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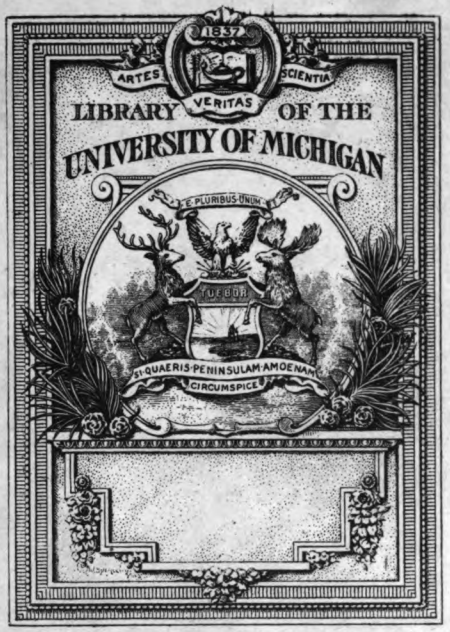

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

University of Michigan

EDITED BY

J. J. DRYSDALE, M.D., R. E. DUDGEON, M.D.,
AND
G. ATKIN, M.D.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON THE CONSTRUCTION OF THE STETHOSCOPE, IN ACCORDANCE WITH THE PRINCIPLES OF ACOUSTICS.*

By Vernon Bell, M.D.

M.R.C.S., L.M. *Edin.*

The construction of the Stethoscope has been a fertile source of altercation among physicians ever since the period of its introduction. In support of their conflicting views as to the manner in which it transmits the sounds of the chest, &c., to the ear, they have vied with each other in producing instruments of every possible material, and of every imaginable external and internal form. Much of this difference of opinion might have been obviated had they known or remembered, that artificial instruments, brought to aid our senses, must be as correct as possible in their construction, and that, before we can fully avail ourselves of their use, we must have an accurate knowledge of the laws by which they assist our organs.

Natural philosophy teaches, that sound is propagated according to tolerably defined laws; that, especially when confined in tubes, its diffusion is more or less impeded, in

* This inaugural Dissertation obtained the commendation of the Medical Faculty of the University of Edinburgh.

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proportion as those laws are observed in the construction of the tubes. The phenomena of stethoscopic phonics, therefore, can only be comprehended through an exact apprehension of acoustic laws, in the same way as the theoretical principles of optics must be rightly understood before a satisfactory use can be made of the telescope or the microscope.

Stethoscope.—The word itself, compounded of two Greek ones (στῆθος, the chest, and σκοπεῖν, to examine), a chest inspector or explorer, is a cylinder of soft wood—generally cedar—from four to nine or ten inches in length, perforated by a longitudinal canal, varying in diameter in different instruments, but always having one extremity flat and adapted to the ear, while the other is usually funnel-shaped for application to the surface of the body.

The object and use of this instrument is, to collect and convey to the ear of the observer the vibrating impulse of the air, or of the solid walls of the thorax, occasioned by the perpetual movement within—to confirm or nullify the existence of certain delicate sounds, which, though they may be detected by the unassisted ear, are liable to be disturbed by the contact of one's hair or clothes with the chest of the patient—to diagnose the kind of sound where the surface is unequal, as in the supra-spinous fossa of the scapula, in the acromial angle, and in the upper part of the axilla, in very thin persons—to limit the sounds to a small region, as during auscultation of the cardiac region—to prevent an increased flow of blood through the head of the practitioner, which stooping for immediate auscultation often involves—to remove the head, and, therefore, the nose and face of the auscultator, a suitable distance from the integuments of individuals bedewed with perspiration, suffering from an infectious disorder, or not distinguished for cleanliness, as not unfrequently occurs in charitable institutions—as the most delicate method of auscultating the chest anteriorly in female patients; and, lastly, to obviate the impracticability of applying the naked ear in consequence of largely developed mammary glands.

Having premised these uses and indications of the instru-

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ment, it will be unnecessary to dwell on the happy thought that, so far as we know, first suggested itself to Hippocrates, viz., that of applying the sense of hearing to the investigation of disease, or to give a lengthy history of the invention of the stethoscope, and connected with it the gigantic researches of Lænnec, who so fully realized, and made practicably available, this grand idea of the "Father of Medicine." It would not be less foreign to my purpose to enter into the merits of *mediate* or *immediate** auscultation, or to speak of the various normal or abnormal acoustic phenomena, which either the one or the other may reveal within the thoracic cavity; nor have I to direct attention to the *production* of sound, so much as to its *transmission*. I purpose to confine myself as closely as possible to the stethoscope as an instrument, and the physical principles of its adaptation to the objects to which it is applied; adverting briefly to its history, touching shortly, also, on the mathematical theory of the propagation of sound in tubes, and one or two other allied matters.

Upwards of two thousand years have elapsed since Hippocrates endeavoured to ascertain the existence and nature of thoracic disorders by listening to the chest, but this practice had almost, if not wholly, fallen into disuse and disrepute, until resuscitated by Avenbrugger, in 1761; forced upon the public attention by Corvisart, in 1808; subsequently extended by Double, and organized, and nearly perfected by Lænnec in 1815. Long, indeed, before the appearance of

* Dr. Stokes, of Dublin, in comparing the merits of mediate and immediate auscultation, gives the result of his experience of the latter, in the following words:—"Immediate auscultation, besides being inconvenient and disagreeable in many cases, both to the patient and physician, is far from giving the satisfactory results which it would seem to promise, for the sounds which are thus heard are not perfectly distinct, or if I may be allowed the expression defined; transmitted by the whole surface of the head, which is in contact with the chest, they appear to have so much intensity, that we cannot appreciate their shades of difference, and they are confounded with one another, without it being possible to distinguish exactly the place where each is produced; the rubbing of the head during the elevation and depression of the chest, adds also to the confusion."

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these illustrious men who revolutionized the doctrines of their epoch, and removed the obscurity which had hitherto shrouded the domain of thoracic pathology, one of our own countrymen, not of the medical profession, and who in all probability was unacquainted with the writings of Hippocrates, seemed to be aware of the existence and importance of internal sounds as a means of diagnosis.

It does appear a singular anomaly, that from the period when Hippocrates flourished, to that of the work—"Inventum novum ex percussione thoracis humani ut signo abstrusos interni pectoris morbos detegendi," by Avenbrugger, no recorded attempt should have been made to apply the principles of physics to the diagnosis of chest disease, excepting that suggested in the middle of the 17th century by the genius of the celebrated Hooke, to whom I have just alluded, and whose words I shall presently quote, as exceedingly curious in the literary history of auscultation.

Hooke, as Dr. Elliotson justly observes, not only did not despise the ear as an inlet of knowledge, but looked forward to the invention of acoustic instruments which would enable it to make important discoveries, in short, almost prophesied the stethoscope. "There may be a possibility," says Hooke, "of discovering the internal motions and actions of bodies by the sound they make; who knows but that, as in a watch, we may hear the beating of the balance, and the running of the wheels, and the striking of the hammers, and the grating of the teeth, and multitudes of other noises; who knows, I say, but that it may be possible to discover the motions of the internal parts of bodies, whether animal, vegetable, or mineral, by the sounds they make; that one may discover the works performed in the several offices and shops of a man's body, and thereby discover what engine is out of order, what works are going on at several times, and lie still at others, and the like. I have this encouragement not to think all these things utterly impossible, though never so much derided by the generality of men, and never so seemingly mad, foolish, and fantastic, that as the thinking them

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impossible cannot much improve my knowledge, so the believing them possible may, perhaps, be an occasion for taking notice of such things as another would pass by without regard as useless. And somewhat more of encouragement I have, also, from experience, that I have been able to hear very plainly the beating of a man's heart, and 'tis common to hear the motion of the wind to and fro in the guts and other small vessels; the stopping in the lungs is easily discovered by the wheezing. As to the motion of the parts one among another—to their becoming sensible, they require either that their motions be increased, or that the organ be made more nice and powerfnl to sensate and distinguish them as they are; for the doing of both which I think it not impossible, but that in many cases there may be helps found." But the stethoscope and *mediate* auscultation are more specially connected with the name of the renowned Lænnec, to whom the gratitude of posterity is due, as much for the invention of this instrument, as for the extraordinary talent and sagacity which he displayed in his pathological researches. To use the impressive language of Dr. Stokes, "A new era in medicine has been marked by a new science depending upon the immutable laws of physical phenomena, and, like other discoveries, founded on such a basis, simple in its application, and easily understood. A gift of science to a favoured son, not, as was formerly supposed, a means of merely forming a useless diagnosis in incurable disease, but one by which the ear is converted into the eye; the hidden recesses of visceral disease opened to the view; a new guide in the treatment, and a new help in the early detection, prevention, and cure of the most widely spread diseases which afflict mankind."

At an early age Lænnec began the study of medicine, and pursued it with all the enthusiasm and energy of genius. At Paris he became a zealous and successful investigator of chest diseases, where, he admits, he derived very little practical benefit from many of his trials, except that he was led through them to the invention of the stethoscope. But I

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will quote his own words: "In the year 1816," he says, "I was consulted by a young woman affected with the general symptoms of diseased heart. The immediate application of the ear was inadmissible for obvious reasons. I happened to recollect a simple and well known fact in acoustics, and fancied it might be turned to some account on the present occasion. The fact I allude to is the great distinctness with which we hear the scratch of a pin at one end of a piece of wood on applying our ear to the other. Immediately on this suggestion, I rolled a quire of paper into a kind of cylinder, and applied one end of it to my patient's chest, and the other to my ear, and was not a little surprised and pleased to find, that I could thereby perceive the action of the heart, in a manner much more clear and distinct than I had ever been able to do by the immediate application of the ear.

"From this moment I imagined that means might be found to ascertain the character, not merely of the action of the heart, but of every species of sound produced by the motion of all the organs within the chest."

Thus Lænnec's familiarity with science enabled him to apply a general law so happily; notwithstanding this happy application, however, the same sentence awaited it that has been awarded to far nobler inventions and discoveries, even the Newtonian philosophy, concerning which Chalmers has recorded that, "Authority scowled upon it, taste was disgusted by it, and fashion was ashamed of it."

In no way discouraged, Lænnec continued to improve his first rude instrument, and after many trials with glass, metal, and other dense materials, he ultimately adopted wood as the best medium, and used a stethoscope in shape resembling the first of my sketches.

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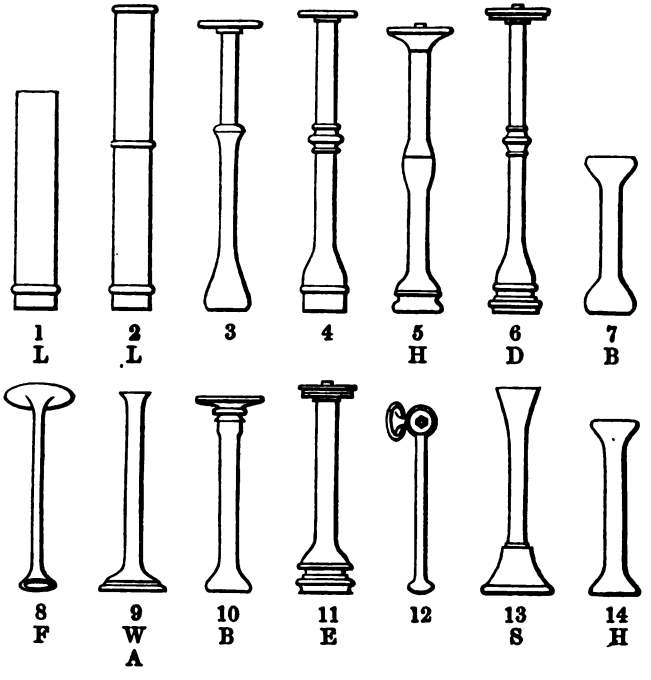
PLATE I.



This instrument (No. 1.) is a simple cylinder, with a longitudinal bore a few lines in diameter, having one of its extremities slightly excavated, into which is inserted a perforated stopper, plug, or obturator. In fact, it very much resembles a piece of broom handle, about nine or ten inches in length. The obturator is, perhaps, a needless refinement in this stethoscope, as in many other instruments. The second figure in the diagram is also one designed by Lænnec. It is considerably longer than the first—unduly long when the two pieces are joined together—and is divided in the middle by a flute joint, with ivory or ebony ferrules.

This joint is liable to become loose and out of repair, and, therefore, to interrupt the transmission of sound. Indeed, one of the most effective causes in obstructing the propagation of sound through *any* phonic medium, is a want of perfect adhesion at the junctures of its parts. An ivory ear-piece, plug-joint, and its great length, when both pieces are united, characterize the third.

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This instrument, besides its radically bad shape, is defective, in consequence of having an ivory ear-plate; for it is a well known fact, that interrupted structure in solids impedes the propagation of sound; and its joint, too, not only does so by virtue of its differing medium—horn or ivory ferrules—but also from its imperfect union of parts. The fourth is mounted with ivory—has a tenon joint, and a moveable cone. Dr. Haviland (London) has introduced the fifth. The sixth, designed by Dr. Davis, (London), is very elaborate, and appears to me to depart most of all from the simplicity, and, I may add, efficiency of Lænnec's tube; for it combines every fantastic variety that the interested ingenuity of manufacturers has been able to devise. Dr. Davis, I believe, deserves the credit of having first introduced the stethoscope to the profession in these countries. The seventh, by Dr. Billing, somewhat resembles an hour-glass, and usually possesses one excavated extremity. Dr. Fergusson's, (No. 8), is nearly useless for the purpose for which it is intended, except the ear-piece, which from its considerable diameter is admirably adapted for most ears. Indeed, the whole shape of the aural-plate of this stethoscope lays claim to the first and best place. The stethoscope used by Drs. Alison and Williams, (No. 9), approaches in a degree to that which I consider the true form. The tenth resembles one commended by Dr. J. Hughes Bennett. Gutta-percha, the material of which it is made, is unquestionably inferior to wood as a conducting medium. The highly ornamented one, (marked No. 11), is Dr. Elliotson's, but among its numerous defects, that in an economic point of view only need be noticed, for its price is half-a-guinea. The toy, called a "Folding-joint Ebony Stethoscope," indicated by the number 12, I shall leave to the medical amateur, who may amuse himself by trying to find out the principles of the peculiarity of its construction. The thirteenth is designed by Dr. Stokes, and requires no special notice, for it has much in common with its predecessors. The last of the list was recommended by the late Dr. Hughes. Dr. Leared's "Self-adjusting double Stethoscope," displayed in the "Great Exhibition of 1851," at

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London, I have not seen. I understand that the volume of sound transmitted by it is considerably greater than through a single tube, but that it cannot be easily applied to all parts of the chest, and is by no means portable. Several years ago, Dr. Cammaun, of New York, U. S., produced an instrument very similar to Dr. Leared's, with aural ends, and a spring to keep them in the ears, which a Dr. Marsh, of Cincinnati, U. S., it is alleged, pirated and spoiled by adding two gum-elastic tubes, which *he*, however, styled an improvement. The aural projection is common to all the American instruments, and is *one* of their greatest defects, for during auscultation it grates against the auditory passage at every inspiration or expiration of the patient, and confuses the deductions that might otherwise be drawn. Drs. Haviland and Davis have adopted a modification of it in their stethoscopes, as represented in figures 5 and 6, Plate I.

Within the last twelve months my attention has been directed to a stethoscope invented by Dr. Scott Alison, of the "Consumption Hospital," London, which he calls the "Differential Stethoscope." A notice of it appeared in the *Lancet*, of the 7th of March, 1857, stating, that the object of the inventor is to listen to the sounds of the lungs and heart in different parts of the thorax at the same time, and to compare the sounds of the healthy parts of the lungs and heart with the diseased parts without changing in the least the position of the auscultator or of the patient." I have made a rough sketch of this instrument.

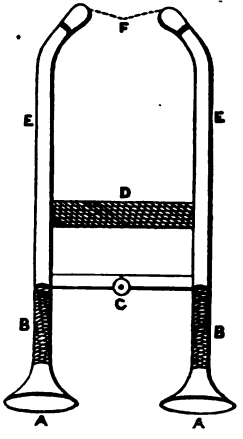

PLATE II.

The "Differential Stethoscope," invented by Dr. SCOTT ALISON (1857).

AA *Ebony pectoral extremities.*

BB *Flexible wire-tubing.*

C *Metal band with ginglymoid joint in centre.*

D *Band of elastic web.*

EE *White metal tubes or stems.*

F *Ivory pyriform extremities.*

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It is simply the adoption of the principle of the binaural or double stethoscope of Cammaun and Leared before mentioned, with the superadded modification of collecting sounds at different parts of the chest, which is effected by using at the same time, instead of only one, *two* thorax pieces as seen in the diagram, (Plate II), at AA. In shape it resembles two catheters, with trumpet chest extremities united in the middle by two bands—one of metal with a ginglymoid joint, the other of elastic webbing. The body extremities are of ebony, as represented at AA. The parts at BB, between the transverse metal junction and the body extremities, consist of flexible wire tube, so that, as the *Lancet* remarks, "when one body-piece has been placed upon what is deemed the healthy part, the other is made to move from place to place, and to transmit its report to one ear, to be compared at once with that of the healthy part, which is being constantly read into the other ear." The metal band C has a hinge joint, which permits the two metal tubes to be separated so far as to enable the observer to place the auricular ends in his ears. When these ends are in their places, the elastic band D keeps them there, leaving the hands of the auscultator free to manipulate the chest extremities. The tubes EE are of white metal, terminating in pyriform ivory aural extremities F.

I have hitherto had only two or three opportunities of testing this instrument, but those trials have not impressed me with the idea that it possesses superior advantages.

Its construction is based on the assumption, that different sounds presented to the sensorium at the same moment, must facilitate accuracy of diagnosis. I am inclined to doubt this, but it is a question that experience will soon resolve. Of course I am aware, that every one requires to become accustomed to a new stethoscope before he can use it with certainty and expedition. In my trials of this instrument I have also found that the respirations of the observer and the observed cause its aural ends to maintain a constant friction against the auditory passages. Besides, as I shall subsequently shew, there is an utter disregard of aerial and solid acoustics exhibited in its construction, for the sounds trans-

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mitted along its walls have to pass through four media of different densities: first through ebony, then through flexible wire tubing, next through metal tubes, and finally through ivory ends. However, the instrument is a novel and ingenious one, and until it has been thoroughly tested, "the profession" will reserve its judgment. The stethoscope which I have the honour to submit for the examination, and, I hope, approval of my medical brethren, differs from every other in its construction.

PLATE III.

Fig. 1.—Exterior of the "Cone-Stethoscope."

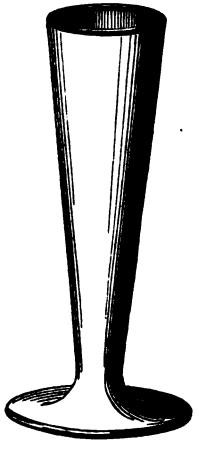
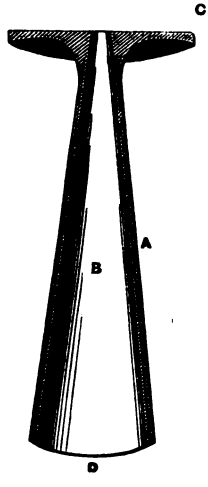


Fig. 2.—Longitudinal Section of the "Cone-Stethoscope" (interior).

A *The Stem.*
B *The Central Canal.*
C *The Auricular Extremity.*
D *The Chest Extremity.*



It is so hollowed out of *one* small block of cedar-wood, as to have a continuity of the woody fibre from the base to the apex. The ear-piece is three inches in diameter, not too thin, and slightly cupped for accurate adaptation to the ear. The stem is the frustum of a hollow cone, and with its ear-plate resembles a Bohemian flower-glass. I have called it the "Cone-Stethoscope." Its inner surface is perfectly smooth, and accurately turned, and the interior, as

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well as the exterior, forms such a perfect frustum of a cone, that the walls are of equal thickness throughout. In length from six to seven inches, it can be readily carried in the hat of the medical practitioner. To suit the requirements or convenience of some, I have had a specimen so constructed as that its ear-piece can be reversed and screwed into the trumpet extremity, or placed in the waistcoat pocket, while the stem is easily carried in a pocket of the coat. This mode of dividing the instrument, however, into two pieces, destroys its homogeneity of structure, and certainly impairs its parietal conducting power; for, as in the case of light, so with sound, any obstruction breaks it up into a multitude of non-coincident rays, emanating from different origins, and crossing and interfering with each other in all directions.

Having concluded this brief historical sketch of the stethoscope, and described its uses, with a few of the various forms adopted by medical men, it may be expedient to give a general notion of the nature of sound, or of the mode in which phonic impulses, communicated to a portion of the air, are diffused through the surrounding portions. The atmosphere which envelopes the earth, and in which all terrestial beings are immersed, as it were, at the bottom of an aerial ocean, is the great vehicle for conveying sound. When anything contained within it is struck, for instance, so as to be put into a tremulous motion—that is, to vibrate, it communicates vibrations to the adjoining air, and these are the commencement of rays all around extending to great distances. Sound, then, is the effect of a collision of bodies, and a tremulous motion consequent upon it, communicated thence to the surrounding air, and propagated through it to the organs of hearing. This production or effect has been explained as an impulse impinged on certain molecules; this momentarily overcoming the resistance of the quiescent forces, causes these molecules to start from their place; that force of repulsion which existing between the different molecules resists the attempt to approximate them, transfers the impulse from molecule to molecule and thus extends it through the mass in undulations or rays. These rays or

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communications of the sonorous motion passing from one body to another constitute transmission or conduction of sound. All matter is susceptible of sonorous vibrations, but the degrees of susceptibility are as varied as matter is diversified in form and nature. But it is only the vibrating conditions of solid and aerial bodies (as the stethoscopic wall and its enclosed column of air), that I have particularly to notice.

Having adverted to the latter, I have simply to observe, in reference to the former, that the nature of vibrations through solids is a problem of the utmost complexity, and at present has only been resolved under very restricted conditions. Enough, however, has been done to verify principal facts in acoustics; thus a solid may vibrate by its own proper elasticity; or, in other words, rays or vibrations may be propagated through it as through an elastic compressible medium, and in this case they will consist of condensed and rarefied solid matter, precisely similar to those of an elastic fluid. If the solid be homogeneous, the elasticity being the same in all directions, the vibrations will be propagated from the point of disturbance, according to exactly the same laws as in a mass of air of the same shape. But, as I have remarked before, the investigation of the general laws of the propagation of sound under such circumstances, is a process of great difficulty; and, therefore, without attempting to explain it farther, I can only say, that the best elucidations of this interesting subject are to be found in the geometrical inquiries of Euler, in his "Researches on the Nature and Propagation of Sound;" in Poisson's "Sur la Théorie du Son;" in the works of Herschel and Lardner, &c., &c. But the treatise to which I am most indebted is Chladni's "Die Akoustik," the perusal of which has amply repaid me as a student of natural philosophy. I must also in this place, acknowledge that I owe much to the investigations of Latham, Billing, Gottsche, Walshe, Stokes, Lænnec, Hughes Bennett, Williams, Elliotson, and Skoda, whose opinions I have carefully collated.

The foregoing attempt to explain these solid and aerial vibrating phenomena, may perhaps be considered rather

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minute, but it will render more intelligible, and enable my readers more easily to decide, the stethoscopic *vexata quæstio*, whether solid or hollow stethoscopes are best adapted for the purposes of auscultation.

That which is wanted is an instrument that will best transfer to the ear the very varied sounds emitted from the human body. Nothing has been found to answer so well as wood, (indeed the conducting power of wood along the grain is very surprising), having straight and rigid longitudinal fibres, and a *central space* for the transmission of aerial sounds. It may be urged that the central cavity must impair the stethoscope as a solid conductor. I think not materially, and, as an instance, mention an exemplification which must be familiar to every one who has compared the sounds from a solid log of wood, and from the same log when hollowed or manufactured into a cask; or these latter sounds, with those from the same bodies, when filled with any matter of greater density than air. In the hollow configuration of elastic bodies, the facilities of vibration of their particles, and the degree of their relations to the air are both greatly increased, and it is therefore sufficiently obvious why their degree of sonorousness is increased also. In the case of the stethoscope, the nearer the material resembles the sources of sound in density, the better will it conduct the sound. It is well known that the sources of sound vary, as for instance, the vocal and respiratory sounds depend most upon air; while in those of the heart, et cetera, solids are chiefly concerned; therefore the instrument should transmit *every* variety of sound—a solid conductor to convey solid vibrations along its fibres, and a tube to contain air through which aerial sounds can be transmitted. Some whose experience could not justify their giving expression to a confident opinion, have averred that the *only* advantage which can possibly result from boring the wood at all, must be, that as it is thereby made thinner, it therefore vibrates more freely.

But if it is believed that *sounds are best conducted by the media in which they are generated*, and that they are necessarily results from the *fact*, that any change of medium is

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attended with loss of sound, it must be admitted that a hollow instrument is best adapted for auscultating the lungs. This is confirmed by the experience of Dr. Walshe, who says, "That the proper construction of the stethoscope has been a subject of constant dispute;" "the proper construction" here alluded to, has reference only to hollow cylindrical, as distinguished from solid cylindrical instruments. It has no relation to the shape or form of the excavation or hollow. He proceeds,—"from trials with hollow and solid ebony and cedar stethoscopes, I have come to the following conclusions—that with the hollow instrument the respiratory murmurs are stronger and much more open in quality—with the solid, weaker and sharper, so much so that a bronchial character may be simulated; that cavernous phenomena lose in considerable measure their hollow quality—with the solid instrument friction murmurs may be better heard, while on the other hand, the natural vocal resonance over the trachea is decidedly graver, hollower, and better articulated with the hollow cylinder." I have repeatedly submitted Dr. Walshe's assertions to experiment, and can bear testimony to the accuracy of his opinions. I have placed a watch under matter of various solid densities, and detected its sounds better through hollow than through solid stethoscopes—indisputably better through the "Cone-Stethoscope," with its cavity full of air, than when impacted with matter of increased density. I have repeated the experiments of Dr. C. B. Williams, of London, who also maintains that hollow stethoscopes are superior to solid ones.

To learn the effect of interference upon the aerial column, he bored a hole in the side of a stethoscope, and found that the sound was completely lost, and only reappeared when he stopped the aperture with his finger. He also found, that the intensity of sounds transmitted by the hollow cylinder, was much diminished by closing with cork either end singly, or both ends at the same time.

Skoda also coincides with Drs. Walshe and Williams, in supporting the same view, for he says, "In regard to conducting power at least, the choice of the wood is quite indif-

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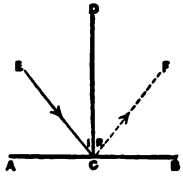
ferent, for the *greater part of the sound traverses the* AIR *in the stethoscope and not the wood.*" That the hollow stethoscope is superior to the solid one as an instrument of exploration seems to be very generally admitted by the medical profession; therefore I need not adduce more evidence in support of this view, but simply remark that such is my own conviction, and pass on to consider the *form* of the excavation or hollow best calculated to receive, transmit, and concentrate sonorous lines or rays, and to illustrate the superior advantages of a cavity exactly resembling the frustum of a hollow cone for the purpose of reflection of sound. *Reflection* of sound is literally the rejection backwards of this motion, by a surface which cannot receive it, as a wall throws back the motion of a ball. But as sound does not always strike bodies perpendicularly, we have reflections in particular directions, in which the angle formed by the reflected ray is equal to that formed by the incident ray, for example,

PLATE IV.



If two straight lines IE, RF, be drawn from the centre C of the reflecting surface AB, one to the place whence the original sound proceeds at E, and the other in the best direction for hearing its repetition, which would be at F; those two lines EI, and RF, will be found to make equal angles with the perpendicular DC, or, in other words, would be equally inclined to the reflecting plane AB. Hence it appears that in the reflection of sound, the angle of incidence at I is equal to the angle of reflection at R.

But as I do not wish this conclusion to be taken for granted, I shall endeavour to prove it by a theorem which may be expressed as follows. When progressive rays of sound in their course meet with the surface of a solid body,

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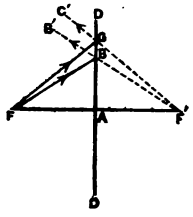
their direct motion is stopped, and they observe the same law of reflection as elastic balls, heat, and light; so that, as the most simple example, when sound-rays diverging from a centre or origin meet a plane surface, the reflected rays take the very same direction as if they diverged from a point on the other side of the reflecting surface, directly opposite to the origin of the rays, and equally distant from the surface, making the angles of incidence or the angles formed by the direct rays, equal to the angles of reflection or the angles formed by the reflected rays.

PLATE V.



Let F be the origin from which the sound-rays FA, FB, FC diverge, and let FA be perpendicular to the reflecting surface DD. Let the ray AF' be produced on the continuation of FA equal to AF, and draw the line F'BB' and F'CC'; then it can easily be perceived that the lines BB' and CC' make angles with the reflecting surface, and therefore with the perpendicular to it, equal to the angles which the incident rays FB and FC make with it respectively; for since AF is equal to AF', FB will be equal to F'B, and FC will be equal to F'C, consequently the angles BFA and BF'A will be equal, as will also the angles CFA and CF'A. But the angles BFA and CFA are the angles of incidence of the two rays FB and FC; and since the angles BF'A and CF'A are respectively equal to them, and lie on opposite sides of the perpendicular, they will be the angles of reflection; consequently the ray FB will be reflected in the direction BB', and the ray FC in the direction CC'. These two rays, therefore, will be reflected from the points B and C, as if

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they had originated from F', as a focus. The point F', therefore, being analogous to an imaginary focus or origin similarly placed, and at the same distance from the reflecting surface as the point F on the other side, it follows that the angles of incidence of the phonic rays FB, FC are equal to the angles of reflection formed by reflections of the same lines, which was to be proved. This position having been established, the behaviour of sonorous rays in a stethoscope with a cylindrical canal, is apparent. Hence, an instrument of this description must be rejected, for the obvious reason, that sounds entering the pectoral extremity would, on issuing from the other, be diffused or scattered over the cranial wall,—instead of being concentrated, they would only be advanced from the chest to the ear, in a state of diffusion.

My aim, however, is not merely to conduct all the rays issuing from any portion of the chest under examination, a few inches forward, but to produce a *constipation* of them. The sonorous pulses must therefore fall upon the interior of a tapering cavity, and be transmitted through its truncated summit, along the auditory meatus.

These pulses do not impinge upon parallel reflecting surfaces as in a stethoscope with a cylindrical bore, but upon planes bearing the relation to each other of the sides of a hollow cone, on which the successive angles of incidence and reflection are not absolutely equal to each other, as in the simple example elucidated at p. 17. A sound-ray which traverses the frustum of a cone will sustain several reflections between the opposite sides of the tube, precisely as in the cylindrical stethoscope; but at each reflection its angle of incidence will, as in the latter instrument, not be equal to its angle of reflection, but will be increased by the "angle of the cone."

The ray thus becomes more and more inclined to the axis of the cone. M. Lambert of the Berlin Academy, in his ingenious and original Dissertation on Acoustic Instruments, has proposed what appears to me the most philosophical explanation of the reflection of sonorous rays under such circumstances.

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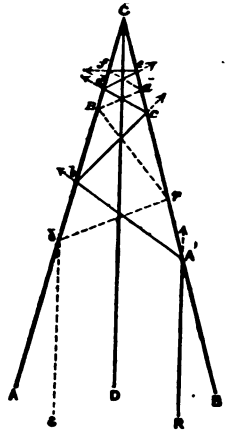
PLATE VI.



But his geometrical demonstrations are of so high and abstruse a nature, that to give even an epitome of them, would occupy far too much space in a paper like the present. I shall therefore content myself, with abstracting that which may give a conception of the subject, sufficiently clear for all practical purposes. Let ABC be a cone, and CD its axis. The sound may be conceived as coming in the direction RA′, parallel to the axis, and to be reflected in the points A′, *b*, *c*, *d*, *e*, *f*, till the angle of incidence increases to a right angle as represented at *f*; after which, the subsequent reflections represented by the dotted lines *α*, B, *r*, *δ*, *ε*, will send the sound-ray back and out again. For, as the greatest angle of incidence is a right angle or 90°, it is evident, that the reflected angle continually augmented as it is, can never be farther increased than 90°, and when it reaches this point, subsequent reflections must retroflect the ray, and send it out again at the base. I repeat, as the angle increases in a certain ratio at each reflection, it is plain that whatever be the first angle of incidence, it must be increased until the ray becomes perpendicular to the axis of the cone, after which subsequent reflections will cause it to issue out again. To obviate this, and permit the sonorous rays to pass into the external opening of the ear, the vertical portion or apex of the cone must be cut off. By this means the instrument is converted into the *frustum* of a cone, through which the rays pass, and after a few reflections along the external auditory passage, are made to converge upon the membrana tympani. The rays pass through a stethoscope of this shape, because they reach its truncated summit *before* they can fall perpendicularly upon its axis. In other words, they *emerge* from its apicial opening before they can form a right angle with its axis, for the relation of the "angle of the cone"

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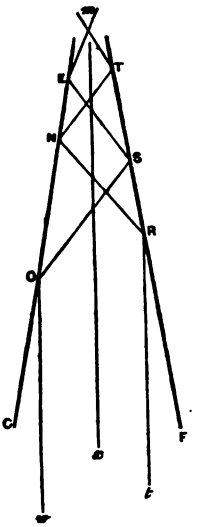
(which is a very small proportional quantity of the greatest angle of incidence), and the ordinary length of the stethoscope (six to eight inches) is such, that the aggregate increase of the former never becomes equal to a right angle. I recapitulate that phonic rays, in a hollow cone, are inevitably returned whence they had their origin. In a frustum of the same figure, it is impossible that they can be so retroflected. Moreover, according to the principles at p. 17, they must reach the aural tympanum, for the meatus auditorius externus being a nearly cylindrical pipe, cannot change their angles of inclination, but must convey them along at the same angle they possessed on their exit from the stethoscope.

On referring to plate III, it will be seen that the circular mouth of the "Cone-stethoscope" is admirably adapted for the reception of phonic rays, and according to the catacoustic principles just exposed, the highly polished sides are equally well fitted by their inclination to transmit these sounds to, and condense them at, the focus of the ear-piece. In order that my position may be more readily apprehended, I shall elucidate my meaning by a simple diagram representing the rays or vibrations coming from the chest, to be reflected on towards the ear.

PLATE VII.



It may not appear rigidly correct, but as clearness and simplicity are my main objects, I have avoided crowding the figure with unnecessary rays, or exhibiting the slight quantitative differences of the successive angles; circumstances which, however interesting in a mathematical point of view, are in this case really of no practical importance whatever. The rays of sound then emitted from the body of a patient, parallel to the axis of the stethoscope, and impinging on its sides, will be reflected like rays of light, and converging towards the centre of the ear-piece, will emerge or pass into the

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external auditory canal, more concentrated by means of the "Cone-stethoscope," than by any other now in use. Thus, if the sides of a stethoscope FRST, CONE, are the frustum of a hollow cone, and *tw* are rays of sound emitted from the thoracic walls, they will be parallel to *x* its axis, and impinging against the sides of the cone at RST, ONE will be reflected in the lines RN, NT, T*m*; OS, SE, E*m*, and condensed at or near the centre of the ear-piece *m*, to be thence transmitted along the external auditory passage. But the course of the phonic vibrations which proceed from the body during auscultation, is very different in other stethoscopes, with the exception of those rays which traverse the column of air, parallel to the longitudinal fistular canal.

The shape of the excavation at the pectoral extremity of most of the tubes now used is a parabolic conoid, or some other form, even less adapted for the transmission of sound. The consequence is, that the direct motion of sonorous rays issuing from the thorax is stopped, and they are retroflected on the surface from which they proceeded. They cannot therefore reach the aural meatus, unless after repeated reflections which materially impair their distinctness and intensity, inasmuch as no surface is an absolutely perfect reflector. In the sectional diagram, figure 1,

PLATE VIII.

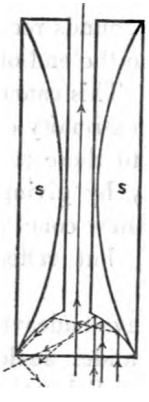

Fig. 1.

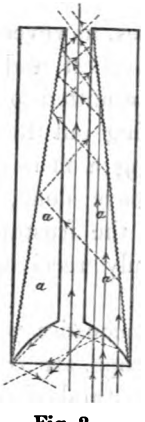

Fig. 2.

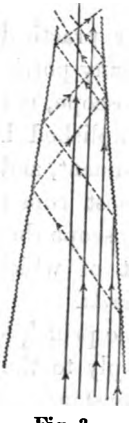

Fig. 3.

88 *segments which may be turned out in the lathe.*

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I have endeavoured to illustrate this, by representing the direct and retroflected course of sounds which impinge upon a parabolic conoid. Moreover, in addition to the capital defect in the shape of the pectoral cavity which exists in the stethoscopes used by physicians of the present day, the interior of the bore is so rough, as to prevent even tolerable reflection of sound. But let me suppose the ligneous material (*fig.* 2, plate VIII.) bounded by thick and spiral lines, and indicated by the letters *aa, aa,* removed. Then sounds which in ordinary stethoscopes must be retroflected on their source, would take the direction described by the thin lines, and be conveyed forward to the auscultator.

