Dr. Hawkes tried to demonstrate the reaction.

He had tried it several times in the case of a child in the wards, and it had succeeded on each occasion, but at the last testing it had failed, and for the purposes of the meeting urine two or three days old was used. This did not show the reaction, and *as the child had got well into the third week* the test could only be demonstrated negatively. Since this reference to the test it has been tried by the Dispensary Medical Officers and has proved a valuable aid to diagnosis.

One man was sent into hospital with some of the symptoms of enteric fever. The subsequent course of his illness indicated a form of Bright's disease, the semi-coma being due to uræmia. Here the reaction was not obtained.

It may be remarked that failure to get the reaction may not be absolutely conclusive, for reasons ably stated in Dr. Grove's article, but a positive result is of great value, and its habitual

[1] Liverpool Branch, April, 1894.

use may be the means of avoiding mistakes which few seem proof against, owing doubtless to the protean types of the disorder under consideration. It may often be helpful in differentiating late developments of post-partum fevers.

Renal Calculus. Nephro-lithotomy.

Mr. KNOX SHAW[1] showed an oxalate of lime calculus, weighing 88 grains, removed from the left kidney of a young man, aged 22, on January 15, 1894. The points of interest were:—A five year history of left renal colic, increasing in frequency and severity.

At times left lumbar pain.

Once doubtful hæmaturia.

There was no frequency of micturition.

Previous treatment had failed to give relief.

Urine of neutral reaction, contained a few pus cells, oxalate of lime and triple phosphate crystals.

The patient made a good recovery.

REPORT OF THE COUNCIL.

WITH the close of the Session our Society completes the Jubilee of its Foundation, and the Council, whilst necessarily unable to announce such a great accession to the roll of the Society as they did in their last report, gladly welcome the twenty-two new Members who have joined this Session, as evidence of a growing interest in our work and in the principles of Homœopathy.

In the pages of the Journal reference has already been made to the loss the Society has sustained by the death of three of its old Members, Dr. Wynne Thomas, Dr. Harmar Smith and Dr. Buck. One Member has resigned. Our Membership now reaches a total of 213, of whom thirteen are non-resident. The Liverpool Branch has largely increased and now numbers twenty-four members.

During the re-building of the London Homœopathic

[1] February, 1894.

Hospital the Council have made what they consider satisfactory arrangements for the holding of the monthly meetings in the committee room of the College of Organists, Bloomsbury Hall.

The work of the Society has been vigorously carried on during the Session, and in consequence Members are presented with a much larger Journal of the proceedings than was originally intended. Fortunately the funds of the Society are in such a satisfactory condition that the Council have been enabled not only to do this, but also, as the Treasurer's statement will show, to increase the balance in hand at the beginning of last Session.

The Council, at their last Meeting, decided to lay before the Society at the Annual Assembly certain proposals which will, in their opinion, improve the working of the Society. They are particularly hopeful that the Section on Materia Medica and Therapeutics will undertake such work as will aid in the primary object of the Society, "the advancement and extension of the principles of Homœopathy"; and that by interesting a larger number of Members in the work, they will still further increase the value of the papers and communications submitted for discussion.

The proposals are as follows:—

Sections.

(1) The work of the Society shall be divided into the following Sections:—
   (*a*) Materia Medica and Therapeutics.
   (*b*) General Medicine and Pathology.
   (*c*) Surgery and its special branches and Gynæcology.

(2) Each Section shall be controlled by a Committee of five Members, elected at the Annual Assembly, who shall choose two of their number as Chairman and Secretary respectively.

(3) Each Section shall have allotted to it three evenings in rotation during the Session. The Chairman of the Section shall be responsible for the production of papers on the evenings allotted to it.

Council.

(5) The Council shall meet at least four times a year at seven o'clock on the evenings of the ordinary Meetings of the Society.

Ordinary Meetings.

(6) Ordinary Meetings shall commence at a quarter to eight, and shall not be prolonged beyond half-past ten, except by a vote of the majority of the members present.

The order of business shall be as follows :—

(*a*) The Minutes of preceding meeting read.
(*b*) New petitions for admission read.
(*c*) Candidates for admission balloted for.
(*d*) Visitors announced and introduced.
(*e*) Miscellaneous business.
(*f*) Papers read and discussed.
(*g*) Meeting closed.

The Council have held six meetings, presided over by the President, Mr. Hugh Cameron. They desire to record their thanks to Mr. Sydney Gedge for a most generously given legal opinion on the construction of one of the laws.

The Society will have, by to-morrow evening, held its usual eleven meetings, at ten of which the following papers and communications have been read and discussed :—

An Introductory Address, by Mr. Hugh Cameron. "Our Triumphs and Our Failures," by Dr. Buck. "Scurvy," by Dr. Gibbs Blake. "Glonoin," by Mr. Spencer Cox. "A Case of Rotation of Ovarian Cyst, causing symptoms of Intestinal Obstruction; Relief on Three Occasions by Enemata combined with Bimanual Manipulation of the Tumour, and on the Fourth by Abdominal Section and Removal of the Tumour," by Dr. A. H. Croucher. "The Early Diagnosis of Functional Spinal Curvature," by Mr. Gerard Smith. "The Sequel to a case of Lumbar Colotomy for Chronic Intestinal Obstruction," by Dr. Vincent Green. "A Statistical Suggestion," by Mr. Henry Harris. "Goitre and its Congeners," by Dr. Edward Blake. "A Clinical

Proving of Thyroid Extract," by Dr. Morrisson. "Dermatitis Herpetiformis," by Dr. Epps. "The Arrangement of the Materia Medica," by Dr. Ord. "Remarks on Some Throat Remedies," by Dr. Stonham. "Angina Pectoris, its Etiology, Symptoms and Treatment," by Dr. A. R. Croucher. "Some of the Alkaloids," by Dr. Morrisson. "Gall-stones and their Vagaries," by Dr. Wolston. "Three Cases of Tabes Dorsalis," by Dr. Roberson Day. "Uterine Hæmorrhage," by Dr. Cash Reed. "The Treatment of Appendicitis," by Dr. J. Davey Hayward.

The Council is pleased to report that the increased attendance at the meetings noted last year has been still further advanced.

BRITISH HOMŒOPATHIC SOCIETY.

Receipts and Expenditure for the Year ending June 22nd, 1894.

Receipts.

	£	s.	d.
Balance	102	2	6
Subscriptions	201	12	6
Sale of Publications	19	14	1
Dividends on Consols	5	6	4
Subscriptions paid twice	2	2	0
	£330	17	5

The invested funds of the Society consist of 2¾ % Consolidated Annuities £199 4 8

Jno. G. Blackley, *Hon. Treasurer.*

Expenditure.

	£	s.	d.
Printing (less advertising)	122	6	0
Reporting	28	7	0
Stationery and Postage	13	7	3
Rent	16	10	0
Library	6	11	10
Advertising	1	5	0
Refreshments	5	10	0
Cheques returned	2	2	0
	195	19	1
Balance in Bank	130	17	0
In hand	4	1	4
	£330	17	5

Audited and found correct,

D. Dyce Brown.

SOCIETY NEWS.

Owing to the British Homœopathic Congress being held in London this year, the Annual Assembly of the Society met on Tuesday and Wednesday, June 26 and 27. The Report of the Council and the Treasurer's financial statement adopted by the Assembly will be found on pp. 469 and 473.

Dr. Byres Moir was elected President for the session 1894-5, with Drs. Goldsbrough and Neatby as Vice-Presidents; Dr. Galley Blackley was re-elected Treasurer.

The above, together with Dr. Hughes, Dr. Madden, Dr. Clifton, Dr. Dudgeon, Dr. Epps, and Mr. Harris, were elected members of the Council. Dr. J. W. Hayward had at the last meeting of the Liverpool Branch of the Society, May 10, been elected the representative of that Branch on the Council.

Since the Annual Assembly the Council have re-appointed Dr. Hughes Editor of the Journal, and Mr. Knox-Shaw Honorary Secretary.