Or permit me to divest *fig.* 2 of its thick lines, and the instrument (see *fig.* 3) is at once converted into the frustum of a hollow cone, through which the rays instead of being repeatedly reflected on their original source, and ultimately choking each other's motions, are passed onwards to the ear. In the stethoscope, *fig.* 1, plate VIII, which gives a favourable representation of the cupped or dished cavity of most stethoscopes, the column of air for acoustic purposes, is in reality only that longitudinal portion, with an equal diameter throughout, extending from the ear to the chest. The other and greater portion of air, by which rays are projected into the parabolic or cupped cavity, is of little or no use.

For practical purposes, however, all the sounds received from any portion of the chest, and shot into the end of the stethoscope, must be transmitted to the ear. This cannot be accomplished by scooping out the pectoral extremity of the instrument, and opposing a mass of wood to these sounds, as most constructers have done, but only by giving the stethoscope the form of the frustum of a hollow cone, every point of which not only receives sound, but reflects it *onwards.*

The principles of catacoustics which I have endeavoured to apply to the stethoscope, are confirmed under analogous circumstances, by the natural phenomena of Echoes. One of the most famous is heard at Lurley-Fels, on the banks of

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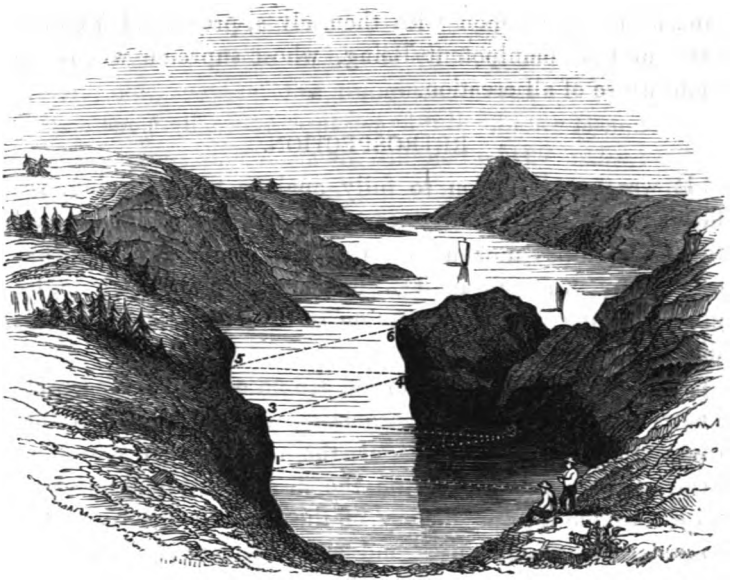
the Rhine, of which I have exhibited a delineation at

PLATE IX.



In this instance, the several reflecting surfaces are so properly situated, with respect to distance and direction, that the rays of sound originating at the point P, or from a boat on the river, proceed across the river, strike the crag at 1, and are then reflected to the crag 2, next to 3, soon after to 4, and in succession to crags 5, 6, 7, and so on to subsequent points, all having the angle of incidence equal to the one of reflection, till the sound finally ceases after seventeen repetitions. The phenomena of whispering galleries, domes, &c., are explicable by the same principle of reflection. Numerous additional examples, illustrating the validity of my argument, might be adduced from the quadruped family. The conical ear of the horse, the auriculated organ of the ox, and the large trumpet-shaped pinna of the ass, all exhibit the same tapering configuration, so well fitted for the *reception, transmission*, and *constipation* of sounds. In the pricking up of their ears to catch uncertain and faint sounds—and the

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turning them in directions best suited for the reflection of sounds—from the quarter whence the animals imagine that they come, I perceive their unwitting obedience to a great law, which in common with themselves, proceeded from the hand of that omnipotent Being, whose supreme will is the great cause of all creation.

RETROSPECTION.

It was my intention to fully analyze the receiving, reflecting, and concentrating capabilities of most if not of all the stethoscopes now used. But I have already so far exceeded my proposed limits, that I must now conclude, by giving a succinct recapitulation of the chief points of this dissertation.

At its commencement, I urged the necessity of an accurate knowledge of the laws of acoustics, more especially of that division styled catacoustics or the reflection of sound, as bearing more particularly on the instrument in question—with a sketch of the history of the stethoscope, I grouped together its principal uses, and a description of the various forms invented or adopted by physicians, including the one I have introduced. I then stated, in reference to the material of which stethoscopes should be made, that as bodies are sonorous in proportion to their molecular constitution and sonoriety, so tense and rigid bodies must conduct sound better than those which are flaccid and soft, also that bodies of different densities do not readily receive sounds from each other; for (as I stated) it was well known that sound was refracted when it passed from one medium into another, and in consequence suffered considerable dispersion, as in stethoscopes adorned with ivory ear-pieces, and ivory, ebony, or horn ferrules and joints. I alluded generally to the fact, that in acoustic instruments, physicians avail themselves of the conducting power of similar bodies, and the reflecting quality of dissimilar substances to direct sound into any particular channel, or in other words, to prevent divergence of sound, and to convey it to a distance, with as little decay as possible, they employ media (air and wood) similar to those

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in which the sound is generated. I then dwelt upon the nature of sound, and its propagation through solid and aerial substances, instituting a comparison between solid and hollow instruments, and deciding from the testimony of educated observers and personal experience, in favour of the latter. Finally, I arrived at the principal feature of the "cone stethoscope"—the superiority of the hollow frustum over all other excavations, and among the phenomena which should characterize its construction, I pointed out that the rays of sound which entered from the chest and fell upon the internal smooth and oblique surface of this instrument, departed with angles having due reference to its degree of obliquity, and after being again and again reflected, were brought to a focus; when impinging against the concha of the ear, they passed along the auditory meatus. If my conclusions are false, then the acknowledged and universally received doctrine of the propagation of sound is proved to be erroneous. If true, then all other stethoscopes must be defective.

I therefore claim to have realized the hope expressed by Sir A. Carlisle, "that the *construction* of the stethoscope may be practically improved, its modes of employment and the evidence it supplies, rendered more certain, by introducing philosophical views derived from the science of phonics and experimental observations."

In conclusion, I submit my investigations and deductions with the assurance that they will receive a patient and sifting examination; and while I crave indulgence for all errors and misapprehensions, I disclaim any originality, save that of applying the principles of acoustics in the construction of that once despised but now important and extensively used instrument, the stethoscope—recalling the philosophic and truthful remark of Goethe, that "all that has happened has already been once told, what remains to be done is to *think* it anew," in order to make it practically useful.

NOTE.—The "Cone-Stethoscope" is manufactured by Messrs. BIGG and MILLIKIN, surgical instrument makers to Guy's and St. Thomas's Hospitals, No. 29 Leicester Square, W.C.; and No. 9 St. Thomas's Street, Southwark, S.W.

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FIBRIN.

By W. Henderson, M.D.

Professor of Pathology in the University of Edinburgh.

The history of Fibrin furnishes a notable instance of the vicissitudes which affect or threaten everything, or almost everything, human. The time was when it figured prominently as the element whose distinguishing characteristics afforded to the doctrine of the independent vitality of the blood, the principal arguments which served to maintain it; and there is ground for the supposition that something higher than a merely passive, unconscious, and unintelligent vitality was ascribed to fibrin; for what else can have been the meaning of John Hunter, in giving his explanation of the cause of its coagulation? "My opinion is," says he, "that it coagulates from an *impression;* that is, its fluidity under such circumstances being improper, or no longer necessary, it coagulates to answer now the necessary purpose of solidity."—(On the Blood, p. 25.) *Spontaneous* coagulation this, in the fullest sense of the term, both rational and reasoning, *e.g.*, coagulation for a purpose, at the instance of an impression,—and it is no wonder then that coagulation of fibrin and muscular contraction should have been regarded by Hunter and his disciples as vital acts similar if not identical in their nature.

Curtailed of the latter part of its Hunterian honours, fibrin has retained to the present day, with some physiologists, the reputation of being a living substance, and of coagulating by the exercise of its vitality, For although Bostock, thirty years ago, ascribed its coagulation to "a natural disposition to assume the solid form, when no circumstance prevents it from exercising this inherent tendency," and regarded *rest* simply, "either within or without the vessels," as the condition required for the "exercise of its natural tendency" to coagulate, he did not the less conceive that natural tendency to be a vital tendency, for he adds—"In this respect the coagulation of the fibrin of the blood is very analogous to the formation of organized solids in general," and "to the operation by which the muscular fibre is originally formed." No doubt, the number

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of the vitalists has gradually decreased since physiology has fallen so much into the hands of the chemists, as it has done during the last twenty years; yet they are not extinct, for, to mention no inferior name, Alison is a vitalist on this subject of the coagulation of fibrin, and the anonymous reviewer in the number for July 1858, of the British and Foreign Medico-Chirugical Review, who says, "we must retain our conviction that this transformation can only be effected by the agency of a living organism, that it must therefore be distinguished as vital, and that the act of coagulation is essentially a vital phenomenon," may be regarded as representing a portion, however small, of living though unknown physiologists.

The majority of that body however, if those who concur in silence bear a just proportion to those who have published their opinions on the subject, must be considered as opposed to the doctrine that coagulation of fibrin is in any degree or sense a vital phenomenon. With them, the coagulation resolves itself into a purely physical occurrence consequent upon some chemical change in the blood, although they differ as to the nature of that chemical change. Some, among whom Virchow occupies a chief place, regard the coagulation of fibrin as due to the absorption of oxygen by that substance, which is held, previously to possessing the capability of coagulating, to be in an inferior state of oxidation. Virchow, indeed, affirms that perfect fibrin does "not preexist" in any of the animal fluids, but that a substance, or substances, closely allied to it exist in those fluids, (blood and lymphatic fluid,) which substance or substances "by the contact of oxygen, become sooner or later transformed into real fibrin, and then coagulate." (Brit. & For. Med.-Ch. Rev.)

It is perhaps not quite fair to hold the propounders of the oxidation hypothesis as still advocates of that doctrine, since, at the times when they respectively promulgated their opinions on the subject, they were necessarily unacquainted with the researches of Dr. Richardson on the coagulation of the blood, which explain the occurrence in a manner altogether different, and with such overpowering experimental proof as to leave nothing wanting to the establishment of his conclusions regard-

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ing the essential reason of that occurrence. It is remarkable, however, that any one should have held the absorption of oxygen to be necessary to the coagulation of the blood, when Sir Humphrey Davy had many years ago shewn that although oxygen be excluded, by the blood being placed under nitrogen, nitrous oxide, and other gases, its coagulation is nevertheless not materially affected, and when Scudamore had found that coagulation was actually hastened by the blood being placed *in vacuo*. At the same time, some excuse is furnished for the hypothesis of oxidation, in the affirmation of Dr. John Davy, that he had found the blood to coagulate less rapidly *in vacuo* than when exposed to the air,—an altogether unaccountable mistake, for mistake it must be, as we shall see—and in the experiment of Babington, who observed that—when blood is prevented from coming into contact with the air by being received into a vessel containing oil, (which collects on the surface) its coagulation is retarded—a fact which admits of another explanation, however, than that which ascribes it to the exclusion of oxygen.

Dr. B. Ward Richardson has shewn by the most satisfactory experiments, that the coagulation of blood-fibrin depends upon the escape of a volatile solvent, and if he has not proved in the most rigorous manner that that solvent is ammonia, he has made it probable that it is. I must refer the reader to Dr. Richardson's work* for the details which he may require to satisfy him of the truth of the major proposition just adverted to—that the coagulation of the blood is due to the escape of a volatile solvent, and shall content myself with noticing in this place, very summarily, the results of experiment on the subject. They may be divided into five groups.

1. What retards or prevents the escape of halitus, or volatile matters, from the blood, retards or prevents coagulation; such as placing blood under oil, receiving it into a bottle and stopping the mouth of the recipient, including it in a vein between ligatures, and placing the whole under Mercury, in order to prevent, by pressure, the separation of gaseous matters.

* The cause of the Coagulation of the Blood. By Benjamin Ward Richardson, M.D. 1858.

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2. What favours the escape of halitus hastens coagulation; such as exposing freshly drawn blood to heat, and lessening or removing atmospheric pressure.

3. That contact with air is not necessary to coagulation, as that phenomenon occurs equally well in blood received into vessels containing carbonic acid, oxygen, or nitrogen.

4. That the influence of contact with living tissues (as when the blood is contained in the arteries or veins of a living animal) is not the cause of the fluidity of the blood in its normal state and situation, for it remains equally fluid when imprisoned in inorganic tubes (glass tubes) connected with blood vessels and receiving their contents, without these coming into contact with the open air, as it does in those blood vessels themselves. Dr. Richardson found blood thus received into glass tubes still fluid after an imprisonment of twenty-four hours, while it coagulated in four minutes after having been allowed to escape into an open cup.

5. That the halitus of a large quantity of fresh blood, when driven through another portion of blood, kept the latter fluid as long as the process could be continued.

No doubt whatever can remain, therefore, that blood-fibrin coagulates in consequence of the escape of some volatile substance which, as blood circulates in a living animal, preserves it normally in a fluid state. That ammonia, whether free or in combination has not been determined, is the agent whose presence in the blood maintains it in a fluid state, is inferred from such considerations as these: that ammonia was always detected in the halitus given off by blood prior to its coagulation, and, apparently, the more readily the sooner the blood was to coagulate; that very small quantities of ammonia, added to freshly drawn blood, always had the effect of retarding the coagulation, while the coagulation which ultimately occurred was always preceded by the free escape of ammonia.

As I have hinted above that there may possibly be an error in the conclusion that ammonia is the solvent, I may observe that the defect of experimental proof on the subject consists solely in the admitted minuteness of the quantity of ammonia exhaled previously to the coagulation of normal blood. The

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presence of ammonia in the halitus could not be detected by the ordinary rod test with hydrochloric acid, in order to develope the white fumes of chloride of ammonium, or by the reddened litmus test. It was detected, in all the experiments made for the purpose, only by the more delicate tests of the perchloride of platinum, or of the microscope brought to bear on the results of exposing blood-vapour to hydrochloric acid, in which case microscopic crystals of chloride of ammonia were perceived. By the former of these tests, in different experiments, from 3 to 4·7 grains of the ammonio-chloride of platinum were obtained from the halitus of not less than an imperial quart of fresh blood, while no quantitative estimate could be made of the amount of the chloride of ammonium procured by the second test.

No doubt there is much force in the explanation suggested by Dr. Richardson in order to account for the small quantity of ammonia that could be obtained from the blood-vapour, namely, that "as the amount of gaseous exhalation is greatest when the blood is first drawn, and as the blood used was caught in an open vessel, and transferred into another vessel, it is obvious that much of the vapour was lost." Still, as less than half a grain of ammonia (in the 4·7 grains of the ammonio-chloride) was actually procured from an imperial quart of fresh blood, there is room for some hesitation in accepting the conclusion that ammonia is indubitably the agent which keeps the blood fluid by its presence, and allows it to coagulate by its escape. The experiments in which ammonia was added to blood do, indeed, appear at first to lessen the difficulty in the way of implicit confidence in the accuracy of that conclusion, for very small quantities of that substance were sufficient, when mixed with blood, to retard its coagulation.

The most striking instance of this is detailed in the account of the 333rd experiment, in the course of which but one-tenth of a grain of ammonia, with one drachm of distilled water, was mixed with five hundred grains of the fresh blood of an ox, and with the effect of retarding the coagulation one minute, the blood of the same animal not treated with ammonia, but simply exposed to the air, having coagulated in two minutes, while the

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ammoniated blood coagulated in three minutes. Yet, small as the quantity of ammonia was which was employed in this experiment, the *proportion* in which it stood to the amount of blood to which it was added was seven times greater than the proportion of ammonia in the ammonio-chloride of platinum was to the imperial quart of blood from which it was obtained. Besides, this other consideration cannot be overlooked: if one-tenth of a grain of ammonia will account for one of the three minutes during which this blood remained fluid, two-tenths more would be necessary to account for the remaining two minutes (if ammonia naturally in the blood be the cause of its fluidity), which would make the proportion of ammonia (supposed to be evolved from the five hundred grains of blood previously to its coagulation) to these 500 grains more than twenty times greater than the proportion of ammonia in the ammonio-chloride to the quart (of forty ounces); a circumstance which cannot but be regarded as somewhat opposed to the conclusion that the amount of ammonia in the halitus of that quart could have been sufficient to have kept that blood fluid when retained, if so little could be procured by the chemical means carefully employed for the purpose of collecting it from the halitus—making large allowance for loss in the attempt to do so. If two-tenths of a grain of ammonia be necessary to keep five hundred grains of freshly drawn blood fluid for two minutes, it is a question of simple proportion to ascertain how much ammonia would need to be evolved from a quart of blood, which naturally coagulated in the same space of time. The result is that a quart of such blood would require to give off nearly eight grains of ammonia before it coagulated, and yet less than half a grain has been obtainable from the vapour of that large quantity of blood. It will not, therefore, be deemed captious or hypercritical to suspect that, possibly, while ammonia is undoubtedly evolved from blood prior to its coagulation, something else may be given off, also, which has a closer connexion with the fluidity and the coagulation of the blood.

Again, there is a remarkable want of uniformity, or of approximation to uniformity, in the effects of ammonia added to blood, in the experiments of Dr. Richardson, in the time

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required for the subsequent coagulation of the blood. Thus while, as has been seen, one-tenth of a grain of ammonia kept five hundred grains of ox's blood one minute fluid longer than they would otherwise have been, one whole grain of ammonia added to five hundred grains of ox's blood had such an influence that "ten hours afterwards the blood remained perfectly fluid, was very dark, and evolved ammonia freely. Twenty-four hours afterwards, it was still perfectly fluid" (p. 291). Now in this instance, if ammonia alone has to do with the fluidity or coagulation of the blood, the coagulation should have been retarded only for ten minutes, allowing a minute for every tenth of a grain, as was apparently demanded in the 333rd experiment already adverted to. At the same time, it is possible that these two experiments cannot justly be compared in reference to the point in question—for in the one "a vessel" was used, and in the other "a bottle;" and it may be that the mouth of the bottle was narrower than that of the vessel, and thus prevented the *grain* of ammonia from escaping so easily as the one-tenth had done, owing to its freer exposure to the air; but nothing is said on that point.

It is to be regretted that the account of the experiments is occasionally defective in such important particulars, and that the language is sometimes ambiguous or indefinite. The narrative of the 333rd experiment is not open to these objections, and it affords, though less strikingly, an illustration of the want of uniformity between the quantities of ammonia used, and the time required for coagulation, in the different experiments. "One fluid ounce of blood from a dog was received into a bottle containing one grain of ammonia in ten minims of water. No coagulation took place for several hours in a stoppered bottle; but a little of the blood, on being exposed in a wine-glass, coagulated in forty-five minutes." The blood of the same animal, not treated with ammonia, coagulated in a minute and a half. We have thus a grain of ammonia prolonging the fluidity of the blood beyond the normal period forty three minutes and a half, or above four times longer than it should have done, juding from what is related of 333rd experiment. It is not a sufficient explanation of this difference to

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refer it to the different proportions of fibrin and of ammonia that may have existed naturally in the blood of the ox and of the dog, respectively, for these differences cannot have been considerable, seeing that the difference in the time of normal coagulation of the two kinds of blood was only half a minute, having been two minutes in the case of the ox's blood, and one minute and a half in that of the dog's.

Two more of Dr. Richardson's experiments are worthy of particular mention, because they appear to have been those more especially which suggested to him his estimate of the probable proportion in which ammonia exists normally in the circulation as the solvent of fibrin. He invented an apparatus consisting of two india-rubber bags united by two tubes of the same material. which, when worked by alternate pressure on the bags, was capable of maintaining the circulation of an enclosed fluid from bag to bag, and always in the same direction by means of a valve. In experimenting with this instrument on freshly drawn blood, to which no ammonia had been added, he found that for ten, or even fifteen minutes, the blood operated on preserved its fluidity, and coagulated on exposure to the air; but that if a longer time was allowed to elapse, the fibrin began to separate from the rest of the blood, still kept in motion, and became deposited in filaments on the interior surface of the bags, so that in from thirty to forty minutes the blood when drawn off was defibrinated, and of course incapable of coagulating.

In the 399th experiment two thousand grains of blood from an ox received one fourth of a grain of ammonia in a drachm of water, and was transferred to the apparatus. It was kept in steady circular motion for an hour, was then withdrawn, entirely fluid, and quickly coagulated on exposure to the air. No separation of fibrin had taken place within the bags. Dr. Richardson, immediately after detailing this experiment, observes: "To sum up, and as an approximation towards the fact, I opine, from all my experiments, that a proportion of one part of alkali to sixteen of fibrin, or, in other words, nearly one part of alkali to eight thousand of blood containing 2·2 per thousand of fibrin, would be sufficient for retaining the perfect

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fluidity of normal circulating blood. The proportion may be less, but it need not be more" (p. 382). The proportion of alkali specified as probably that which exists normally in blood, is thus the same as that which was *added* to the blood in the last experiment, and seems plainly to have been suggested by that experiment. The supposition may be correct, but it would be equally correct to affirm that the same quantity of soda (which is probably present in normal blood, in small quantities, as well as ammonia) or of potassa would have the same effect. These two alkalies have the same influence as ammonia has in preserving fibrin in a fluid state, and though the volatility of the latter makes its removal, from blood whose fluidity it had previously maintained, to permit the blood, to which it had been added, eventually to follow its natural tendency to coagulate, and thereby enables the ammonia to imitate the ordinary behaviour of the blood-solvent—it cannot be regarded as identical with the latter, at least until we learn that ammonia escapes in blood-vapour, before ordinary coagulation, in quantity sufficient to account for the previous fluidity of the blood.

The enumeration of difficulties, more or less considerable, in the way of receiving the ammonia hypothesis, might be a good deal extended, and objections advanced against some of the inferences drawn from certain of the experiments, but I content myself with adverting to one very signal defect in the evidence, in circumstances and at a point where evidence would have been most desirable, and, it might be presumed, would have been easily obtained, if the escape of ammonia be the reason of the coagulation of the blood. I allude to the blood of inflammation, with its increase of fibrin and slow coagulation. Is ammonia evolved as slowly from such blood as the slow coagulation would lead one to expect if the escape of ammonia is *the* occurrence necessary to coagulation? No experimental enquiry appears to have been made on the subject, which is surely a singular omission considering how easily inflammatory blood might have been obtained, and how important the result of experiment with it might have been expected to be. *A priori*, one would have supposed, in connexion with the ammonia

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hypothesis, that inflammatory blood would coagulate much more rapidly than ordinary blood, for it would be thought that, as the fibrin encreased to four or five times its usual amount in the liquor sanguinis, a great part of it would be left to coagulate at once on being drawn unless the ammonia had encreased in proportion, of which occurrence no proof had existed, and no suspicion even had ever been entertained. But as inflammatory blood, instead of taking three or four minutes to coagulate takes eight, ten, twenty or more (Hewson), it surely had a peculiar claim to notice in such investigations as those of Dr. Richardson, and for the special purpose of discovering whether or not it gave off ammonia at a rate slow in proportion to the slowness of its coagulation. Notwithstanding these obvious considerations, not a single experiment on inflammatory blood is recorded, nor is any notice taken of the points which have been just adverted to, unless the remarks made on the conditions necessary for the exhibition of the buffy coat refer to inflammatory blood, namely, "slow coagulation (*a*) from excess of fibrin solvent, (*b*) from slow evolution of the solvent, as when dense fluids are added to healthy blood." If these conditions are asserted of the ammonia in inflammatory blood, there is no attempt at experimental proof of their accuracy.

Dr. Richardson is among those, apparently, who conceive the coagulation of fibrin to be a purely physical phenomenon, requiring for its occurrence merely the escape of the volatile solvent, and such would seem to be a very reasonable conclusion, even from those only of his experiments which have been already adverted to. If they appear unsatisfactory to the vitalists, other reasons may be added which point in the same direction, such as the experiment of Dr. John Davy with blood in which borax was dissolved. The blood remained fluid until, after the lapse of sixteen days, it was diluted with water, when it coagulated, although a specimen of the same blood, kept for the same time, and to which nothing had been added, had become putrid. Or such as the experiment of Mr. Gulliver, in which blood was kept fluid for a year by the addition to it of a saline solution, and yet coagulated on being diluted with water after so long a period. The usual inference from these experiments has been,

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that the blood cannot be supposed to have been kept alive for weeks or months by means of the salts which had been added to it, to coagulate eventually by a vital act when their influence was destroyed by dilution. But vitalists are not easily driven from their position, and the effect of the salts in these seemingly conclusive experiments are reconciled with the notion of the vital coagulation of fibrin by classing them with the effect of drying upon the Rotifer, and of deep burial in the earth upon the germination of seeds. "How can we," says a vitalist, in advancing these arguments against the physical doctrine of coagulation, "explain the revivification of a dried up Rotifer on the application of moisture, or the germination of a seed, buried for thousands, or tens of thousands of years deep in the earth, under exposure to warmth and air, if we do not admit that vital properties may be retained in a dormant or inactive condition for indefinite periods?" (*Brit. & For. Med. Chir. Rev. July*, 1858.) The supposed analogy is somewhat of the strangest, and those who are satisfied with it may be left in the possession of their convictions on that point, if they can explain away with equal ingenuity the following additional experiment made by Dr. Richardson.

"Experiment cccxcvi. *Resolution and re-coagulation of blood-clot.* I drew from the neck of a sheep a few ounces of blood, and set it aside that it might coagulate. I then weighed out two hundred and fifty grains of the clot before serum had exuded, placed it in a mortar, and triturated it, adding carefully ten minims of water containing one sixth of a grain of ammonia. After one hour's constant trituration, during which five minims more of the ammonia solution were added, the clot was entirely dissolved; it formed a sticky solution, which smelt strongly of ammonia. This solution was now placed in an open vessel, and a little milk of lime, made from three grains of fresh lime, was added (in order to displace the ammonia). The vessel was next placed in the water-bath at 98° Fahr. In three hours the blood had coagulated."

In this experiment (and it was repeated several times) the fibrin, re-dissolved in the solution of ammonia, had its vitality counteracted and suspended by the alkali—according to the

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doctrine of the vitalist from whom the above quotation has been made—and so far is in a situation corresponding to that of the dried-up Rotifer; but to complete the analogy, the Rotifer in the process of drying should be triturated for an hour in a mortar, until he became thoroughly desiccated. The triturated and re-dissolved fibrin, when the ammonia was expelled, coagulated anew; and if the triturated and desiccated Rotifer will, on being supplied with moisture, give evidence of being still alive, it may be granted that the re-dissolved fibrin was also in a state of only suspended animation.

(To be continued.)

ON MUCOUS REMITTENT FEVER IN CHILDREN,

By Dr. Craig.

A fever, arising from irritation or sub-acute inflammation of the mucous membrane of the alimentary canal, is one of the most common ailments which the family doctor is called upon to treat. It generally comes on so suddenly, and presents sympathetic symptoms of the chest and head, to appearance, of such an urgent character, that it is almost invariably mistaken by the parents, and not unfrequently by the medical attendant, for bronchitis, or an inflammation of the brain and its coverings. The consequences of such a mistake are most serious, in the old practice, where the antiphlogistic means are, of course, brought into operation; and even where the true nature of the case is recognised, the nauseous mixture and irritating powder of the drug doctor only aggravate the already irritated condition of the surface over which they pass. On the other hand the tasteless dose of the homœopathist is as refreshing to the parched mouth of the little sufferer as it is beneficial in its specific remedial effect. Could parents be brought to know the salvation which homœopathy brings to the health and life of their children, in this disease alone, the deplorable mortality of children would soon be greatly diminished.

The prominence and persistence of the sympathetic symptoms

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of this disease make its study one of some importance, since they can never be removed but through treatment directed to their source, in the inflamed mucous membrane of the digestive organs.

Mucous remittent occurs mostly in children above one and under seven years of age. These are often fat, blooming children, who are in the habit of satisfying their juvenile appetites with solid farinaceous and animal food. The illness is frequently preceded by the appearance of superabundant health. Indeed, this plethora would seem to be the predisposing cause of the disease; and mothers should be instructed to be jealous of such a state, and prudently to reduce the supplies. The rule in the north that "the bairn who sups maist broth shall get maist meat" is a good one, as the broth fills their hungry stomachs without supplying an excess of nutriment. Judging from my own experience, I believe this disease to be rare in Scotland, while I find it very common among the high-fed children of Yorkshire. Some slight excess or error in diet, or a cold, may serve as an exciting cause of the fever, although we sometimes observe it to come on gradually, the child being listless and drowsy, and losing his appetite for a day or two before the attack. It is sometimes preceded by vomiting or by a peculiar griping cough, half cough, half retch, called in domestic phraseology a stomach cough. The violence of the attack always sets in of an evening about six or seven o'clock, at which stage the doctor is usually sent for. We then find intense heat and redness of the skin; rapid pulse; quick, laboured breathing, and sometimes short cough; starting from sleep with fright and cries; often grinding of the teeth, and great thirst. This condition is so identical with the commencement of the exanthemata, and most of the acute inflammations of children, that some caution is necessary in stating distinctly what it will turn to. Bronchitis or pneumonia is generally suggested by the mother or nurse, but a physical examination of the chest at once precludes the idea of inflammation there. After a feverish, restless night, the child seems much better in the morning, but he still continues heavy looking; his upper lip is swollen, and he picks his nose, or his

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lips, or the ends of his fingers. This seems to be set down in domestic diagnosis as an infallible sign of worms,—and then in the old practice, and even, surreptitiously, sometimes in the new, comes the grey or the calomel powder, whose only effect is to hasten on and aggravate the progress of the disease. With every evening comes a fresh exacerbation of the fever. A diarrhœa of dark stools of an offensive smell sets in, and the child continues thirsty, with red dry lips and nostrils. The tongue is white, with red, raised papillæ and red tip. The breath is faint and heavy, and the skin pungently hot. Paroxysms of severe coughing, or a constant short peff, come on and leave for some hours together. Occasionally we see a species of croup which, of course, greatly alarms the parent, and is apt to absorb the attention of the physician; but it can only be met successfully by the same medicines and means as serve to remove the general condition. In place of the dark, offensive diarrhœa, we sometimes see a sort of dysentery of mucus or mucus and blood, but this is, perhaps, only when aperient medicines have been given "to carry the complaint off." Under all this the little sufferer rapidly loses his flesh, which becomes soft; the skin and hair are dry and harsh, and the finger nails, lips and nostrils, picked and bleeding. The glands of the neck and abdomen enlarge, and the former not unfrequently slowly suppurate; and, if drugging and dietetic mismanagement have not cut short the course of disease by death, the patient lingers under tabes mesenterica or marasmus.

The cold wet towel packing applied in the onset, during the height of the burning fever, often cuts short the whole attack. It has generally to be administered on at least two successive evenings, but it only does good at the beginning of the fever. It is easily managed with children by spreading a little blanket doubled on the bed, and above that a towel well wrung out of cold water, and of sufficient length to reach from the neck to the feet. The child is stripped and laid on his back on the towel; his arms are held up, and his legs down, and the towel is wrapped closely round him, first on one side and then the other. His arms are then put down by his side, and the blanket packed round him. If his strength is not great, his

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feet may be left out of the towel wrapping and put in the blanket. The child seldom complains much, and generally falls asleep in the packing. He should remain in it about three quarters of an hour, when the envelopes are removed and the whole body rapidly sponged with cold water and dried His well aired night clothes are then put on, and he has a comparatively quiet night.

Ipecacuanha is the medicine generally best indicated, and should be given, in half-drop doses of the third dilution every two or three hours; when the diarrhœa sets in, Arsenicum 3 should be alternated with it and steadily persevered in. Bryonia is sometimes indicated, and Sulphur, at long intervals, removes the chronic symptoms of the glands and skin. A most abstemious diet is absolutely necessary, and is sometimes not a little difficult to enforce. Barley water, toast and water, or cold water with a little arrowroot or sago gruel added to it, is all that is necessary in the early stage. During convalescence the little patient evinces a troublesome desire for the things most unsuitable for him, particularly meat and potatoes, both of which must be determinedly interdicted. Milk never seems to suit, and is apt to induce the croup-symptoms already mentioned. Light farinaceous puddings, made with as little milk and sugar as possible, are the most suitable during convalescence; but it is not always easy to get the little patient to take to them. He wants something savoury; but gravy and bread, the yolk of an egg, or broth, are the utmost in that way that can be allowed. Children who have had this fever are generally liable on exposure to cold to an attack of this kind of croup. The symptoms are very violent; but I never met with any expectoration of false membrane, and never had a fatal case in which to examine the condition of the larynx. Ipecacuanha and Hepar Sulph. are the best medicines in my experience.

Before dismissing his patient the medical man ought to warn the parents against overfeeding, as a slight excess easily induces a relapse.

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ON THE PHYSIOLOGICAL AND THERAPEUTICAL RELATIONS OF PHOSPHATE OF LIME.

By Dr. Beneke,

*Resident Physician at the German Hospital, London.**

In Greisinger's Archives for 1859, I put forth the results of my researches on this subject—up to that time, in the shape of queries and suggestions, leaving it to ulterior observation to supply conclusive answers to them. Unfortunately I was precluded from following up my investigations for a considerable time, and have not been able till the last few months to pursue them in the German hospital with the precision I desired.

The time, however, has been long enough to allow of my attaining results confirmatory of my previous ideas, on the one hand, and on the other, of enlarging and correcting my theoretical views. I am thus in a position to enunciate certain propositions as established, and I hasten to do so from a conviction that their importance is great enough to make their publication a duty.

I am not induced to this step only, or chiefly, by having discovered an insulated, though well established fact, the employment of a single remedy in certain pathological states. I would rather designate as the salient points in this essay, that, on the one hand, this fact has been established and confirmed as part of a law of great interest and wide application in organic nature, and, on the other hand, the *principle* by following which this remedy was discovered, and which, when carried out more extensively, will probably enrich therapeutics with many valuable acquisitions.

I must commence by animadverting, which I cannot do too strongly, on the unaccountable neglect which prevails as to the inorganic constituents of the blood, in the study of humoro-pathological transformations. It is true that many difficulties

* Condensed translation, by Dr. Irvine.

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withstand us in pursuing a right study of these constituents, whether in health or disease; but they must be encountered and overcome, ere we can hope to attain to a rational pathology of the fluids: no estimate is possible of a single blood-disease without a previous knowledge of the proportions which normally obtain between the organic and inorganic constituents, and also of their relative inter-actions. Through the whole domain of organic activity, from the first formation, in plants, of organic compounds out of inorganic constituents, on to the resolution of the myriad forms of organic compounds in the animal kingdom, back into the pristine inorganic elements, forming an unbroken series of formative processes, these being great, definite and universal laws. Few of these are yet known to us; but one of them appears to admit of distinct statement, as follows: All organic processes of formation and of decomposition are brought about by means of a certain number of the inorganic constituents of the globe; and the same inorganic compounds which are met with in plants reappear in the lower and higher forms of animal life, and must play as essential a part in them, as Liebig has incontestibly shown they do in the vegetable kingdom. So long as this law is ignored, so long as we do not import it into our humoral pathology, and reflect that upon every deficiency or excess of one or another of the inorganic constituents of the blood, that fluid must enter into an abnormal or pathological state, and that many diseases of the blood which are hypothetically ascribed to abnormalities of the fibrin and albumen, may really depend upon departures from the proper proportions of the inorganic parts,—so long we must obtain a partial and erroneous idea of humoral pathology. A very slight knowledge of physiology suffices to indicate what important consequences may arise from the consideration of such a fact as the following: That in animals living on meat and bread exclusively, the amount of phosphatic alkalies increases, and that of the carbonates decreases; while in the herbivora the exact opposite holds. A superficial perusal of the following pages will show what an important part is played by phosphate of lime in plants and animals.

I cannot dwell on the aspect of the question from the side of

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general and comparative physiology, but direct experimental inquiry furnishes an equally positive answer as to the important part assigned, both in health and disease, to the inorganic constituents of the blood. The influence of salts on the solubility of albumen and fibrin, and of the corpuscles of the blood, is well known; we know that the fibrin scarcely, if at all, coagulates in a saline solution; and that a certain proportion of saline ingredients is essential to the persistence of the cell-walls of the blood globules.* The highly interesting researches of Magendie demonstrated the influence of alkaline fluids in maintaining the fluidity of the blood; and the discovery of Zimmermann, that in inflamed blood the salts are diminished, is really as important a contribution to our knowledge, as the long-known fact, that the fibrin is increased. Again, we have only to raise albuminous urine with alkaline reaction to a boiling heat to perceive, that the alkali present hinders the coagulation of the albumen, and to go on to the conclusion that abnormalities in the solubility of this important substance may depend on the greater or less proportion of alkaline salts present.