At the last meeting of the Liverpool Branch of the Society, held at the Hahnemann Hospital on May 10, Dr. Ellis, the President, occupying the chair, the office-bearers for the session 1894-95 were elected as follows:—*President:* Dr. Edmund Capper; *Vice-President:* Dr. Ellis; *Secretary* and *Treasurer:* Dr. Bernard Thomas.

The Branch unanimously voted a cordial vote of thanks to Dr. Capper for his services as Secretary to the Society for a period of six years, and resolved that the acknowledgment of their indebtedness to Dr. Capper should be entered on the minutes.

George Black, M.B., C.M.Edin., Greta Bank, Torquay;

John Thurly Rendall, L.R.C.P.E., L.R.C.S.E., L.F.P.S.G., 75, Leamington Terrace, Edinburgh, having been duly nominated, were, on Tuesday, June 26, elected members by ballot.

Gerard Smith, M.R.C.S.Eng., Craigholm, Upper Clapton;

Dudley Wright, M.R.C.S., L.R.C.P.Lond., having fulfilled the obligations of law xii., were elected Fellows of the Society.

On Wednesday, June 27, Charles Edwin Wheeler, M.D., B.S., B.Sc.Lond., 43, Alkham Road, Stoke Newington, was elected a member.

John Roberson Day, M.D.Lond., was elected a Fellow of the Society.

As a slight recognition of his valuable services as Editor of the Journal, the Annual Assembly voted to Dr. Richard Hughes an honorarium of ten guineas.

After a full discussion of the proposals of the Council as set forth in their Annual Report, Byelaws I., II. and V. were repealed by the Annual Assembly, and the following new bye-laws adopted.

SECTIONS.

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(*a*) Materia Medica and Therapeutics.

(*b*) General Medicine and Pathology.

(*c*) Surgery and its special branches, and Gynæcology.

(2) Each section shall be controlled by a committee of five members elected at the Annual Assembly, who shall choose two of their number as Chairman and Secretary respectively. The Honorary Secretary of the Society shall be *ex-officio* a member of each committee.

(3) Each section shall, as far as possible, have allotted to it three evenings in rotation during the session. The Chairman of the section shall be responsible to the Honorary Secretary for the production of papers on the evenings allotted to it.

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(4) The Council shall meet at least four times a year at seven o'clock on the evenings of the ordinary meetings of the Society.

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(*a*) The minutes of the preceding meeting read.

(*b*) New petitions for admission read.

(*c*) Candidates for admission balloted for.

(*d*) Miscellaneous business.
(*e*) Visitors announced and introduced.
(*f*) Specimens, cases, &c., shown.
(*g*) Papers read and discussed.
(*h*) Meeting closed.

The members forming the sections are as follows :—

MATERIA MEDICA AND THERAPEUTICS.

Dr. Dudgeon, *Chairman;* Dr. A. C. Clifton, *Secretary ;* Drs. Pope, Hughes, and J. W. Hayward.

GENERAL MEDICINE AND PATHOLOGY.

Dr. Blackley, *Chairman ;* Dr. Goldsbrough, *Secretary ;* Drs. Byres Moir, Dyce Brown, and Roberson Day.

SURGERY WITH ITS ALLIED BRANCHES AND GYNÆCOLOGY.

Dr. Burford, *Chairman;* Mr. Dudley Wright, *Secretary ;* Mr. Gerard Smith, Drs. Neatby, and J. D. Hayward.

Since the Council presented their Report to the Annual Assembly the Society has lost two more of its members by death — Dr. Drummond, of Malvern, who died on June 21, 1894, and Dr. John Cass Smart, of Combe Hay, who expired suddenly on the 13th of July last. Both members, though earnest workers in the cause of homœopathy, took but little part in the proceedings of the Society.

SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

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

JUNE—AUGUST, 1894.

PHARMACODYNAMICS.

Acidum oxalicum.—A case of poisoning by salt of sorrel (potassic binoxalate) appears in *L'Art Médical* for August. Besides the gastro-intestinal irritation and the collapse, there was an intense desquamative nephritis, with albuminuria; and the surface, on the first day ghastly pale, became on the second and third days as markedly red.

A poisoning by the acid itself is recorded by Dr. W. Boericke in the *Medical Century* of August 1. It was absorbed through the hands, by which a saturated solution had been freely used for chemical purposes. The case presented several unique features, and should be transferred to our journals here. The intense pain in the head, the hyperæsthesia—especially to light, the spasms of pain down the extremities, along the throat muscles and through the spermatic cord, and the sensitive spots on the spine, are all noteworthy phenomena. The symptoms recurred in groups from time to time, and on the fourth occasion of their so doing the patient died.

Anacardium.—Dr. W. T. Laird writes to revive the reputation of anacardium in gastric disorders. In quoting authorities for its use in gastralgia coming on as the stomach empties, he omits the late Dr. H. Noah Martin, who wrote a striking paper on it in the *Hom. Journal of Obstetrics* for Nov., 1879. Dr. Laird recommends it in atonic dyspepsia, and thinks it has some action on the liver.—*North Amer. Jour. of Hom.*, August.

Apomorphia in Vomiting.—That the possibility of *similia similibus* being a guide to the curative use of drugs is dawning on the minds of our old-school brethren is illustrated by an experience during his studentship, related by Dr. Oscar Martiny in the *Revue Hom. Belge* for July. An intractable case of nervous vomiting being under treatment, after all ordinary measures had failed apomorphia was tried, 5 milligrammes being injected subcutaneously. The effect was decisive.

Arsenical Neuritis.—In a girl of 11, after three weeks of Fowler's solution—ten drops three times a day—for chorea, the latter had disappeared, but dysphagia was complained of. The arsenic was suspended, but two days later painful paralysis came on, first in the legs and then in the arms, with diminished reflex and general sensibility.—*L'Art Médical*, August.

Arsenical Bronzing.—Two cases of arsenicism induced by its medicinal use have lately been brought before the Société Médicale des Hôpitaux de Paris, in both of which the pigmentation of the skin was a marked feature.[1]—*L'Art Médical*, June.

Arsenical Glycosuria.—A case showing the power of arsenic to induce a glycosuria indistinguishable from idiopathic diabetes is recorded by Dr. Edward Blake in the *Monthly Hom. Review* for July.

Arsenicum iodatum.—In the *North Amer. Journ. of Hom.* for July Dr. Vandenburg has a study of the pathogenesis of this compound, which may lead to further curative employment of it. [Dr. Herbert Nankivell will scarcely recognise himself here under the name of "Vankinwell."]

Arum triphyllum in Diphtheria.—Babu Chandra Sekhur Kali, L.M.S., reports a case of diphtheria which was doing badly. The fact of the child's always boring in the nose and picking the lips reminded him of arum. Its tincture was applied over the throat externally, and its 1x dil. given internally every two hours. Immediate improvement and gradual recovery ensued.—*Calcutta Journ. of Med.*, May.

Bacillinum.—Dr. Henry Snow communicates to the *American Homœopathist* for June 15 three cases illustrative of the value of Dr. Burnett's bacillinum. One was of phthisis (probably

[1] See another case in *Hom. World*, August, p. 341.

pneumonic), with ascites; one of chronic cough, fever, and wasting, with negative physical signs; one of ring-worm.

Benzol.—The "di-nitrobenzol," largely employed in the making of certain explosives (such as roburite), has pernicious effects upon those engaged in working with it. Some of these are detailed by Mr. Simeon Snell in the *British Medical Journ.* of March 3; and his paper has been reproduced in the *Monthly Hom. Review* for June, with comments by Dr. Dyce Brown, pointing out the possible therapeutic uses of the substance according to the law of similars.

In the No. for August Mr. Wyborn gives the chemical and pharmaceutical information necessary for our employment of di-nitrobenzol as a medicine.

Calcarea chlorinata in Diphtheria.—Dr. Hershberger, from his experience, believes the place of Dr. Neidhard's[1] remedy for diphtheria to be in passive, sluggish cases, with little or no fever, and much asthenia. He gives an instance.—*Southern Journ. of Hom.*, June.