Notwithstanding this and similar facts it remains the case, that in works on humoral pathology, scarcely any account is made of the inorganic constituents of the blood. The entire writings of Becquerel, of Andral and Gavarret, and of Rodier, (except in the latter a scanty notice), of Simon, and even of Zimmermann, are devoted to the organic constituents; and in Hüser's *Essay on the present aspects of the pathological Chemistry of the Blood*, we merely find him winding up with the expression of an opinion, "that in future analyses, it would be very desirable to estimate carefully the alkaline salts," but without saying how or why this should be done. Even in such a laborious and critical compilation as Wunderlich's *Physiological Pathology of the Blood*—a title which promises much—we find no hint of this deficiency, which is the more to be regretted, as one of the chief uses of such works is to point out what parts of the subject need to be laboured. It need scarcely be observed, that small help is to be looked for from patho-

* *Lehmann's Phis. Chem.* Vol. ii. p. 171.

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logical anatomy; since half the constituents of the blood do not come within its cognizance, it cannot be a satisfactory foundation on which to rear a scientific humoral pathology.

I have no intention, however, of entering further on the consideration of the aspects and bearings of the humoral pathology of the day, which, to my mind, ill deserves the name. But I hope to furnish in the following pages what will be welcomed as a contribution, however inconsiderable, towards filling up the gap I have pointed out, but which can only be obliterated in the course of years.

The manner in which I came to discover the curative powers of phosphate of lime in certain pathological conditions, was different from those in which remedies heretofore have come to light. For I did not stumble on it by chance, nor grope my way to it by experimentation, but was led up to it by a process of reasoning. Setting out from a general view of the processes of development in the vegetable and animal kingdoms, I thought I could discern an analogous process to one of these in the case of the body of man; and my surmise, submitted to experiment, and tested by experience, turned to a certainty, and placed a valuable specific in my hands. I advert to this because I feel assured that much more may be done after the same method, and that in this way we shall acquire a store of medicines, whose genesis being that of reason, will not stand in need of any demonstration that their use is rational. It still remains for empiricism to put its seal on the conclusions of our reasoning: let theory frame pertinent questions,—experience will return categorical answers.

Liebig, as every one knows, devotes considerable space in his "*Chemistry of Agriculture,*" to demonstrating that the inorganic components of the soil are indispensable prerequisites for the growth of vegetable structures. The proofs of this are manifold, and rest on such an array of facts as to enforce conviction. We are not here called upon to believe in the correctness of complicated and artificial formulæ, which the next comer may overthrow or remodel, but to place their plain construction on facts that are not doubted. I shall only ex-

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tract a few remarks germane to our present enquiry, referring the reader desirous of ampler proof to the work itself.

In the section "*On the Inorganic Constituents of Vegetables,*" Liebig commences with proving that these, especially the alkalies, are requisite to determine the formation of the organic acids. "All these acids," he says, "are combined with bases, Potash, Soda, Lime or Magnesia; but few plants contain free organic acids; it is evident that these bases are the necessary condition of the formation of the acids; and as the acids disappear in the ripening of the fruit, the quantity of Potash in the sap diminishes." Pursuing the investigation, he then treats of the formation of starch, sugar, gum and other nonazotised principles, and next of the azotised ones, and shows how needful inorganic elements are for their production. Respecting these proximate principles containing azote, compounds closely resembling those found in human blood, so much so, that between vegetable and animal fibrin, vegetable and animal albumen, no difference whatever is discoverable by analysis—Liebig, in respect to these, comes to the conclusion that the presence of the phosphatic salts is in an especial manner requsite before they can be generated. "None of our grain-bearing plants bear perfect seeds—that is, seeds yielding flour—without a notable supply of the phosphates of the alkali, or phosphate of magnesia, since they contain nitrogen without a supply of ammonia. We find in the buds and young leaves salts with alkaline bases; but we find the nitrogenous compounds constantly accompanied by phosphates, and we are forced to conclude that they bear a constant and definite relation to the functions of life in plants." Further on he says—"The alkalies are chiefly required to regulate the formation of the nonazotised principles, such as sugar, starch, pectin and gum, while the phosphatic salts act in the formation of the blood-constituents." Again—"We must conclude that for the formation of the stalk and the leaves, for the fixation of carbon, the production of sugar, starch and woody fibre, a certain amount of alkali (in kaligenous plants), or an equivalent quantity of lime (in calcigenous plants), is requisite; but it is also needful to bear in mind that however much ammonia or carbonic acid may be

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present, only a definite quantity of the so-called blood of plants can be formed, a quantity proportional to that of the phosphates within reach of the plant. The production of the constituents of the sap which contain nitrogen and sulphur is closely dependent on the presence of these salts."

These striking conclusions are well supported by the most interesting experimental proofs; but for our present purpose we pass on to a conclusion based upon them, and which concerns us more nearly. Liebig observes: "We know that in potatoes growing in a soil rich in humus, the quantity of starch becomes very large, *whereas strong animal manure causes increase of the number of the cells*, while the percentage of amylin diminishes, so that in the former case we obtain mealy tubers in the latter waxy ones. The beet-root grown on the sandy soil contains a maximum quantity of sugar, and no ammoniacal salts; on the other hand, turnips grown in a well dunged soil lose their mealy properties, *all the conditions for vigorous cell-production being present.*" It appears from these remarks, founded on experience, that animal manures contain the ingredients favourable to the development of cells. Now these ingredients are the phosphatic salts. Researches on the composition of manures, coupled with the facts stated above as to the value of the phosphates for the production of the nitrogenous compounds in plants, justify the assertions advanced, of which both positive and negative proofs may be read in Liebig's work.

If then, to recapitulate, it be demonstrated that the production of azotised compounds is associated with the presence of phosphatic salts; that the production of cells increases with the quantity and strength of the manure; that *its* powers again depend in a peculiar manner on the presence of those salts (for the other salts seem of no importance for the production of the blood-constituents), there cannot, I think, exist any doubt as to the truth of the following important conclusion—*that the phosphates are not only of the highest importance for the production of the azotised constituents in plants, but are the proximate cause of the production of cells in the vegetable kingdom.*

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Now several phosphatic salts are found in vegetable organisms, viz. the phosphates of soda, of lime, of magnesia, and of oxide of iron. The turn which our enquiry now takes becomes—is any *one* of these specially favourable to cell-life, or are they all alike serviceable in promoting it? Though no direct experimental answer to this question can as yet be given, there seems hardly any difficulty in assigning to phosphate of lime a monopoly of this power. The wonderful effects of bones in stimulating vegetable life are notorious, and every one knows that phosphoric acid exists in them in combination with lime (and a very small amount of soda).* This opinion is also supported by the results of numerous analyses of the ashes of plants conducted by Enderlich, Fresenius, Will, &c. They sometimes contain an insignificant quantity of phosphate of iron, but always a notable quantity of phosphate of lime. Dr. C. Schmidt makes the following weighty remarks:†—"In an investigation of the group of substances, of which bassorin, mucilage, cerasin, &c., are members, all of which contain carbon and the elements of water, and which are chemico-morphological transitions between gum and starch on the one hand, and woody fibre on the other, I directed my attention especially to the relation of phosphate of lime to these compounds. It is always present in a soluble form, in combination with an albuminate, and mingled with the cell-contents, and is *never* seen under the microscope in the form of crystals. No concretions of phosphate of lime are ever found in the cells of plants, the reason appearing to be that this salt stands in intimate relation with the growth of cells, and as this is a life-long process in the plant, the phosphate of lime can never be dispensed with and be deposited as so much useless lumber in the form of concretions: differing totally in this respect from the oxalate, the sulphate, and the carbonate of lime."

Passing now to the consideration of the lower divisions of the animal kingdom, we have to remark, that our knowledge of the chemical transformations and developments in them has been

* Magnesia appears to exist in bones in the state of carbonate.

† *Entwurf einer allegm. Untersuchungsmethode der Säfte* 4. *Excrete des Thierischen Organismus.*—p. 61.

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far from keeping pace with that of their anatomy and physiology, a fact which is accounted for by the extreme difficulty of such chemical investigations. I have, however, to direct attention to a remarkable contribution to this branch of knowledge. I refer to the work (title given below) * of Dr. C. Schmidt, published in 1845, and which is of the highest interest for our enquiry. The previous contributions of the author to Liebig and Wöhlers "*Annalen*," furnish excellent credentials for his reliableness as a chemist.

Schmidt expresses a conviction that phosphate of lime is closely bound up with the process by which cells are formed, and has conferred on this opinion if not absolute certainty, at all events a high degree of probability, by his experiments. He arrives at the remarkable conclusion, that in the Articulata—his experiments were made on river crabs and lobsters—the parentage of earthy phosphates is proportionate to the organised basis-tissue. This † again is the product of a vital process of cell-formation while the cell is being changed. This is illustrated by the following experiment, which is only one out of many:—"I carefully removed the shell from the claws of some crabs, by paring it down till I came to the superficial pigment-layer in the subjacent membrane, and thus induced a separative process. It proceeded rapidly; in eight hours time there had been poured out a thick, tough, transparent mass, or cytoblastema, in which numerous fat globules and albuminous molecules could be distinguished, but no other bodies. On incineration there remained about eight per cent. of phosphate of lime, besides some phosphate of potash and carbonate of lime, the latter of which probably did not exist as such in the newly-formed tissue. It must have contained the phosphate of lime in soluble condition, for ammonia made the portion under the microscope decidedly turbid."

This may serve as a sample of Schmidt's positive experiments. As one of his negative proofs, we may advert to his analysis of the shell of the garden snail, and other species of the genus Helix, in which he found that the innermost layer

* *Beitrag zur vergleichenden Physiologie der wirbellosen Thiere.*

† Which he calls "*Chitin-gewebe.*"

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was destitute of phosphate of lime, and accordingly was an unorganised membrane, containing some amorphous little bodies apparently of an albuminous nature. "I believe," he says, "that a definite compound of albumen and phosphate of lime, or rather a solution of albumen saturated with the salt, is endowed with the capability, when in contact with heterogeneous bodies, of becoming thickened into a comparatively dense membrane, and of thus forming the walls of primary cells, though I am still in the dark as to why and how this takes place."

Having thus seen the important part assignable to phosphate of lime in the growth of plants and the lower classes of animals, we are not remote from the idea of seeking its applicability to the higher animals and man, and of considering it probable that a lack of it in the normal quantity may constitute a disability in the system to form organic structures in due proportion to the food ingested. The blood, that storehouse whence are drawn all the materials for building up every structure in the body, is nothing but the totality of its separate constituents, and if any of these fails to be represented there in due quantity, there infallibly arises an anomaly in the series of substitutions, in the formation of new structures, in nutrition in short; in other words, there is generated a pathological condition, and we thus see in the strongest light the paramount importance of the humoral pathology.

Such is the question suggested by the considerations we have cursorily glanced at. I have attempted a solution of it in the following pages, and may be allowed to anticipate objections to the paucity of the materials for a conclusive and exhaustive answer to the query I have raised, by being the first to say that my remarks, though likely in my own opinion to be only confirmed by subsequent experience, do require, and I hope will obtain a thorough sifting at the hands of others.

I was unable to attempt an adequate chemical determination of the question whether the presence of phosphate of lime be an absolute requisite for the normal formation of cells, for such an enquiry would necessitate the most delicate chemical researches, analysis of the ashes of blood, examination of fresh blastema, &c. &c. I rather turned to the practical question,

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and sought to ascertain whether the internal exhibition of phosphate of lime would not promote the healing process in indolent chronic ulcers, especially in scrofulous subjects.

There can be no doubt but that phosphate of lime dissolves in the stomach, for it is soluble in acids, and can only be thrown down by an excess of alkali, *i. e.* when the liquid becomes neutral or alkaline, which can seldom occur in the stomach; on the other hand, it would seem readily soluble in albumen also, and it may therefore be best to administer it soon after a meal, to make sure of its reaching the circulation in a soluble condition.

I accordingly had some phosphate of lime prepared in all possible purity. This was done at first by digesting *cornu cervi ust. ppt.* with phosphoric acid, and then drying the product; but subsequently I took to preparing it by adding phosphate of soda to muriate of lime in solution, and it was the phosphate of lime obtained in this way that I used in practice.

The first case was one of ulcer in the scalp in a girl five years of age, which had existed for two years, constantly discharging pus. The patient was unequivocally scrofulous, lived in miserable quarters, and subsisted on the poorest diet, such as brown bread and potatoes. I first saw her on February 8; general health described as good. The ulcer was as large as a florin; the surrounding integuments rather indurated, but not the seat of any tuberculous deposits. Three months treatment had had no perceptible effect on the ulcer. I had ordered cod oil, occasional saline laxatives, and the topical application of ointment made with carbonate of soda and lard, which I have often found useful. I had also attempted to favour granulation by repeated scarifications, and the application of *ung. basilicum*, setons in the neck, compresses wetted with solution of caustic potash, cauterization with *lapis infernalis*, washes of sulphate of zinc and acetate of lead—all to no purpose. For some months after this I did not see the child, but when I became occupied with the question as to the nature and sphere of operation of phosphate of lime, I sought her out again, and found the ulcer unchanged. I now ordered, on July 26, gr. j. of phosphate of lime, mixed with gr. j. of sugar, to be taken twice a day. As early as

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the third day I observed an unmistakeable change in the suppuration, for the pus, which up to that time had been very thin, changed into good and laudable pus, and I was not a little surprised to observe, on August 4th, that cicatrisation was commencing from the edges. I continued the medicine, doubling however the quantity, and cicatrisation progressing, the ulcer was on the 17th completely healed. The salt of lime having been employed alone, and the accustomed diet and mode of life being continued, there could be no fallacy in the case, and I was obliged to conclude that it was this remedy alone which had induced the normal process of cell formation. Six months afterwards the ulcer broke out afresh, and did not heal so rapidly; in fact, the patient having been accidentally removed from under my care, I was not able to verify the result of the renewed treatment. That the ulcer broke out anew did not appear to me any matter of surprise, for let it be ascertained that the blood of scrofulous subjects is deficient in phosphate of lime, still the dyscrasia does not depend upon this deficiency, and therefore we could only anticipate from the exhibition of the salt that those symptoms might give way which *its* deficiency was the cause of, but in nowise to remove the dyscrasia as a whole.

While I was treating the above case another child, C. B., was brought to me. The patient, seven years of age, had been suffering from scrofulous ulcers for four years, such having existed for two years on the face, and on healing having been succeeded by other two on the dorsum of each hand, and there having appeared when these healed, about ten weeks before I saw the patient, two more ulcers on the inner surface of each arm. It was for these last ulcers that the patient applied to me; they were the size of a sixpence, and discharged a quantity of sero-purulent fluid. On August 13th I ordered two grains of phosphate of lime to be given night and morning. In three days the character of the secretion had become decidedly more natural, and some healthy granulations could be seen. On the sixth day the ulcers were no larger than peas, and without any local application being used the ulcer on the left arm was completely cicatrised on August 31st, that on the right healed in

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the course of the following month. In the following December it broke out afresh, but speedily healed under the use of the phosphate.

My third case also occurred in a child belonging to a thoroughly scrofulous family,—J. F., æt. 5 years. I had already been treating the patient for six months for impetigo, covering the whole scalp. Besides the exhibition of the so-called anti-scrofulous medicines, I had employed locally compresses, moistened with almond emulsion, to loosen the crusts, but as fast as they were removed they formed afresh. The whole head was covered with one incrustration, and no hair whatever remained growing. I prescribed saline purgatives, the child being full-blooded, and subject to cerebral congestions. The treatment had no effect until I ordered an ointment made with carbonate of soda, the same salt, and afterwards the phosphate of soda being administered internally. Under these measures, although the diet of the child was very meagre, immediate improvement took place, the crusts gradually fell off, and a new healthy epidermis gradually overspread the whole head. There still remained, however, two small spots, one over each ear, where the impetigo made a stand against the treatment I have described. On July 29th I ordered phosphate of lime, and by August 25th the spots were completely free. The child has since remained in perfect health, and the scalp is covered with soft down.

Ann Mute, æt. 41, bears in the highest degree the marks of the scrofulous diathesis. For one year and three quarters she has suffered from swelling and ulceration of the distal phalanges of the right hand, and for eighteen months from ulcers on the right ancle and toes. I first saw her on February 17th; she was then taking cod oil. The ulcers on the right malleolus and between the great and second toe of the right foot were very deep, and discharged unhealthy offensive matter. I ordered three grains of the phosphate three times a day. On March 3rd the ulcers had taken on a healing action. The child was also suffering from disease of the right elbow joint, involving the olecranon process; the limb was considerably enlarged, and there was a fistulous canal opening externally. On March 10th

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the ulcer on the right malleolus and the fistula near the elbow joint were both healed, and the limb had become much smaller, while healthy granulations could be seen on the toes, and the appearance of the child had manifestly improved. I could not but ascribe these effects to phosphate of lime, and was gratified to find that the sores on the toes speedily healed. But the dyscrasia still existed, and soon manifested itself by the appearance of a large abscess on the right thigh, and a smaller one under the zygomatic process. The former was opened, and discharged daily a large quantity of thin matter; the latter gradually disappeared. It was remarkable that the child retained a fresh and healthy colour notwithstanding the copious suppuration. She was shortly afterwards removed to the seaside, where she got quite well.

Isabella M., æt. 11, had a scrofulous ulcer on the right parotideal region. She had not begun to walk till she was three years old. On July 9th she commenced a course of twelve powders, each containing four grains of phosphate of lime and six grains of sugar, taking half a powder three times a day. On July 16th the ulcer had begun to heal; twelve more powders completed the cure.

George Taylor, æt. 2, had been suffering for a long time from scrofulous ophthalmia, which had led to ulceration of the cornea; there were also some small ulcers on the face. Cod liver oil, which he got at first, did no good; on August 25th the phosphate was ordered. On September 8th the ulcers on the face were healed, the ophthalmia better, and the ulcer on the cornea beginning to improve. On September 29th all the ulcers had healed, including one on the right arm.

(To be continued.)

ON CANCER.

By Dr. von Viettinghoff.

Pathologists have observed, that cancer comprehends two or three species, which present among themselves very striking differences; that the simplest division should be founded upon

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the morbid growth into hard and soft; but the most modern and seemingly scientific system recognizes that there are three species, namely: *scirrhus, encephaloid,* or brain-like, and *colloid,* or glue-like cancer; that the cancerous growths are strictly parasitic and independent of the body, except so far as they derive their pabulum from its juices; that if a tumour, consisting of one species, be amputated, and a fresh growth springs (as too often it happens) from the same spot, this secondary growth is frequently of another species; that generally they co-exist, and are equally malignant and destructive forms of disease; that they develope themselves on the lungs, the heart, thyroid body, gullet, cardia, pylorus, duodenum, upper part of the jejunum, ileo-cœcal portion of the intestine, colon, sigmoid flexure and rectum; the liver, kidney, testicle, scrotum, penis, uterus and mamma; the nostrils, parotid gland, tongue and lips; the eye, the face, the spinal marrow, the brain, the dermoid tissue, and the bones;—that men, women and children are attacked by this disorder, each in different organs; that women are more subject to this fearful malady than men, in the large ratio of 5 to 2; that the germs of this disease are capable of being transferred from one human being to another, and even to an animal of a different kind; that the frequent contact of common soot seems to have the power to produce cancer. There is much analogy between this disease and tubercle and typhus, not only in attacking persons who are tainted with what is commonly called the scrofulous diathesis, but in the order of their formation, and the stages of their development; and also in this, that they are all brought from the latent state into morbid activity, yet secreted and deposited such as we observe in masses different only in shape, by *inflammation.*

When, by the aid of the microscope, it was discovered that the matter contained in several species of cancer consists of very minute cells with nuclei attached to their walls, and of granules still more minute, supposed to be the rudiments of new cells, it was concluded, that by the amplification of these granules into cells, and by the development of the nuclei into other cells, which in some instances are included, generation

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after generation, within the parent cells, the original tumours enlarge and extend themselves, and that it is by the transference of certain of these cells and granules from the original tumour that a crop of surrounding tumours is sown in remote parts of the body,—that the cells, and probably the granules, are equally endowed with a power of self-increase and propagation whenever they find a favourable nidus; as they possess, like the seeds of plants, an inherent vitality, and merely require, in order to germinate, to be placed in contact with some living tissue wherewith they may form vascular connections, and from which they may derive nourishment. Cohering together, it is said, for the most part, with but little force, they are easily detached from the parent mass.

It is a matter of fact, that secondary tumours form most surely and most rapidly when the primary tumour is of the soft kind; and that when they succeed to *scirrhus*, it is after the process of softening has commenced in the original hard structure. These germs, which present in their forms and mode of generation striking analogies to those of some of the lower animals, as well as to those of plants, are probably carried sometimes through lymphatic vessels and glands in the vicinity of the primary growth; but there can scarcely be a doubt that it is mainly in the blood that the seeds of this dreadful malady are conveyed from its primary to its secondary sites, and thence, perhaps, if life continues long enough, to tertiary localities also.

The gross matter of cancer is often to be found in the veins that proceed from the primary tumour,—nay, in large venous trunks at a distance; so that it was conjectured that cancer might originate in the veins. But as it was known that foreign substances, as mercury and pus, for instance, circulating with the blood, stop or are entangled, more in some organs than in others, and there excite inflammation and its consequences, so the liver and the lungs have been discovered to be the organs in which secondary cancer is most commonly met with. Thus far goes pathology; and thus far our senses and comprehension of the outward forms and supposed propagation of cancer may be satisfied.

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But as our object is not only to diagnose correctly, but, if possible, also to cure the disease, and to prevent its recurrence, we must not stop here: we must search more deeply for the *causes* giving rise to the manifestation in the human organism of such dreadful diseases as cancer, tubercle and typhus, and endeavour to bless mankind by permanently delivering it from them. As we find tubercle, cancer and typhus arise from the same cause, and are analogous in their development, and as tubercle and typhus yield to the operation of homœopathic medicines,—why should not cancer also be subject to the homœopathic law?

Pathologists seem to agree so far, that these diseases originate in scrofulous subjects, and are developed by inflammation; that the seeds of the diseases are conveyed by means of the lymphatic vessels, and more especially by the veins, to distant parts of the human frame, and that common soot is capable of generating the cancerous form of disease. Here we have matter for reflection; and the conclusion we arrive at seems to be, that it is in the components of the blood that the seeds of those maladies are created, and that from the veins they pass into the arteries, to be conveyed further on.

We are aware that the blood is, as it were, the complex of all things that exist in the world, and the store-house and summary of all that exists in the body. It contains salts of every kind, both fixed and volatile, spirituous and aqueous elements; in fine, whatever is produced by the three kingdoms of nature—the animal, vegetable and mineral. Moreover, it imbibes the treasures that the atmosphere carries in its bosom; and to this end exposes itself to the air, through the medium of the lungs. But, of all the elements which enter into the composition of the blood, is there one that can be fairly charged with producing the germs of either cancer, tubercle or typhus? I think not; for, were it so, those diseases should be universal, which, thank Providence, is not the case. Where, then, shall we look for these morbific seeds? Which of the elements that contribute to the formation of blood, and so serve to repair the waste of tissues and sustain the functions of life, may be suspected of introducing them into the human organism? I think it is the aliment

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alone, obtained from diseased animals, to which we must look, in order to account for the diseased states in question. Are we in want of testimonies of pathologists and others that lower animals and fowls are even more than man subject to cancerous disorders? Indeed, we are not; and I only wonder why those who have made cancer their particular study should hesitate to take into their consideration the food we live upon, perplexed, as they seem to be, to find out the predisposing cause facilitating the development of cancer in the human organism!

In my paper on the mode of eradication and prevention of disease by means of homœopathy, read before the *Hahnemann Medical Society*, I pointed out a great many diseases which were said to be created by aliment, amongst which, naming *cancer*, I mentioned that Dr. CHEYNE, in his *Natural Method of Curing Diseases*, and Dr. W. LAMBE, in his *Report on Cancer and Scrofula*, had satisfactorily proved the practicability of arresting the progress of those disorders, and the complete cure of them by the prohibition of the use of animal food, and the adoption in its stead of a farinaceous and fruit diet.

Leaving here this short sketch of the pathology of cancer, and having nothing favourable to say of the treatment of it by allopathic and surgical means, I will endeavour to show how far homœopathy may be serviceable in alleviating the sufferings produced by this disorder, and in occasionally curing it.

CASE I.—*Uterine cancer.*

Mrs. F. B. M., æt. 70, of No. 4 Northumberland Street, Strand, London, had been twice married, had had twelve confinements, and a few miscarriages. All her children except one died in infancy, apparently from hydrocephalus. She menstruated at fourteen years of age, and always suffered much during the periods. She had blue eyes, and a sanguine nervous temperament. She had been subject to eruptions and ulcerations, mostly on the lower extremities, for many years, since which she had suffered from spasmodic, darting pains in the uterus, with sanious fœtid secretions from that organ. She had

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had the best treatment that allopathy could supply, but she grew worse, and after being carefully examined by a surgeon and a physician, the disease was declared to be a cancerous tumour at the neck of the womb.

On the 15th January, 1843, I saw Mrs. M. lying on the sofa emaciated, skin of a yellow hue, and parched; eyes deep sunk; pulse scarcely perceptible. She was complaining then of a sharp aching pain, originating under the left hypochondrium, all round the back, under the navel, extending to the upper and lower extremities, the nape of the neck, occiput, and vertex. I did not examine Mrs. M. any further, the family being perfectly satisfied with the opinion of the medical gentleman who had done so; and they believed that the case was incurable. The only argument with them, in favour of homœopathy, was that it could not do any harm. I recommended Dr. Curie, but he refusing to undertake attendance, on account of the patient's age, &c., I undertook it myself. I was then but a beginner, scarcely eight years in practice. The truth of homœopathy makes one to dare do things which others fear. I prescribed *sepia* 3 glob. of 30 dil., which she took at 10 o'clock at night.

This medicine acted like magic; Mrs. M. slept well that night; she awoke refreshed and felt altogether better. I found her next morning sitting in her bed, when she cheerfully described the curious sensations she felt, running all over her body during the night, and how comfortable she found herself in the morning; three days after she was able to get up, dress herself, and go into the next room. I left her under the action of the same medicine till the 27th, when she complained only of debility. I prescribed *china* 12, 2 globs., morning and night for three days.

On the 31st my patient said that she continued to have her nightly rest, and felt stronger; but cough, costiveness, and uterine pain, with secretions, although less, remained; I gave her *pulsatilla* 2 globs. of 30 dil. every morning for one week.

On the 7th February, secretions had been lessening every day, but of the same character; she felt stronger, walked alone in the house, slept well, appetite was coming back; I returned to *sepia* every fourth morning.

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On the 18th I prescribed *silicea*, every fourth morning, for twelve days, the secretions appearing only after motion.

On the 7th March she got *nux vom.* 30, two globules every other evening, for a week, as an intermittent, to regularize the nervous system.

On the 17th my patient ventured to get out, rode in an omnibus, and took some spirits; was seized with spasmodic pain in the uterus, and the whole abdomen. *Belladonna* removed the spasms, and then I gave her *sulphur*, 30 dil., two globules, twice a week.

On the 3rd of April she suffered from hæmorrhoids and leucorrhœa, which appeared night and morning, and neuralgic pain. I gave her *causticum* 20, thrice a week.

On the 10th my patient was so much improved, that she ventured to take a walk in St. James's Park, in which she walked for nearly two hours.

It would be tedious and needless to detail all the daily and hourly changing symptoms in a disorder of such gravity, which brought the whole frame into morbid action. I will only state, that after six months treatment *she lost all signs of uterine suffering*. Delicacy prevented me examining her physically, and she lived happily, enjoying her earthly abode more than she had ever done before, and passed to a higher sphere on the 17th March, 1851. Her death was sleep.

Sepia and *silicea* were the ground-work medicines in her complaint; next to them were *magnesia carbonica, sulphur, causticum, lycopodium;* in the third place, *pulsatilla, arsenicum,* and *belladonna*. Other medicines were used to rectify accidental occurrences.

Case II.—*Scirrhus in the Antrum Highmorianum.*

Mrs. Elizabeth Bailey, æt. 53, of 3, White Hart Place, Borough; married, 6 children, for many years has suffered from ulcerations, particularly on the lower extremities; there were two ulcers nearly six inches in circumference, and half an inch deep; with black dirty bottoms, elevated margins; secreting greenish, black, bloody, putrid matter; with swelling of the legs round

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them; darting, burning, boring pain, occurring mostly at night. She had been many times *salivated;* had lost her teeth; had scorbutic eruptions on arms, shoulder, and other parts of the body; general neuralgic pain which never left her; depression of sensitive and nutritive functions. In addition she had a hard tumour in the mouth, which appeared first four or five years ago; the pain which it occasioned affected her eyes, ears, and tongue, which very often were swelled: it was a SCIRRHUS an inch in diameter, hard to the touch, and occasioning very severe darting pain; from under it, through a small opening blood and semipurulent fetid matter were secreted. She had lived in a low dingy neighbourhood in Blackfriars for many years. I saw Mrs. B. so situated on the 1st Feb., 1844. I prescribed *nux vomica* 2 globs. 30 trit. to be taken at night, and 2 globs. of sulph. 30, on the fourth morning for a fortnight, both dry on the tongue.

On the 17th there was evident improvement, on the whole; the wounds had become cleaner; she slept well the last four nights. I prescribed no more medicine till the 24th, when I gave her 2 globs. of 30 *silicea* twice a week, for the swelling of the legs.

I conclude the narration of this case, stating that I attended to it until the 15th December, 1845, when the patient was well, and discontinued calling. She improved daily, the wounds on the leg were healed, and her general health restored. The remedies homœopathic to this disorder were: of the first order, *arsenicum, sulphur, and silicea,* next were *nux vomica, carboligni, lycopodium, calcarea carbonica;* in the 3rd series were, *ipecacuanha, pulsatilla, aurum, graphites;* the intercurrents were: *assafœtida, lachesis, iodium.* Although my patient had progressively improved in general health, and although the secretion from under the scirrhus had almost ceased, the scirrhus itself never gave way till she got *aurum* 12; this she had on the 29th of April, 1844, and I continued it morning and night 2 globules for a dose, for three weeks; on the 26th of May the scirrhus fell off, and the wound remaining after it became perfectly healed in the August ensuing.

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CASE III.—*Cancer of the Mammæ.*

MRS. W., a Hampshire lady, æt. 53, menstruated at 13; blue eyes, blond hair, fair complexion; sanguine nervous temperament; married, had 12 children, and 3 miscarriages; for many years had felt in the right breast a hard movable substance, increasing in volume, and occasioning, when pressed, and without, lancinating pains, extending to the back and arms; more severe when suckling; at that time her nipples used to break, also—before the last confinement, which happened in October, 1846, she had *scabies*; the baby refusing to suck, the mammæ enlarged; mercurial ointment was applied to reduce them, but had the effect of hardening the whole breast; and soon after there appeared a protuberance of the size of a hen's egg, of lilac yellow colour, encircled with dark blue areola. After this the pain became severe in the extreme, interfered with her sleep, the right arm became œdematous, and the breast broke in several places near the nipple, which was drawn in. These discharged blood, sometimes alone, and sometimes mixed with a purulent and very offensive ichor; cough harassed her day and night, with yellow fœtid expectoration, tinged with blood; cream-like leucorrhœa, irritating the surrounding parts, flowed from her, at every motion; she complained of constipation, thirst, nervous cephalalgia, shiverings, dyspepsia; low-spiritedness; her skin denoted cachectic diathesis; her pulse was wiry, resisting.

Under such melancholy circumstances Mrs. W. came to consult me on the 8th of January, 1848. I could not entertain hope of her cure; it was my duty then, to make the remainder of her life bearable, to raise hope by lessening her sufferings. I prescribed *arsenicum* and *carbo animalis* for four weeks, under the action of which the tumour separated of itself from the breast, the blue areola disappeared, pain ceased; the tumour fell off the breast on the 10th of March. I used *carbo ligni*, *china*, *hepar*, and *sulphur* to antidote mercury—*thuja* and *calcarea*, to reduce *warty* excrescenses on *the breast*; *nux vom.* and *pulsatilla* to relieve gastric derangements, until her appetite and rest returned. Severe hæmorrhages, particularly one which happened on the first of March, reduced her powers; and although

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her breast was freed from cancerous infiltrations, and assumed a healthy appearance, she, nevertheless, sank, pressed down by *chronic pleurisy*, in spite of *arsenicum, phosphorus, iodium* and *sulphur*. She died on the 18th of April totally unaware of the approaching dissolution o f her earthly frame.

Upon this sad case I would make the following remarks: 1stly, that *conium* was the homœopathic remedy that ought to have been applied at the first appearance of cancerous growth in the breast of Mrs. W. It is a specific in cancerous induration of the mammæ attended with lancinating pains, as I will show presently; conium is known to the old school practitioners, who laud it in cancerous disorder of the stomach; would they but look into Hahnemann's *Treatise on chronic diseases*, they would find it beneficial in cancerous growths of other organs. 2ndly, Did not the outward application of mercury in this case aggravate the disease? In my opinion it did—by depressing vitality it changed the character of the disease—added a new disorder and consequently augmented difficulties. Had she been treated properly from the beginning, no doubt her life might have been prolonged to this day.

Case IV.—*Fungus Hæmatodes in Antrum.*

On the 18th of December, 1851, I was called out to see Mrs. B., æt. 56, of 6, Cambridge Place, Hackney-Road. There, I understood, that for many years Mrs. B. had suffered from faceache of the right side, and that a small tumour had appeared in her mouth, which had grown now to the size of a hen's egg, from under which blood was discharged daily; this tumour protruded through her teeth, depressed her tongue and impeded deglutition. On examining the mouth I found that this tumour was an *encephaloid cancer* growing at the back and the right side of the mouth, which was covered all over with pimples; there was also an ulceration of a green hue, out of which issued ichor and blood. She had dyspepsia, habitual constipation, &c. Prescribed *sepia* 3 trit. in water *ter. die.*, and farina and fruit diet.

On the 20th there was scarcely any change, and constipation continued. *Pulsatilla* 3d trit. *ter. die.*

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On the 22nd I understood that she was convulsed the previous night, suffered from sharp smarting pain and was relieved this morning. Prescribed *phosphor.* 2nd decimal potency gr. j. 6ta q. q. hora.

On the 26th there was much pain in the face; tumour shrunk. Continue *phos.* as before.

On the 28th she had been very restless, and in pain at night; in the morning her face was swollen, red, hot, and eyes discharging humor. Prescribed *thuja* 30, one drop *ter. die.*

29th, slept much better, pain less, swelling gone down; around the tumour there appeared white lardaceous spots, and there issued at night from the mouth much blood and thin fœtid matter. Presor. Cont. *thuja* as before.

On the 31st she slept well, but since 9 o'clock this morning complained of shooting pain in the mouth and the ears. Presc. Cont. *thuja.*

1852. January the 1st, she was improving in every respect; the tumour has separated into three parts. Pres. *carb. anim.* 30 gtt. j. man., and *kreosotum* 30 gtt. j. vesper.

The 2nd. The separated pieces of fungus fell off, leaving behind a phagedænic ulceration of an inch in diameter, involving the *uvula* and the nasal fossæ, covered with a green, greyish and lardaceous veil; and shooting pain in the morning. *Kreos.* 30 gtt j. mane. and vesp., and *kreos.*, as a gargle.

On the 3rd of January, half-past 4 P.M. She was restless last night; and covered with cold clammy perspiration; had much pain in the face; discharge of *pus* through the nostrils, spoke thick; had a very dark motion last night; was very low-spirited, feared approaching death; her age, she said, was against her. The mouth showed signs of commencing gangrene. Prescription, *arsenicum* 2nd. decimal trit. gt. 20. aqua. com. ʒ iv. coch. med. j. 2a. q.q. hora.

On the 4th she was altogether better, and her relatives told me, they thought, she would do now without my assistance. I understood however that she returned to her old habits, got worse, and died on the 20th of April ensuing. She had been persuaded by some friends that her age was against her, and being without hope did not send again for me.

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CASE V.—*Cancer in the Uterus and Rectum,*

Mrs. D. æt. 61, of Church Street, Hackney, married, had 6 or 7 fine grown children; stated to me on the 18th of December, 1851, that four years since she had *metrorrhagia*, which was caused, as Dr. A. assured her, by a cancerous tumour growing in the *cervix uteri*, for which he applied caustics, and prescribed *aperients* and *astringents, anodynes* and *tonics;* these agents exhausted vital energy, and made nature less able to defend herself against the disorder, which, under such circumstances, had every chance to develope itself wherever it could reach. She complained then of constant bearing down pains in the abdomen, extending to the loins and thighs, with discharges of blood and green yellow, and sometimes watery offensive matter, attended with faintness; there were *anorexia, adypsia, constipátio alvi*, tongue yellow coated at the centre, red at the edges; *agrypnia*, harassing dreams, pulse wiry and low, skin of a stone color and parched; the body emaciated.

Pres. *nux vom.* $^{2}/_{30}$, dry, every other evening.

On the 22nd she felt better in general health, but there was much uterine *discharge.*

Pres. *sepia* $^{6}/_{30}$, morning and night, for two days. I followed it on the 24th with *puls.* $^{6}/_{3}$, morning and night, for other two days.

Greasy clammy taste called for *bryonia* on the 26th, of which she had $^{6}/_{6}$, morning and night, for two days.

On the 29th I returned to *sepia*, which I left acting till the 5th of January, on which day, on account of constipation and much offensive discharge, I gave her *nux vom.* $^{2}/_{30}$, followed by *kreosotum* $^{4}/_{12}$, and *sulphur* $^{6}/_{30}$.