Calcarea phosphorica in Adenoid Growths.—Dr. G. H. Martin related, at the meeting of the California State Hom. Medical Society, a case of a boy, 12 years of age, who had an adenoid growth which caused nasal catarrh and deafness of one ear to such a degree that he could not hear the watch when pressed close to the ear. "By the administration of calcarea phosphorica," he said, "for four months, the patient can now hear the watch at six feet, and the catarrh has almost entirely disappeared."—*Pacific Coast Journ. of Hom.*, June, p. 243.

Calotropis.—The *Calcutta Journal of Medicine* for July quotes from the *Indian Medical Record* a cure of chronic eczema by the local application of the mudar leaves. [The editor speaks of "absence of pathogenetic evidence" in its case, but he will find a proving of the plant in vol. i. of the "Cyclopædia of Drug Pathogenesy."—ED.]

Capsicum.—A case of illness occurring in a worker in a capsicum plaster factory is reported (in the *North Amer. Journ. of Hom.* for June) as one of poisoning by this drug. It may be so, but we must have more information as to the health of those so

[1] This veteran physician has published in the *Hahn. Monthly* for July a *resumé* of his experience with the remedy in question.

employed before we can ascribe their morbid symptoms to the substance they use. In this case the attack began by a severe chill with shaking, and eventuated in an intense coryza.

In the July number, Dr. von Musits relates a case of tympanites, with cold nose and extremities, and cyanosis, occurring on the fifth day after laparotomy. Enemata were useless, but capsicum 30 every half-hour brought about immediate relief and disappearance of the symptoms within two hours.

Carduus marianus.—An old miner in the gold mines of Bockstein suffered from the so-called "Bergsucht" (miner's disease). His chief symptoms were: earthy complexion, eyes dim, hardness of hearing, mucous coating on tongue, loss of appetite even for his favourite food and tobacco; great dyspnœa and palpitation on going up hill; spleen and stomach distended; much wind eructated, constant borborygmus, constipation alternating with diarrhœa, but the latter most frequent, evacuations grey, urine scanty and pale, skin dry as if withered, great weakness, pulse slow and weak. Especially remarkable was the disposition of this man. Formerly cheerful, he is now joyless and apathetic; the most important events he took no notice of. I gave him tinct. card. mar., a few drops four times a day. I was unable to effect any alteration in his food, drink or regimen. A month after this he returned looking much better. On asking him how he was, he replied: "You have made a new man of me." Almost all the former symptoms had disappeared and given place to the opposite. His complexion was fresh, his eyes sparkled, he was cheerful, wished to live and work, had good appetite, motions brown, more urine passed, pulse normal. He said he now for the first time knew what it was to be well, and he remained so for many years. He had a relapse which yielded speedily to the carduus marianus.—Pröll, *Zeitsch. d. Berlin. Ver.*, xiii., p. 357.

A brewer's man who lived six miles from me and was suffering from ascites caused by infarctus of liver asked me for a remedy. I inferred liver disease from the following description of his symptoms: yellowish-brown complexion, yellow furred tongue, bitter taste, anorexia, constant thirst, hardness in right hypochondrium, frequent eructation of wind, chronic constipation, scanty brown urine; had been in the habit of drinking much beer and wine. I sent him a bottle of tincture of card. mar. (10 grammes), of which he was to take four drops four times a day. A week later I was informed that the patient, thinking the medicine was meant as a purgative, drank up the whole contents of the bottle at once,

as he thought a few drops would have no effect on his sluggish bowels. Well, he did not die; on the contrary, he recovered completely from the dropsical affection in a few weeks, and most of the other symptoms disappeared also.—*Ibid.*, 358.

A housekeeper, aged 45, of choleric temperament, had formerly suffered from her kidneys, and on account of want of appetite had for long been eating but little, and as she suffered much from the heat of the kitchen had only drunk beer. She was suddenly seized with œdema, which in eight days obtained a great height. Her complexion was yellowish-green. Her eyes were hardly visible, arms and legs felt like boards, hepatic and splenic regions painful, urine very scanty, brown coloured, bowels disposed to diarrhœa, stools whitish grey; she was much troubled by eructations (inodorous); respiration and circulation normal. I gave her nux vom. 6, one drop three times a day, but as there was no change after three days she got two drops of tinct. card. mar. four times a day. The effect was astonishing. From day to day the swelling diminished and with it the other symptoms, and in twelve days she was perfectly cured and remains so to this day, fifteen years afterwards.—*Ibid.*, 358.

Causticum in Enuresis.—Three cases of cure by this medicine are reported in the *Clinique* for July. In two the 3rd dil. (probably decimal), in the third the 6x and 12x, were employed.

Cimicifuga.—Dr. J. W. Means supplies another testimony[1] to the value of this drug as preparatory to parturition. He gives a 6x trit. three times daily during the last two months of gestation. This is in the June number of the *New Engl. Med. Gazette.* In that for August Dr. Annie M. Selee comes forward independently as a witness to the same thing, but by her the 1st dilution is employed. "In a number of cases which I had attended in previous confinements," she writes, "and where I had been compelled to resort to forceps delivery, the labour has been much shorter and decidedly more natural, more free from those torturing pains which seem to accomplish so little."

Coccus cacti.—The patient is a gentleman, aged 75. Up to his 7th year he suffered from enuresis nocturna. When about 20 he had frequently large quantities of uric acid in the urinary excretions. About the same time he got symptoms of chronic

[1] See vol. i., p. 376.

catarrh of the colon, with frequent scanty stools containing much mucus, cross humour, itching in anus, threatening of piles, but never any bleeding. Insomnia soon came on, which I attributed to his uric acid diathesis. I gave coccus cacti without satisfactory result. Aq. calcis seemed to do more good, but not much. I thought it useless to go on without doing something to get rid of the intestinal catarrh. He was sent to Carlsbad for three successive years, with good results to this affection. But the sleeplessness remained untouched. Gradually all kinds of arthritic symptoms were developed, especially in the knee joints. There was occasionally considerable excretion of water, and I observed that the more copious this was the better the patient slept, and the less stiff the joints were. He had occasional attacks of diarrhœa, as often happens in patients whose kidneys are affected. They were always attended with relief to the other symptoms. Four weeks at Assmannshausen caused a large excretion of uric acid, but the following year it did not have the same effect. The arthritic affection of the knee got worse. Wiesbaden did good one year, the next none. Half a tumbler of Kronenquelle water every morning had a good effect on the knee, so that he could walk comfortably, which he had not been able to do for long. Since three or four years the uric acid excretions had ceased, and the patient's state grew worse. Insomnia again occurred, diarrhœa became much more frequent. A fortnight previous to such an attack the patient noticed that he had a great aversion to butcher's meat. The symptoms convinced me that uric acid was present but was not excreted. How to bring about this excretion was the question. I fixed upon coccus cacti, and gave it in the 30th dilution, a drop morning and evening. Gradually sleep returned, and there was almost a daily excretion of uric acid, sometimes in the form and size of large shot; the diarrhœa ceased, the bowels became regular, and the patient went about his work with pleasure. I should observe that I had previously given the cochineal in the 2nd and 3rd dilution without effect.—Kunkel, *Allg. h. Ztg.*, cxxix., 43.

Coffee in Intermittents.—From a communication made to the International Medical Congress at Rome, it appears that coffee is coming to the front again[1] as a remedy for malarial fevers. It is suggested that it be given in the form of caffeine, but this may prove an unsatisfactory substitute.—*Pacific Coast Journ. of Hom.*, July, p. 278.

[1] See *Brit. Journ. of Hom.*, v., 441.

Creosote.—A case of poisoning by this drug is extracted from the *British Medical Journal* in the *Homœopathic World* for August. Besides the gastro-enteric irritation, there was laryngeal paralysis, and analgesia of left arm and parts of left leg. Later, albumen and casts appeared in the urine; stupor and collapse supervened; and the patient died. The kidneys showed evidence of acute nephritis, and the liver presented cloudy swelling.

Crocus in Dysmenorrhœa.—L. L., age 16, menses every fourteen days to three weeks, profuse with dark clots, preceded by chills; the first day of menstruation spasms in the abdomen. Frequent flushes of heat in the head. Nov. 29, puls. 6, five powders, one every third evening. Dec. 28, menses after four weeks, the first day spasm and shooting in belly with sensation as if something would fall out of body; better when lying. The first two days discharge profuse, then cessation for two days; fifth day discharge reappeared with dark clots. On moving, a sensation in the left side of the abdomen, as if three balls were there knocking against one another. Anxious dreams. Copious leucorrhœa, viscid, worse eight days before menses, and after their cessation. Occasional bulimia, but on eating even a little there is nausea. Croc. sat. 6, seven powders, one every third evening. Feb. 24, no more leucorrhœa. Menses have occurred regularly without pain.—Baltzer, *Arch. f. Hom.*, iii., 193.

Digitalis.—Dr. Piedvache raises again the question whether the action of digitalis in cardiac dropsy is an example of the working of the law of similars, and answers in the negative. This is in the June number of *L'Art Médical*, and in that of July Dr. Jousset maintains the opposite thesis. Both papers are worthy of their distinguished writers, and should be carefully considered.

Gelsemium.—In the *Hahn. Monthly* for August, Dr. Eldridge Price has a "study of isolated symptoms of gelsemium sempervirens," made with a view of inquiring whether anything material is lost by excluding all pathogenetic symptoms not observed by two or more experimenters. His conclusion is that very few of such symptoms are genuine drug effects. (A collection of synthetic pathogeneses, made on the above principle, is shortly to be issued by the Baltimore Investigation Club, of which Dr. Price is one of the leading spirits.)

Glycerine.—It has been thought of this substance, as it has been of oil, that it can dissolve biliary calculi. This M. Ferrand

has found to be a mistake; but, on the other hand, glycerine has proved a really valuable agent in the treatment of "biliary lithiasis," by producing a hyper-secretion of fluid bile. In a dose of 20 to 30 grammes, it brings about an end of the calculous attacks; and in daily quantities of 5 to 25 grammes it averts their repetition.—*L'Art Médical*, June.

Graphites.—A young lady had suffered for two years from a white, bran-like, rough eruption occupying the whole side of the right forefinger. It exuded a little occasionally, and for the last fourteen days showed a tendency to spread to the thumb. The eruption somewhat resembled that seen by the author in a case of leprosy, though of course that disease was out of the question in this case. Graphit. 30, two doses at a week's interval, was the only medicine prescribed, and when seen six weeks later the eruption had completely disappeared.—Lutze, *Allg. h. Ztg.*, cxxix., 28.

Guaiacum in Otitis.—Dr. A. C. Houghton records a well-diagnosed case of what he calls gouty inflammation of the meatus and tympanum. Ferrum phosphoricum, on which he relies in simple inflammation, here proved insufficient; and, having regard to some concomitant rheumatic lameness and soreness, he changed to guaiacum 3x, with happy results.—*North Am. Journ. of Hom.*, July, p. 465.

Gualtheria.—Dr. Lang follows up his praise of the oil of wintergreen in neuralgia, noted in our last number, with a similar commendation of its virtues in inflammatory rheumatism. It probably acts here by virtue of the salicylic acid it contains, and like that substance is palliative only, and requires other remedies to sustain its influence.—*Hom. Recorder*, July.

Hydrastis in Epistaxis.—An old-school writer states that he has found in the fluid extract of hydrastis a sovereign remedy for nose-bleed. He gives ten drops in water every two or three hours, and uses a five per cent. solution as a spray.—*Hahn. Monthly*, July.

Hyoscyamus in Sub-acute Laryngitis.—Dr. J. M. Selfridge relates a case of this kind (diagnosed by the laryngoscope), in which the symptoms, "worse on lying down and from drinking cold water," led him to hyoscyamus. This otherwise covering the case, it was given in the 30th dilution, with immediate improvement and speedy cure.—*Pacific Coast Journ. of Hom.*, June.

Hypericum.—In the *North Amer. Journ. of Hom.* for May-July, Dr. Allen criticises the existing pathogenesis of hypericum, and gives a new one. It is in schema form, with clinical notes. From the latter it would appear that besides the ordinary uses of the drug it has been beneficial in emotional excitement, nervous gastric derangements, catarrhal and asthmatic conditions aggravated in fog, and neuritis. Sense as of elongation of the head upwards has occurred in a prover,[1] and has been verified in practice. The remedy is always to be thought of, Dr. Allen says, for pains involving the vertex, especially when they extend down the sides of the head, and even into the face.

Iodoform.—Another case of profound mental disturbance induced by the local application of this substance may be read in the *Hahn. Monthly* for July. Confusion, depression and irritability were the chief symptoms, but the patient was so restless that a strait jacket was required; and there was dyspnœa and some cyanosis.

Kali bichromicum.—The pathogenetic action of this drug upon the kidneys is the subject of a valuable study by Dr. F. H. Pritchard in the *Hahn. Monthly* for June. He mentions that a Cuban physician reports good effects from it in hæmatochyluria, and himself lays much stress on the pyelitis induced by it.

Kali carbonicum in Chronic Bronchitis.—Dr. H. C. Coburn records a striking cure of chronic bronchitis with this medicine, given in the 2x and 3x trits. The case was of old standing, and had been under eight old-school physicians. She was discharged after two months' treatment, and went on gaining weight up to twenty-four pounds. The profuse expectoration was the leading feature of the case.—*Med. Century*, July 15, p. 338.

Kali iodatum.—According to Dr. T. V. Ishunin, of St. Petersburg, who has examined the blood of fifteen patients and four healthy persons before and after taking kali iod., the effect of doses of this drug varying from 15 to 30 grains per diem on non-syphilitic patients and on healthy subjects is, during the first two or three days of its administration, to increase the number of young corpuscles and to diminish the number of over-mature white corpuscles in the blood, and at the

[1] Dr. Allen speaks of this symptom as "repeated in the provings." We can only find it in one—his S. 50, 52 and 111 all belonging to a single occurrence.—ED.

same time to increase the number of those breaking up. As to the total number of corpuscles per c.m., the effect of the iodide appears to be to cause an increase, but a slight one. When the iodide is given to syphilitic persons the over-mature elements increase in number, and the immature white corpuscles, and those which are breaking up, decrease.—*Lancet*, 1894, ii., 590.

Considerable success seems to have been obtained with this substance, in material doses, in the treatment of chronic urticaria. —*Hahn. Monthly*, August, p. 534.

Kalmia.—Dr. Molson exhibited on a "consultation day" at the London Homœopathic Hospital a case of pulsating tumour in the right neck. It was improving under baryta carbonica; but an interesting point about the case was that the patient had applied for intense and constant neuralgic pain in the right shoulder, going down the arm, which had lasted for six months, and that this had been completely removed by kalmia 1x.—*Monthly Hom. Review*, July.

Lycopodium.—A lady, age 43, had an attack of influenza, after which a dry cough remained, which presented no marked characteristics, and consequently left me free to select from a large number of medicines. I had treated her with various drugs for five or six days, when I ascertained that the cough was most troublesome between 6 and 8 p.m. This led me to prescribe lycopodium, of which she got two doses daily. During the first twenty-four hours the cough became loose, in two days it turned into an ordinary catarrh, and terminated in a short time under the same medicine.—Villers, *Arch. f. Hom.*, iii., 188.

Magnesia sulphurica.—Epsom salts have been found to act as a purgative when injected hypodermically in very minute quantities. Dr. Percy Wade used sufficient of a 2 per cent. solution to represent 1·86 to 4·5 grains, and found that the smaller dose, repeated in a short time, was more effective than the larger. The injections caused no unpleasant local or constitutional disorder.—*Hahn. Monthly*, June.