Under the agency of these remedies, on January the 8th her alvine evacuations became normal, her appetite for bread and butter, which she had not had for seven years, returned, and she liked turnips, which she never did before. I repeated *sulphur* $^{3}/_{30}$ on that day.

I attended Mrs. D. until her earthly end, which happened on the 17th of May. She passed into the world of happy refuge,

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free from bodily pain and anxiety;—she went away like a child in a sleep.

This disorder was of too long standing, and too deeply ramified, to be cured; but under the action of *sepia, carbo animalis, arsenicum and thuja,* pieces of decomposed cancerous tumours came away from the rectum and from the vagina on the 3rd of February, the 8th of March, and the 7th of April. There was great torpidity of the colon and rectum; and at any time, when the homœopathic remedies could not succeed in evacuating their contents, a magneto-galvanic instrument did it with comfort, ease and promptitude.

Case VI.—*Cancer in the Digestive Organs.*

Madame ——, æt. 48, the only daughter of the lady (case No. 1), very delicate from childhood, and had suffered from several repeated disorders of the larynx, chest, heart, stomach, abdomen, etc., occurring on any excitement or irregularity of diet, was, on the night of the 20th May, 1852, between one and two o'clock, A.M., seized with violent abdominal pains and cramp; *camphor* relieved the pains, but two hours afterwards they returned; the epigastric region was swollen and painful to the touch; flatus upwards and downwards; then the pains became most intense, and were fixed in the pit of the stomach; soon after they extended to the back. After this sudden attack, debility and exhaustion followed. *Aconite, arsenicum, china, lycopodium, nux vom.* and *sulphur* were administered during the attack, and the following days. On the 1st of June she was free from all pains and their consequences.

On the 9th of June, in consequence of disturbance of the digestive organs, Madame —— was seized again with similar symptoms: they lasted from ten o'clock, P.M., till six o'clock next morning, but as the predominant symptom was sickness, *ipecacuanha* was the remedy that relieved her.

On the 17th, at 11 P.M., the same symptoms as before began, and lasted till six next morning. I gave her this time *arsenicum,* two drops of the second decimal potency, and she continued well, and next morning was able to go out.

On the 21st, however, at three P.M., she was, immediately

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after dinner, seized with cramps and pain so insupportable, that she was deprived of her senses. I mixed six drops of *arsenicum* of the second decimal dilution with four ounces of water, and administered one tablespoonful of it every quarter of an hour. At eleven o'clock P.M. all the pain suddenly ceased, she vomited freely and brought up pieces of a *colloid cancer*. I continued *arsenicum* in higher potencies for two months after, and the lady continues well to this present time. She feels sometimes tenderness at the epigastrium, but it soon passes off with the assistance of *arsenicum*, *argentum nitricum* and *calcarea carbonica*. This lady is subject to an eruption on the skin in the posterior part of the body, which suddenly disappears for a few months and comes back with all its former malignity.

CASE VII.—*Sub-acute Encephaloid Cancer in the left breast.*

Mrs. E. B——, æt. 30, of 9 Albion Terrace, Albion Square, Kingsland, complained of hardness in the left mamma, with lancinating pains, for some months before her confinement. On the 13th December, 1853, she was delivered of a female child, and soon after complained of severe lancinating pain in the left breast, which was hot, red and swollen; the pain extended to the spine and arms, and was, as she said, unbearable, particularly when the hard lump near the nipple was touched.

I prescribed *belladonna* and *bryonia*, third dilution, to be taken alternately every two hours.

On the 22nd the breast was open in three places, discharging blood and fœtid pus. I prescribed *phosphor.* $^{2}/_{30}$, and *hepar* $^{2}/_{30}$, alternately, every four hours. Under the action of these remedies there was but little improvement.

On the 29th the pain was increased in severity, and extended to the right breast and both armpits. I gave her *arsenicum* $^{2}/_{30}$, every hour.

On the 2nd of January the tumour separated into many pieces, from which issued blood and ichor, and out of one fissure near the nipple issued a hard cancerous mass of the size of a hazel nut was removed.

Under the action of *arsenicum* she now improved daily. She

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was under my care till the 1st of May, when I was happy to pronounce her perfectly cured. She was confined again on the 5th of January, 1856, without any inconvenience. Her left breast is as good and equal in every respect to the right one.

Case VIII.—*Scirrhus of the Mamma.*

Mrs. M. A., æt. 34, married, had five children, of whom three were dead, came on the 16th October, 1855, to seek my advice, stating that a cancer from the left breast had been removed twice, by *excision*, but that she was not cured, as there still remained hardness in it, and her right breast was enlarged also; she had in both lancinating pains, and from both issued a sero-sanguineous fluid; her general health was declining, having neither appetite nor repose. She was always constipated, and often suffered from *ischuria*; she had, with all this, to nurse her baby, from whom she would not part; she had no hope of recovery, but begged ease from her sufferings, if possible. Ocular examination confirmed all she had stated as to her breast, and I found, besides, that the sternum had cancerous infiltration in it, that all her teeth were decaying from repeated salivations.

To antidote Mercury, then in full activity, I prescribed *hepar* $^{6}/_{12}$ in 8 ʒ of water, one tablespoonful dose of it morning and night for three weeks; at the end of this period her general health and the appearance of the breast were remarkably improved; the enlargement of the right breast went down; the secretion had changed into serum alone.

On the 6th November I prescribed *silicea* $^{1}/_{30}$ morning and night for one week; under this remedy, followed by *phosphorus* and *sepia*, my patient continued to improve until 15th January 1856, when I gave her *arsenicum* $^{2}/_{30}$ every other morning to remove darting pain in the stomach. This remedy I repeated the next week.

On the 29th she stated that she had taken cold, that her right breast had become enlarged, and that she had pain in the arm. I gave *carbo animalis* $^{2}/_{30}$ every other morning for a fortnight; this I followed by *arsenicum* $^{2}/_{30}$ every other morning for one week.

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On the 16th February she was seized with violent spasm in the stomach; I gave her *belladonna*; 17th, the stomach was easier from pain, and free from spasms, but she was harassed with vomiting; I gave her *ipecacuanha.*

On the 19th she was better altogether; I ordered her to continue *arsenicum.*

On the 25th she coughed all night, with pain in the back; *hepar* $^{6}/_{5}$ in aqua 6ta q.q. h.

On the 4th of March had vomiting, abdominal pain, and cough; *ipecac.* 3 gr., aquæ com. ℥ vj., cochl. mag. j. 6ta q.q. h; since that time till the 21st of April she had *sepia, arsenicum,* and *silicea* alternately.

On the 21st she was seized with asthma and pain in the chest; I gave her *arsenicum* and *china* 3 alternately every three hours.

On the 22nd asthma left her, but she had much pain in the right breast and round the back. I ordered her to continue *arsenicum;* her relations, however, thought that homœopathy would be useless, in an acute disorder like this, and they called in their family doctor. The good man gave her some composing draughts; she felt easier, and passed over to the next world on the 23rd!

This case proves the ramification of the cancer in the thorax, stomach, and abdomen, and it may be in other organs; and it confirms the truth, 1st, that when cancers in a state of active growth are cut out, the common result is *reproduction* and *increased energy of progress* of the morbid mass; 2nd, that salivation in cancerous disorders is an outrageous measure; and 3rd, that composing draughts, as they are called, are prejudicial under any circumstances, and particularly when all means ought to be used to raise the vitality.

Case IX.—*Scirrhus of the Mamma.*

Mrs. S. Everit, æt. 53, of No. 3, Orchard Terrace, Bromley, called on me on the 24th January, 1856, stating that for five years past she had suffered a martyrdom from a cancer in her left breast; during that time she had had advice at hospitals and from private physicians, but getting worse, she was sent to

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the London Hospital, where she was informed that her disease was incurable. There were two cancerous tumours on each side of the nipple; that on the right the size of a big fist, that on the left the size of a pigeon's egg: both open, and discharging blood and sero-sanguineous fluid; the left arm was œdematous, that the pain increased towards night, preventing sleep. She was emaciated; skin of dark straw colour; pulse small, wiry, and hard.

I gave her *arsenicum album* $^2/_{30}$ every other morning, and prescribed a diet free from all excitants and medicinal ingredients.

February the 1st, she told me that the first powder stopped all the pain, that she had felt the whole week very comfortable; slept well, and felt altogether stronger. There was no longer blood discharged, only sero-sanguineous fluid. I repeated the same medicine. She was improving daily, and stated that she was able to resume her charing work. I had no necessity to change the remedies.

On the 15th of April she came only to thank me, declaring herself "*so well that she did not wish to feel better,*" and asking me if I would allow her to resume the beer, which she was advised to take to strengthen her. I cautioned her against this practice, and examining the breast, I found that although the tumours were down and softened, there was yet a little moisture still perceptible. I gave her three doses of *arsenicum*, and told her that she required a little longer attendance, and that I expected to see her next week.

She did not appear till the 22nd of January, 1857, when she said that she was as bad as before in pain and secretions. I examined her breast, found it ulcerated, but it was neither hard nor lumpy. She told me she knew that she suffered all this through the kindness of a pious and benevolent lady, who tried to make her strong with brandy, wine, and gin, and other nice things; but she was determined to give them up. Under this promise I prescribed for her again; she called a few times more. Improvement was slow this time; her vitality was reduced to a low degree; it was the 26th of March when I saw her for the last time.

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CASE XI.—*Scirrhous Induration of the Left Breast.*

On the 26th of May, 1856, Mrs. B., of No. 8, Albert Terrace, Bow, aged 21, married, applied to me, stating that for some years she had suffered from pain in the back, palpitation, swelling of the throat, tension in the hypochondria, difficult micturition, hysteria, and nervous irritability; but her principal complaint was of enlargement of the left breast, with severe lancinating pain when touched, or at any other time; her medical attendant, she said, considered it to be a cancerous growth, and proposed to extirpate it with the knife. Her breast was tumefied, red, hot, and very painful to the touch; on the right side of the nipple two tumours were discoverable, each of the size of a large *nut*, and *immovable;* when I touched them she did not seem in pain, but it appeared a few minutes after; she looked emaciated; anxiety was painted on her face; pulse was hard, wiry, 60.

Prescrib. *puls.* $^{6}/_{3}$ morning and night, in water. She felt so much better that I did not see her till 17th September, when she complained of a sore throat and tumefaction of the breast; the tumours were still there. I repeated *puls.* as before.

On the 23rd the tumours were very painful, and the pain extended to the axilla and arm. I prescribed *belladonna* and *bryonia*, 3rd potency alternately every six hours.

On the 2nd October she was better on the whole, but had pain in the back, which she attributed to the state of pregnancy in which she thought she was.

Prescribed *nux vom.* $^{2}/_{3}$ every other evening for one month.

On the 9th she was attacked with faceache, swelling in the throat, pain in the ear, and constipation.

Prescribed *belladonna* and *bryonia* $^{3}/_{4}$, alternately every twelve hours.

On the 20th the angina was worse at night, with all the other symptoms remaining.

Prescribed *merc. sol. Hah.* 1 gr. ii. aqua ℥ j. 2. Continue med. 6ta q.q. h.

On the 4th November she stated that her breast had been

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very painful for the last two or three days; in other respects she was better; the tumours seemed larger.

Prescribed *ars. alb.* $^3/_{28}$ q.q. alter. man.

On the 11th I gave her *conium* $^2/_{30}$ every morning for one week for the same symptoms.

On the 18th I repeated *arsenicum* as before.

On the 24th, on account of the cough, I prescribed *ipecac.* and *bryonia.*

December 30 her breast was much better; no pain in it; the size of the tumours was now that of a pea, but she had pain in the neck; for this I prescribed *puls.* $^1/_2$ gr. of 3rd dil. in water morning and night.

On the 2nd January the breast was again painful, but the size of the tumours still lessening.

Prescribed *conium* $^2/_{30}$ every alternate morning. This medicine was allowed to act till the 20th; on that day I examined her breast; the tumours were scarcely discernible, but the breast itself was painful and tumefied. I prescribed *bryonia* and *puls.* as before.

I had to attend this patient after her confinement, which happened on the 15th of May, 1857, for divers sufferings and an abscess near the anus; and lately she was confined again, but there were neither tumours nor any more inconvenience felt in her breast.

Case XII.—*Induration as the last.*

On the 24th June, 1848, Mrs. H. J., a lady from Brighton, aged 50, widow, who had two children, called on me for advice. She stated that from March last she had felt pricking pain in the left breast, for which she was advised to apply *camphorated oil;* she did so, and now she found that there was a tumour big enough to be felt under pressure, which darts and shoots. She imagined that this was occasioned by the pressure from a watch she used to wear there; she objected to her breast being examined, but required me to prescribe for her, as she was told, and was herself afraid that this was a cancerous growth. I prescribed *arnica* as antidote to *camphor,* and gave her *conium* $^1/_{30}$ morning and night for one week.

On the 12th July she told me she was better, but for the

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last two days she felt the tumour; it was less, and seemed softer; but the pain having returned, I repeated *conium* as before.

On the 8th she reported herself better on the whole, but some shooting pain under the arm. I gave her *belladonna* and *puls.* $^1/_3$, to be taken alternately morning and night.

I have not heard from her since.

Case XIII.

On the 19th July, 1848, Mrs. Y., of No. 14, Wellington Terrace, Upper Street, Islington, aged 41, married, one child; stated that three weeks ago she felt soreness in the right breast, then it swelled; she applied poppy heads and camomile flowers. The breast became worse; it was hard and inflamed, with lancinating pain. I gave her *belladonna* and *bryonia* 3, gtt. j. of each, to be taken in water for one week.

On the 26th felt better on the whole. I examined her breast. and found on the right side, a little under the nipple, a hard body, about the size of a pigeon's egg; the inflammation remaining in part, I repeated *belladonna* and *bryonia* as before. I continued the same remedies for another week.

On the 4th of August, some hardness left in the whole breast, the tumour was less, but still hard and adherent at its base. I gave her *conium* $^2/_{30}$ every other morning for one week on the 18th.

On the 7th of September I examined her breast again; the tumour was then of the size of a pea, and painful after touch.

Repeated *conium.*

On the 18th the tumour was of the size of a pin's head.

I gave her *conium* again.

The preceding cases will establish the following:—1st, that homœopathy, even in its present state, when properly applied, is effective in arresting the progress of cancerous formations; 2nd, that it causes a breaking up and separation of the morbid mass from the healthy tissues; and 3rd, in cases which are too far gone for curative action to be realized, it alleviates pain, and thereby sustains the hope of the patients up to the last hour of this their earthly abode.

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A STRAY LEAF ON HEADACHE.

By Dr. Hitchman, F.L S., Liverpool.

We are living in an age of instruction and enlightenment, albeit, true knowledge and experience are not alone expounded in books, nevertheless facts which are practically useful should be duly regarded as worthy of periodical commemoration—subjects, too, which are either of intrinsic interest, or in relation to the main end and aim of that natural harmony subsisting between the physiological and therapeutic effects of physic, the alleviation or cure of disease. Headache, or cephalalgia (as it is termed by Grecians in our nosological nomenclature), is a portentous symptom, a superlatively generic sort of term, involving an immense variety of incongruities from the gravest and most serious specialities to others which are the most simple; and withal so extremely frequent and troublesome as to require our unfeigned attention and regard in each individual case. From the intimate anatomical and physiological connection between the human brain and every distant part of the animal organization, arises the important fact, that the head participates in almost all the morbid actions, to which the several integral portions of the frame are obnoxious. Diseases of the heart, lungs, liver, stomach, pancreas, spleen, the twelve-inch intestine or reserve stomach, the bowels, the uterus with its appendages, and the like—all produce *headache*. Of the legion of circumstances which cause, or predispose to this universal morbid symptom, one may enumerate the following, amongst many others, to which systematic authors have adverted. Original malformation of the cranium, with perhaps spiculæ of bone; a highly susceptible state of the nervous system; debility, however induced; general or local plethora; the previous occurrence of cerebral irritation, congestion, or inflammation; habitual abuse, or frequent excess in sophisticated alcoholic beverages, or their analogues; allopathic stimulants; mechanical injuries of the head from blows, falls, and the like; protracted mental excitement, joy or grief; rheumatic affection of the pericranium;

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inflammation, or any morbid condition of the periosteum of the skull; inflammation of the mucous membrane of the frontal sinuses, or foreign bodies within them; intense mental emotion; strong impressions on the external senses; excessive impetus of blood *to* the head; impeded return of blood *from* the head; congestion *within* the head; suppression of long accustomed discharges; inflammation of the cerebral organ itself, or its investing membranes; morbid growths; tumours, or other changes of structure within the cranium; morbid sensibility of the stomach; over excitation, or distension; irritating ingesta; imperfect *duodenal* digestion; the presence of bile in the stomach; constipation; narcotics, worms, and the like; diminished pressure of the atmosphere, or a heated, humid, and deteriorated atmosphere; sudden changes of temperature; exposure to a current of air, or to a cold east wind; ramollissement, or diminution of healthy consistence; hydatids; physical degeneration from alcoholic poisoning, commonly called, delirium tremens; in fact, *alcholism*, just as specific in its nature, in my opinion, as are plumbism, iodism, mercurialism, ergotism, or narcotism; abscesses, and other organic diseases. Such and so many, yea, rather, many more, are the different causes occasioning different forms of headache. We may summarise them in three categories—as those directly affecting the brain; those proceeding from the chylopoietic viscera, or the organs of nutrition; and those derived from derangement of the reproductive system. The *causa proxima* I consider to be a nervous or vascular congestive state, a bloodless condition, or a vitiated constitution of the nutritive fluid, affecting the nerve globules. I may state the most frequent forms of headache possibly, to eventuate from constipation, requiring Nux vomica, Plum., Opium, Bry., or Sulph. Headache from drinking coffee—Nux v., Cham., or Ign.: from congestion and over heating—Acon., Bell., Glon., Bry.: from drinking sophisticated alcoholic beverages—Elaps, Glon., Nux v., Ars., or Lach.: from protracted watching—Con., Cocc., Puls., Carb. v., Nux v., Coff., or Elaps: from abuse of the weed, whether thrust up the nares, or down the œsophagus—Glon., Hepar. s., Nux v., Ant. c.: from excess of labour, whether mental or physical—Silex, Lycop.: in *tuber-*

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culous persons—Nux v., Elaps, Lach., or Sulph: from grief—Ign., or Staph.: anger or chagrin—Cham., Nux v.: the vicissitudes of the weather—Bry., Rhus, Carbo v: from bathing—Puls., Ant. c., Calcarea: from suppressed eruptions—Kali bich., Ant. c., Sulph.: and from mechanical injuries, blows, and the like—Arnica, Bell., Acon., Calend., or better still, in many cases, Elaps: in injuries occurring on the *right* side, for example—with internal congestion; disposition to faint; great lassitude; headache, with boring pain, as of a foreign body in right eye, brow, orbit, temple, and parietal region, with weight and constriction; or when black extravasations take place, or *pompholy*, or infiltration of the surrounding areolar tissue, with severe contusions. In the common *sick* headache, Ipecac., is, perhaps, the best general remedy; and in patients of the feminine gender—Sepia, Sang. or Spig. In erethism of the nerve globules, or pure nervous headache—Coff., Ign., Puls., Opium, are, in all likelihood, the most beneficial general remedies. When persons, somewhat advanced in life suffer from persistent headache, and at the same time excrete but a modicum of urine, which is thick, turbid, and offensive, with phosphatic deposits—more particularly when there has previously existed a *superabundance*—it is portentous indeed, ominous, in fact, of speedy insensibility, coma, and death. I have seen several such cases in Liverpool, during the last five years, and have commonly found the most useful remedy in Arsenicum; in truth, it is well indicated by the progressive emaciation, and *thirst* which are the leading characteristics of this peculiar form of urinary disease. In many of these headaches, *head baths* may be used with advantage, as temporary expedients, or auxiliaries, in violent and severe local pains; the side of the cranium, opposite to that affected, should be immersed in ice-cold water, for three or four minutes. This process may be repeated several times during the day, if requisite, and if they are intended to have a soothing, or "anodyne" influence, in neuralgic, or rheumatic affections, they should be used at a temperature of fifty-nine, to seventy-two degrees of Fahrenheit. One side of the head, and then the occiput, afterwards the other side, I ordinarily direct to be plunged into the water, and this proceeding is repeated,

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not unfrequently, divers times, in intractable cases, or, at all events, until the wished for alleviation ensues.

A delicate lady complains of heavy, stupefying, throbbing, or pulsative pain over the middle of the head, sometimes, by the way, over the occiput; she has always experienced it for many months; notwithstanding the assiduous application of leeches, and mustard cataplasms, and black draughts to boot, it invariably manifests itself in paroxysmal and periodical exacerbations. The uterus has probably much to do with this headache; even so, but it co-exists with simple amenorrhœa, and other morbid conditions of the female economy, and is not benefited, however great the pallor, or cacoœmia, by steel, or iron, but finds a genial and efficient remedy in Puls., more especially should it be accompanied with much leucorrhœa, vertigo, as well as throbbing headache, and pulsative pains in the stomach and hypogastrium. Aye, this same cephalalgia may concur with the climacteric period of a woman's life; or, on the other hand, it may denote pregnancy possibly, or that the matrix is undergoing some ungrateful change of structure. This organ, after all, is often unjustly censured; in fact, even in the instance before us, it may not be in any way at fault; obstinate costiveness on the other hand may be the essential cause of the cerebral disturbance, or it may be occasioned by hæmorrhoids; and in either event successfully combated by Nux v., Sepia, and Sulphur.

Again, a young gentleman presents himself to us, in his teens, looking old enough to be his own grandfather (if the simile be not too Hibernian); his face is blanched, like parchment, eyes hollow, with blue areola, cheeks and face hippocratic at times, but *he never looks one in the face;* is exceeding timid, and surpassing nervous—he eschews society, and seeks solitude (though not after Zimmermann)—the fellow is monstrously *stupid*, has no capacity for business, says his head aches, and that he is subject to fits of giddiness, and other queer feelings, forgetting every thing; he knows of little else than a constant dull, heavy, stupid sort of pain, at the back of his head, extending down the vertebral column, with an insupportable weight and dragging of his legs. Now here is a common case, in which the nerve-globules, and tubular cords, are shaken to

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the very foundations, from causes which cannot readily be learned, inasmuch as they involve the depraved personal habits of the youthful sufferer; suffice it to say, that *tolle causam* should henceforth, and for ever, be *his* motto, or Epilepsy will be the Nemesis of violated law; his mind will continue to be harassed and annoyed by unspeakable chimeras, illusions, and sensuous emotions; these emotions, if not checked, by China, Phos., or Acid. Phos., leading inevitably to insanity, paralysis, and death.

Another has, he says (and there is no reason to doubt him), the most excruciating pains darting and lancinating through his temples and ears, when he begins to get warm in bed. And this is not half the story; there are the dogs, he assures us, gnawing at his hapless shin-bones; his *nose* is surpassing tender and mercurial too; the roof thereof being unbearably painful, on change of weather, which is pretty often in this country, as *he* knows to his sorrow; on inspecting his throat, moreover, it is found ulcerated and sore, with ugly copper-coloured blotches on his skin, reminding him possibly of his poetical gleanings, "Out damn'd spot;" at all events he must be scrupulous to avoid further allopathic treatment, or the *bones* of his head will be sacrificed. This case affords us a characteristic specimen of the value of Hepar s., and the Kali bich.

Our next example of headache may be exemplified in the case of a young lady, who has severe pain in the forehead, very acute and lancinating, but not persistent; on the contrary, its entrance and exit are tolerably uniform and punctual. If we interrogate her, as to the exact site of her distressing ailment, she indicates to us the departure of the supra-orbital nerve, as it passes through the superciliary notch, ascends on the forehead, and divides and sub-divides, or communicates with the portio dura, and all this, as a rule, on the *left* side. Here is a case of neuralgia, which has no obvious cause probably, or it may eventuate from exposure to wet and cold, on leaving the opera or ball room, or it may result from dyspepsia, from pregnancy, from uterine disease, and the like; whatever the cause, the cure is the essential point, and that, for the most part, may be found in Coloc., and China.

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Then again we have what is not inaptly called *arthritic* headache. This is what Lord Chesterfield calls "the malady of a gentleman;" it occurs among the so-called higher classes—the men who have the *gout* as well as the estate of their ancestors, as their heir-loom. There is a sense of fulness in the head, generally constant, but liable, occasionally, from incidental circumstances, to metamorphose into severe and intolerable pain; vertigo ensues, with a sensation as if some active movement were going on in the cerebral circulation; the powers of thought and memory are seriously impaired; he forgets the *names* of persons and places; all his perceptions are confused, and he feels as if he were about to become unconscious. If he stoops the "gentleman" is seized with temporary blindness; his hearing is inordinately acute; the slightest noise distracts him; he is troubled with a buzzing sound, and other commotions in the ears, flushings and heat pass transiently over the head and face; the hair is too painful to be touched; the scalp is hot, constricted and uneasy; the function of digestion is imperfectly performed; there is flatulence, with acid eructations; a sense of heavy weight at the epigastrium, borborygmi, a bitter taste in the mouth; the tongue is loaded with a brown fur, and perhaps yellow streaks: disordered bowels—now confined, anon relaxed—the stools either clay-coloured, showing a deficiency of healthy bile, or dark and offensive, showing a morbid redundancy of that secretion; urine very scanty, and high-coloured, depositing a reddish sediment, *(uric acid)* with a harsh, rough, dry skin. If we percuss the right hypochondrium, he winces; there is more tenderness, and a greater extent of dulness, than are either natural or normal. The condition of the great *sugar-factory* in this individual is radically wrong. This head-ache has resulted in the death of many an eminent Statesman. It is gout, thus transferred, that annually destroys a large number of valuable lives; danger is heralded by screaming, or shouting, restlessness, or delirium, with glaring injected eyes; to move your hand briskly through the patient's hair is unmitigated torture to him. In this case, probably, there is chronic congestion of the great abdominal viscus, with exudation of lymph, and thickening of the capsule, or that more common form of hepatic

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congestion, arising from *mitral* obstruction, and stasis of blood in the liver, parenchyma, or lobular biliary plexuses. In the correct, *id est*, homœopathic treatment of these grave cases, we have to go through a sort of differential diagnosis, anterior to our arrival at the true facts appertaining to each individual case, involving actual inspection of the patient's thorax and abdomen; palpation, or feeling accurately for the margin of the liver below the ribs. And, thirdly, percussion, or measuring the precise amount of dulness in the right hypochondrium. The presence of uric acid in the nutritive fluid may, I think, be regarded as tolerably pathognomonic of gout, from the fact that in the course of a week, or ten days, under the administration of very small doses of Colchicum, the kidneys are remarkably busy, abstracting from the blood double the quantity of uric acid they had previously separated. The painful pressure in the head, and lacerating in the scalp, so characteristic of this remedy, being at the same time, strikingly ameliorated, if not cured.

Amid the countless maladies, too, which result from the sin-clad abuse of alcoholic drinks, stands out for the most part, in basso relievo, head-ache, in all its varieties—in a word, what is popularly, but by no means erroneously, denominated *brain-fever*, blackly endorsed by an appalling catalogue of woes, a perfect Pandora-box, cerebral irritation, congestion, inflammation of the brain, or its membranes; emphatically inflammation with thickening or opacity of its serous membrane, arachnitis, pleuritis, hydrothorax, gastritis, hepatitis, jaundice, dropsy, diabetes, morbus Brightii, gout, madness—in fine, the modern *dipsomania*, with all its singular, yet direful concatenations.

Our aid is not unfrequently sought, moreover, in that peculiar, psychical alteration of the nerve-globules, or vesicular neurine, as they are sometimes called, in circumstances where the cerebral symptoms have perhaps been deepening with hourly increasing rapidity, until the habitual tremors have been succeeded by sleeplessness and delirium, of which the subjoined may at once serve as an example, and an illustration of Homœopathic Practice.

Case.—Mr. S. T., a gentleman, aged 38, residing at West Derby, had been under, what appeared to me at the time, most

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injudicious treatment for several days, during which he had not slept, and his case was considered by his friends hopeless; he had been put upon a strong mixed opiate and stimulant plan throughout each day, and took Battley's Sedative in stiff doses during the night. This "legitimate" treatment was persisted in for three days and nights without benefit—indeed the man, according to the statement of the by-standers, (and they were not far wrong I take it) grew manifestly worse. When seen by me, Oct. 7th, at 2 A.M., he was feeble and exhausted, with constant retching, and diarrhœa, severe cramps, subsultus tendinum, cold clammy sweats, and occasional muttering delirium. Headache, in this case, had long been uninterruptedly maintained (for he was an incorrigible drunkard) by a reckless career of unmitigated dissipation and debauchery. His average daily amount *at home*, for a lengthened period, was fourteen glasses of strong Burton Ale, and one bottle of brandy; and there had been no diminution whatever in the quantity anterior to the present climax. Had been very distressed and agitated all the preceding night—terrified to the last degree with indescribable visions; had his last glass of brandy and opium at 11 this evening; his companions joining him, less the physic; from "a jolly good fellow," he had rapidly degenerated into a hard sly drinker, and ended a complete sot with *mania a potú*. Pulse 140, and very small; skin quite cold and cadaverous; great muscular tremor; tongue horribly foul; eyes yellow and lustreless, but quite pink withal; he answered my questions when put forcibly to him. To take a wine-glass full of the following medicine every two hours. ℞. Stib. tart. 1 gr.v. Pure water, half-a-pint, whether he retches or no, and only to be discontinued, if he should fall asleep. Beef-tea, or strong gravy soup, and cocoa with milk to be given occasionally. Took one glass of the solution at 2·30. A.M., which was followed by vomiting of a huge quantity of bilious and other matters. 4.30. A.M., was the time of his getting the next dose, when he had a slight alvine evacuation—and more medicine at 6.30. A.M. He is at present very pale, and perspiring with profuse sweats, emitting a true aliaceous odour; still tremulous and restless; in fearful apprehension of white rats with pink eyes, and strange

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faces with horns; pulse 110. To have his medicine only every four hours. Gravy soup and the like; *no alcohol.* He is in constant motion—incessantly busy in adjusting the bed-clothes, smoothing the carpet, dusting the furniture, sweeping imaginary flies from off the end of his nose, or tottering about the room after a "big black cat" equally real. Had been sound asleep, and had taken three doses of Tart. Stib. since I last visited him; not the remotest sense of taste; takes his medicine supposing it to be weak gin and water. Third day. In bed sound asleep; pulse 80, and of comparatively good volume, Still some subsultus. Skin very moist; pallor iufinitely less. When awake he was not altogether sensible; but took some biscuits, cocoa and milk, and fell soundly asleep again—starting, however, at times when the rats got firm hold. Continued to sleep or doze for several hours; was pefectly calm and coherent, albeit taciturn and disinclined to speak. He had some eggs at breakfast, and went to sleep again; then gravy soup. The medicine to be discontinued, as he feels quite well, although somewhat queer, and bewildered as to what has been happening in his world of friends. On the 11th he was walking about the Exchange, wide-awake, and has continued well since; how long he will remain so depends upon himself.

Such are the brief outlines, from a muttering delirium, which we know is almost invariably the harbinger of dissolution, subsultus, perfect incoherence, marked delirium-tremens, cold clammy sweats, a 140 pulse; this man was under the action of a single Homœopathic medicine, placed in a favourable condition, and *no relapse occurred.*

May this illustrative example of the peculiar advantages of homœopathy *versus* allopathy, even in the most formidable circumstances, stimulate our opponents to "go and do likewise"; although it should not tempt them to yield to a feeling of quiet and self-satisfied security, or to adopt the sentiment of the Poet:—

"Invenimus Portum; Spes et Fortuna, Valete!"

P.S. I perceive that the President of the London College of Physicians, the chosen of the few, the last of the elects, has

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been lecturing the community on their egregious ignorance of Latin (Eheu! quam tenui filo pendet quicquid in vita maxime arridet): saying, "The helpless state of the public mind in reference to medical proof, is amply illustrated in its method of dealing with the *improbability* which, in this, as in every other science, it has occasionally to weigh for practical purposes. Thus, in regard to the question of infinitesimal doses on the principle of Hahnemann, without assuming that this method is wrong, (Oh! Oh!) an impartial spectator might well be struck by the *facility*, with which men *otherwise of sound mind*, (by the powers!) digest the enormous improbability that these doses should have any effect whatever. The works of Aristotle, and Cicero, would contribute that scholar-like precision which they gave, with no slight benefit to philosophy, to the great men; Harvey himself, for instance, who illustrated intellectual freemasonry, when the dead languages yet *lived* in the literary use, as well as in the memory of the moderns." Latin is *yet* in ordinary use on the Continent in all German teaching, Dr. Mayo! You protest that William Harvey was a great man. Yes! even so; great NOW, that he does not need your eulogy. But what did your predecessors say of *him?* Much as you and your colleagues speak of Hahnemann, NOW. Let Harvey himself vouch for it, "their hatred and envy would swell against me, *as a legion of devils against virtue;* the whole society darted their malice at me, and tortured me with all the calumnies imaginable." And suffer me to remind you, Mr. President, with all deference to your dignified position, *quoad allopathy*, that the collateral sciences are every day demonstrating the truth, power, and rationality of infinitesimal agencies; and that homœopathy, after all, is neither more nor less than the sublime and veritable exponent of the natural harmony betwixt the physiological and therapeutic actions of DRUGS. Aude sapere!!

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HOMŒOPATHY AND SOMETHING MORE;

OR,

THE LAW OF HEALING AND THE LAWS OF HEALTH.

By E. Acworth, M.D.

Homœopathy may justly be deemed the greates tblessing that medicine has ever conferred on suffering man. But a greater blessing than homœopathy is health. Health is something more than recovery from sickness. Better than any cure is not requiring one. Better than *getting* well is *being* well. Yet how much more cure is thought of than prevention—relief of suffering than insurance of well-being. Homœopathy is but a means to an end,—but is rested in as if it were the end itself. It is much to be feared that a charge might be brought as well against physicians of the new faith as the old, of their thinking too much of the relief of present symptoms, and forgetting too often, in their treatment of disease, to impress their patients with right views as to its causes—of their paying more regard to the law of healing than they cause to be paid to the laws of health.

Now this should not be. But the truth is, pain and suffering are so common, they seem, by physicians as well as patients, to be regarded almost as a matter of course. They are looked on less as what *may* be than what *must* be. Disease is so general—so nearly universal—that one hardly wonders if, instead of health, it should seem to be accepted as the normal state of man. And just because of this it remains in statu quo. Were it recognized as something which man brings upon himself, more thought might be given to the causes that produce it than to mere medication by globule and by pill. As long as dependence on any law of healing supersedes attention to the laws of health—as long as mere medicine is made to take the place of observance of the necessary conditions of well-being—so long will there be no failure of disease, however drugged or dealt with.

Homœopathy, as a law of healing, is one thing—health, or the laws that govern health, another. Homœopathy may cure,

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or help to cure, disease; but not in spite of disobedience to those laws on the infraction of which disease depends. Health is only to be had by observing its conditions, of which taking physic is not one. Taking physic *implies* disease. No one is well that requires to take it. Medicine may be a necessary means to the *recovery*, but not to the *maintenance*, of health. Health is but obedience to the laws of physiology, in other words, to the laws of God. Disease is the penalty attached to their transgression. When transgressed, the penalty cannot be evaded. It may seem to be, but is not. If not paid in the present, it will be in the future. If not paid by the fathers, it will be visited on the children, to the third and fourth generation. Sooner or later it is sure to be exacted. Sin and suffering as much go together in the physical as the moral world. The idea is, they do not. Folks seem to think by some magic power in medicine they can not only *get* well, but *keep* well, (as if keeping well were not doing without medicine) and that, forsooth! they can be thereby protected against the consequences of what they do or leave undone. And so they are only too ready to take medicine, and to do, or leave undone, the very things that entail the necessity of taking it.

It were well to correct what is here complained of—a too implicit faith in medicine per se—by giving patients to understand more fully that suffering is as much the consequence of sin in a medical as in a moral point of view; of sin, that is, against the laws of their own nature, (whether committed in ignorance or not) on the part of themselves, or of those from whom they spring. If they knew that, in the vast majority of cases, disease is but owing to the violation of those laws—the very penalty attached to their transgression—they would hardly then put questions to their doctor so like that put by the King in Hamlet to himself—"May one be pardoned and retain the offence?" May health be restored while that which caused its failure is persisted in!

Homœopathy has no such dispensing power—it has no such prescription of more than papal potency—that, in virtue of it, its law of healing can release from obligations to the laws of health. Nux may take away head-ache caused by drinking

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wine, but the wine withheld is here the proper cure, and the Nux that is given, but the palliative one. And the error here would be, to let the wine be drunk because Nux for a time might relieve from its effect. But this, or something like it, is what we do continually. We treat effects, but tolerate their causes. And so, if the patient gets relief, he never gets a cure. And never will he get one till the causes of disease, as well as its symptoms, are recognized and dealt with.