Melilotus.—Dr. W. G. Leonard contributes to the *Minneapolis Hom. Magazine* for June a new proving of this plant—the melilotus alba being used. "My proving," he writes, "is not a remarkable one except that the temperature, carefully recorded each morning and afternoon, shows some elevation after each dose, continuing some days all day; also some marked head symptoms, and, to a degree, the depressant effect of the drug

upon the muscular system." There was also unwonted disturbance in the sexual sphere, showing itself in dreams and emissions which recurred for some time after the proving was ended. Dr. Leonard further refers to later provings by Dr. Bowen and others as being collected in the *Medical Advance* for May, 1888.

Mercurius in Cystitis.—Dr. Oscar Hansen records a good case of chronic catarrh of the bladder, in which many homœopathic remedies had been employed without success. Merc. sol. 3x, given on the indication of his sweating at night without relief of pains, gave rapid ease to his sufferings, and finally produced a cure.—*Hahn. Monthly*, August.

Oil.—Dr. M. O. Terry pleads for the more abundant internal use of sweet oil in such semi-mechanical difficulties as strangulated hernia and the inflammatory stage of appendicitis, adducing experience to show that in this way the use of the knife may often be averted.—*Med. Century*, August 1.

Passiflora.—Hitherto this new sedative has been given pretty freely without dread of ill effects. Dr. Lenore Perky, however, reports a case in which a woman who had taken a teaspoonful of a new tincture at bedtime woke up two hours afterwards with nausea and vertigo. Persistent vomiting followed, during which sight was confused and sense of smell very acute. She had no control whatever of the muscles of the neck; complained of heat all over, but felt cold; had some tingling of the surface generally, and sharp sticking pains in region of heart. The pulse intermitted, a phenomenon which recurred for several mornings about the same hour. The symptoms of eyes and neck were slow in going off, and she complained for some time of weight at base of brain, and burning in cervical and dorsal spine, with some tremor of hands.—*Amer. Homœopathist*, July 15.

Plantago.—Dr. Pinart writes to revive the ancient reputation of the plantain in intermittent fevers, and relates a case in point. He does not give any differential indications for it, but seems to think it specifically related to the recurring sequence of chill, heat and sweat. He gave in the case narrated the 3x dil.—*Revue Hom. Belge*, August.

Plumbum in Writer's Paralysis.—Under this heading an Indian practitioner reports a case in the *North Amer. Journ. of Hom.* for June. A writer in a government office had his right arm

from shoulder to wrist paralysed and very painful; he could not stretch his hand and was quite unable to lift anything of the least weight. After ineffectual old-school treatment, plumbum 3x was taken twice daily. In a few days all pain vanished, and ere long the arm was restored to its natural state and the patient was able to resume his occupation.

Plumbum.—One of the cases which seemed to show that this drug was curative as well as causative of interstitial nephritis must be put out of court. It is that recorded by Dr. S. A. Jones in vol. xii. of the *American Observer*. "The patient," writes Dr. Searle in the June number of the *Hahnemannian Monthly*," went into the hands of another physician, and died in about a year under his care."

Primula.—The *Allg. h. Zeitung* of June 7 contains a proving of the primrose on nine persons. It is to be considered, the inference is, in slight cerebral congestions, without mental depression; in migraine, neuralgia, vertigo, and laryngeal troubles without organic change characterised by rough and weak voice.

Rhododendron in Diphtheritic Paralysis.—Dr. Cooper, *apropos* of a case of speedy death occurring in a subject of diphtheritic paralysis, where an ounce and a half of tea which had recently been swallowed was found in the bronchial tubes, calls attention to an article in the *Field* regarding rhododendron poisoning in sheep, in which a similar thing is reported as occurring.—*Hom. World*, April.

Rhus.—*Apropos* of the question whether there is any difference between rhus toxicodendron and rhus radicans, Dr. Finch mentions that he has found both springing from the same root. "The difference is due to location; for if a bush is placed in proximity to a support, such as a fence, tendrils will immediately spring out and cling to the support, and the bush becomes a vine."—*North Amer. Journ. of Hom.*, June.

Rhus in Peripheral Paralysis.—A case of paraplegia from exposure to cold and wet, with impairment of sensation, is reported by Dr. W. Younan. It was cured in three weeks with rhus in the mother tincture. In a subsequent attack, with diplopia, apparently brought on by taking a cold instead of an habitual warm bath, a single dose of rhus 200 was sufficient to enable the patient to return to his work on the twelfth day.—*Amer. Homœopathist*, July 1.

Senecio.—Dr. Murrell, who has introduced so many of our remedies into old-school practice, has lately (*Brit. Med. Journ.*, March 31) done this in the instance of senecio. Instead of using the senecio aureus or gracilis, as we have done, he has employed the "Jacobeus" species—the "ragwort" of popular nomenclature; and this, given in doses of ʒi.-ʒiij. of the tincture, or of 20 minims and more of the fluid extract, he finds very effective in simple amenorrhœa.

Strophanthus.—A dose of ten drops of the tincture, taken by mistake, caused in a man of 60 nausea, vomitings, weight in head, cold sweat with tendency to syncope. The pulse was feeble and irregular, and there was cerebral torpor.—*L'Art Médical*, Aug.

Sugar as an Oxytocic.—Dr. Bossi, of Genoa, reports that in a large number of cases he has found sugar a prompt and effective ecbolic, especially when the uterine inertia depends upon fatigue. He dissolves an ounce in eight ounces of water, and gives two table-spoonfuls of this solution every hour or two.—*The Clinique*, July, p. 349.

Sulphur in Psoriasis.—Dr. Kroener treats psoriasis with sulphur. The 5x or 6x trit. is given internally, and an alcoholic solution (?) of one part in ten applied locally. He gives three cases in illustration of the good effects of this practice.—*Hahn. Monthly*, Aug.

Sulphur in Surgery.—Mr. Lane writes in the *Medical Week* on the value of the topical use of sulphur in tuberculous and other infective conditions. "It destroys all organisms, whether free or growing in the tissues." He employs it in foul ulcers, cancerous sores, and lupus. "Its action is rendered more uniform and general, and less violent, by mixing it with glycerine; and, if used in any quantity, it should be removed in a day or two, and irrigation substituted."—*Hahn. Monthly*, June, p. 397.

Tuberculinum.—Dr. Cartier, of Paris, contributes to the *Hahnemannian Monthly* for July a valuable article on the various tubercular viruses and their place in homœopathic therapeutics. He fully recognises that the use of tubercular matter, in whatever form and under whatever name, in tubercular disease is isopathy, and not homœopathy at all; but finds scope for the homœopathic use of bacillinum in scrofula and

ring-worm, and of Koch's tuberculinum in nephritis and albuminuria. The "avian" tubercular virus—that obtained from fowls—seems to have properties of its own which call for further study.

Uranium.—Experiments with this drug are being made in both schools of medicine. At Yale College they "shewed albumen and sugar in the urine in almost every case"; animals were probably the subjects. None of the (five) homœopathic provers presented these phenomena; but persistent back-ache, suppressed or delayed menstruation, "disgust for washing the face" (was this a boy?), and severe mental depression, are mentioned as resulting from it. In the subject of the last symptom the specific gravity of the urine ranged from 1,026 to 1,030. We hope to have more detailed reports of these experiments.—*North Amer. Journ. of Hom.*, June.

THERAPEUTICS.

Cholera Infantum.—A severe case of cholera infantum, with convulsions, is reported by Dr. C H. Thomas. Cuprum ars. 6x was given every half-hour. After the third dose the convulsions ceased, and the other symptoms yielded before long, though a few doses of helleborus were required later for rolling of the head and deficient secretion of urine.—*Hahn. Monthly*, Aug., 1894.

An entire number of the *Medical Century*—that for August 15—is devoted to the therapeutics of this disorder, known in America (where it is much more frequent and severe than it is here) as "summer complaint." The views expressed are well summed up by the editor in a leading article. This is too long for reproduction here, but merits careful perusal and assimilation.

Conjunctivitis Catarrhalis.—O. H. has been suffering from his eyes for a week. Burning pains, profuse lachrymation of corrosive tears, feeling of a foreign body in the eye, amelioration by external heat, aggravation by any kind of cold and wind and after midnight. Velvety appearance of conj. tarsi, great swelling of the fold of the conjunctiva. Otherwise well; likes to lie with head high; longing for beer and coffee, though they do not agree with him. Prescription: Arsen. 30, 8 gl. in half a glass of water, one-fourth part night and morning. After four days, more itching than burning, aggravated by rubbing and scratching; still some swelling. Prescription: Arsen. 30, 3 gl. every third evening. Cured in 14 days.—Wassily, *Zeits. d. Berlin. Ver.* xiii., p. 323.

A. S., aged 8, had measles a fortnight ago; towards the end of the disease got a severe conjunctivitis; no other symptoms. Conjunctiva showed considerable swelling and looseness, the transparency of the Meibomian glands nearly gone, redness of lids, photophobia, mild muco-purulent discharge, constant wish to rub eyes, aggravation in the evening, amelioration in open air but not in wind, lachrymose disposition, some otalgia, normal stool, urine turbid, sleepless before midnight. Prescription: Pulsatilla 30, a dose every day. Cured in 10 days.—*Ibid.*, p. 324.

Conjunctivitis et Keratitis Eczematosa.—Willy G., aged 11, a delicate swarthy boy, had suffered for months with conjunctivitis eczematosa and phlyctænulosa. When first seen he had pimples on the limbus corneæ and two or three ulcers the size of pins' heads on the right, moderate injection, commencing pannus, slight photophobia, burning in eyes—worse in evening—constant cold feet, much acid eructation, constipation with ineffectual straining, easily chilled, glandular swellings on neck or nape. Prescription: Sulphur 200, three doses, one every night. In three or four weeks almost complete cure. He required no other remedy.—*Ibid.*, p. 326.

Elsa S., of delicate chlorotic appearance, has for years suffered from recurring ophthalmia. She had hitherto been treated with eye-waters. When seen the eyes showed on their right side the objective symptoms of conjunctivitis et kerat. eczematosa. The limbus was much swollen, the injection intense. On account of extreme photophobia and violent pains I gave bellad. 6, a dose every three hours. On the third day the acute symptoms had gone. Sensitiveness to candlelight, bloated appearance, aversion to milk, which causes acid irritation and nausea, led me to prescribe calc. carb. 30, a dose every day for four days. After less than three weeks nothing was to be seen except a slight redness of the lids; her appearance and general health too were improved. I gave a dose of sulphur in high potency to prevent relapse.—*Ibid.*, p. 326.

Mary L., aged 15, has suffered for four weeks from keratitis eczematosa. Three ulcers the size of millet seeds on the greatly broadened limbus of right cornea; on the left only phlyctænulæ and a slight loss of substance in the right upper quadrant of cornea; vascularity of cornea, circumcorneal injection, lachrymation, especially in open air, photophobia mostly in artificial light, moderate pain, slight swelling of cervical glands, otorrhœa of right ear, chronic nasal catarrh with malodorous discharge, anorexia with aversion to butcher's meat, bowels costive, motions large and

hard, urine occasionally dark and fœtid, cold feet. Under calc. carb. 200 for eight days the objective symptoms became all aggravated; some of the phlyctænulæ were changed into a crater. The malodorous urine soon led me to nitr.-acid. I prescribed a dose of the 30th every day for six days. At the end of this course the ulcers showed a tendency to heal and the amelioration was obvious. Continuing this medicine the eyes improved rapidly. On account of the ear and nose symptoms the patient got calc. carb. 30 for some weeks with the desired result.—*Ibid.*, p. 327.

Conjunctivitis Trachomatosa.—Erna M., aged 14, having never formerly had anything the matter with the eyes, took ill with intense catarrh of the conjunctiva, for which a lay friend prescribed acon. and bell. without effect. She can assign no cause for her malady, but one of her school companions became affected apparently from her. The conjunctiva is very red, slight swelling of conjunctiva tarsi, great swelling of the conjunctival fold on which there is a great number of pale, grey, round elevations; lachrymation and muco-purulent discharge, considerable peri-corneal injection. The pains are shooting and prickling, often intolerably violent in the evening; in spite of photophobia she cannot bear a shade over eyes; œdematous baggy swelling, especially under the left eye. Nothing more to be observed except that she is slightly chlorotic; menstruation has not yet commenced. I judged this to be a case of trachomatous disease, so had her isolated. Prescription: Apis 30, a dose every three hours. After two days there was a considerable improvement in the subjective symptoms, but the granulations were unaltered. After three or four days more of the medicine, twice a day, they declined and lost their light colour. This state continued for some time with copious lachrymation. I now gave nat. mur. 200 on account of the following symptoms: Slight palpitation, irritable, cross or lachrymose disposition, weakness in legs especially during a longish walk, bowels costive, stools mostly pappy. She got a dose three successive nights. With the improvement of the general state the local symptoms disappeared in three weeks.—*Ibid.*, p. 327.

Cornea, Herpes of.—Mrs. A., aged 38, who had often suffered from neuralgia of the trigeminus, had been under medical care for several months for an affection of the cornea. When seen the following was her state:—Scattered over the upper part of the right cornea, almost in dendritic form, there were small vesicles containing a serous fluid; mingled with them were de-

fects of epithelium and erosions of the cornea. The pains were burning, aggravated chiefly in the evening, relieved by washing in cold water, though there is sensitiveness to all sorts of cold; dry weather is not so well borne as moist weather. Prescription: Caustic. 30, a dose every evening. Under this medicine for 14 days there was no improvement; very violent paroxysms of burning pain occurred suddenly and were not relieved by heat or cold. I now gave arsen. 6, a dose every three hours. This caused the vesicles to disappear rapidly, but the erosions and defects of epithelium remained. The erosions yielded to the external employment of euphrasia water, and a cure was gradually effected under arsen. 30.—*Ibid.*, 329.

Cornea, Ulcer of.—Th. W., aged 12, has been suffering for eight days with his eye, and has been treated with antiseptic compresses and argent. nitr. locally. When seen his state was as follows: In the right upper quadrant of the left cornea there is a sickle-shaped ulcer, there is also moderate conjunctival catarrh and coryza with great itching of nose, shooting pains in eyes with sensation of sand in them. Warm compresses relieve, the prevailing north-east wind aggravates. Prescription: Hepar sulph. 30, a dose night and morning. Complete cure without detriment to sight in eight days.—*Ibid.*, 330.

Coxalgia.—A girl, aged 20, had, after a chill, a pain in right hip, which was aggravated by every movement and which she could only describe as resembling the pain in the legs that occurred before the menstrual flow. I treated her for two months without effect. At last I chose china 30, because she was pallid and before she became ill had undergone much hard nursing work; her catamenia were scanty, and she was altogether weak. Three days after commencing the china the pain was gone, though it had persisted for five months. She had a slight return of the pain at the next menstrual period. After that she had no more. —Villers, *Arch. f. Hom.*, iii., p. 188.

Crusta Lactea.—B. B., aged 1½, since three months old has constantly had an eruption on the head. On the hairy scalp and forehead yellow crusts, exuding, sticky; scratches much, especially at night. Cervical glands much swollen. October 3, sulph. 30, five powders. 14th, state the same, rhus 30, four powders; sulph. 30, two powders; rhus. 30, four powders. November 3, state the same, graph. 30, six powders. 23rd, much improved. No more exudation. During the first week of treatment the eruption

spread all over the face, but healed up rapidly. Now only the skin of the face is rough. Placebo. January 24, the child was brought to me for a swelling of right testicle. The eruption was then completely gone, and no glandular swellings remained.—Baltzer, *Arch. f. Hom.*, iii., 193.

Diarrhœa.—C. M., aged 7 weeks. March 29, I was summoned at 7 a.m. to see a child said to be dying. I found a very small, weak child, with half-open eyes, face like an old man's, skin lax, breathing scarce perceptible. The child had been suckled by a nurse who had been dismissed yesterday. Since then it has vomited everything given to it, milk, gruel, water. There is also watery greenish diarrhœa. Prescription: Æth. cynap. 30 in six table-spoonfuls of water, a tea-spoonful every half-hour. Further, cold spring water and rice water by tea-spoonfuls. When I paid my visit at noon I found the little patient decidedly better. It slept, breathing calmly. The face had acquired some colour. No more vomiting or diarrhœa. It had retained four table-spoonfuls of rice water. Improvement went on during the day. At 6 p.m. it had a green, watery stool. I now gave cham. 30. A stool passed at night was yellow and pappy. A new nurse was procured, and at my visit next day I found the infant quite well.—*Ibid.*, 194.