The misfortune is, the causes of disease seem such a difficult subject of enquiry. But would they seem such if common sense (leaving Science altogether out of view) were a little more brought to bear thereon, and we thought a little more harm than we think of running counter to the laws of our own nature. Sure, in such case, for instance, it hardly could be mooted, (and that in medical journals too) whether smoking tobacco were injurious, or not. Surely, if we consider its immediate effects on the *unsophisticated* nervous system—on the system of one who has never smoked himself, and whose parents have never smoked before him—(for such is the nature of the hereditary principle that not alone a liking to tobacco, but a lessened impressionability to its action might be transmitted to the off-spring of those who smoke) one can hardly doubt for a single moment that it is, and *must* be, a cause of disease; while it also exemplifies what is meant by a violation of the laws of health, or, in other words, the laws of the human organism. Surely the giddiness, the vomiting, the fainting,—the first effects of a poison, in short—are as much nature's protest against its use as anything short of death well can be! True, after a little persistence in its use, these first effects undoubtedly wear off; but is this any argument to justify its use? For, what is this but saying in effect, that the quick impressionability of the nervous system to influences that can act injuriously upon it (that safe-guard of nature!) being done away with, now what is injurious can be introduced into the body without its being immediately perceived. As well might it be argued that the constant breach of laws which his conscience tells a man he ought to keep, does not deteriorate his moral character, because not followed by the shock the first breach gave, as that his violation of a natural law—a law of his own organic nature

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—(doing what nature says, Thou shalt not do,) does not deteriorate his constitution, because the effects it once produced pass off, and the penalty now exacted for it may be less an immediate than remote one. Nature would guard man against injurious influences by giving him a quick impressionability thereto. Man destroys this very impressionability, and says, the injurious influences have ceased! No one can doubt that fire burns; but if any part of us has lost its sense of feeling (which proves its best protection from without) fire may burn that part without its being felt. We have certain safe-guards to health—we destroy them, and then argue we are safe from influences, we have lost our power or sense of perceiving. That nature—kinder to us than we are to ourselves—has given us sueh a large adaptability of organism as enables us to resist what else would prove destructive, and to introduce poisons into our systems that, but for this, would immediately kill, proves nothing against the argument insisted on. That may *vitiate* and kill by slow degrees that no longer kills at once. The adaptability spoken of does not alter the essential qualities of things. Tobacco is tobacco to the healthy nervous system. And the nervous system pro tanto is *not* healthy that has lost its impressionability to its poisonous effects. The lessened sensibility to the agency of poisons does not prove them innoxious, but only less immediately noxious to the organism that has grown adapted than to one that is unaccustomed to them. And, that, little by little, we *can* grow accustomed to that which, in health, was first found to be injurious, is an argument one should think, in medicine as in morals, *against* growing so accustomed. "Obsta principiis" is a rule we learn at school, but is nowhere better taught than in the school of medicine. Were our eyes but a little more directed to the future—could we only foresee the injurious effects of all those things which at first *declare*, but afterwards (when we have grown accustomed to them, so that habit—bad habit—becomes our second nature) *conceal* their dire
to us, how much of that which is tolerated now wo
gether disallowed. But *primary causes* and *remote*
are things little dreamed of in our medical phil
much it should have to do therewith.

The use of tobacco but typifies

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other things that are found at first to act injuriously, but which, if persisted in, may cease to *seem* pernicious. Man, like the lower animals, has instincts which, if he only followed them, would lead him right, and in a state of nature would suffice for health. But he perverts his instincts; he sophisticates his natural tastes and feelings; he creates his own idiosyncrasies, and acts and argues from them. As long as this goes on, disease must go on too; and there is no power in medicine that can possibly withstand it. Medicine may dally with this or that symptom, and relieve an ache or pain for a while; but in a *large* sense, restoration to health implies the restoration of unperverted instincts—of unsophisticated feelings, tastes, and habits—the impressionability to, and so avoidance of, all those many morbific influences that are hourly acting on and tolerated by us.

Before applying the remarks that have been made, let us add another word or two as to what is meant by the laws of health. There are certain laws of physiology, we say, that govern animal and vegetable life—and the animal, under the guidance of its instincts, (its instincts in their unperverted state) and the plant, when left to its pure and proper nature, obeys these laws, and so attains to their full development and strength. And the animal only acquires its perfect state as it seeks its food and air and light according to the laws of its own organic nature. And the plant only thrives in its proper soil and clime. But both animal and plant may live under conditions unnatural, and therefore unhealthy, to them. Now it is with man as the lower animals. In his natural, not his savage, state, he would know what "to eat, to drink, and to avoid." But his boasted reason sophisticates his instincts; and because his organism has a large adaptability that enables it to make the best of what is bad, and gradually accommodate itself to what is evil, and so to secure life as far as possible against what might otherwise quickly prove destructive (in virtue of which adaptability it is, that what in itself is really deleterious may come at last to be readily borne) he falls into habits that become his second nature, and follows his second nature as if it were his first. Now, just as he does so—just as he recedes from the rule of his

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first and follows that of his second nature—does disease, with all its sufferings, ensue. The first bids him eat to satisfy his hunger—and a sound digestion waits on his plain and proper fare. The second bids him eat less to satisfy his hunger than to gratify factitious wants and the wretched cravings of a depraved appetite—and dyspepsia is a necessary and natural result. The first bids him drink to quench his thirst, and he finds "refreshment in the running brook." The second bids him drink for the tickling of his palate and the stimulation of his vitiated senses—and to quell the irritation of a craving thus created, he takes the draught that creates the craving and keeps up the irritation that makes him take the draught, and so his vicious life revolves in daily and hourly cycles of disease. The first makes him seek to clothe himself only against the evil influences of weather. The second prompts him (and still more his fairer half, for humanity here means especially *Woman*-ity) to sacrifice the inner to the outer man, (or woman)—the play of parts within to the display of parts without—the habits adopted for his inward good, the comfort, ease, and protection of the body—to those adopted for its outward glory—to such idiotic fashions, to wit, as mark the civilization of the 19th century! But we never should have done if we went on to show how man's second nature, or civilization, is at war with all the laws of his first; and has introduced suffering into the world that flesh is not otherwise the heir to. Nor need it be supposed, because of saying this, we seek to arrest civilization in its course. "Better fifty years of Europe than a cycle of Cathay." We would only have it *exalt* and not *pervert*. We would have it develope man's higher nature without developing disease that need not be. If it develope his lower nature—(the animal and not the man)—if it pander to his baser appetites and passions, the disease that need not be, *must* be. We would have it elevate and not degrade. The object of the medical philosopher should be to secure as far as possible the good, while he does all he can to stem the evil—the purely gratuitous evil, by the way—that civilization brings along with it. We speak not of the necessary evil, (particular trades induce particular complaints, though even here science has done, and may do

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much) but of that which is unnecessary—of that which we needlessly entail upon ouselves, and which, till recognized as such, will ever prove incurable. It is painful when we hear of the triumphant march of science, in these days of her glorious discoveries and doings, to think how large is the field of disease that medical science has never learned to conquer. It is saddening, in these days, when so much thought is given to ameliorate the social condition of mankind, to consider the many and frightful maladies that medicine still is impotent to deal with! Now, why is this? Is it not owing, or mainly owing, to a want of recognition of the mighty part that civilization plays in their production, and the consequent want of trusting for their cure to anything but a medical prescription, and—the very mode of life productive of them? If certain modes and habits of life are opposed to all that physiology would teach us, and productive of disease just because of this, how is it possible to get rid of this disease but by paying obedience to those laws of physiology, the very violation of which has brought it on? How can mere medicine cure a malady, the genesis of which is the violation of those laws? Every day of our lives, in the words of our prayer-book, we are "leaving undone those things we ought to do, and doing those we ought not to do, and there is no health in us," just because of this. How is this to be corrected, by a dose or two of physic, whether given in the shape of globule or of pill? These may relieve, or very often change, the symptoms of disease, but how can they cure the disease itself, the only valid cure of which is the removal of its cause? If the cause of it lie in doing something wrong, or leaving undone something that is right, how can a dose or drug reach this, or do aught but touch the effect, or symptom, by which the disease declares itself? Nay more, in the relief of present symptoms, while no regard is paid to the removal of their cause, are we not doing greater harm than good, since by symptoms the disease declares itself? Amongst these, generally, are uneasiness or pain. Now, anodyne medicines may relieve these, or set them aside altogether, for a time. But how as to the cause of which pain was the effect? If that be as it was, then all that has been done, has been to deaden, or perhaps destroy

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the impressionability of the nervous system to that (pain) which indicated something wrong, and to leave ourselves in the dark with the disease which may, by-and-by, show itself by other and worse symptoms than the pain which first gave warning of the wrong. It makes all the difference in the world, whether pain is got rid of by removal of its cause, or by blunting the sensibility thereto, and converting that pain into some other and worse symptom.

This it may seem is all obvious enough, but is it not apt to be overlooked in practice. Is disease traced back to its primary cause or causes, or do we not rather rest content with fixing on some link in the chain of morbid action, as if that constituted the disease itself? Are not immediate antecedents regarded almost solely in the history of a case? Do we not fasten on this or that feature that characterizes some particular complaint, and think we have the clue to that complaint, and understand its nature and its treatment, because we are able to give it a name, albeit we have been at no pains to discover the long line of sins of omission and commission to which it owes its birth? A patient comes before us looking very yellow, and we say at once the liver is at fault, and prescribe for him accordingly *Mercury* or *Nux*. But how far back do the causes stretch that have set the liver wrong? The liver complaint is but the last link in the chain of morbid action that produced it, and, unless we can trace this back to the first, we are doing very little for the patient by knocking the last link off. The cumulative consequences of various wrong-doing may sum themselves up in a particular disorder that seems to be owing to a simple cause. But is it really so? A patient gets inflammation of the lungs, and we say it was owing to his taking cold. And no doubt cold may be the exciting cause. But, speaking truly, the pneumonia might be owing to that drinking, smoking, or erroneous living, which so depraved the fluids of the body, or lowered so its vital power, that it was not able to resist the cold. How little we think of the predisposing causes that constitute nearly the whole of disease! It is in this very depravation of the fluids, and this lowered state of the nervous power, that we find the genesis of disease, and yet we

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scarcely take account of this in the treatment of our patients! In other words, how small is the view we take, instead of that large one we ought to take, of the origin of disease! And unless we view its origin aright, how can we possibly treat it as we ought? We are but wretched tinkers, after all, and do nothing more with our human pots and pans than create a fresh leak for every hole that our constitution-mongering craft pretends to stop. Pathology is but physiology neglected—and unless the treatment of disease is based on the principles sound physiology would teach us, that treatment, call it by what name we will, is arrant quackery, after all.

Now, if all that we have said be true—if disease—*i. e.* constitutional disease—be fairly traced to civilisation—to infraction of those physiological laws, the observance of which is essential to well-being—it is obvious that the very first principle of treatment must be to put those laws in force—to see that they are properly obeyed. Of what use is it prescribing medicine merely, if daily and hourly we allow our patients to commit the very faults that have brought on their complaint. We must find where the fault lies, and see it is avoided, and not think to correct it in any other way. Let us illustrate what we mean by an example. A patient seeks advice of a physician for symptoms showing much general derangement, and that plainly point to an over-wrought brain as the cause, or one great cause, of the derangement. In order to do the work he has to do (which is very much more than he ought to do) he daily takes his wine very freely, and believes he could not do that work without it. Now what does the physician say and do in such a case? After prescribing for the general derangement, does he say what physiology says—that parts, which duly exercised grow strong, become, if over-exerted, weak, and that to fatigue the *proper* remedy is rest? Does he make this the *sine qua non* of his treatment? Does he say that the brain must *not* be overworked—that it *must* have periods of repose as well as action—and that when it is suffering from over-stimulation the stimulus of wine is not the proper cure, but letting it rest and lie idle for a while. No! the chances are, the patient is allowed to take an additional glass or two of wine by the way of keep-

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ing him up to the mark (Heaven save the mark and him, say we!), as what he took before was insufficient for the purpose, and because he was "burning the candle at both ends," he is now to try also to burn it in the middle. But though, with all its guttering, it is made to flare up bravely for a time, the candle must come to an end at last, and all the sooner for being so burned. And though, if it happen to be a "long six," it may burn still longer than "a common dip,"—even when the six is burned at both ends and the dip is only burned at one—it is but on account of the more tallow it contains, and not because it burns more at one end than at two. A robust constitution will bear a great deal that would go to destroy a weaker one; and, just because of this, the mistake is often made that it does well on account of the very wrong-doing, when it only bears up in spite of it. When a man drinks his bottle of brandy every day, and lasts beyond his three-score years and ten, it does not prove that brandy to him was *eau de vie*, but only how good a constitution he possessed to resist for so long its injurious effects. So, in practice, because the case we have supposed may be one where the constitutional powers are such as enable the patient to go on a great while "burning," as we said, "the candle at both ends," it does not prove that this is really good, and the way to economise light and life.

We know that in answer to all this it may be said, that in the artificial state of this world in which we live, we have not to prescribe what is *absolutely* best, but only the best that can be carried out, and that where there is an amount of work that *must* be done, there the means must be found of doing it. But we venture to deny that the means are thus found, and if these are means to another end as well—an end that is little calculated on—let the patient at least be fairly told of this, and fully made to understand it. Let him know there is only so much work in him, and that, in the long run, the amount of it done will be less, and not the more, for his present over-doing. The work of a year he may thrust into a month; but his working life, in this case, will count fewer months than it might have counted years. To consume our principal is not the way of making the most of our money, or our life. Brains, like

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bankers' accounts, are often overdrawn. But folks do not think to correct the latter evil by drawing more money still out of their bank, but restoring what has been overdrawn. It is only in our medical economy we learn to go on diminishing what capital we have, and to think we are to be none the worse off for it at last. It is only, forsooth, in our medical economy we are ever taught to husband our resources by spending where we ought to spare. If a patient understood his own animal economy as well as he is made to understand domestic, he would know the too rapid consumption of his powers was no more to be cured than that of his purse by increasing demands being made upon them. He would know that if owing to a moral cause (as the stimulus supplied by ambition, for example) the addition thereto of a physical one that caused consumption just as fast (as the stimulus supplied by wine), could no more be the proper cure, than the cure for living beyond his income could be still further to mortgage his estate. The mischief lies in overwork, no matter how it is brought about, and the overwork caused by a moral stimulation is not to be cured by a physical one producing the like effect. The one evil does not neutralize, but only tends to increase the other. As far as the cause of his ailments is concerned, the patient remains in *statu quo*, or rather, in *statu pejore*. And the greater the show he makes for a while, all the sooner will be the inevitable breakdown he is sure of coming to at last.

Now, if this seems obvious enough to the physician, it is not made (and this is what we urge) to seem so to the patient. If told that his ailments proceed from overwork, he is not sufficiently given to understand that only as the cause is removed the effect ceases, and that the proper remedy for overwork is rest. To pretend there is any other cure, or any other permanent relief for its effects, is to pretend what is not true. For instance, one of its effects may be an irritable brain producing want of sleep, and an opiate here may give relief. But will it do so permanently? Just see the evil that it does.

The want of sleep is the cry that Nature utters—a protest on the part of that irritable brain—against being over-worked. The opiate is but the stifling of that cry, while the cause of the

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complaint is unremoved, and because that cry is now unheard we suppose the complaint itself is checked, whereas it is only on the increase. The nights will only grow more sleepless—the brain become more irritable still—for the opiate silences but for a time the crying evil it has to deal with, while it allows its cumulative force to go unchecked. A stronger opiate will be needed now against a greater want of sleep, and to quiet a more irritable brain; and so disease goes on from bad to worse, and, instead of diminishing, increases. What difference makes it in such a case, that homœopathic remedies are used, and that these alone are rested in, if attention be not paid to the cause of the complaint, and rest be not made to take the place of work?

The case we have brought forward to illustrate our views, sufficiently bears out all that we have said in regard to the utter impotence of medicine to cure disease whose causes lie in those modes and habits of civilized life that are at war with all the laws of our first nature, on the observance of which our health depends. It exemplifies *one* fruitful source of disease; for where the competition existing in society calls for efforts that make demands upon the brain to which it is altogether unequal, there the tone of the nervous system is so lowered that it cannot resist, as it otherwise might, the injurious influences to which it is exposed. In this lowered tone of the nervous system (no matter whether morally or physically caused) we find one parent of disease. And if the treatment adopted for it depraves and vitiates the fluids of the body, as we cannot but think it too often does, we can hardly fail to find the other. To these two fruitful parents of disease (whose procreative powers mere medicine cannot check, but very often stimulates the rather) what a frightful family of ailments owe their birth. But what is the use of attacking these, if we wage not war with the authors of their being? Until we set ourselves seriously to work to reform the evil habits of society, and bring the modes of civilized life into strict obedience to hygienic laws, instead of those of idiotic fashion, we may just as well "throw physic to the dogs" for any great good the world may hope to gain from it. We are doing much for the public health, by calling attention to such

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important matters as ventilation, sewerage, &c.; but do we not neutralize the good we do in this way, by giving our sanction or otiose consent to theories and practice through which the public suffer—by allowing what is pernicious to our patients, and goes to lower their vital power and vitiate the circulating fluid of their bodies—by making ourselves accessory to the very evils that medicine meanwhile is given to cure?

But now let us take another case to illustrate still further the remark we have made and how far physiology is attended to in treatment—a case of quite another kind, and owing less to over than to under-work. There is no class of cases a physician has to deal with more common than of patients who live very well, and yet complain of weakness. Now, here one would think it might seem very plain that if the patients are living very well, the *want* of good living cannot cause the weakness, and a suspicion might very naturally arise that, perhaps, the good living may. But no! though patients may be nourished into weakness we hardly ever find their treatment pointing to such a view of their case. On this subject of weakness there is a vulgar error—a vulgar and most pernicious error—into which physicians, and not alone the public, are only too apt to fall. And this error lies in supposing weakness—no matter on what cause that weakness may depend—is to be overcome by taking large quantities of food, and chiefly food of a stimulating kind. No notion than this can possibly be falser—more opposed to all physiology would teach us. Food is not the sole element of strength, and may be, and very often is, an element of weakness. We shall find that, as far as food is concerned, strength is a thing that not more depends on what is taken into the body than what is carried out of it. And the weakness may be owing, and generally is owing, to the disproportion between the two—to a greater consumption of food than is required to repair the wasted tissues of the body, and so to the overloading of the system with more than it knows how to dispose of. In the generality of cases, what is taken into, exceeds, in a very great degree, what, except in the shape of morbid products, is carried out of, the system. Hence the large accumulation of

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fat so often seen (which is far less a product of health than of disease) in cases that have weakness for a symptom.

But now for the illustration. We are daily called upon to treat a class of cases of which the following may be taken as a type. A lady consulted us some time since for symptoms that pointed to general derangement, but of which the most prominent was weakness. No one would have deemed that she lacked strength from her appearance, which was such as that of such a person should be who had followed her prescription of "living very well," and was, indeed, far "better fed than taught." Yet she could not walk half a mile without fatigue; and with her, fatigue, whether bodily or mental, and over excitement of pleasure or of pain, were sure to bring on a severe attack of headache, and lay her up for a while. In place of the *healthful* appetite she lacked, she had a craving constantly for food, and a painful sense of sinking at the stomach that only food could quell. Along with all this, the bowels were inactive, the sleep unrefreshing, the catamenia scanty, and preceded by much pain, and the temper capricious and easily affected. The dietetic treatment she had been under for these symptoms, was animal food twice or thrice a day, with a glass and a half of wine at luncheon, and at dinner just as much more besides. Unfortunately, however, it not only seemed "as if increase of appetite had grown by what it fed on," but as if the disease had increased, too, *pari passu*. The craving had grown till the patient was obliged to take a biscuit to bed with her at night. The weakness had increased till she found it hard to walk. It is enough, perhaps, to add that the patient got well on a totally opposite plan of treatment, and that now she walks her five or six miles daily, though animal food she takes but once a day, and then but sparingly, and without wine or beer. The case is brought forward but to type a class of cases that we are constantly called upon to treat, and the treatment they have previously met with.

Now, in such like cases, it well might be supposed—where the patient has nothing like a drain upon the system—where there has been no wasting of the tissues of the body, but they

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bear the appearance of being duly nourished—in such like cases, at least, it might be supposed that the weakness must depend on some other cause than insufficient food. Nay, the question would seem very naturally suggested, whether the weakness might not be mainly owing to the very quantity and quality of food that had been prescribed for its cure. One would think it should seem clear that where the waste of tissue was less than what was given to repair that waste, there morbid products must be formed within the body. It is with that body as with the body politic—it holds as true in medicine as political economy—that a healthy state of things alone consists in supply corresponding with demand. The strength of a body, no more than of a state, is maintained by a supply there is no demand for. A *glut* has much the same effect on the animal system as it has on the commercial. The excess, in either case, produces loss. In the one case there is a reduction of strength by articles finding their way into the mouth, as much as in the other there is of price by articles finding their way into the market, that cannot be disposed of to profit and advantage, and turned to good account. And the mischief of it is, the physician, like the trader, will so often try to *force* demand where a natural appetite should regulate supply. For we do not hesitate to say that, in the class of cases we have spoken of, the demand that patients make for food is one that is too often forced by their physicians—a *factitious* and not a natural one. We repeat here what we have said elsewhere, that that sense of exhaustion and sinking at the stomach, and that craving so often attendant on these cases, are, generally speaking, neither more nor less than the very results of that stimulating treatment adopted for their cure. Instead of seeking to restore the natural appetite that finds a relish in the simplest fare—and that is the surest measurer of health—we create an artificial one that just as surely indicates disease; and we coax, and wheedle, and pamper, and pet it, till the stomach grows the veriest spoiled child that ever quarrelled with its bread and butter, or what was good and proper for it. This humouring must cease for the stomach to grow healthy: and the stomach *will* grow healthy if the humouring cease; and a natural appetite will then take the place of a

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morbid and artificial one. The weakness for which this false system is adopted, is not the result of inanition, but repletion. It is not the result of want of food, but of disease. The weakness arising from the *want* of food is sure of calling forth that natural appetite that makes the plainest food acceptable. But the weakness that is only the weakness of disease, shows itself such by nothing more than the want of that natural appetite that stands not in need of dainty stimulation. So true is all this, that in the *very ratio* that an artificial appetite supersedes the natural is the weakness that attends it the result of disease, and not of the want of stimulating food. And yet it is enough that weakness is complained of for turtle and venison to be in requisition, with three or four glasses of wine every day, and, perhaps, the daily use of a Bath chair. And the effect of all this is to perpetuate the evil—to aggravate the symptoms it is meant to overcome. It augments the weakness it is given to cure. How strange it is that—opposed to all that experience and sound physiology would teach us—this stimulating system should appear to be regarded as if it were the sole element of strength. It is opposed to experience,—for experiments have shown that food that is given where the appetite is wanting—as it so often is with a view to strength—instead of being ever properly digested, irritates the stomach, and undergoes conversion from aliment into ailment. It is opposed to physiology —for physiology would teach us that stimulating meats and drinks are not the diet most natural to man ; and that a healthful appetite alone is a safe criterion of the food he ought to take, as regards both its nature and amount. The appetite was meant to regulate our food—not our food to regulate the appetite. But more than this physiology would teach in connection with this subject. It would teach us that, not by food alone, but by the use and proper exercise of organs, are they and we maintained in health and strength. It is by the harmonious working of them all—the due discharge by each of its own functions—we get the "Mens sana in corpore sano." The body is but an aggregate of parts, which have each its proper work to do. And just in proportion as this is left undone does the failing part become weak instead of strong. Arms

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and legs do not grow muscular by other arms and legs doing duty for them. It is not by their being wheeled in a Bath-chair that invalids get their lungs expanded (however those of their chairmen may be) to the due oxygenation of the blood. However folks may think and feel by proxy, yet breathing can hardly be performed, as yet, in this way. Neither is the skin of the patient made to act by another sweating in his service. Now, if this be so, and the due discharge of their various functions by all the different organs of the body be necessary to the maintenance of health, how comes it that physicians should seem to regard food as if it were the one thing needful? How comes it that they do not see that just because, on account of weakness, invalids forego the use of their own muscles—do not breathe and sweat for themselves as they ought—they require less food instead of more, albeit weakness be complained of. How comes it physicians do not see that where there is little wear and tear, and therefore little waste, of tissue, there little must be needed to repair that waste? Enough that patients complain of feeling weak, and instantly animal food and wine are largely resorted to for removal of that weakness. Yet so far, it may be, from being dependent on those patients having been starved before, the chances are it is exactly the reverse, The chances are, they have been "properly supported!" i.e., that they have been taking more of food than many a man in rude health would take—more than he who gets rid of it again, though his lungs, and though his skin, by bodily exertion, is accustomed to take to sustain his strength! No matter—the weakness, though it indicate repletion, is prescribed for as if inanition were its cause—and larger supplies are needed to do nothing than where they are consumed in doing a good deal! What wonder if the weakness is perpetuated still! What wonder if a system already overloaded should find but small relief beneath a further load! or, that more and more unable to endure it, or to shake it off, it at last break down!

And here let us say a word or two more on this subject of food, in the way of explanation, and to save ourselves from being misunderstood. Because we have inveighed against *excess* in food, and against the use of a too-stimulating diet, (a highly animal-

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ised one here is meant, with its liberal allowance of alcoholic drinks) we are thought to be in favour of starvation. No view of our meaning can possibly be falser. Is it to be in favour of starvation, to wish our patients should live largely on that food which is found to nourish and sustain the most? Is a preference for articles especially nutritious, and that chemistry as well as physiology, has shown to be the very best for building up the body, a preference in favour of starvation? It is just because, in place of being starved, we would have the body "*properly* supported," (we thank the starved for teaching us this word!) we recommned a diet that less stimulates than strengthens, and enough but not too much of even this! True, we know that what patients mean by support is mutton and Madeira, or beef and bitter beer. But this is not what we mean. We hold that bread is the staff of life, not beef—and literally, and not metaphorically, merely. And "beef does harm to the wits" of those who lean on it rather than on bread for their support. We do not say they may not trust to it in part; but as sure as they lean their chief weight on this, it will prove a broken reed and pierce their side. Man is said to be omnivorous, and we do not say he is not—and if so, he must be, of course, carnivorous—but we differ from those whose dietetic treatment assimilates him closely to the lion and the tiger; and we say that he is not so much a beast of prey as to make either fish, or flesh, or fowl, his most important element of diet. Polyphagous he may be—but certainly he is not so carnivorously given (by nature, at least,) that the animal element is the one of primary importance in his food. There are those who seem to think it so under all conditions of climate and of season. We believe it to hold a secondary place. We believe it to be the last and not the first in the order of physiological requirement. We believe from this order being reversed, that only harm ensues. We should think so, if we had not experience on our side; for our argument all along proceeds on the assumption that disease is but the penalty we pay for neglecting physiological instructions, and that we must go back and attend to these for health. We would have the *proportion* of the different kinds of food in accordance with these physiological instructions, and the *quantity*

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determined by individual needs. Were a *healthful* appetite the gauge of its amount, this would then be adjusted to the actual wear and tear of the tissues whose waste it was wanted to repair. This is not to be in favour of starvation, but of building up a body in its greatest health and strength. After all, the proof of the pudding is in the eating as well as of the beef with the bitter beer. And, though we always think of beef-eaters as strong, we know how many of them we have made stronger under more of pudding and less of beef. Why do we insist so much upon this point? Because we believe that over-stimulation is about the most crying evil of the day, and the cause of so many of the maladies we treat. "Line upon line, and precept upon precept," we could wish to repeat what we have said elsewhere, till it grew as full of force and as current as a proverb, that stimulation is not strength. The diet inveighed against exhausts the vital power, and depraves and vitiates the fluids of the body, and disease is of this the natural result. So, at least, we think and protest accordingly. Over stimulation we believe to be the bane not only of animal but vegetable life, and to be at the bottom of that disease that invades potatoes (as well as men) that live too fast. Planted in a virgin soil they might grow healthy—as man, restored to his first nature, might. High farming, high manuring, are the order of the day, but it is yet to be seen amongst agricultural products if disease be not also one introduced thereby. We hear much amongst our bucolical friends of the fattening of cattle, stall-feeding, and the like, but not without misgivings which they do not seem to feel. For when we learn, as we did the other day (in an interesting article of the *Quarterly Review*) the way in which "beasts grow ripe for the butcher," we cannot help thinking also of the way in which they grow rotten for the doctor. This fattening process is a process of disease—of disease that enters into "prime and juicy beef" that afterwards finds its way into our bodies, and makes a part of ourselves. No animal is healthy that is made to grow fat by being confined and over-fed, and barred the functional activity of organs whose harmonious working is requisite to health. Farmers may not know this,

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but physicians should, and society ought to know it too. The thing is altogether a mistake, and a very serious one. A mistake, too, as far as the interest of the farmer and not alone of the public is concerned. For, merely as regards the question of production, we do not find that over-stimulation yields larger results than we can get without it. We read not long since an "Agricultural Report" by a Clergyman-farmer whose object was to show how, by sowing land with wheat in triple drills and leaving unsown large intervening spaces, and tilling these in such a way that the soil was well upturned and exposed to air and light, he had without manure got larger crops, and for many more consecutive years, than others could manage to get with it. We can well believe this; for the powers of re-production we should no more expect in the vegetable kingdom than we find them to be in the animal kingdom increased by over-stimulation. We can well believe that high manuring and high living resemble each other in their results—that the one is to vegetables what the other is to man—and that, in the long run, they increase production in nothing save disease—that is, they cannot be made to yield results that could not be produced, and more healthily, without them. But we have not time to pursue any further this illustration of our subject. We can only enter our protest again against what we deem a very serious evil. Every thing, in the present day, is *forced*. Even young brains (for which, if for anything, the most favourable conditions of growth should be secured) are as forced as young peas or young potatoes. But we do not find that the world is any better, any more these young precocities themselves, for their being out of season. They are forced at first, it may be, by silly parents' praise —then by the emulative spirit of our schools—and when they are suffering from this very forcing system, they are still further forced by doctors' prescriptions of highly stimulating meats and drinks. "And thereby hangs a tale." This forcing system is itself disease, or contains within itself the seeds of disease and of premature decay.

Flourens, the famous physiologist, propounded, but a little while ago, what seemed a strange and novel doctrine to those

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who believed that threescore years and ten, or fourscore years, was the term of human life; and he maintained that man ought to live to a hundred. And he grounded this on a law that he supposed to govern the life of other animals. The law, according to him, is this,—that an animal's natural term of years is five times as many as it takes to reach maturity; and his inference therefore in regard to man is, that as he does not reach this state before he is twenty years of age, his duration of life ought at least to be a hundred. Now, without deciding anything as to the law or the grounds upon which it is supposed to rest, we can well believe in the conclusion as a fact, whether truly or falsely arrived at; and that—but for his vicious modes of life (as prevalent, perhaps, when the Psalmist wrote as now, and which made his statement in his time, as in ours, apply to the *actual* length of human life and not to what it was *possible* to be) but for this—we can well believe—we say, the days of our years would be more than threescore years and ten, or even fourscore years. But, from his earliest history almost until now, man has done what he could to shorten his existence. We have scarcely alluded to the moral causes that so constantly have tended to abbreviate his life. These lie beyond our present purpose. But how fearfully physical causes have been suffered to do their worst to undermine his health and prevent his "living out half his days." What right have we to think he is doing more than this, or has reached the natural limits of his life, whilst so little is done for the removal of those causes, and the farce is still enacted of but treating their effects. We speak not of causes hard to be removed, and that form perhaps a necessary part of the price that is paid for advantages civilization brings us. Part of the price we pay for Sheffield goods may be the grinder's asthma. But we speak of the causes, gratuitous and needless, we viciously oppose to our living to a hundred, instead of fourscore years; of the killing luxury, the octogenarian lives through, who, but for this, might have lived a century. We speak of the easily preventible disease that knocks off so many decades from our lives, and lessens the average duration of existence. Were man to live as he ought to live, he would die of old age (that rarest of complaints), with

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scarcely an ache or a pain. But he does not live as he ought to live, and seems whilst living as viciously as may be, (not morally, perhaps, but physiologically speaking) to think that medicine is a form of absolution that enables him to do so without suffering for his sins. And whilst he is allowed to repose in this belief, as we fear he too often is by our profession, what wonder if the charlatan find favour in his sight, who is ever ready with his form of absolution—some saving globule, draught, or pill—rather than the upright and well-informed physician who tells the patient the honest truth, and lets him know how impotent is medicine when given to supersede amended life! Whilst human nature is what it is, it will show itself in medical as well as higher matters, by a preference for those who respond to its cry of "Prophesy us smooth things"—"Let us eat and drink—no matter what or how—and be as if we did not." The public,—or, at least, a large portion of it—would like "to lay the flattering unction to its soul" that health is to be had without observing its conditions. It would like to *be well*, and yet *do ill*—to live, but not to feel, amiss. It cant. Those whose God is their belly must pay for their idolatry—those who live to eat, cannot enjoy the same immunity from suffering as those who eat to live. Were it not "most ignorant of what it's most assured," that is, of every thing that has to do with health—of the laws of its own organic nature—of the limited powers of medicine to do good—the said portion of the public would know this cannot be. And, if we would do our duty to the public, we should let it know more than it knows at present of the way, or rather the various ways, in which it violates the laws of health, and how impossible it is for medicine to enable it to do so with impunity.

We have spoken only in a general way—and, we fear, in a loose and desultory way—of disease, as "springing not out of the ground," (not, at least, constitutional disease) but out of the violated laws of our own nature,—and as being the penalty thereunto annexed. We have not time to particularize, and to show how often we offend against these laws, and how the daily errors of our lives furnish forth the chapters we write upon pathology. Neither have we time to show more in detail how

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therapeutics must always be at fault if only dealing with the symptoms of disease, and if we do not make physiology our guide to the knowledge and treatment of its causes. We know what homœopathy can do, and we nowise wish to underrate its power. But homœopathy is not enough for health. And in order to its doing all the good it might, we would have the public recognize this fact. Here, however, we stop. For the present we have said our say. But this we could not leave unsaid, and say as we can say just now—*Liberavimus animam nostram.*

REVIEW.

On Medicine and Medical Education. Three Lectures, with Notes and Appendix, by W. T. GAIRDNER, M.D., F.R.C.S., &c. &c. Edinburgh: Sutherland and Knox, 1858.

WE feel that an apology is due to our readers for again bringing Dr. Gairdner before them, more especially as in our notice of his last answer to our criticisms we promised not to reply to his future misrepresentations in regard to homœopathy. We so thoroughly exposed the unscrupulousness of his assertions, the untenableness of his arguments, the falsity of his deductions, and the incorrectness of his figures (forcing from him an apology in reference to the last), that we imagined we had sickened him of further controversy, and given him an effectual quietus. But lo! here he comes again, like Banquo's ghost, to disturb us with his unwelcome presence, and to try to frighten us with dismal shakings of his gory locks. Like Macbeth, we thought "that when the brains were out the man would die, and there an end," but we were wrong; there is no end to Dr. Gairdner. Brains or no brains, he is incessantly rising up to obtrude himself on our attention. The work he has now taken to does not however demand much cerebral development. It is mere scavenger-work, the raking together of all

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the calumnious stories that have, during the last half century, been circulated respecting Hahnemann, and arranging these in a continuous narrative, accompanied by many moral reflections, much pious vituperation, and a seasoning of most malignant charity. The whole reminding us of those wonderful figures sometimes exhibited by our crossing-sweepers, consisting of crown and sceptre, laurel leaves, and a motto—all made of dirt.

Dr. Gairdner having failed so signally in the task he undertook with more valour than discretion, viz. the overthrow of homœopathy, by attacking its principles and practice—having, in fact, been miserably beaten on every point against which he directed his attack, and feeling uneasy at having been so ignominiously foiled, here makes a desperate effort to rehabilitate his character as a controversialist in the eyes of his quondam admirers, by assailing the founder of homœopathy.

Dr. Gairdner believes—or if he does not himself believe he panders to the belief current in certain vulgar quarters—that the excellence of a discovery, of a work of art, or of a scientific observation, depends on the moral or religious character of the discoverer, artist or man of science. Thus he thinks that if he can succeed in blackening the character of Hahnemann, the reputation of the system he propounded will be correspondingly damaged. It is astonishing how favourite a mode of procedure this seems to be with our trans-Tweedian countrymen. Dr. Gairdner's predecessor in the anti-homœopathic line, Dr. Simpson, thought he could inflict irreparable damage on homœopathy by making out a case of heterodox "theological tenets and tendencies" against Hahnemann. We read in the *Saturday Review* a short time ago, that at a meeting of the Edinburgh Town Council some one remarked that the recent appointments to Professorships of that illustrious body had not given satisfaction to the scientific world, on which a member indignantly observed, that the opinion of the scientific world could not be of much value, as he understood that some of them in London gave parties on the Sabbath.

With such eminent examples before him, no wonder Dr. Gairdner should attempt to inflict a fatal wound on homœopathy

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by attacking the moral character of its founder. Like the advocate commemorated by Joe Miller, his case against homœopathy having thoroughly broken down, he proceeds to abuse his opponent.