Eczema.—Dr. W. L. Galloway contributes two cases to the *American Homœopathist* of June 1, which evidence the importance of diet in the treatment of eczema in children. If remedies do not speedily influence the eruption, the aliment should be changed, even though it seem to be from a better to a worse one.

Influenza.—Dr. Adolf Grundal, of Stockholm, has passed through four epidemics of this disease, and has treated a great number of cases. At first, being only partially converted to the method of Hahnemann, he treated half of his cases homœopathically, and half by quinine, antipyrin, and acetanilid. Before long he dropped the latter medicines, finding the homœopathic treatment greatly superior. Rhus was his main remedy, and he considers it as specific in influenza as mercury is in syphilis. He found the 2x dil., five drops every two hours, the best form of administration. Sometimes the subsequent exhaustion and catarrh required ars. iod. 3x.—*Hahn. Monthly*, Aug., p. 543.

Keratitis Interstitialis et Parenchymatosa.—George F., aged 5, complains for three days of imperfect sight with left eye; some time previously the mother had observed a dimness of the cornea.

After a chill the dimness of sight came on with severe coryza, pressure and shooting pains in the eye—worse in bed, slight photophobia—worst in sunshine, then copious flow of tears, wishes to be in a dark room. The limbus is broadened and much injected, some vessels run into the cornea, the latter is dull and shows a diffuse opacity. There were swollen cervical glands. On account of the catarrh euphrasia 30 was given every three hours, and euphrasia water applied night and morning. In a few days the nasal catarrh and acute symptoms disappeared, but the diffuse dimness did not yield. I prescribed tinct. sulph. 3, a dose every night and morning, and in eight days the cornea cleared completely.—Wassily, *Zeitsch. d. Berlin. Ver.*, xiii., 328.

Melancholia.—A widow, aged about 30, pale, anæmic, who had undergone much care and exertion, complained about the middle of 1892 of ever-increasing anxiety. At first this only occurred in connection with the catamenial period, but soon it became permanent. It is especially in the forenoon that she is very much affected, she feels compelled to be left alone, does not even care to see her parents who live in the same house, and has sent away to a boarding school her child, whom she used to love most tenderly. I treated her for a month without result, so she went to a hydropathic establishment from which she hoped great things. But after a month's treatment there she became so much worse that she could not get rid of her melancholy thoughts at all. The catamenia had not appeared. She rose early, took long walks alone, was incapable of performing her domestic duties, took no interest in anything, and complained of faintness and vacant feeling in head. She again came under my treatment for two months but without result. She then went into a sanatorium, and after two months' treatment there she became somewhat better and returned home. Only during the monthly illness she became very ill. She then had fits, weeping, painful drawing in hypogastrium, flushes and sometimes suicidal inclinations. After two more months she was as bad as ever. I had given her all sorts of medicines without effect. But on March 13, 1893, after a careful study of her symptoms I gave her hepar sulphuris 200, one drop in a powder for fourteen days. At the end of that time she came and reported that she had entirely lost her anxious feelings and was able to resume her domestic duties. I saw her eight months afterwards and she still remained quite free of her distressing symptoms.—Villers, *Arch. f. Hom.*, iii., p. 186.

Meningitis.—A case of this affection, in a child of fifteen months, is reported in the *Calcutta Journal of Medicine* for July (p. 269). After several medicines had been given without effect, apis 30 initiated and stramonium 30 completed a cure. Both were given in single doses, allowed to act for some time.

Osteo-necrosis.—A carpenter, aged 35, whose left upper arm had been injured in 1875 by the sharp corner of a plank falling on it, consulted me in May, 1890. Ever since the injury he had suffered much pain in the injured part, and a few months after it the skin gave way and a suppurating cavity showed itself. On the cessation of the pain the discharge, which had hitherto been of clear-coloured pus, became green and fœtid. When I saw him only a little clear fluid was excreted through a fistulous opening, whose mouth lay at the bottom of a crater-like depression. Here the skin was red, the muscular tissue seemed to be quite gone, and the bone all around the depression was much thickened, with a greyish surface. As he could work but little he was in distress. After taking for five months silica 30, he came to me and told me that he was in full employment as a carpenter, only he could not hold up heavy articles. I continued the medicine and told him to come and see me in midwinter. In the meantime he had been working hard at threshing and this exercise had done him harm, for the discharge became more copious and yellower, but the working power of the arm was not impaired. In the following spring, *i.e.*, ten months after the commencement of the treatment, there was no longer any discharge, and the depression of the skin was much less deep than when first seen. By the sole employment of silica and calc. carb. during the following year the normal form of the arm was restored. The depression had become raised from the bone, and there is no discharge, unless after some extraordinary exertion. He has never been hindered in his work, so that this man, who was prevented working for fifteen years, was completely restored in three years.—Villers, *Arch. f. Hom.*, iii., 184.

Metritis.—A young unmarried woman, aged 22, got a chill after confinement, which caused the lochia to stop suddenly, and brought on violent pains in the abdomen. When seen April 14 she was in high fever, temperature 39·4° C., breathing short, abdomen swollen, with burning pain in its lower part, *i.e.*, the uterine region, which spread all over the belly. The whole body felt very hot and the cheeks showed circumscribed red patches. Arsen. 30, 20 globules in half a tumbler of water, a mouthful every

hour. 15th.—She was decidedly better. The lochia had returned, abdomen less distended, pains much slighter: arsen. 30, every two hours. But the following day the mother came and informed me that the pain had returned with increased violence. At my visit I found the girl in a very serious state; the body was burning hot, cheeks dark red, abdomen greatly distended and tense, respiration short and gasping, eyes projecting and sparkling; the lochia had ceased; I thought she must die. I gave aconite 30, a dose every hour. Next morning the report was better. The pain had declined after a few hours. I gave now arsenic. 30 every two hours. When I saw her next day I found her much worse. The temperature was 40·3°, she was restless, excited, sleepless. I now ordered acon. 30 alternately with arsen. 30. But this did not reduce the temperature below 39·8°. I now gave acon. 5, a dose every hour. Next day (April 20), the pain was somewhat less, but the temperature rose the following evening, so that I felt compelled to alternate the acon. with arsen. 30 every hour. This completely cured the patient.—Lutze, *Arch. f. Hom.*, iii., 198.

Peritonitis.—On April 11, at 8.30 a.m., I was called in to see Mr. Manuel Mondono, aged 43, of lymphatic nervous temperament. In the early morning of the 9th, he was attacked by a severe pain in the belly accompanied by bilious vomiting. The pain soon extended all over the abdomen, impeding all movement and even breathing. Without loss of time he sent for two allopathic doctors, who prescribed a purgative and an ointment; but beyond stopping the vomiting, the medicines had no effect, and the purgative not having operated, his condition was aggravated. On taking a little food the vomiting returned with renewed force, intensifying the pains and making him suffer atrociously. Tisanes of various sorts were administered, which calmed the vomiting; but the disease progressed. One of the doctors who had seen him the previous day gave a second purgative and a new ointment, which were as inefficacious as the previous prescription. The patient resigned himself to his fate, which he thought was sealed. Examination showed me the following morbid features: —Peritonitis diffusa, fever, temperature 40·6°, pulse 126, Hippocratic countenance, intense redness of the cheeks, and insatiable thirst; abdomen tympanitic, respiration superficial, short and laboured, abdomen very sensitive to the slightest touch, obstinate constipation and supine decubitus. Prescription: Aconit. 3, six drops in 180 grammes of water, a spoonful every hour; an enema of soap and water, low diet. 12th.—Morning, prostration, constant

groaning, pulse quicker and weak, stools of bloody slime. Prescription: Aconite alternately with merc. corr. every hour. 13th.—The exudation commencing to be absorbed, the temperature has fallen to 38·8°, pulse 106, pains less severe, are now of a pressive character, strength improved. Merc. corr. 6 was continued every three hours. To have some soup. 14th.—Temperature 37·6°, pulse 75; patient can lie in any position. Same medicine, a dose night and morning. 15th.—The patient can sit up; the only remaining symptom is a slight pain throughout the abdomen, chiefly in the hypogastric region. An examination showed that the exudation with the abdomen was not quite absorbed. He got sulphur 30 for six days, which with a good diet soon completed the cure.—Berber, *La Homœopatia*, i., 81.

Pertussis.—In a lecture on "Homœopathy and Official Medicine," Dr. Marc Jousset makes some interesting statements about the treatment of whooping-cough in Paris. The homœopathists there, he says, have quite a reputation in this malady. A number of families who are ordinarily under old-school treatment confide themselves to their care when attacked with whooping-cough; and there are physicians who send their patients and even their own children to them when so affected. This undeniable superiority of homœopathy in the treatment of whooping-cough has led our chief remedy, drosera, to be tried in the ordinary therapeutics; but, employed there in doses of 10 to 20 drops of the mother tincture, it produces no such beneficial effects as the homœopathists gain from the 3rd, 6th and 12th dilutions.—*Revue Hom. Française*, July, p. 330.

Pharyngeal Abscess.—I was sent for at 10 p.m. to see a well-known editor in Nice, who thought he was going to suffocate. He was 37 years old, and I found him seated on the sofa with his head bent forward; his face indicated the greatest anxiety, his eyes protruded, cheeks bluish red; the mouth could with difficulty be opened, the tongue covered with thick white fur. The back of his mouth was enormously swollen; its various parts, uvula and tonsils, could hardly be distinguished, although the mucous membrane was pushed far forwards, and one could only see several semi-globular, dark red, smooth swellings. The colour is rather pale red; mucous secretions, but inability to spit, speak or swallow; dyspnœa, spasmodic fits of suffocation, whistling respiration, great dryness of mouth, pulse quick and contracted, urine and stool retained, sweat of anxiety. I first made him pass water, and gave him apis 6, six drops in twelve table-spoon-

fuls of water, to take a tea-spoonful every quarter hour into his mouth, and keep it there as long as possible, then to let it run out. Nothing else, either inwardly or outwardly. When I returned at 12 midnight I found the patient with a cheerful expression. The scene was quite changed. They showed me a large cup full of slime, pus and blood. The abscess burst one hour after the first dose, and the discharge trickled slowly out. I gave now apis 13, and in three days he was quite well.—Pröll, *Allg. h. Ztg.*, cxxix., 46.

Pharyngitis, Chronic Follicular.—In the June number of the *Pacific Coast Journal of Homœopathy* is given a useful repertory of the medicines helpful in this affection, its chief feature being the frequent appearance of the wyethia helenoides. [The writer, Dr. J. M. Selfridge, speaks of the proving of this plant as having been "reported in a recent issue" of the same journal. As we pointed out in our last number, p. 363, it appears as far back as 1880 in the fifth edition of Hale's "New Remedies."—Ed.]

Phthisis.—Dr. Arnulphy, whose experience with tuberculin (Koch's) we have more than once mentioned,[1] writes:—"Since I found out that tuberculin is capable of inhibiting the development of tubercle, provided it be given early enough and persistently enough, incipient phthisis has lost almost all its terrors for me." He conjoins with the internal treatment inhalations of superheated air medicated with some antiseptic like thymol or guaiacol. —*The Clinique*, July, p. 363.

Pianist's Cramp.—A young lady pianist look lessons from a teacher who exercised the muscles of the middle hand to an excessive degree. In a short time she experienced pain in the right hand, and in the course of three and a-half months she was unable to use the right hand and arm. On spreading out the fingers and attempting to strike with them in this position she had the sensation of swelling of the fingers. Hand and arm were heavy, and there occurred an intense pain from the middle of the palm up to the elbow, worst at the wrist. The radial nerve is very sensitive to pressure, also the plexus brachialis and the fourth to the seventh and especially the ninth dorsal vertebræ. I began with arnica, but it had no effect. The immobility of the hand increased to such a degree that she had to eat and dress herself with her left hand. Along with the sensation of swelling of the hand there was a feeling of heat shooting into it. As the

[1] See vol. i., p. 89; vol. ii., p. 363.

symptoms ceased completely at night I gave platina 200, one dose every eight days. Under this the patient could again dress herself and use knife or spoon, but for piano playing the hand was quite useless. Thinking her career was ruined she became very depressed in spirits. Along with this depression there occurred a shooting pain on the least mental excitement. She now got ignatia for fourteen days. After that she got nux vom. 200. In a month she was able to write in her usual way, and she could make all the movements of playing but could not strike the notes. Then there came on pain in the wrist, but nothing was to be seen there. I now gave ruta, under which the striking power of the fingers improved. After a month of this medicine she could play for three-quarters of an hour at a stretch, and the only effect this had was that the hand got cold. In addition there came on a transient lame feeling in the right leg and sometimes the sensation of the foot turning inwards. She had a very severe attack of cardiac weakness, which yielded to veratrum. For some hysterical symptoms I gave her silica for a month, directing her to take ruta if the wrist pain returned. Four months elapsed before I saw her again. She could then practise on the piano for two hours at a time, but if she overdid the playing the pains again occurred. She was able to employ herself in teaching the piano. —Villers, *Arch. f. Hom.*, iii., 211.

Pneumonia and Empyema.—Mrs. B., aged 48, who had formerly suffered much from bronchial asthma, was attacked on January 30 by violent fever, general prostration, dyspnœa. Face very red. On right side of chest, from spine of scapula downwards, dulness and rough undefined breathing. Dry cough, February 1.—Acon. 3, bryon. 3, alternately every hour. 2nd.—Perspired much during night, feels very weak, pulse 120, of tolerable strength. Some stitches, cough looser, with rusty sputa. Dulness increased, crepitating râles. 3rd.—Last night stitches increased. Dulness perceived anteriorly. Continued medicine. 4th.—Since yesterday icteric, very weak. Phos. 6, a dose every hour. 5th.—Râles general posteriorly. 6th.—Cannot cough, thinks she must suffocate. Tart. em. 2 caused pain in bowels, diarrhœa, no vomiting, moderate expectoration. On account of the pain in bowels the patient begs for a change of medicine. She gets ipec. 3 and bry. 3 alternately every hour. Left lung posteriorly and inferiorly dull and râles heard there. 7th.—Better, left lung freer. Right lung from spina scapulæ downwards still very dull, coarse râles. Anteriorly free. 9th.—Much

better, the dulness commencing to clear off. 11th.—Still some fever, much mucus, little cough. Dulness on right side more intense. Sulphur 6 every two hours. 15th.—Yesterday forenoon a rigor and great increase of fever. Sulph. 6, bry. 6. 17th.—Another attack of fever last night. Dulness increased on right side; a hand's breadth thence the dulness is absolute. Respiratory sounds weak, few râles. One dose sulph., then phos. 6. March 2.—Better, fever less. She has been up the last few days and lain on the sofa. Dyspnœa rather bad, cough nearly gone. On right lung posteriorly and inferiorly absolute dulness, above that to spine of scapula the dulness is only relative. Auscultation reveals no râles, but feeble vesicular breathing. Sulph. 6 every two hours. 14th.—Yesterday had suddenly severe cough, and a great quantity of frothy purulent sputum was expectorated. The hectic fever continues, feels very ill, pains in stomach. 15th.—Somewhat better, still great expectoration. Phos. 6. 23rd.—Very little dulness remains. Rep. Amelioration went on continuously. By April 18 she could be pronounced well. It is noteworthy that this patient who formerly used to suffer very much from asthmatic attacks remained quite free from them during the next two years. They returned later, but were less frequent and less severe than formerly.—Kröner, *Zeitsch. d. Berlin. Ver.*, xiii., 359.

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