It is hard to conceive by what train of reasoning an educated man can be led to imagine that he is bringing discredit upon a scientific question which can number its partisans by thousands, by trumping up and circulating defamatory stories respecting the moral character of the author, which whether true or false have no bearing whatever upon the subject. Imagine a man gravely arguing that the *Novum Organum* of Bacon was not worth serious attention because the author was convicted of accepting bribes; that the plays of Shakspeare should be excluded from every virtuous man's house, as long as there exists a suspicion against him of having shot deer without a licence; that the poems of Burns should be tabooed on account of the poetic gauger's penchant for whisky, or that the proverbs of Solomon must necessarily be improper reading because the royal scribe "loved many strange women," and worshipped many strange gods. Why if this were legitimate literary warfare nothing would be easier than to overcome our adversary's arguments by publishing his peccadilloes, or defaming his moral character. It is far easier to magnify an error of judgment into a monstrous crime, to misrepresent a mere blunder as an unpardonable sin, indicative of the deepest moral turpitude, than to refute by patient experiment or thoughtful reasoning, the conclusions of an accurate observer and logical thinker. This defamatory style of argument has been in vogue at least as long as the christian era. If the promulgator of new and distasteful doctrines be a social and convivial person, the cry is ever "behold a gluttonous man and a wine-bibber;" if he be fond of solitude and asceticism, he is pronounced to have a devil.

We can understand a shallow ignorant person having recourse to such ignoble weapons. Unable to cope with his opponent in argument, he finds it an easy and congenial occupation to throw dirt. But from Dr. Gairdner we might have expected different behaviour. He originally entered the lists against homœo-

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pathy with a show of fairness and candour, and we imagined we had at last met with an adversary who would not voluntarily have recourse to the pitiful tricks of the generality of our opponents. We can in no other way account for his woeful falling off, except by supposing that he feels himself so miserably defeated with the weapons he originally selected, and he smarts so painfully under his defeat that he has grasped in desperation at the vile implements he now wields so ignobly. If he had felt that he had made even a tolerable figure in argument, he had never had resorted to defamation. But it would almost seem as though he was conscious of his failure, and sought for an easier conquest on the vulgar field of calumny and detraction. He is like an ill-natured school-boy who, finding the game going against him, loses his temper, and begins to abuse his opponent. This attack upon Hahnemann, be it observed, is introduced, *apropos de bottes*, at the end of some lectures on medical education, with which it has no earthly connexion, and where it is completely out of place. The lectures themselves are respectable common-place affairs, abounding in those truisms and platitudes with which the ordinary run of lecturers think it necessary to bore their hearers at the commencement of a course. We doubt, however, if they would ever have seen the light had it not been for the opportunity their publication offered for renewing the war against homœopathy by the appended vituperation of the character of its founder. Making all due allowance for the transparent vanity of the author, we cannot imagine that even he would have deemed his advice to students worth publishing without the attack on homœopathy. Dr. Gairdner's publication is like a lady's letter, inasmuch as the important part of it is not to be found in the body of the work but in the postscript.

Even if all the accusations Dr. Gairdner brings against Hahnemann were strictly and literally true as he details them, we might still ask what bearing they have on the truth or falsehood of homœopathy. Homœopathy is to be tried by its results—if these be not favourable then must homœopathy be condemned; but its truth is not to be measured by the moral character of its promulgator. When an engineer announces a

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new principle for the construction of steam-engines, or a ship-builder suggest new lines for the building of ships, who thinks of making curious enquiries into the moral antecedents of the proposer in order to form an opinion of the novelty? Were Dr. Gairdner able to prove that Hahnemann was a murderer and a pick-pocket, that would not affect the truth of the homœopathic principle, seeing that for more than half a century it has been independent of the personality of its author, and each practitioner that practises, every patient that is cured by this system, is a new guarantee for its efficacy and truth. It is fifty years too late to attempt to disparage homœopathy by a personal attack on Hahnemann, and even though Dr. Gairdner could prove him to be what he asserts he is, "a notorious adventurer of utterly worthless character," he would have to prove that the three thousand medical practitioners, and the millions of grateful patients who adhere to this system, were equally worthless, before he would even effect the credibility of the testimony in its favour; and even though he should succeed in this impossible enterprise, he would not have advanced one step in solving the question—is homœopathy true or false? He would thereby only have adduced presumptive evidence of its falsity, but it would still remain for him to prove, by direct experiment, that it was erroneous.

But let us examine the accusations Dr. Gairdner brings against Hahnemann, whereon he founds his opinion of the utter worthlessness of his character. Though a refutation of these accusations cannot affect the truth of the homœopathic law, it will afford sincere gratification to the adherents of Hahnemann, and may perhaps induce some to enquire into the truth of his doctrines who might be deterred from the examination by the impression Dr. Gairdner seeks to convey of their author's moral turpitude.

These considerations alone induce us to enter once more into a controversy with Dr. Gairdner, not certainly any respect for an opponent who has previously shown himself so ignorant, disingenuous and unscrupulous in his diatribes against the system, and now displays such a paltry spirit of envious de-

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traction in attempting to malign the author of that system which he could not refute by fair argument.

Passing by as unworthy of notice Dr. Gairdner's judgment on certain phrases in Hahnemann's writings, which he affirms to be "delirious utterances," but in which we can only see the earnest expressions of one thoroughly convinced of the truths he was endeavouring to impress on his sceptical colleagues—we come to the first accusation of a moral delinquency. Here it is in the accuser's words:—"It has been stated on the authority of Dr. Mühry, of Hanover, in a widely circulated medical journal, and as a 'fact undenied even by his own adherents,' that previous to 1810 Hahnemann had 'deceived the world by selling *at a high price*, under the name of Pnœum, a nostrum which consisted of nothing but Borax.' This is a stigma under which no innocent man should have been allowed to remain for a moment, for it involves the double charge of making gain by a secret remedy, and of concealing a known substance under a false name. The former practice is severely reprobated by all honest and high-minded medical men. To a man with Hahnemann's pretensions it is deeply disgraceful; but it is not perhaps, *per se*, and in the eyes of the world, distinctly and conclusively immoral. The second element of this indictment, however, amounts to nothing less than a very gross attempt at imposing on the public credulity. The only allusion which I have ever seen on the side of Hahnemann's admirers to this serious accusation, is one by Dr. Henderson, which unfortunately has a kind of indirectness about it by no means favourable to the discovery of truth. Here is the entire statement: 'It was afterwards remembered against him, when his name began to be distinguished in medicine, that he had *mistaken Borax for a new alkali*, and had sold it as such. But it is not added by his enemies, that on discovering his error he hastened to correct it, and to refund the money he had received. Many a great chemist has made as great a blunder, and in more recent times too.' In other words, we are expected to believe that this charge, as 'remembered,' and published by personal enmity and professional jealousy, amounted to nothing

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more than a very ordinary chemical blunder, repaired as soon as discovered. The answer might be becoming in a hired advocate, but is unbecoming a man in Dr. Henderson's position. It is very probable that Hahnemann may have been terrified into refunding his ill-gotten gains. But that he mistook Borax for a new alkali is not only an improbable suggestion, it is not the thing which was 'remembered against him;' it is, therefore, a quite gratuitous suggestion brought forward, without proof, in his defence. Assuredly no one would have cared a straw about a blunder in chemistry, if it had not been too plainly made an apology for a gross deception."

Such is Dr. Gairdner's version of the matter. We shall presently see who looks most like the hired advocate, bringing forward gratuitous suggestions without proof. Dr. Gairdner has only the authority of Dr. Mühry for the story, and Dr. Mühry's version of it is a complete perversion of the facts. The circumstance is simply recorded by Dr. Rummel, who probably never saw the *British and Foreign Medical Review* in which Mühry's tale appears. Dr. Rummel was one of Hahnemann's oldest and most esteemed adherents. He had lived through all the controversies that had been raised respecting homœopathy, and had taken part in them, from the time when homœopathy first began to have a literature and journals of its own. It is not at all probable that he would be ignorant of the exact facts, or that he would misrepresent them in a pamphlet, written in the name of the German Homœopathic Society, and widely distributed throughout Germany. Had there been anything dishonouring to Hahnemann's memory in the transaction, it is very unlikely that in a discourse in honour of Hahnemann, on the occasion of the unveiling of his bronze statue at Leipzic, he would have alluded to this long-forgotten event. But as he speaks openly about it, we may be sure that however Hahnemann may have erred in a chemical point of view, his whole conduct was more praiseworthy than blameworthy in the matter. Here are Dr. Rummel's words:—"The spirit of calumny raked up an incident that occurred in Hahnemann's past career, and repeatedly threw in his teeth a mistake he had committed long ago, although he had made the most honourable reparation for

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it. In former times, he imagined he had discovered a new substance, namely, the *alcali pneum;* it was afterwards found that he had made a mistake, and that it was *borax;* as soon as he became aware of this, he unhesitatingly repaid the money he had received for it."*

The open and candid manner in which Dr. Rummel speaks of this event, shews that he is confident of his facts, and forbids the idea of anything dishonourable in the affair. And if we are to believe him, what a perversion of the truth is Dr. Mühry's insinuation that Hahnemann "sold a nostrum under the name of pnœum which consisted of nothing but borax." Hahnemann simply made a chemical blunder as many a greater chemist has done, and he not only acknowledged his mistake, but, like an honourable man as he was, returned the money to those he had unwittingly deceived. Observe, Dr. Rummel distinctly bears out Dr. Henderson's assertion, that Hahnemann "mistook borax for a new alcali," and sold it as such, not as a nostrum or secret remedy at all.

None of our authorities mention when this mistake of Hahnemann's took place. No trace of it is to be found in any of his writings, published after his discovery of the homœopathic principle. It probably occurred in the period between 1786 and 1790 when he busied himself with chemical research, and made many interesting and important discoveries in that department of science.

"Assuredly," says Dr. Gairdner, "no one would have cared a straw about a blunder in chemistry;" and yet it is precisely a blunder in chemistry about which all this pother is made. On it Dr. Gairdner founds a charge of dishonesty, gross deception, and imposition, against Hahnemann, pronounces his conduct disgraceful, insinuates that he was terrified into refunding his ill-gotten gains, and he includes in his vehement denunciations Dr. Henderson, for simply stating the real facts of the case. Why Dr. Gairdner has himself done the same thing as Hahnemann. He has sold mere *borax* for *pneum*, has been found out, has acknowledged his mistake—but here we suspect the parallel

* Rummel, Zur Enthüllungsfeier des Denkmals Hahnemann's. Magdeburg, 1851.

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stops. Did he not publish false statistics of the homœopathic practice of Dr. Fleischmann in the *Medical Times*, and again in his *Few Words on Homœopathy*? Did we not shew (in Vol. XV.) the falseness of these pretended statistics? Did he not acknowledge (in his *Further Remarks*) the error he had committed? But has he refunded the money paid him (if any was) for his article in the *Medical Times*, or repaid the price of his pamphlet to those who purchased it—if any did?

So, after all, Dr. Gairdner's fierce out-pouring of virtuous indignation turns out to be in respect to a mere mistake of Hahnemann's, very similar to one committed by Dr. Gairdner himself, with this important difference, that Hahnemann's mistake had nothing to do with his medical skill but was an error in chemistry, and at that time chemistry was little better than a series of errors; whereas Dr. Gairdner's mistake is fatal to his reputation as a medical controversialist, as it is indicative of the grossest carelessness, an unpardonable fault in one who assumes such high ground, and who constitutes himself the censor of the grandest medical intellect that has appeared since the days of Hippocrates.

The next point on which Dr. Gairdner falls foul of Hahnemann, is connected with the discovery of Belladonna as the prophylactic of an epidemy of scarlet-fever. The history of this discovery is well known to our readers, and is a beautiful instance of accurate and logical induction. Although by no means the only instance of prophylactic treatment announced by Hahnemann, it is the only one for the efficacy of which a large array of eminent allopathic authorities can be adduced—hence, we presume, Dr. Gairdner's invectives against it, hence his anxiety to discover something respecting it, which his perverse ingenuity may seize hold of for bringing discredit on it, through the abuse of its discoverer.

Now as Hahnemann was ever more solicitous of promoting the advance of medical science, and having his discoveries passed through the crucible of experiment and tested in the greatest variety of ways, than of acting according to the strict letter of professional etiquette, he has laid himself open, in respect to this

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matter of the prophylaxis of scarlet-fever, to the malignant insinuations of his unscrupulous foes.

Hahnemann discovered the prophylactic power of Belladonna during his practice in Königslutter in 1799. As the epidemic was raging in the surrounding towns and villages, he, in 1800, advertised a pamphlet upon the treatment and prophylaxis of the disease, and offered to each subscriber a packet of the prophylactic to be revealed and described in his book; which should be published as soon as there were 300 subscribers. Very few subscribers appeared, but plenty of abusive letters were published in the papers, sneering at his pretended prophylactic, and accusing him of trying to make money by false representations. He thereupon (in 1801) published the pamphlet without waiting for the subscription list to be filled up.

Dr. Gairdner renews the insinuations that were so plentifully heaped on Hahnemann at the time. He says that the prophylactic remedy was "kept secret for purposes quite inconsistent with a simple desire for truth, and with the honour of a physician;" that "he attempted to juggle the public into rewarding him by anticipation for a fancied discovery, which was in truth no discovery at all." "Jenner did not act thus with respect to vaccination."

Of course Dr. Gairdner is free to put such an interpretation on this transaction if he likes. It is more a matter of taste than anything else. The good and brave old man, the much-abused and persecuted sage, has long since gone to his rest, where the wicked cease from troubling. He cannot defend himself. But his whole life, his open candid character, his pure philanthropy and zeal for advancing the healing art as shown in all his works, give the lie to this forced and unnatural interpretation.

Hahnemann gives a simple and straightforward explanation of this somewhat unusual mode of introducing a new remedy, which those who know the man, from his writings and his deeds, do not require; and those who, like Dr. Gairdner, are determined to vilify him, will affect not to believe, although it is at once the most simple and natural, we may say, the only plausible explanation that could be given.

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That Hahnemann had no wish to keep secret any of his discoveries in medicine must be apparent to every student of his life and works. That, on the contrary, he was ever ready to communicate every circumstance that occurred to him, every experiment he made that in any way bore upon his one great aim, the improvement of the healing art, is so apparent to a casual or even a hostile reader, that friends and foes have all borne testimony to his candour and sincerity. He has indeed been more blamed by the latter, for publishing his views without sufficient deliberation, than for reserving secrets of the art to himself. So far from having, or professing to have, any arcana known to himself alone, or preserving any mystery respecting his discoveries or modes of preparing and administering his remedies, he is on the contrary extemely minute and particular in describing every step in every process he adopted. This very minuteness of detail has been the subject of much misplaced ridicule on the part of his opponents.

In estimating the motives that influenced him in his peculiar mode of announcing his prophylactic of scarlet-fever, we must surely take into consideration the character of the man as revealed to us by his antecedent and subsequent actions. Had Hahnemann been given to profess himself alone in possession of some specific medicines, or had he assumed any air of superior knowledge in respect to the treatment of disease, had he even first appeared before the profession as the announcer of a prophylactic for scarlatina, whose name he concealed, then we grant there had been some plausibility in Dr. Gairdner's appreciation of the act.

But Hahnemann was at this time well known to the medical profession. In this very year (1801) Hufeland speaks of him in his *Journal*, the great organ of the medical profession of Germany, as "one of the most eminent physicians of Germany" (einer der vorzüglichsten Aerzte Teutschlands), "a practical physician of matured experience and reflection" (ein in Erfahrung und Nachdenken gereifter praktischer Arzt).* He had previous to this published in Hufeland's *Journal*, besides some shorter papers, the celebrated *Essay on a New Principle*, and

* Hufeland's Journal, vol. v., 1801.

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the paper entitled, *Are the Obstacles to Certainty and Simplicity in Medicine Insurmountable?* in both of which he announces the homœopathic law, and both of which are distinguished by the greatest moderation, candour and earnestness. These two essays indeed show how cautiously and carefully Hahnemann felt his way towards homœopathy, how modest he was at first, when his experience was yet new and limited, in his opinion as to the utility of the principle in the treatment of diseases in general; how, in fact, he thought it might possibly be of use in some forms of disease, but his experience was not as yet sufficient to enable him to say if it were applicable to other forms; and how earnestly he invited his professional brethren to aid him in testing the therapeutic principle of *similia* in other diseases.

These essays, as is well known, created a great sensation among the medical men of Germany. Written in the humblest, most confiding, almost affectionate spirit, they appealed at once to the good feeling and judgment of the reader. They are more like the modest essays of an enquirer, addressing those who might be in possession of more knowledge on the subject than himself, than the enunciation of discoveries in medicine superior to any that had been made since the time of Hippocrates.

That Hahnemann became in later years bitter, sarcastic, intolerant, and dogmatic, is true, but that at first he was just the opposite of all this, modest, conciliating, diffident, is equally true. And what brought about this complete change in his nature? The treatment he received from his colleagues. His very first efforts to reform medicine were received with shouts of derision, the bitterest taunts and the most odious insinuations. He was literally hunted from town to town, and from country to country, by the persecuting fury of his enemies. He was forbidden to practise, government edicts were fulminated against him, his appeals for justice were contemptuously rejected by municipal corporations and by governments. Every attempt he made to obtain a fair hearing for his views, from his professional brethren, was met by torrents of abuse and showers of sarcasm. His earnest appeal to his colleagues to repeat his experiments, and let *them* decide if he was right or wrong, were

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responded to by every variety of opprobrious epithet. For having revealed to the world what he believed was an improved method of treatment of the utmost simplicity and the strictest rationality, he was vilified by his brethren, persecuted by corporations and governments, driven from Königslutter to Hamburg, from Hamburg to Leipzic, whence he had to fly from his enemies and accept the hospitality of a foreign prince, who appreciated his worth, but who was unable altogether to protect him from the violence of his own subjects incited against him by the doctors, who received him with execrations and showers of stones if he dared to venture across his threshold.

What wonder that the milk of human kindness in his nature was soured by this treatment; what wonder that from being genial, benevolent, social and conciliating, he grew morose, bitterly sarcastic, and imperious towards his opponents. When we read the harsh invectives he hurled against his opponents in his later days, we must remember the treatment he received in his best years. Against the few bitter words he utters we must weigh the years of abuse, the malevolent insinuations, the material persecutions, proceeding even to personal violence, of his enemies. We shall then cease to marvel at Hahnemann's bitterness, and we shall then understand how it was that Hahnemann insisted on his disciples renouncing all connexion with that school of traditional medicine, whose professors had treated him as a pariah and trampled him under their feet. Why should he, whose feelings had never been spared by others, use more leniency towards them? Why should he whose honest efforts to reform their common art had been received by his colleagues with revilings and insults, be humble and civil to those who had so treated him? It was not in human nature. Humility under such circumstances might have been very admirable and saintly, but it would have appeared mean-spirited, civility would have looked like fawning cowardice.

> Shall I bend low, and in a bondman's key,
> With 'bated breath, and whispering humbleness,
> Say this,—
> Fair sir, you spit on me on Wednesday last;
> You spurned me such a day; another time
> You called me—dog; and for these courtesies,

I'll ne'er trangress the rules of politeness and deference.

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Nay, we rather wonder at Hahnemann's forbearance, considering his ill-usage, than at his little ebullitions of just wrath.

But we digress. Those who will take the trouble to ascertain what manner of man Hahnemann was, will be convinced that the explanation he himself gives of his proceedings, in reference to the prophylactic for scarlet-fever, is the only feasible one.

"Had I," says he, in the preface to the pamphlet, "had I compiled a large book on scarlet-fever, I should have obtained through the usual channels of publication, at least as much in the way of honorarium as by the subscription for this little book. But as, according to Callimachus, a great book is a great evil, and is soon laid aside, one of my chief aims, viz :—*to excite a great interest in a subject of so much importance to humanity as this is, in order clearly to ascertain the truth by bringing the observations of many to bear upon it*—would not have been fulfilled so well by the large book as by the mode I have adopted."

Clearly he thought that the announcement of a prophylactic for a very serious malady, by one not unknown to fame, would have excited the interest of all his colleagues who were brought in contact with the disease. He thought that the subscription-price for a mere pamphlet, that could not have been more than a shilling, would not have deterred them from obtaining the prophylactic. Probably also he imagined that if he had merely announced that Belladonna was the prophylactic, the simplicity of the remedy would have disgusted the old-school doctor, who would either have supercilliously denied its virtues without trying it, or if he had tried it would have mixed it *secundum artem* with all sorts of antidotal substances, and thus destroyed its chance of doing good. He therefore offered the substance—actually for nothing—to every subscriber to this pamphlet, prepared carefully by himself so as to ensure a real repetition of his own experiments and results, uncontaminated by any prejudices on the part of the experimenter. He wanted corroboration for his own observations from the careful experiments of others. It was as though he had said, "Here is a substance which I think I may say, from my own trials, is a prophylactic of scarlet-fever; those among you who have an opportunity,

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try it, and communicate the result, whatever that may be, in the *Reichs-Anzeiger* (a provincial journal). I do not give you the name of the substance, as that might prejudice your judgment, or you might prepare it improperly, so I prefer sending it to you, in the form in which I have found it successful. The name will be, by and bye, published in a pamphlet I am bringing out; but I would first like to have your unbiased experience and testimony in the matter."

We see in all this only the act of a simple-minded confiding man, who believed that his professional brethren were as in earnest about the testing of a new remedy, the discovery and proof of a proposed specific, as he himself was. Alas! he little knew medical human nature at that time. He knew little of the perils that beset every innovator. The first impulse of the craftsmen when a reform appears, is to cry, as of yore, "Our craft is in danger," and this was accordingly the spirit in which Hahnemann's announcement was received. We must confess we cannot help admiring the child-like simplicity of the great man in supposing it would be otherwise, especially as on two former occasions he had met with similar treatment. The following is his own account of these events:—

"At the commencement of my career, on account of my discovery of the best anti-venereal medicine, the soluble mercury, I was abused in the most vulgar manner, in a journal notorious for its outrageous vituperations, and also elsewhere, but the common experience of Europe in a few years removed the slander from this remedy, and worthily appreciated a discovery that I had unselfishly revealed for the good of humanity. * * * The same thing happened, when I was afterwards again abused in the same vituperative journal on account of my 'new principle,' when I taught a mode of learning to regard diseases from a point of view that directs us *almost unmistakeably* to the appropriate remedy for every case—shewing how to discover from the positive nature of medicinal agents the diseases for which they are suitable."

And yet his confidence in the affected zeal for science and the advancement of therapeutics of his medical brethren was so

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great, that a third time he ventured to lay before them his novel ideas—to be a third time met with derision and calumny.

With regard to Dr. Gairdner's sneer at the prophylactic powers of Belladonna we can afford to pass that by with contempt. With all impartial men the testimony in its favour of Hufeland, Brera, and a host of other allopathic celebrities, who made extensive trials with it, will infinitely outweigh the denial of its power by Dr. Gairdner and any number of our adversaries, who never made any trials, or, at the very best, but a few insignificant trials, wherein almost all the conditions mentioned by Hahnemann as necessary for its success were neglected.

Tha next accusation Dr. Gairdner brings against Hahnemann is a charge of untruthfulness, when he says that after practising eight years he abandoned practice from disgust at the uncertainty of medicine.

Dr. Gairdner insinuates that he never could have had much to do during these eight years, and that it was practice that abandoned Hahnemann, not Hahnemann who abandoned practice; that on the contrary Hahnemann was extemely anxious for rapid professional success, and that at the very period when he says he abandoned practice he wrote a book, which betrays no doubts respecting the powers of medicine.

The period at which Hahnemann says he abandoned practice, was, as he tells us, after having practised for eight years. Now from what he informs us in an autobiographical fragment, we learn that he commenced to practise in 1777, and therefore the date of his abandonment of practice would be about 1785. Hahnemann's account of his relinquishment of practice is addressed to his friend Hufeland; his words are, "Shortly after my marriage [1782], I completely abandoned practice, and scarcely treated any one for fear of doing him harm, and, as you know, occupied myself solely with chemistry and literary labours."

Now it is not probable that Hahnemann would have dared to write in this way to his friend Hufeland, appealing to his knowledge of the circumstances, had his statement been "simply a romance," as Dr. Gairdner alleges it to be.

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Dr. Gairdner asserts that previous to the pretended abandonment of practice, "he had been far too unsettled, and in too disadvantageous localities, to have seen much practice." It is true that he changed his place of abode very frequently in that time, but it is not so clear that he was disadvantageously placed for seeing practice. Indeed we shall find that some of these changes were motived by the desire of seeing more extensive practice. Thus he left Leipzic, where there was no hospital, and transferred his residence to Vienna, in order to enjoy the advantage of extensive hospital practice. He here was so fortunate as to secure the friendship of "the great practical genius" Dr. Von Quarin, of whom he speaks in the following terms:—"He honoured me with his love, I might almost say, his friendship; I was the only one of my time whom he took with him to see his private patients. He distinguished me, he loved and he taught me, as though I were his first, his only pupil, or even something more than that."* He likewise was constant in his attendance at the hospital of the Brothers of Charity, in the Leopoldstadt, an establishment making up 180 beds. It may be remarked *en passant*, that the smaller but kindred hospital of the Sisters of Charity, in the Leopoldstadt, is now one of the three homœopathic hospitals of which Vienna boasts.

Hahnemann enjoyed these excellent opportunities of seeing practice only three-quarters of a year, when he found himself forced, from pecuniary difficulties, to accept the post of house-physician to the Governor of Transylvania, at Hermanstadt, in which populous city he practised for nearly two years. He then returned to Germany, and took his degree at Erlangen, in August, 1779. After this he set up in practice at Hettstädt, a town in a mining district, but not finding much to do he left it after nine months, and removed to Dessau, in the spring of 1781, where he tells us he was better off as to practice. At the end of the year, however, he was induced to leave Dessau, by an offer of the appointment of district physician at Gommern. Whatever amount of practice he had among the poor in this capacity he was unable to make much of private practice, and so

* Autobiographical fragment in Hahnemann's biographisches Denkmal.

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after a sojourn of two years and nine months he quitted Gommern for Dresden.

That Hahnemann at this time was esteemed a good practitioner by those best capable of judging is evident from this, that soon after his arrival in Dresden the Stadt-physicus* Wagner, with the consent of the authorities, entrusted to him the medical charge of all his hospitals, which Hahnemann served for a year, during which time Wagner was laid aside by illness.

Such was the amount of practice seen by Hahnemann during the eight years that preceded his temporary abandonment of the profession. It cannot be said to be very extensive, neither can it be asserted of it that it was insignificant.

The extent to which a man will profit by the opportunities he enjoys, depends more on the mode in which these opportunities are presented to him, and his own powers of observation, than on the period of time during which he has been engaged in observing, or the number of the objects on which his attention has been directed.

Now it is evident that Von Quarin's friendship, and the pains he took with his pupil, were of incalculable advantage to one who, like Hahnemann, was so earnest in the search after knowledge, and endowed with powers of such a superior order. Experience, says the proverb, teaches fools, but surely none would assert that the same amount of stumbling and blundering, the same reiterated presentation of similar phenomena, are required to instruct a man of genius as are necessary to teach a fool. On the contrary, genius forms its unerring and logical deductions from a few facts, from a single fact, from the isolated fragment of a phenomenon. Genius deduces the laws of gravitation from the fall of an apple, the movement of the world from the swing of a pendulum, the power of steam from the boiling of a tea-kettle, the electric telegraph from the working of a galvanic battery, the protective power of cow-pox from the unscarred skins of milk-maids. Why might not a genius of Hahnemann's order have inferred the impotence of the medical art

* An officer appointed by the municipality to the medical care of the poor in the hospitals.

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from a careful observation of practice, more or less extensive, during eight years?

To Dr. Gairdner and others, whose profession is to lecture on and bolster up the decaying reputation of old physic, it may be a matter of surprise, that any one could, after eight years of practice, come to any other conclusion than that old physic is the perfection of science. But to others than Hahnemann old physic has appeared a jumble of absurd and contradictory theories and methods. Many before Hahnemann had expressed their complete scepticism in traditional medicine, after longer or shorter trial of it. Many more since his time, and guided by the light of his teachings, have done the same thing, nor have they all required eight years' or even eight months' experience to induce them to reject a false and ridiculous art.

Hahnemann then, saw the weaknesses and defects, the falsity of medicine as theretofore practised, and his first impulse as an honest man was to abandon what he considered an impotent and even an injurious art. During his residence at Dessau, he had devoted his leisure hours to the study of chemistry, mineralogy and mining operations. As soon as he had fairly bid adieu to practice, he took to chemistry as a profession, with that zeal and thoroughness which was so natural to him. In 1786 he published his work "On Arsenical Poisoning," which is still quoted as an authority by the ablest writers on Toxicology. He likewise contributed to Crell's *Chemische Annalen* a great number of papers distinguished for their originality and utility. It was at this period that he invented that mode of ascertaining the purity and genuineness of wine, called to this day in Germany *Hahnemann's Weinprobe.*

Hahnemann's voluntary secession from medicine does not appear to have lasted long. He tells us that he was driven, by the fears inspired by the illnesses of his children, and by a consideration of the utter inadequacy of the means commonly employed, to try if the ordinary practice were not capable of being improved.

His first attempt as a reformer of medical practice is to be found in his treatise on *Venereal Diseases* (1789). With respect to this book, Dr. Gairdner has made a number of notable dis-

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coveries. In the first place he has discovered the book itself. Not the translation of it that was published, in 1851, in the *Lesser Writings* (a work which we suspect Dr. Gairdner has never seen), but the original German work has somehow fallen into Dr. Gairdner's hands, and he makes great use of it to shew at once his profound knowledge of German and his wonderful powers of criticism.

Hahnemann announces his medical qualifications in the title page as "der Arzneik. Dokt." which Dr. Gairdner renders "Doctor of Pharmacy." Where Dr. Gairdner learnt that "Arzneik.," the contraction for "Arzneikunst" or "Arzneikunde," signifies "Pharmacy" we are at a loss to imagine. From time immemorial it has implied "Medicine," and consequently "der Arzneik. Dokt." could only have been translated into English as "Doctor of Medicine." We are not aware, and do not believe, that any German University confers the title of "Doctor of Pharmacy"; but if Hahnemann had possessed such a title, and wished to announce it, he would have described himself as "der Pharmacie Dokt.," or if he affected a more teutonic appellation "der Arzneibereitungsk. Dokt." If we enquire why Dr. Gairdner calls Hahnemann "Doctor of Pharmacy," which he was not, in place of "Doctor of Medicine" which he was, we are driven to one of two conclusions; either that Dr. Gairdner's ignorance of German is so great that he makes a gross blunder in translating his own title of "Doctor of Medicine," which one would think would be about one of the first things he should have learnt; or he wishes to create a prejudice against Hahnemann by insinuating that he was not a Doctor of Medicine but only of Pharmacy; a mere pharmaceutist and no physician. We leave it to Dr. Gairdner to select the horn of the dilemma he finds most to his mind.

Dr. Gairdner shows how carefully he has read this work of Hahnemann's, when he talks of it in this style:—"The main point to be noticed is that, according to Hahnemann, mercury invariably cures syphilis; there is no doubt at all expressed about that matter." Further, "will anybody say that this is a particularly sceptical book, or that it manifests a very tremulous solicitude as to the consequence of using strong remedies?

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Why, here we have three or four powerful vegetable poisons, and one of the strongest and most insidious of mineral specifics recommended for the treatment of one disease, not only without the least misgiving, but with a certain degree of confidence, and in the case of mercury, with an enthusiasm which must seem to the well-instructed and truthful mind to be in the most quackish style of exaggeration." Again, "I say assuredly that whether as regards Mercury, Opium, Lobelia, Mezereon, Dulcamara or Ammonia, there is not the slightest indication in this book of a fear that he should compromise the safety of his patients; nor is there any very apparent scepticism as to the effect of any remedy which had medical opinion in its favour. To give the character of this book in a sentence, it is a mere compilation or indiscriminating *pot pourri* of all that Hahnemann had heard or read upon the subject to which it refers; there is not a trace in it of practical experience, good or bad."

Now, as this book of Hahnemann's on Venereal Diseases has been before the English public for the last eight years, it is in every one's power to verify the accuracy of Dr. Gairdner's criticism of it given above. Those who have read it, must, like ourselves, wonder at the utter perversion of truth manifested by the critic. Those who have not read it, we would advise to do so, in order that they may judge for themselves, how far misrepresentation can go.

Hahnemann's book so far from being "a mere compilation or indiscriminating *pot pourri*," is, on the contrary, remarkable both for the originality of its views and the judicious manner in which it opposes the prevalent modes of treating venereal affections. It is true he avails himself largely of the works of his predecessors, and acknowledges his obligations to them. But he expresses his own opinions boldly and distinctly, and much more frequently quotes for the purpose of controverting and opposing than for the purpose of endorsing the views of his authority.

His theoretical views regarding the nature of syphilis and especially the value and significance of the chancre, were opposed to those of most of his contemporaries. We do not say they were right, but we assert they were original. His

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treatment of syphilis is so very original that it may almost be said to constitute a new era in the therapeutics of syphilis. It is well known to most students of medical history, that about the time Hahnemann wrote, and for many years afterwards, we regret to say, the prevalent treatment of syphilis was by mercury, in the form of calomel, blue pill, corrosive sublimate, mercurial ointment, fumigations of cinnabar, or other mercurial preparations, pushed to such an extent as to induce salivation, often to a frightful degree. We need not recapitulate the dire effects often produced by this insane method of trying to get rid of one devil by introducing a worse in its stead. Many medical men, terrified by the hideous effects produced by this treatment, abjured the use of mercury altogether and resorted to more or less powerful vegetable substances, which they vaunted as absolute specifics for the disease.

Hahnemann's chief aim in this book is to show, on the one hand, the injuriousness of the common mercurial treatment of syphilis, its powerlessness to eradicate the disease, and the disastrous effects it has on the constitution; to protest against the anti-syphilitic virtues of the vegetable and other drugs recommended by the anti-mercurialists; and, on the other hand, to teach a new method of administering mercury so as to eradicate the syphilis without injury to the patient's constitution. He insists upon the impropriety of burning off or otherwise destroying the chancre by local means, and he gives minute directions for the preparation of a new mercurial oxyde, which is well known in Germany to this day as "Hahnemann's Soluble Mercury."

Now if this is a true account of the book, Dr. Gairdner's is necessarily an extravagantly false one. We appeal to all who can read, to judge which is correct. We do not say Hahnemann's views are all sound, nor that his treatment is the best possible. We only allege that his views were original and novel at the time they were promulgated, and that the treatment he proposed was an immense improvement on that habitually employed at the time he wrote and for years afterwards. For we are sorry to add that Hahnemann's views and practice were bitterly opposed by his colleagues, and he himself subjected to much vulgar

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abuse for this work, which certainly would not have occurred had it been a mere indiscriminating compilation as Dr. Gairdner asserts.

In proof of our assertion that Hahnemann denounces the ordinary mercurial treatment of his day, we refer to §§ 474—540, where all the ordinary mercurial methods are carefully discussed and the reasons for their rejection given.

That Hahnemann does not, as Dr. Gairdner asserts, confidently recommend, without the least misgiving, certain powerful vegetable poisons, that he does not, as Dr. Gairdner insinuates, approve of the indiscriminate use of Opium, Lobelia, Mezereon, Dulcamara, Guaiac, China-root, Sarsaparilla, Ammonia, &c. &c., we shall now shew by a few quotations from the work itself.

Of *opium*, all that Hahnemann says, respecting its use in syphilis, in this (§ 557):—"Hunter and Grant, like myself, found it a chief remedy in the morbid irritability resulting from the abuse of mercury."

Of Sarsaparilla and China-root (the root of the *smilax china*, not *cinchona*, as it is erroneously rendered in the *Lesser Writings*) he only says (§ 547), "that they both fell into disrepute, but that the use of the former has recently been revived by some physicians, the latter, however, has had no resuscitator."

Of Mezereum and Guaiac, he says (§ 553):—"It is certain that they cannot cure the most indubitable incipient sign of syphilis, to wit, the copper-coloured spots; how then could they remove inveterate lues?" In the next paragraph he says, "that their anti-syphilitic reputation is owing to their having removed some of the effects of mercury."

He passes similar unfavourable verdicts on the other vegetable substances mentioned above.

Dr. Gairdner tells us, that Hahnemann "particularly recommends Ammonia," and that he says, "if any means besides Mercury could do any permanent good, it would be this."

Now what Hahnemann says of Ammonia is, that he believes it owes its anti-syphilitic repute, like Guaiac and Mezereum, to its curative powers in the bad consequences of mercury; and after saying, "He believes it to be a principal adjuvant in the treatment of venereal disease," he adds, "I go so far as to

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believe that if any medicine, besides Mercury, is able to effect anything in syphilis, this will." (Wenn irgend ein Mittel ausser dem Quecksilber gegen die venerische Krankheit etwas ausrichten könte, es dieses thun würde.) Here Dr. Gairdner translates "etwas ausrichten" "do any permanent good," whereas the meaning of the phrase is rather "be of the slightest use." Is this another specimen of Dr. Gairdner's ignorance of a language he professes to translate and to understand? or is it another instance of his desire to mislead his readers and misrepresent Hahnemann's views? If the former, then we advise our antagonist to take a few more German lessons before he again appears as the critic of a German author. If the latter, then we presume he reckoned on not being found out, owing to his erroneous supposition that none had seen the book except himself. Such a supposition does not say much for his acquaintance with Hahnemann's writings, or the homœopathic literature of this country, of which he presumptuously constitutes himself the judge.

Hahnemann's treatise on Venereal Diseases we affirm to be a very remarkable work for the time of its publication. The practical reformer of the medical art is visible in every page, and though his subsequent discoveries have led to such important results as altogether to throw into the shade his first efforts to improve medical practice, we have no hesitation in declaring that the work, of which Dr. Gairdner speaks so disparagingly, is not only replete with much practical sense and rational pathological views, but that the treatment it lays down is such an improvement on the current method, that it alone would have sufficed to earn for Hahnemann the title of a great therapeutic reformer. Dr. Gairdner's judgment on it is so utterly false, and his account of its character so ridiculously untrue, that we must either conclude, that he has not read it (probably because he could not—German evidently not being his forte), or that he has wilfully misrepresented it in order to damage the author's character. It is easy enough to pick out a scrap here and there and represent it as absurd, but it will be found that Hahnemann is not responsible for the absurdity. Thus Hahnemann in mentioning the different remedies that

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have been used for syphilis, describes how lizards were employed; and thereon Dr. Gairdner brings forward the "lizard-cure" as something strongly recommended by Hahnemann; at least he would make it appear so by a false translation of several passages. Thus Hahnemann says:—"In this country from 20 to 100 are used for a considerable treatment." (Bei uns gehören 20 bis 100 zu einer wichtigen Kur.) This is translated by Dr. Gairdner, "Twenty to a hundred are required for a real cure." Now Hahnemann no where says that he believes that this curious remedy can cure syphilis. On the contrary, he distinctly says, "it may be very powerful, but we do not yet know if it can radically cure true syphilis." Dr. Gairdner has committed the tyro's blunder of translating "Kur," "cure," whereas every one, who knows anything of German, is aware that it means "treatment." Perhaps Dr. Gairdner will inform us on what authority he translates "wichtigen," "real." Has our learned linguist confounded it with "wirklichen?"

Hahnemann having once more returned to his first love, the practice of medicine, which reflection apparently convinced him it was better to attempt to improve than to abandon in despair, removed, in the fall of 1789, to Leipzig, where he apparently once more laid himself out for practice. He still, however, continued his chemical lucubrations, and added to his means of living by translating for the booksellers. Dr. Gairdner cannot understand how a man, thinking as Hahnemann did at this time, should have translated Cullen's Materia Medica. For our own part we see no cause for astonishment. Cullen was well known as one of the first medical authorities of the day. His Materia Medica was published in English in 1789. There was an immediate demand for a German translation. A publisher offers to pay Hahnemann for a translation, Hahnemann accepts the commission and duly executes it. It was a simple business affair, of precisely the same nature as his translations, about the same time, of Sir J. Barrington's *Abelard and Heloisa*, Dr. Ryan's work on *Consumption of the Lungs*, Fabbroni's *Art of Making Wine*, Grigg's *Advice to the Female Sex*, Young's *Annals of Agriculture*, and many others. Surely the translator is not responsible for the doctrines set forth in the work

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he translates—nor do we believe that such a *solidarité* of responsibility was ever devised—unless, perhaps, at the present day, in the neighbouring country of France, under the beneficent rule of our august ally Napoleon III.; where author, translator and publisher, are treated with refreshing impartiality and evenhanded injustice.

If Hahnemann, while translating Cullen, received the first idea of the homœopathic law, that surely was no reason for relinquishing the task he had undertaken. Homœopathy did not start from Hahnemann's brain a complete system, as Minerva issued from Jupiter's armed *cap-a-pie*. A long period of incubation occurred before the germ ripened into the perfect being. Many years were occupied in patient experiment and reflection before Hahnemann trusted himself to communicate his great thought to the world. His first essay "on a new principle," published in 1796, gives us but a feeble glimmer of the great light which he afterwards threw on the art of medicine. Not till 1805, when he published his "Medicine of Experience," does homœopathy present anything like a complete system of therapeutics.

At the commencement of Hahnemann's career we see nothing like a premature jumping to conclusions. Every step is gained by the closest and most logical reasoning, by the most carefully conducted experiments. The student of his works sees perfectly how he feels his way from one advance to another. Care and caution, conscientiousness and a love of truth, are evident in every forward movement. It is on this account that the earlier labours of Hahnemann are of such incalculable value to us. His early essays are models of accurate reasoning, as his early provings are of careful observation. We may not all be agreed as to the exact value of his labours during the last twenty years of his life, but the great principles he laid down previous to that time command the admiration and adhesion of every homœopathist.

How little can the insignificant nibblings of such opponents as Dr. Gairdner affect the growth of the system whose foundations were laid by Hahnemann now more than half a century since. Like the viper in the fable gnawing at the file, Dr.

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Gairdner does himself more harm than he does homœopathy. As long as he confined himself to argument against the system, and to an attempt to refute it by the semblance of reasoning, we felt a sort of respect for him. But when, forsaking the honourable weapons of legitimate warfare, he has recourse to the mean and dastardly arm of calumny and misrepresentation, directed against the grand old man who worked and toiled and reasoned out a glorious system of medicine which was practised with success before Dr. Gairdner was born, and will continue to be practised long after he and his contemptible calumnies are forgotten, we instantly lose all respect for our antagonist, and cannot help likening him in our mind to that silly animal that thought it was doing a grand thing in flinging out its heels at the dead lion.

Besides Hahnemann, Dr. Gairdner vents his calumnies on the memory of Paracelsus and Brown. Apparently the task of vilifying the past Reformers of medicine is a congenial one to him, for he collects all the silly gossip and scandal he can find respecting these three. With what moral crinoline has Dr. Gairdner puffed himself out to such enormous dimensions of imaginary virtue that he takes it upon himself to censure these great men, and to pass sentence of condemnation on some of the most illustrious names in the history of medicine? When he attempts to state the doctrines of either Paracelsus or Hahnemann, he flounders about in the most helpless absurdities, evidently showing that he has either never studied them, or is unable to comprehend them. And yet he flippantly pronounces these men to be impostors and charlatans, and brings accusations of disgraceful conduct and dishonesty against them, with nought but a gossipping rumour for the foundation of his calumnies. If we wanted a proof of the progress of the age, we should only require to see a person of Dr. Gairdner's moral and intellectual stature sneering at the intellect, and inveighing against the morals of a Hahnemann, a Paracelsus,* or even a poor friend-

* Were it not that Dr. Gairdner shews that he knows little or nothing about the real doctrines of Paracelsus, we might imagine that it was the crude homœopathy taught by Paracelsus which has excited Dr. Gairdner's animosity. Thus M. Bouchardat, Pharmacien en chef of the Hotel Dieu, and

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less but original John Brown. Here we have a modern Archimedes endeavouring to persuade us that he has upset the verdict of the world with nothing but a fragment of ill-natured scandal to rest his lever on.

How consistent of Dr. Gairdner to prate of "honest and high-minded medical men," when engaged in the dirty task of traducing the great and the good of his profession. How praiseworthy to say, "I am not studious of private or unauthorized scandals, and I would turn a deaf ear to mere vague insinuations," and in the next sentence to pounce eagerly on the unauthorizcd and refuted calumny of an obscure German doctor, and build upon it a whole fabric of the most malevolent insinuations. How edifying to blame Hahnemann for untruthfulness, to eulogise "the well-instructed and truthful mind," and then to try to prejudice his readers by unfounded calumnies, garbled passages from his works, falsely translated (from ignorance of the language let us charitably suppose), and utter perversion of the plainest facts.

Dr. Gairdner, in the lectures before us, goes in for the high moral "ticket" in this style: "If you study in this spirit * * * you will put away jealousy and evil-speaking, 'malice and all uncharitableness;' you will be faithful and generous, modest and truthful, careful of the reputation of others, not fearful or anxious about your own." And again: "Seek above all things, in a simple and pure spirit, the plain and unadulterated truth," &c. What a pity that a lecturer who can give such good advice, should shew by his acts how little he has profited by his own moral maxims.

Professor of Hygiene of the Faculty of Paris, says: "La plupart des belles découvertes thérapeutiques de Th. Paracelseus, reconnaissent pour point de départ le principe *similia similibus curantur*." (Formulaire Magistral, 1840, p. 404.) And even in the dose Paracelsus may be said to have anticipated Hahnemann, for Von Bodenstein writes of him: "Exiguo simplicium pondere et quantitate difficillimos curatu morbus curabat."

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MISCELLANEOUS.

DISCUSSION ON HOMŒOPATHY IN THE LIVERPOOL MEDICAL INSTITUTION.

It is not often that we feel a desire to report discussions in the allopathic Medical Societies, but the recent meeting of the Medical Institution of Liverpool was in every respect so important and so interesting to homœopathists, that we gladly transfer to our pages the very full and apparently fair report that appeared in the *Liverpool Mercury* of December 2.

Hitherto, as most of our readers are aware, almost every medical society throughout the country has passed resolutions and made laws against homœopathy and its professors. The only exception to this, as far as we can remember, occurred at the recent meeting of the British Medical Association in Edinburgh, where a stupid and bigoted motion, condemnatory of homœopathy, after having passed at a general meeting, was rejected by the council.

The triumph obtained by the advocates of liberality at Liverpool is, we trust, the commencement of a reaction in favour of freedom of conscience in medical affairs, which we hope to see imitated by the other medical societies of Great Britain.

In a discussion of this sort, the advocates of a generous and tolerant policy have a great advantage over the partisans of an opposite course. All the arguments and all the rhetoric of the world are in favour of the former. But even making every allowance for this advantage, our readers will be surprised to see how little the adherents of intolerance had to say for themselves. Dr. Vose promises at starting brevity and moderation, but as we read on we find him guilty of the most flagrant breach of this promise. He wanders away to all sorts of irrelevant subjects, and vents his wrath upon vote by ballot, republicanism, pantheism, thimble-riggers, dancing dervishes, mountebanks, and what not. In his moderation he calls homœopathy a hydra-headed monster, a tall bully that lifts his head and lies; he talks of it wallowing in its own mire, hatched out of slime; and employs many other choice expressions of equal force and delicacy to shew what a devoted admirer of moderation he is. Mr. Ellis Jones's chief argument against homœopathy is, that it is "a nuisance," which we take it is almost equivalent to the argument of Harvey's opponents—"Malo cum Galeno errare," &c. Mr. Chalmers threw a new light on the subject, by saying it was not the

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allopaths that persecuted the homœopaths but *vice versa*. Dr. Dickinson was so alarmed at the aggressive character of homœopathy, that he would keep it out of the society in order, we presume, to guard against the possibility of his being converted to its doctrines. Mr. Steele provoked roars of ironical laughter, by prophesying the destruction of the institution if homœopathists were not excluded. Mr. Waters caused equal merriment by his tragic allusions to the spirits of the departed; but he shewed an inkling of common sense when he alluded to the possibility of homœopathy being in as great favour fifty years hence as vaccination is now. Mr. Desmond we commend for his thoroughness and plainspokenness. He was for excluding from the institution every one who differed from himself.

What a relief to turn from the narrow-minded sectarian speeches of these gentlemen, and to read the liberal sentiments of the opponents of intolerance. Amid the almost universal display of narrow-minded bigotry and sectarianism, in all the other medical societies that have hitherto considered homœopathy, we had almost arrived at the disheartening belief, that the race of liberal doctors was utterly extinct. The speeches of the victorious Liverpool minority shew us that there still exist in the profession men who are not ashamed to advocate liberty of medical creed, who do not regard their professional brethren, who differ from themselves in practice, as knaves or fools.

Of course such a triumph of liberality over intolerance could not escape the wrath of the allopathic journalists. The following is the dignified and gentle rebuke of the *Medical Times and Gazette*:—

"We have so often expressed our opinions on Homœoquackery, that we need hardly say our sentiments go entirely with the forty gentlemen who voted for the exclusion from their Institution of the Practitioners of that veritable deceit. The question is not one of liberality or illiberality; the talk about persecution for opinions, and so forth, is nothing but sheer claptrap, put forth to catch the sympathies of the *profanum vulgus*. Who persecutes the Homœoquack? He has full and free swing to carry out his principles to the extremest limits which the gullibility of mankind will give him. Nobody thwarts him. Nobody stands in his way. It is, therefore, nothing but trickery with him to attempt the martyr-dodge before the public. What right have they who separate themselves from Medicine to seek shelter under its wings? Medicine and Homœoquackery are as opposed as light and darkness. The Medical man of necessity, regards the thing as an utter cheat; and can he

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honestly patronise the existence of it by his silent approbation? He does so undoubtedly, if he allows it to be said to the world, that he associates *as a Medical man* with those who practise it. We beg our brethren at Liverpool to remember this, that Homœoquackery is a parasite, and that it draws its vitality from the stately stem of Old Medicine, clinging to it for support, and sucking nourishment from it; that rent away from the stem, the parasite would perish to-morrow. It is as clear as the day, that it is impossible for a Medical man to associate as such with people of this class in a Medical institution, without giving a certain air of patronage to it in the eye of the public. Why do not these professors of the Hahnemann trick establish their own Colleges, their own institutions, and keep to them? Who hinders them from doing so? Why are they for ever attempting to associate with the practitioners of an art which they declare to be a lie and a deceit? We have already answered the question. And we trust, that those of our brethren who think they are acting a liberal part in not excluding Homœoquacks from Medical Societies, will reflect upon the injury which they thereby inflict upon Medicine. The alliance of Medicine and Homœoquackery under the same roof is false in itself, and deceitful to the public. Can a man honestly associate himself thus with those who he *knows* in his conscience are practising an injurious deceit upon the world?"

We need say but little on the subject of the exclusion of homœopathists from so-called Medical Societies, but we just pause for a moment to enquire on what principle is this exclusion made? Homœopathy is a system of medicine as well as allopathy, therefore it has as much right to belong to a Medical Society as the latter. The assertion of the *Medical Times*, that homœopathists should be rejected by Medical Societies because homœopathy is not medicine, is therefore untenable. But we hear it asserted homœopathy differs from orthodox medicine, it is a heresy, and therefore should be excluded. But how are you to prove that it is a heresy, and that your system is the orthodox? Where is your infallible creed, your articles of faith, to test its truth by? You have nothing of the sort, but you allege that the opinion of the majority is the test of orthodoxy or the reverse. A dangerous doctrine truly, for the minority of yesterday is the majority of to-day, and the minority of to-day may become the majority of to-morrow. Harvey was once in a minority and therefore a heretic, he is now in a majority, therefore orthodox. Jenner was in a minority fifty years ago, and denounced as a heretic by the great

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sanhedrim of medical orthodoxy, the College of Physicians, which only last year set up a statue to his memory in Trafalgar Square. Orthodoxy and heterodoxy are terms that cannot be employed in reference to an art which is always changing, always progressive. Every new truth must at first be in the minority, but not the less, for all that, a truth. If majorities are to decide what is true medicine and to be retained in our societies, what is false and to be expelled, by all means be consistent, carry out the principle and see where it will lead to. You have just cast out your homœopathists, for you are unanimously opposed to their practice; now look among your members for other minorities in practice, and cast them out. Half a dozen members believe that blood-letting is of no use in inflammation of the lungs, a large majority is dead against them—out with them! So many treat diarrhœa with small doses of some purgative—they are in a minority—out they go! So many more of the remainder hold that cold-water compresses are useful in some cases —they are hydropathic quacks—away with them! A considerable portion of the rump hold that it is not necessary, nor desirable to establish an artificial diarrhœa in every patient they are called on to treat—there is a bare majority in favour of the diarrhœa, so the anti-diarrhœists must pack. And thus you go excluding every one who differs in practice from the majority, until at last your Society becomes more select than numerous, and as all that remain agree in everything, there can of course be no discussions held in such a Society. But as a Society exists only for discussion, your model Society, as soon as it has eliminated all its heretical elements and become orthodox, ceases to be a Society, and dies of purity of faith.

But we will not longer detain our readers from the Liverpool discussion.

A large meeting of the members of the Medical Institution assembled on Monday evening last, in the theatre of the building, to discuss the propriety of adding the following words to the existing laws:—"But any one practising homœopathy shall be ineligible for election either as a member of the institution or as a subscriber to its library; and any regularly elected member or subscriber subsequently becoming a practitioner of homœopathy shall *ipso facto* cease to be a member of or subscriber to the institution." The ordinary mode of election has been for two members to propose any applicant, stating his name, residence, and professional rank; the proposal is then exhibited for at least a fortnight in the library, and the individual is next balloted for by the council. The council consist of eighteen members annually elected, but with a proviso prohibiting any

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member from being in office for more than three years consecutively. A majority of two-thirds is necessary for admission, six members at least being present. The intention of the present movement was to render homœopathists absolutely ineligible for membership. The institution numbers ninety-two members, of whom seventy were present, namely, Dr. Ayrton, Mr. E. Batty, Mr. R. Batty, Mr. Blower, Mr. Bickerton, Dr. Cameron, Dr. Collingwood, Mr. Cocks, Mr. Callon, Mr. Dawson, Mr. Chalmers, Mr. Denton, Mr. Desmond, Dr. Dickinson, Dr. Drysdale, Dr. Duncan, Dr. Eager, Mr. Ellison, Mr. Fletcher, Dr. Gee, Mr. Gill, Dr. Gruggen, Mr. Grimsdale, Mr. Hakes, Mr. R. Hamilton, Mr. Harris, Mr. Hey, Mr. Higginson, Mr. Hutchinson, Mr. Hulme, Dr. Imlach, Dr. Inman, Mr. Jones, Mr. Johnstone, Mr. Ellis Jones, Mr. Lister, Mr. Lewtas, Mr. Lowndes, Dr. Macnaught, Mr. Manifold, Mr. Millet Davis, Mr. Moore, Dr. M'Cheane, Mr. March, Dr. Nevins, Mr. Newton, Mr. Oldham, Mr. Patterson, Mr. Pope, Dr. Petrie, Mr. Rowe, Dr. Sinclair, Mr. Slack, Mr. Stevens, Mr. Smyth, Dr. Skinner, Mr. Steele, Dr. Stookes, Mr. Stubbs, Mr. Swindon, Dr. R. H. Taylor, Dr. William Taylor, Mr. Townson, Dr. Trench, Dr. Turnbull, Dr. Vose, Mr. A. Whittle, Dr. Whittle, Mr. Worthington, Mr. Waters.

Dr. Macnaught was called to the chair.

A conversation took place respecting the admission of reporters from the newspapers.

A member announced that a report certainly would appear, and the only question for discussion was whether that should emanate from a professional reporter or a member of the institution.

A vote was then passed excluding reporters, and a motion was proposed to prevent any member from furnishing a report of the proceedings to the public prints; but as it was intimated that there was no power to exclude any member from taking notes and using them, the subject dropped.

Dr. Cameron (Secretary) read the requisition calling the special meeting.

It was then resolved that the names of all present should be taken down and entered on the minutes, together with the vote given by each individual; and it was understood that if any chose to remain neutral it should be so recorded.

The Chairman announced that the discussion must be carried on according to the ordinary rules of debate: he trusted that he should meet with support, and that all would speak temperately. There was an alteration of the laws proposed, but it was prospective only as he thought. Had it had a retrospective tendency he would not have been there to vote for the change. His sympathies were with the motion, but he hoped to be found an impartial chairman. He certainly felt for those already on the list of members. They had been educated at the same schools with themselves and had taken the same degrees; they had, however, changed their views since their graduation. It was not easy, amidst conflicting theories,

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always to say what truth was, but he certainly did believe that homœopathy was not true. He would only add that he hoped all would speak clearly and shortly.

Dr. Vose moved the adoption of the words as given in the circular calling the meeting. He did so with unfeigned satisfaction. Some might consider it strange that he was the leader. It would have pleased him better had others occupied that post, but he had accepted it at the earnest wish of friends who thought the resolution ought to be moved by the senior physician of the oldest medical charity in Liverpool. Persons had duties to perform as well as pleasures to enjoy, and he was not going to shrink from the former. He would endeavour to be brief and moderate; but this was no easy matter on such a subject. The issue they were met there to try was the continuance of the respectability of the profession in this town and in this institution. (No, no.) He deprecated the introduction of personal matters into this discussion, yet there was one subject to which he must refer. He had had a friendly hint given to him that an attempt would be made by the opposite party to discredit his proceedings on the present occasion by raking up some vote given by him in council some seventeen years ago. It was a very long period back, and a man might well be allowed to forget it altogether. It was true, however, that hard times had come upon doctors, as they had upon other people, and in the abundance of their leisure some one might have taken the trouble to disinter the occurrence and attempt to use it as a weapon against him. If so he commiserated him very greatly, as he must have so very little professional business to do. Bad as was the crisis they were passing through, he did not think any one could be so void of occupation as to turn to the records of 1841 for an examination of what took place then, a time so far bygone. Since then many had passed away; and when a proceeding was so old as that he thought it might be covered by a "statute of limitations." But, after all, he would not shrink from that date. He was then upon the council of the institution, and had been present when Dr. Drysdale was elected a member. He well remembered that Dr. Drysdale had come to him with an introduction from an old and valued friend. He was spoken of very highly as having distinguished himself academically, but it was added that he had recently been in Germany, and had imbibed some of the new notions then promulgated there. Dr. Drysdale was elected when he (Dr. Vose) was present, but there was no minute saying that such election was unanimous. The ballot prevented any record of the voting. He was not going to defend the ballot in any way; he thought it was an unmanly juggle, a proceeding the abuse of which had in a neighbouring country paved the way for complete despotism. (Question.) He would not enlarge upon the ballot further, but wished to show that there could be no proof whether he had voted for or against the admission of Dr. Drysdale; but he did not wish to claim exemption, and was quite prepared to allow that he did—though his memory did not

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enable him to be certain—vote for Dr. Dryedale's admission. He believed he did so vote, and he did so on the strength of the letter of introduction. But at that period, as he had not had his attention drawn to the subject, he was almost wholly ignorant of the nature and bearings of homœopathy, and he believed that the homœopathists were much in the same condition. The doctrine was then in its infancy, and like other infants was content to creep upon all-fours. Since then it had become a hydra-headed monster, and had swelled out into huge proportions, and he might now say that it, "like a tall bully, lifted its head and lied." He did not wish to be personal, but general, in his remarks, which he wished to apply to the doctrine and not to its professors. If he were a student of zoology he might compare homœopathy, mesmerism, and hydropathy to some of those crawling creatures of which they had heard—all were hatched out of the same slime, and all belonged to low forms of organisation. Homœopathy was for a time contented to wallow in its native mire; but now it had grown up and thrown out processes all around, which it used as suckers to draw nutriment to itself. It was the hideous offspring of Germany, from which so many other forms of heresy and fraud had emanated. It was from Germany had come the vast flood of republicanism which burst over Europe, only to be quenched at last in an unheard-of despotism. From it had come rampant forms of infidelity, and all the blasphemies of pantheism. It had, he understood, been alleged, and diligently circulated, that he and those who acted with him had laid themselves open to the charge of intolerance and persecution. He denied it. If a thimblerigger were by law to be prohibited from becoming a member of Crockford's—if a dancing dervish were to be forbidden to appear in all the foolery of his costume and manner at the altar of St. Peter's—or a mountebank were to be prevented from making an exhibition of himself beneath the dome of St. Paul's, they surely would not say that that was persecution of those men? They would say that they had no legitimate reason for being there, and consequently they would be kept out or turned away. In the same way he thought that homœopathists had no business in the institution. He thought its motto ought to be, "No admittance except on business;" and if these men had no business there it surely was not persecution to keep them out. The objects of the institution were the cultivation of medicine and surgery and the interest of the medical profession, and it was no part of the business of the empiric to study medicine or promote the practice of healing. They had therefore no business there, and by no contortion of logic could there be a charge of illiberality brought home to him and his friends. But if there were any who felt like traitors, willing to give up the citadel of professional truth and to open a door by which to admit their enemies to their stronghold, he would not be at all surprised that they should attempt to call away attention to other points and try to fix their gaze on one part while they were betraying the cause in another. Such people were like the

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cuttle fish, which cast out an inky filth and tried to darken the water around it in such a manner that none could recognise its proceedings. Those who opposed him, he understood, arrogated to themselves the name of a peace party. He was for peace too, but they had all heard that there were many who called out "peace, peace, when there was no peace." Peace was all very well when it was honourable, but this was a case for strife, and he would infinitely prefer that there should be strife on this question rather than peace with humiliation. He had not come to that meeting in a factious spirit, or from any quarrelsome or vindictive motive; and in saying so he believed he might speak for those who felt with him on this subject. He was glad that the battle was to be fought: if it were gained he should rejoice; if not—if the votes should not be sufficient to carry the motion—he should still rejoice in the belief that there was a goodly number who wished to keep pure science pure, by endeavouring to prevent its becoming clouded by contact with what he must designate pure charlatanism.

Mr. Ellis Jones seconded the motion with great pleasure. He had no wish to be personal to any one, yet he did think the time had come when a man must speak out. He thought homœopathy had gone on so long that it had at last become a nuisance. He thought the present movement was a right one, and he trusted that the profession in Liverpool would, by their vote that night, show that they were no friends of homœopathy. They were not the first to attack homœopathy, for its professors were the first to attack them, and had done so in no measured manner; they had first thrown the apple of discord. Homœopathy had not been patronised yet by any institution: all the colleges and halls condemned it, and had taken such means as they could to prevent their diplomas being given to such as practised it; surely they ought to do so too. He remembered the foundation of the institution, and he was quite sure that no one ever intended it to be a harbour for quackery; and now, when all knew so well the history of homœopathy, he wondered that any one would argue for its becoming so. He thought for the honour of the profession that the motion ought to be carried.

Dr. Inman said that it required a considerable amount of moral courage to stand up in that large assembly and oppose a motion which possessed so unmistakeably the sympathies of the majority of members present. He well knew the vast strength of prejudice on this subject, for he had personal friends (not in Liverpool) who had so thorough a detestation of homœopathy that they seemed as if they had to wash their mouths after uttering the word, who made no scruple to declare that they could not think or argue patiently upon the subject, and who had worked themselves up to feel the same repugnance to Hahnemannism that children showed to toads, and sensitive ladies to spiders. He trusted that there were none in that room who were so blinded; but he could not disguise from himself the fact that there were many whose antipathies were extreme, and who

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(to borrow a simile from a friend) seemed to act, whenever homœopathy was in question, as a bull in the presence of a red rag. Knowing all this, however, he still ventured to propose an amendment on the resolution, and to hope that a majority of the meeting would vote on the side of tolerance rather than on that of prejudice. He felt the truth of the well-worn quotation—

"Thrice is he armed that hath his quarrel just,"

and he would have quoted it with vast parade if he could have trebled votes on the side of justice. He thought that the present movement was to be deprecated in every way; for if the motion was successful it would outside that room be considered as evidence that the profession were as intolerant at the present time as in days of yore; and if the proposal were not carried it would be held as a proof that medical men had begun at length to patronise the doctrines of Hahnemann. But still more was it to be deprecated, as it was certain to form two strong medico-political parties in the society, which would for the future be designated Tories and Liberals, standstills and progressionists—those who feared competition and those who cared nothing for it. It was, he considered, almost impossible but that feelings would be excited that evening between those who had hitherto been on good terms which it might require months or years of mental schooling to allay. How could it be otherwise when the war-cry of one party was "down with quackery," and of the other "away with bigotry?" Whichever way the decision of the members went, it was almost certain to be prejudicial to the institution, for on both sides were parties who had announced that their continuance of membership depended on the vote; some said they would no longer consort with charlatans, others that they would not be parties to intolerance. A very heavy responsibility, then, rested on the promoters of the movement, for to them would be entirely owing the strife which might ensue. This being so, they might naturally expect that the resolutions had been dictated by some weighty considerations, and that the reasons assigned for them would be unimpeachable. What were they? He had heard it urged that the Medical Institution was a club, and that all clubs had a right to make arbitrary rules, independent of the ballot, to keep out individuals objectionable to existing members. This was easily answered; for if the founders of the institution had considered it a club they would have said so in their laws, and in stating the objects of the institution they would have included some of the things for which clubs were formed. And if the promoters of the movement really considered that the Medical Institution was a club, they ought to have added to their present resolutions another one, to override the words of the first law, which gives the name and objects of the institution—a proceeding upon which they dared not venture. Again, it was said that had homœopathy existed at the foundation of the institution its professors would have been excluded from membership by the laws. This was absolute trash, for when homœopathy

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did become known, its professors, on application, were enrolled as members without any protest whatever. It certainly was a very remarkable fact that amongst the promoters of this movement was one of the very members of council who had by his vote enabled homœopathic practitioners to become members of the institution—and he said this in spite of the appeal to pass it over in silence. They must presume that he had *then* the same feelings respecting heresy as he had now, for he could not suppose that the minds of the council had never been turned to the subject of medical error at the time they so voted. What is designated as empiricism, quackery, charlatanism, &c., was as rife then as now, and the orthodox physician had always had a corner in his mind for inveterate hate against ignorant pretenders. Yet, with all this feeling existent, homœopathists were admitted into the institution by the council. The council were considered as the *élite* of the members generally, and stood quite as high in medical estimation then as now. It was, therefore, tolerably clear that homœopathy was not considered then as quackery, charlatanism, and imposture. Even in 1851, when the laws were revised, no such declaration was made. What was, then, the reason of this furious onslaught upon a form of medical opinion and practice which had hitherto been considered in a tolerant manner? Why was it that those gentlemen who retained to the present day feelings precisely similar to those which actuated the council formerly were to be branded as quacks, the friends of empiricism, and the enemies of legitimate medicine? One answer to this query had been to the effect that since the period when homœopathy first reared its head it had spread far wider and taken a far greater hold upon the public than the orthodox body ever believed it would. The delusion had spread in proportion to its magnitude, and consequently it must resolutely be opposed. But in whatever way the sentiments of the majority may be enveloped, there was no doubt that a general feeling existed that the majority of practitioners were frightened at homœopathy. ("No, no," and laughter.) But this feeling was not universal in the profession, for there was a large and increasing number who were not by any means alarmed either at the heresy or its professors—men who had taken the full measure of the danger, and were willing to face it in the boldest manner and in every way. For himself, he had not the smallest leaning to homœopathy; he had not been afraid to study it closely and make such inquiries into its practice as he could. He thoroughly enjoyed discussion upon its doctrines; he considered that many of its professors were earnest-minded men, and believed more or less profoundly in its tenets; and he would never join in calling them quacks and impostors, or declare that their doctrines were entirely beneath notice. At present homœopathy was to the majority of medical practitioners a bugbear, a bogie—a creature which when seen through mist and fear might be taken for a lion, but which when manfully approached would turn out to be no more formidable than a calf. He almost felt humiliated by seeing the

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profession make such a terrified outcry as they had done. To listen to their high swelling words, homœopathy was a contemptible delusion—its professors ignorant empirics or knavish fools. To watch their proceedings, however, when in contact with these same men, they acted as if they believed them to be elephants or some other gigantic creature—more dreadful than any they were yet acquainted with. Surely such inconsistencies were not things to be proud of in a liberal profession. For himself, he felt so strongly armed that he would give homœopathy every possible advantage ere he joined battle with it. His motto should be "The liberal heart deviseth liberal things, and by liberal things shall he stand," and he hoped yet that it would be also the motto of the institution. But there was another point that must be taken into consideration in their discussions on this subject. As far as he was aware, no person professing homœopathy had lately been elected on the society, and no one had recently become a convert to the new system. There was, then, no immediate danger threatening the institution. There was no cause to fear that all the older members were to be swamped by the new ones. The homœopathists at present on the list of members only numbered two, and they had neither done anything to make themselves offensive, nor had they been prominent for a long period. Why, then, was this motion brought forward now? Whence this sudden ebullition of zeal? He might himself have felt some hesitation in assigning the motives; but they had been so unequivocally proclaimed by those who had the charge of the requisition calling that meeting, and by individuals who had striven to influence members by anonymous letters, that there could be no doubt about the matter. The movement was got up at this time because the British Medical Association was about to meet here next autumn, and it was said that the association would be degraded and contaminated by meeting under any roof to which homœopathists had legal aceess. They could not well frame an "*ex post facto*" law to expel their homœopathic members, but they could attempt so to alter them that it would be difficult for the homœopathists, as gentlemen, to remain.

Dr. Vose and Mr. Ellis Jones here remarked that such was not the fact.

Dr. Inman said that was the opinion of one writer, who had said he would rather the British Medical Association held its session in a barn than in the Medical Institution as it then was. To be sure, the writer had stated that he was clever neither at his pen nor in argument, and so it was; yet there was the statement. ("Name, name.") He could easily point out the gentleman, but as he had written anonymously he presumed he would wish to remain so. (Laughter.)

Dr. Vose and others again repeating that the measure was not directed to the present homœopathic members,

Dr. Inman remarked that Mr. E. Jones had told him that such was practically the intention, and that he had with that feeling declined to sign the requisition.

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Mr. Jones denied having used such words.

Dr. Inman, without noticing the contradiction, continued—But there was strong reason to doubt whether, even if they were successful in their attempt, they would have the approbation of the association whose smiles they were then courting; for the council of that body, at its last meeting, had come to the conclusion, by a majority of 13 to 11, that it was advisable to let homœopathy entirely alone. Up to the present time there could be no reasonable doubt that strong feelings of antipathy had guided the proceedings of medical corporations rather than sound judgment. Practitioners had said, "The new system is unsound and absurd, consequently its adherents must be weak-minded fools or unprincipled knaves." But he was convinced from personal knowledge that they were not necessarily either the one or the other; and he could understand perfectly well how it was that they had been led to embrace what seemed to him such transparent errors as belief in the virtues of spiritualised medicaments and the seductive motto "Similia similibus curantur." But dare any one assert that because an educated man was led away by error he was unworthy for the future to consort with his fellows? Would any society of chemists or natural philosophers expel a Gregory because he believed in animal magnetism, or a society of jurists expel Lord Brougham because he considered the law capable of improvement? They would have pitied any learned institution which prohibited table-turners, spirit-rappers, and the like from membership simply on the ground that Faraday had demonstrated the absurdity of the idea; and yet they were asked to do a similar thing. They believed homœopathy to be error; therefore, they argued, its professors are unworthy to mingle with their professional equals. Let them look for a moment to the principle on which the resolution was founded, and they would soon see how radically wrong it was. It was proposed that a law should be entered on the books excluding from their society all the professors of homœopathy. But homœopathy was in reality nothing more than a new method of practising medicine—new in its theory, and new in its practice; and as there were likely to be many such, and it was better to take the broad principle of the thing rather than an example, he would read a resolution founded thereupon, and which would include not only homœopathy but every new "pathy" under the sun:—"That any individual who shall be known to employ any plan of treatment before unknown, or who shall habitually employ medicines in different doses to those ordinarily used, or who shall have adopted any new theory respecting the nature of disease and the operation of remedies, or who shall have made any decided innovation in surgery, or who shall in any measure depart from the practice of medicine and surgery adopted by the profession generally, shall be considered as ineligible for membership in the institution; and if any individual already a member shall adopt a practice different in any respect to the one he was taught in his youth, he shall *ipso facto*

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lose his membership." How ugly such a proposition sounded—how bigoted was its principle. Yet that was the very principle they were asked to vote for, under the specious pretence that their business was to instruct the public, to direct public opinion, to protect as far as possible the lives of their fellow creatures, and to repress quackery in every form. He quite admitted the necessity there was for each person trying to promote the cause of truth, but he could not believe that that would ever be attained by indulgence in persecution. The promoters of the movement had affirmed that the resolutions had not a persecuting tendency; but it was impossible to sustain that fallacy when they considered the manner in which the homœopathists had been spoken of by members of the profession both in public and in private. Fortunately for all parties, the orthodox were unable to burn the heretic doctors as the Pagans did the Christians, and these did each other. They could not rack and torture them as the Franciscans did the Benedictines, and *vice versâ*; they could not drive them from their cities as the French did the English workmen; nor could they exclude them from private reunions as the Yankees did their coloured brethren. They were unable to vent their spleen upon them thus, but they could revile and persecute them after another fashion, and they did so. Not long ago the president of the Birkenhead Medical Society, in a published address, spoke of the homœopathists as being more loathsome than toads, vipers, and other crawling reptiles; and in the council of the British Medical Association, and elsewhere too, he had heard them spoken of as either knaves or fools; others, members of our own institution, thought they reviled them sufficiently by stigmatising them as quacks, charlatans, and impostors, and this was really persecution, however they might disguise it. But there was still one more phase of the subject to which he must refer, viz., what was homœopathy? He did not believe that the promoters of the movement really knew what the essentials of the system were. They knew that its founder eschewed bleedings and blisterings; that he objected to a mixture of remedies; that he held that two diseases could not co-exist in the body; that drugs produced a temporary disease; that this was incompatible with the continuance of the first; that those remedies produced this effect with the greatest certainty which when given to a healthy person gave rise to the same symptoms as the disease, and that those medicines acted powerfully in infinitesimal doses. They knew still further that he traced the majority of diseases to suppressed itch. But the successors of Hahnemann did not adopt all these tenets; where necessary they used medicines precisely as they did themselves. To what, then, was the word to apply, and what was to be the proof that any individual had become amenable to the law? He had himself been considered as a homœopath, for no reason that he knew—as he had never taken a globule, prescribed one, or even had one in his possession; and, on the other hand, he had heard one of the

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leaders of the new system declare that he had never seen a definition of the word "homœopathist" that would include him. Was it proposed by the resolution that every gentleman to be balloted for as a member should be catechised as to his medical belief? Were they to have a council of ten, who were to pronounce on the orthodoxy of every candidate ere the council were to be permitted to proceed to a ballot for him? Was it proposed that every member then present should be liable at any moment to be called before this council and examined as to whether he still adhered to the principles and practice of medicine he learned at the schools? All then present were being asked to consent voluntarily to place their medical reputation in the hands of a medical star chamber, who might at any moment deprive them of their membership on the plea that they were homœopathists. Would the members stand this? If that second resolution were to become law, not one of them would be safe. There was nothing to provide for a fair and impartial trial, there was nothing to provide against any one being condemned unheard. One might be expelled from the institution because he had been seen with a homœopathic journal in his hand; another because he had joined with a homœopathic doctor to form a whist-club, or had walked along Bold Street in his company; another because he had been known to swallow globules and try them quietly in his household; and another because he had been seen in a homœopathic chemist's. Surely they would pause ere they tied themselves up thus. To prevent such a state of things he would invite them to join him in the following amendment:—"That the members of the Medical Institution do not consider it just or expedient to deprive any legally qualified practitioners of the privileges of the institution solely on the grounds of the medical opinions they entertain, and they feel confidence that the present laws are sufficient to maintain the honour of the profession."

Dr. Cameron rose to second the amendment. He wished he could do justice to the principle which it embodied. The promoters of the motion, by stirring up strife among the members of the institution, had incurred a very heavy responsibility, from which they could be released only by showing some urgent necessity for the step they had taken. He had been attached to the institution since its earliest days, and remembered that one or more homœopathic practitioners had always been found among their members. When first homœopathy was introduced among them it exhibited by its spirit of propagandism a strength very unusual in a "beast creeping on all fours." [Dr. Vose: I did not call it a beast, only an infant creeping on all fours.] Well, it was then anything but an infant; papers were read on the subject of homœopathy, and its tenets discussed. So late as 1850 a paper had been read on the homœopathic treatment of cholera. They had had, too, a homœopathist in the council; and during all this time no one moved in the business, no protest had been entered against the admission of homœopathic practitioners. He believed

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that, in consequence of the great improvements which had taken place in their own mode of treating disease, homœopathy had seen its best days, and was really going down in the world; yet this was the time which had been chosen for attacking its followers. He felt convinced that this result was also partly dependent upon the policy of toleration which had hitherto existed in the institution. That homœopathy was on the decline was no bare assertion. Notwithstanding the great increase in the population of this large town during the last twenty years, the number of homœopathic practitioners continued stationary. In Birkenhead there were formerly two; now there was only one. Homœopathy itself had been much modified of late, and its followers no longer adhered implicitly to the doctrines of Hahnemann. He thought that no member should be prohibited from following the dictates of his own judgment in the treatment of his patients. Homœopaths were frequently accused of dishonesty; but people were too apt to form an unfavourable moral estimate of those from whom they differed in opinion on any important question. Our convictions depended principally on our mental organisation and education, and to a great extent were independent of the will. Some believed readily what others doubted, and it was certainly a hard case that such persons should be abused as "nuisances," "humbugs," "charlatans," &c. [Dr. Vose wished to repudiate such words, but Dr. Cameron replied that they had been uttered in the debate.] During the past few years there had been many delusions, yet those delusions had been believed in by many highly educated and intellectual persons. Would any one suppose that Dr. Elliotson would have sacrificed his high professional reputation had he not been sincere in his belief in clairvoyance? Similar remarks might be made of Gregory, Mayo, and Henderson. These were all bright lights of our profession which had paled under the influence of honest but deluded convictions. He pleaded that the same generous interpretations should be allowed to lesser men as they accorded to such names as these. He thought that there ought to be the utmost tolerance allowed in that society; it was very necessary. There should be no such attempt at coercion as to say to each member on his admission—"You are only allowed to think or act on such or such a plan; your views must be those of the majority amongst us, or you must turn out." Such a proposition was monstrous. Homœopathic practitioners were regularly educated men like themselves, acknowledged as such by the new bill, whose framers would not allow any man to be struck from the roll on account of his adopting any new or peculiar practice. Why, then, should they attempt to deprive them of membership? Nothing that could be done in that institution could take from or add to the social position of the homœopath; but they might do themselves a great deal of harm by such movements as these. Their motives would be mistaken, would be considered by many as implying a want of confidence in the

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truth of their own system of medicine, and it would be said that they were animated by fear and jealousy of a rival with whom they dreaded competition, rather than by a philanthropic interest in the public welfare.

Mr. D. Chalmers remarked that they were not there to discuss the subject of homœopathy, but to record their decision upon the point brought before them by the resolution. It seemed to him that many had come to that room with the foregone conclusion that the gentlemen who thought with him had a strong feeling against homœopathy. He had not come there to vote from such a motive—he knew little of it and its professors. His reasons for coming forward were that the council at their last soirée had invited many homœopathists to meet them who were not members of the institution. [Dr. Cameron protested against an attack on the council, which was not now on its trial.] Mr. Chalmers said he was only speaking his own sentiments when he said that he was prepared to vote for the motion, because he felt very strongly annoyed that they should at the annual meeting and soirée have had first to listen to an address which had been read, and since published, and whose prominent feature seemed to be a total infidelity in the progress of medicine up to the present time, and then to meet familiarly all the homœopathic practitioners in the town. These were his motives; he denied having any feeling of malignity or persecution against the two gentlemen who were members. He wanted not to preach any crusade against homœopathy; he had come to vindicate his own sincerity and his confidence in his own profession. How could they in any way keep the homœopathists in their society? If any member of a scientific society were to uphold the doctrine that the half was equal to the whole, surely he would not be tolerated; and how could they tolerate a set of men who believed in the virtue of doses so small as to be practically nonentities? He wondered how it was that the homœopathists came to them for admission at all. Talk of persecuting them—why, they persecuted us. If there was to be tolerance we must meet these men at the bedside as well as in medical halls; and this we could not do, as we could neither understand all their infinitesimal reason nor join in their equally strange practice.

Dr. Petrie did not wish to give a silent vote. When first Dr. Drysdale came to Liverpool he brought with him a letter of introduction from Dr. Simpson which spoke of him in very flattering terms, and the result was that he with Dr. Macrorie, or Dr. Duncan, or Dr. Taylor—he did not remember which—proposed him for membership at the institution in 1841. At that time it was understood that he came here as a homœopathic practitioner, and he (Dr. Petrie) proposed him with a tacit understanding that he should read a paper on the subject at an early meeting of the society. All concurred in the election. The paper was read and the subject warmly discussed. Dr. Sutherland specially took it up, and reported upon it at a subsequent meeting. He (Dr. Petrie) did not agree with homœopathy at all; but he could see no reason whatever why they

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should not meet them in a medical society to discuss medical topics, and in a medical library where they could read the same books with others. He thought it looked very like as if they were really frightened of the homœopathists. He would not feel specially disposed to vote on either side, but he should prefer voting, as he had done before, in favour of a man of high academic attainments.

Mr. Grimsdale said he regretted exceedingly to find himself opposed, on a question of such importance to so many members of the society, many of them personal friends of his own, and men for whose judgment he had the greatest possible respect. But he should be ashamed of himself were he to allow any personal feeling to interfere with or make him shrink from the expression of his matured and conscientious opinions on a question of such vital interest to the institution. He was quite aware that by voting for the amendment and against the resolution he and many who thought with him were apparently placed in a false position. But he stood not there as the defender of homœopathy; with its doctrines he had no kind of sympathy; he did not believe in its fundamental principle, neither had he the smallest particle of faith in infinitesimal doses; indeed, he considered the whole thing a delusion. His opposition to the resolution was based on what he believed to be the righteous principle of tolerance against intolerance. They were not there to discuss the doctrines of Hahnemann and his followers, but they had met to decide, in his opinion, a far more important matter; they were called upon to say whether they, as members of an institution founded in a spirit of toleration, requiring of its candidates for admission adherence to no particular medical creed, but simply the possession of a legal qualification to practise, were now for the first time to set up a barrier to exclude all professing belief in certain therapeutical dogmas; in other words, to reduce their society to a sectarian level. This was the question they were really called on to discuss. Were they prepared so to change the spirit of their laws and the character of their institution that henceforth creed should become a part of the qualification necessary both for admission and continuance in membership? He trusted not. The *onus probandi* clearly rested with those who advocated so radical a change. They must first prove the necessity of the case; and secondly, according to the terms of their resolution, were bound to show why homœopathy alone was the heresy attacked—for it was to be observed that the resolution was not based on the broad and more intelligible principle of excluding all who did not practise in orthodox fashion, but was framed in the narrow exclusiveness of shutting out only one particular class of practitioners. Their friends who professed themselves to be so much scandalised by complete tolerance of opinion (of course within the limits of legal qualification) did not seem to care, so far as they could judge from their resolution, whether they believed in or practised hydropathy, mesmerism, electro-biology, or any other *ology* or *pathy* so long as they had nothing to do with homœo-

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pathy. They who opposed this movement had no leaning to homœopathy in what they did, but advocated the principle of eligibility for membership entirely irrespective of medical creed, and his opposition to the resolution would have been the same whatever had been the medical heresy named. He could not see on what principle the belief in error should exclude from a scientific society. The thing seemed to him wrong on the face of it. If all learned societies were to pass laws of this kind—limiting their belief in certain directions under pain of exclusion or expulsion—he should say that in no long time the members of these societies would become very much more select than numerous. What society would frame a law to exclude the authors of "The Vestiges of Creation," or "The Plurality of Worlds," in consequence of their opinions? If these principles were carried out, what obstetrical society could contain two such men as Dr. Robert Lee and Dr. Simpson—men diametrically opposed on almost every important practical question; the practice of the latter having been publicly accused by the former and his party, not only of gross scientific error, but of distinctly immoral tendencies—a much more serious charge than had ever been hinted at against the class of practice they were now considering? And yet would the Lee party dare to get up in any society and propose a law to exclude such men as Drs. Simpson, Henry Bennett, &c.? They should ever remember, when discussing questions of this nature, that medicine is not and probably never will become an exact science; it is perhaps, especially in therapeutics, the very model of a pure eclecticism; and if they could see the impropriety of excluding men in consequence of their opinions in the case of societies where the pure and exact sciences alone were introduced, how much more did it become them as a society to be tolerant of the opinions of their brethren? To those gentlemen who called hard names, and spoke of quackery, charlatanism, hydra-headed monsters, and the like, and who thought the term "gross scientific error" far too mild to apply to homœopathy, he would recommend for their consideration the words of Hood, in his inimitable ode against intolerance:

> "If their offence be rank, should ours be rancour?
> Mild light and by degrees should be the plan
> To cure the dark and erring mind;
> But who would rush at a benighted man
> And give him two black eyes for being blind?"

But possibly it might be not so much the medical opinions as something in the character or conduct of the men themselves that actuated their friends in their movement of expulsion. He would therefore ask—Do they notoriously act in any unprofessional way unbecoming the character of gentlemen? Do they profess to have secret remedies? Do they puff themselves in the newspapers? Do they send cards or handbills round their neighbourhood? If such were the case, let him hear it proved, and

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he would at once vote for their exclusion or expulsion. But so long as he knew them to be legally qualified men and believed them to act as gentlemen he could not bring himself to vote for their expulsion, for expulsion it practically was. But they were told that other medical societies had passed expulsory laws against homœopaths; and, indeed, that this had become so general that Liverpool was beginning to be looked upon with suspicion, and its practitioners, as a friend at his right remarked, as black sheep in the profession, and they were therefore urged to make haste and cleanse themselves from the taint already attaching itself to them. Certainly the example of other societies was entitled to weight with them, but at the same time he thought that they as a society were quite competent to form their opinion and to decide justly on the question, altogether independently of the example set them by others; and when they remembered how much intemperance of expression and feeling had been brought to the discussion of this subject, both in the different societies and in the pages of the weekly medical press, they would, he thought, be somewhat less inclined to follow example in this matter for mere example's sake. Let them not be led away by mere popular medical clamour; and if they did alter their laws, let it not be in obedience to the cry that the profession elsewhere expects it, but let them argue the question fairly and temperately, resting assured that should the Liverpool Medical Institution even stand alone it would eventually be recognised as a noble example of independence and wise toleration. He protested against the imputation which had very unfairly been attempted to be cast upon those who thought with himself on the question. They had been accused of leaning to homœopathy, and of favouring homœopaths by their votes, and apparently were looked upon with little less disfavour than the homœopaths themselves. As well might those who were interesting themselves to release young Mortara from the clutches of priestly intolerance be accused of leaning towards Judaism as they who were but fighting to prevent a spirit of intolerance creeping into their laws be accused of leaning to homœopathy, simply because it happened to be the Mortara in the case. He held that in the laws of a society like theirs there should be no favour shown, even to those who practised on the most orthodox and regular principles; much less would he have any partiality displayed to homœopaths or other sectional minority; but what he would have was justice to all. The accusation of partiality came with bad grace from those who, not content with their laws, tolerant as they at present stood, would themselves introduce a principle of partiality and intolerance, even at the risk, as they said, of rending the society. They were accustomed to think that intolerance was but the offspring of ignorance; and surely if their society was founded in a spirit of toleration, if they had hitherto admitted men irrespective of medical creed, and if their knowledge had at all increased in any proportion to the progress of science in the world around them, they dare not stultify themselves and prove their practical retrogression

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by adding to their laws one so intolerant and so utterly repugnant to the original spirit of their constitution.

Dr. Dickinson said that it was assumed by the opponents of the motion that all individuals who were legally qualified according to the laws of the country were eligible for election into the institution, and that it was a mode of persecution to endeavour to keep them out. He thought not. They were bound to protect themselves, and homœopathy was a form of error they had to guard against. It was not simply defensive, it was aggressive. The homœopathists said that not only were they right, but that all other practice must be wrong. It said that medicine did a positive injury to those who took it, and absolutely produced a disease itself; so that if a person was cured by drugs they asserted he was almost in as bad a state as before he took them. How could they stand on any terms with such men? How could they meet them on any common ground in a medical institution? To do so was to sanction an error they thought to be of fundamental importance. If it had not been for the soirée already referred to he should have himself felt disposed to let things take their course as they had done hitherto; but after what passed there he felt compelled to take a decided step, for he thought that homœopathy was contrary to the best interests of the profession, and that they ought not to do anything to sanction it.

Dr. Imlach wished that the members would not decide this question without hearing a minute of the council meeting relative to the soirée that had been referred to. The invitations to that soirée had been issued to every duly qualified medical man in Liverpool and the neighbourhood whose name appeared in the directory. It seemed to be a grievance that some five or six homœopathists had in that way been included in the invitation and had attended the meeting; but he could not see how they could possibly be more contaminated by rubbing their shoulders against six homœopathists for one evening than they had been by contact with two for so many years. Dr. Imlach was then proceeding to read the minutes, but the meeting objecting to the course he sat down.

Dr. Eager regretted that such acerbity of feeling had been evinced on this subject, for it was not one, he thought, that needed to excite their ire so greatly. The subject was one of such importance that he did not consider himself justified in giving a silent vote. He was not one of the admirers of homœopathy—on the contrary, he considered it an egregious sham; but yet he thought that it was to be investigated in the same way as they would investigate any other subject to ascertain its real value. He would not like to throw a wet sheet round it, and so cover it up and quench all inquiry. Some spoke as if they were really under a grievance —as if homœopathy had done them some personal injury; but he could not understand why this was so. He considersd that they would be doing great good to homœopathy by passing the motion, for they would be promoting the sham. If the sham was to be exposed, it was by fair and

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open discussion amongst those who were opposed to it—not by expelling it from the institution and leaving it to grow unchecked in any way. He well knew that the profession were not specially popular with what were termed the "laics." Every penny-a-liner thought the doctor a fair butt for ridicule; and had any of them been present that evening he doubted not that they would see, for a whole week to come, a series of letters and paragraphs in the papers commenting upon the preposterous remarks which had been uttered that night by those around him. He begged pardon for the term, and amidst much laughter remarked that he referred to the gentlemen around him; but on looking round and seeing that those in his own neighbourhood were not friendly to his cause, he, amidst increased laughter, said that he had intended the remarks to apply to his own friends and not to those around him. This had been made a party business—he could not see why. All were equally unfavourable to homœopathy—he certainly was so himself. He wanted to put down error; but he thought that the motion would help it on, consequently he should vote for the amendment.

Mr. Steele remarked that in listening to the speeches that had been made that night he was reminded of the old story of the individual who, having no legal case to bring into court, wrote as an instruction to the barrister who was to conduct it, "We have no case, but you must abuse the plaintiff's attorney." He thought the movers of the amendment had no case, and so they were abusing those on the other side. He considered that the promoters of the movement had "right" with them. The members of that institution ought to have nothing to do with quacks, and Dr. Dickinson had proved the homœopathists were such by showing them how completely those men neglected the true interests of the profession. It was quite reason enough for him to wish to keep them for the future out of the institution to say they were quacks, and that they could not consort with quackery in any form. He wished to assert his own self respect and to vindicate the honour of the profession. They did not meet homœopathists at the bedside in consultation upon medical cases, and how could they do so consistently in a medical society? All averred that they believed the principles of homœopathy to be untenable and its practice prejudicial, and yet some said they could meet them in that room. He objected to do so as long as he thought their views were so contrary to reason. His object was to assert the dignity of his own profession, not to persecute others. It had been remarked that homœopathy had gained great favour in high quarters. He regretted that it was so, but it was a somewhat melancholy fact that the aristocracy had long had the reputation of being the chief supporters of imposture and charlatantism. He would instance the examples of Johanna Southcote and St. John Long, and coming nearer home would quote the patronage meted out to Evan Thomas. But if homœopathists had all the virtues, social and literary, of the most educated society, if they were as accom-

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plished as many of the men whose characters all admired—of such celebrated men as Harvey, Jenner, and Sydenham, to whom they were so fond of comparing themselves—he would still denounce them when he found them professing a system of medicine founded in error and supported by ignorance. It had been said by the other side that the public were sure to take up the question, and that, whichever way the vote went, good would accrue to the homœpathists. Granted that it was so; he would ask, which would do most good to them—a triumph or a defeat? Surely it was to be considered as a triumph for them if they were assailed and their opponents failed in carrying their point, and it must certainly be considered as a signal defeat if that institution passed a law declaring them unworthy of membership. There was no doubt that homœopathy was there upon its trial, and it must be condemned—it was essential to the welfare of the institution that it should be so, for if the resolution was not carried it would be the means of destroying the institution. (Roars of ironical laughter.) It had been said that the Medical Act sanctioned homœopathy, but it must be remembered that that act was only a compromise—a beginning—a thing shortly to be amended. No one would for one moment pretend that the clause which gave toleration and medical equality to the homœopathist and other irregular practitioners in medicine was sanctioned by the profession. On the contrary, had the opinion of the profession been of any weight with the legislature, such a clause would not have been introduced; they would have prevented it if they could. There was one thing must be borne in mind, that if they did not pass the motion Liverpool would have the unenviable notoriety of being the only town in the United Kingdom in which a motion deprecatory of homœopathy had been proposed and not carried. Dr. Inman had referred to the last council meeting of the British Medical Association; he would now read a resolution of the whole of that body effectively excluding homœpathists. [Dr. Inman: Yes, that was seven years ago. He referred to what passed only a few months since.] He repeated that no town or body had yet pronounced in favour of tolerance to homœopathy—(No, no)—and he hoped that that meeting would not do so. He trusted that they would by their votes that night affirm that they would have no fellowship with quackery, but that they would show that they could be true to themselves and true to the public.

Mr. Waters supported the motion. He considered that the question was one of principle; it was not one of persecution or no persecution; tolerance or intolerance, homœopathy or no homœopathy; it was not a question of what had been done by the council or what had taken place at the soirée, but it was the question whether the institution was at that time in an honourable position. He did not support the motion on account of what had taken place at the soirée. Much had been said that night about persecution; it was all nonsense, for if there was any persecution they were themselves the persecuted party. Was it persecution to say

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that they would not meet those in a medical society whom they did not meet in private practice? If it was persecution to decline to have them in the institution, it was equally persecution to decline to meet them in consultation. He had listened to many arguments that night put forward by men whom he was proud to call his friends, and with many of whom he was on active terms as a colleague in the performance of public duties, and he was very sorry that on this occasion he felt himself obliged to differ so widely from them; he must, nevertheless, express his own views upon a subject of such vast importance. They had been told that night of the intolerance of former days. They had heard of intolerance practised against such men as Sydenham, Harvey, and Jenner. They had heard how the practice of vaccination had been decried fifty years before, and they were asked to compare homœopathy with such an inestimable blessing. It might be possible, if we lived so long, that we might see fifty years hence such a catastrophe. But, if the spirits of the departed—[Here Mr. Waters assumed so deep and tragic a tone of voice as to elicit peals of laughter, which continued until the sentence was concluded, rendering an accurate report impossible. He was understood to say that if our departed spirits did rise up fifty years hence, and find that homœopathy was as much thought of as vaccination was now, the spirits would be vastly astonished.] It had been said—to use a very homely expression—that the subject was a very stinking one, and more so, that the more they stirred it the worse it was. (Loud laughter, which continued for some time.) He would go on. (No, no.) He would at any rate express his hope that the resolution would be carried, and that it would be known everywhere. He did not think that they were justified in lending the sanction of the honourable name and all the weight of the Medical Institution to support so great a delusion as homœopathy. (Loud cries of "Vote, vote.")

Mr. Fletcher rose and said he wished to put a plain question and to answer it. Were they right in lending the sanction of the institution to a great delusion? His answer was "No;" and on that very ground he opposed the motion. He would do nothing to sanction homœopathy since he believed it to be wrong, root and branch, theory and practice; that what in it was new was not true, and what was true was not new. They were not justified in giving support to homœopathy, and they did not do so by receiving those gentlemen into the institution. We had been told that *we* were persecuted by the homœopathists: he had not been hitherto aware of the fact. He thought, when hearing this, members present must feel somewhat as that plaintiff did who, after hearing his wrongs most abundantly detailed by his counsel, burst into tears, and exclaimed, "I had no idea I had been so badly used before." One thing, however, had clearly come out in the discussion—that the promoters of the movement considered it a question altogether of the merits or demerits of homœopathy, and if that movement was not successful the natural conclusion which the world would draw would be that they were favourable

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to that error. But he considered that this view was entirely wrong. The members of the institution were not individually or collectively responsible for the medical opinions of each other. It was argued that homœopathy was an error, and that by tolerating its presence they helped to spread it; that the presence of its professors was dangerous to the members generally, and that they set a bad example to the profession. It seemed to him as if the opposite party imagined they could capture error and pitch it to oblivion. He remembered hearing of Folkestone having been attacked with smallpox once upon a time, and the wiseacres of those days spread their nets around the place to catch the disease, so that they might fling it into the sea and drown it. This was not more absurd than the attempt to catch error and put it down by such proceedings as theirs. But we are told by others this is not an attempt to put down error, but to free ourselves from any complicity with it. Now, the institution either is or is not responsible for the opinions of its members. If it be not so, all argument as to our complicity with the errors of members falls to the ground. But if the institution be responsible, where is the limit of its responsibility;—why should it be answerable for one error and not for others? But it was argued that they were to be responsible for practice, and that the opinions and practice of the homœopathists could only be designated as quackery. Some had said that it was quite impossible to practise homœopathy in the full belief of its truth; but he believed it to be quite possible; and, moreover, he gave them the full credit of having as firm a faith in their system as he had in his own. Some people said opinions were free as air. Yet they acted as a colonel before the election of the first consul was said to have done in addressing his soldiers, to the effect that their opinions were free as air, but he had only to state that any man who did not vote for General Bonaparte would be shot at the head of his regiment. The proposers of the motion said, practically, "We allow that opinion is free, but you must only think in our way; and if you don't think as we do, there is the door." But here again there was the statement made that homœopathic practice was quackery and its professors quacks. Well, be it so; there was a law at present to expel them. They had a law by which any individual who had, in the opinion of the council, disgraced the profession, might be brought to trial before the society; and if the homœopathists were really guily of quackery they were quite amenable to the operations of this law. It had been urged by the other side that as they could not meet these gentlemen in consultation they ought to decline to meet them here. This was quite a fallacy—a complete *non sequitur*. In consultation with each other they met to act, to carry out a plan considered to be the best for a patient. In that institution, however, they did not come to act, but to talk, to read, and to discuss. Two could not agree in action where they differed on principles, yet they could agree very well to argue upon those at a fitting time and place. He might compare the two things to a government and a parliament. The execu-

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tive could not act and govern unless they were agreed upon their proceedings, and they refused to consult in their counsels the leaders of the opposition; but in parliament all parties had a right to be heard, and they were no more justified in keeping homœopathists out of their society than the government of the day would be in voting that all the opposition must hold their peace. It was far better to discuss error in a proper place than refuse to have anything to do with it and leave it to flourish elsewhere. All heresies that had been persecuted had been galvanised for the time into increased vivacity. Take the example of Mormonism, which had grown up under the influence of persecution: driven from city to city, its leader killed, its disciples reviled, its tenets hideous; in some parts it had nevertheless gone on and prospered. Why should they attempt to drive the homœopathists into isolation? The very idea of liberty of discussion —a thing we all profess to prize so much—involved the idea that there must be difference of opinion, and they must either say that nothing shall be discussed but what the majority please, or allow each to bring forward his own views. Milton said, let truth and error grapple, and truth is sure to come uppermost. But for truth and error to grapple they must have an arena for the strife, and he considered that the Medical Society was an appropriate arena for the contest between medical truth and medical error. They were not, and no society for the discussion of science was, responsible for the opinions expressed therein. The Members of the Medical Institution were not responsible for the views held by Dr. Inman on spinal irritation, or by Dr. Turnbull respecting phthisis; nor were they more responsible for the opinions of Dr. Drysdale and Mr. Moore. Exception had been taken to his having used a simile to the effect that many gentlemen whenever homœopathy was mentioned resemble a bull in the presence of a red rag. He did not know why they need be so sensitive. The bull was a very respectable animal—the personification of vast strength, courage, and resolution. He should not complain of being likened to a bull. Surely the objection came with bad grace from those who could liken homœopathy to a crawling thing gendered in slime. The idea of slime was disgusting in the extreme, but that of a bull was noble: it was the type of our country; we called ourselves John Bulls, and we had, as all John Bulls were said to have, a horror of everything we considered to be shams. He believed that this hatred of shams had much to do in this question; but he would say, as Moses said to the two Israelites who quarrelled—"Sirs, ye are brethren. Why do ye wrong one another?" We are brethren. Why do we wrong one another? Attack error by all means; but let us do justice to one another, and remember that every one is innocent till he is *proved* guilty.

Dr. Drysdale said that he could not admit that any vote that could be taken that night would be on the merits of homœopathy. He solemnly protested that it had not been examined in such a way as to give any right to a decision. Therefore the whole of the proceedings on the side of

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the movement could only exist by begging the question; and if that was the case it reduced it to the naked meaning—that no one could retain his membership who held opinions not shared by two-thirds of the society. That was virtually the result of the principle if pushed consistently; and if not, and merely limited to this particular case, it was a very unfair wresting of the laws to party-spirited persecution of one method, or directed against individuals. Dr. Vose had well said that this was a question in which the respectability and honour of the society were at stake. He quite agreed to that, and thought that if a decision in favour of the motion was come to it would brand the society with indelible disgrace, and add one more example to the narrow and persecuting spirit in which new principles were received in past ages. Whereas, on the contrary, even if the theory he advocated was not true, in the end the society would well deserve credit for giving fair play; and if it was true, as he was assured of it, it would reflect immortal honour on them for giving a fair reception at a time when their prejudices were so strong against its truth and probability. With respect to the manner in which the debate had been conducted he did not object. On a subject so important men ought to hold strong opinions, and had a right to strong language as long as they kept to the abstract nature of the question. For example, he considered that to treat disease by giving medicine of whose action on the healthy body we were ignorant, and to mix up those together, was so opposed to all rational principle, that in the heat of discussion he might apply the term "quackery" to such a mode; and, on the other hand, their principles might appear so improbable, and the dose so unlikely to have any effect, that an opponent might consider it quackery to attempt to cure disease in such a manner. But if he were to pass from abstract principles, and to single out any individual and call him a quack for practising the ordinary allopathic method, he would sin against all the laws of propriety, and deservedly be called to account in that meeting, and before the laws, even, for libel and defamation of character. In like manner the abstract question might be discussed with freedom, but for any one using such terms to them individually, they claimed a like protection. The only plausible argument in favour of the motion was that of Mr. Ellis Jones, to the effect that they were mere sectarians who were bound by certain dogmas and by a restricted creed, that confined them to a definite course, which they were obliged to follow. But that he (Dr. Drysdale) emphatically denied. He admitted that if that were the case it would be an ample reason for expulsion from any properly constituted scientific society, because it would be the very course which the supporters of the motion wished to put the society into. But homœopathists had no dogma or creed that must be believed in and followed independent of its proofs derived from observation and experience alone. The homœopathic theory was adopted by him and others as resting on these, and its exact place in medicine could be determined by experience alone—not only the past, but

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future experience—and homœopathy not being held as a dogma he admitted that that place might be modified by future experiences. As an instance of the effect that future discoveries might have in determining the exact place to be held in medicine by the homœopathic principle, he noticed the treatment of entozoa. Formerly the origin of these parasites was enveloped in the most profound obscurity, and it was not known whether they were in reality products of diseased actions, and to be treated as diseases properly so called, or mere foreign bodies which had obtained entrance into a person otherwise either healthy or diseased. It was now known that they were not diseases properly so called in any sense of the word, and therefore when it was necessary to expel them it must be done in the same way as any other body, by the means that are principally used for that purpose in common practice, though for any disorder accompanying their presence the specific medicine was still to be used as before. This being the case, and homœopathy being legitimately introduced and legitimately practised, if they were to condemn it by any *a priori* resolution, he asked on what possible grounds could any new theory ever obtain admission into medicine. The homœopathic principle, if true, was of such vast importance that it must necessarily supersede the large majority of other means of cure. But he must be understood that if in such a vast number of instances he used it, it was on the ground of its being better than others, and not because he felt bound to it by any sectarian dogma. He expressed a hope that as the society had hitherto done themselves honour by the way in which this question had been treated, they would continue in the same line. In 1841, when first he came to Liverpool, he had just come from Germany, where he had made the acquaintance of men of character in every way estimable, and by them had been induced to examine the subject, and became convinced of the truth of the principle. On coming home again he could not in common honesty fail to testify to the honour of these men, nor conceal his own convictions, otherwise he would have been a false witness and a liar. As the case now stood, if those resolutions were carried he could only get into the society on those terms. But, fortunately, when he was elected the cause of common sense was in the ascendant, and he was admitted whilst openly expressing his convictions; and he trusted that the society would not now belie their character, and even put matters to such an issue that honest men could be kept out, whilst by a sacrifice of principle they might be admitted. Dr. Drysdale concluded as follows:—I cannot conclude without bearing testimony to the noble spirit that has been shown by those who have spoken on the liberal side, and which I trust will be shared by a large number in their votes. Though I naturally regret that those men are not of our way of thinking in medicine, still as the delay of a few years in the general adoption of truths which will last all time is comparatively of small importance, I can almost rejoice that their prepossession against our doctrine is so strong (and I doubt not it is sincere), because it

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exhibits in a clear light the purity of the motives by which they are actuated, and will show to the world that there are in Liverpool a large number of medical men sufficiently enlightened to make sacrifices in the assertion of the great principle of the freedom of opinion.

Mr. Desmond considered that the chances of admission into the society should not be left to the ballot alone, for it might happen by a combination of circumstances that six of the friends of so called liberality, but he would say of homœopathy, would be the only members of council present, and they might elect a homœopathist, to the annoyance of all other members. He was for excluding not only homœopathists but all irregular practitioners, whether they were hydropathists, mesmerists, or anything else. He thought that something more was necessary for admission into the institution than medical education, gentlemanly deportment, and a diploma. A man might get a diploma by professing the orthodox creed, but then change his mind and so become an undesirable member of the profession. He might, for example, think that, after all, nature had best be let alone, as it was practically amongst the brute creation, and that medicine was of no use. Could such a man, after an enunciation of such views, be considered really as a medical man? He thought not. And if they were not of their body it was quite natural that they should endeavour to expel them from any society they might have joined, or to prevent them from entering any body whose opinions were opposed to their own.

Dr. Turnbull and Mr. Moore then rose, but met were with contiuous cries of "Vote, vote;" and a scene of confusion for a time ensued, which ended at last in a resolution to vote at once. Some further preliminaries had to be adjusted, so that the process of ascertaining the numbers on each side occupied in all no less than half an hour.

The amendment was first put from the chair at ten minutes past ten o'clock, and the votes were announced ultimately as follows:—*For the amendment:*—Cameron, Collingwood, Cocks, Drysdale, Duncan, Eager, Fletcher, Gee, Grimsdale, Hamilton, Hutchinson, Higginson, Harris, Hakes, Imlach, Inman, Moore, Nevins, Newton, Oldham, Petrie, Pope, Paterson, Sinclair, Slack, Smyth, French, R. H. Taylor, E. Whittle. Total, 29.—*Against:* Ayrton, E. Batty, R. Batty, Blower, Bickerton, Callon, Chalmers, T. Dawson, Denton, Desmond, Dickinson, Ellison, Gill, Gruggen, Hey, Hulme, Johnstone, A. Jones, E. Jones, E. Lister, Lewtas, Lowndes, M'Naught, Manifold, Millett Davis, M'Cheane, Marsh, Rowe, Stephens, Skinner, Steele, Stookes, Stubbs, Swinden, William Taylor, Townson, Turnbull, Vose, A. Whittle, Worthington, and Waters. Total, 41.

The amendment was therefore declared to be lost.

The original motion was then put, the voting being essentially the same, with the exception of some individuals who had been obliged to leave. It was declared from the chair that there were 40 for the motion and 27 against it. The laws, however, declaring that there must be a majority of

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two-thirds of the members present to carry any new law, the motion was lost by 14 votes, as 54 were required.

The announcement was received in silence.

Dr. Vose proposed a vote of thanks to the chairman, which Dr. Inman seconded.

The Chairman very briefly replied, and thus ended at ten minutes to eleven a meeting which, although it was anticipated to be a stormy and acrimonious one, was, on the whole, more exciting and good-tempered than many another which has begun under better auspices.

CORONER'S INQUEST AT NORWICH.

An inquest was recently held at Norwich respecting the death of a young lady, aged seventeen, who had been attended at first by Dr. Hartmann and Mr. Holland (homœopaths), and afterwards operated on for strangulated inguinal hernia by Mr. Cadge, assisted by other allopathic surgeons.

The inquest lasted three days. A quantity of evidence was heard all on one side of the question—that side being what we may term the allopathic one, neither Dr. Hartmann, nor Mr. Holland, nor their friends, having been examined at all; and the jury returned the following verdict: "That the deceased died by the visitation of God; but the jury cannot separate without expressing their regret that Dr. Hartmann did not sooner discover the nature of the disease." We suppose it is "crowner's-quest law" to hear only one side of a case, and it is certainly worthy of a jury who strongly objected to hear the other side, to suppose that Dr. Hartmann's earlier discovery of the nature of the disease would have prevented the "visitation of God." But we may pass over these absurdities as accidents occasionally inseparable from the working of the rude, but admirable, system of juries. What we are most concerned in is the imputations that have been indulged in by medical and other journals against homœopathy in consequence of the result of this case.

Now, supposing the assertion of the *Medical Times* and *Gazette*—as true as it is false—that the homœopathic medical attendants did not discover the nature of the disease until too late for successful operation, such a mistake could have had nothing at all to do with the merits of homœopathy, but would merely have shown a deficiency in surgical skill of two practitioners. Personal professional character, not the value of a system of medicine, would be alone affected

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by such a blunder. The *Medical Times*, with that singular turn for perverting truth which distinguishes it, makes the jury in their verdict, express "their regret that the homœopaths did not discover the nature of the disease"—thus making it appear that neither Dr. Hartmann nor Mr. Holland were aware of the disease they were treating.

But not only is the credit of the homœopathic system not at all affected by this case, we are happy also to find that the surgical skill of the homœopathic attendants does not at all deserve the imputation of the hostile journal. Had we space to give the newspaper report of the one-sided examination before the coroner, it would appear that no blame was attachable to Dr. Hartmann and Mr. Holland; but, on the contrary, that they acted just as they ought to have done; and that there were peculiar circumstances in the case that completely justified their postponement of the operation.

From the reports of Dr. Hartmann and Mr. Holland we are enabled to give a brief sketch of the history of this interesting and peculiar case. Dr. Hartmann saw her first on the 28th September. She had not been well the day before. Her tongue coated, anorexia, nausea, occasional vomiting; pulse 75; pit of stomach tender. Bowels relieved the day before. He prescribed some medicine; and the next day (29th) the result was—bowels relieved to-day; less tenderness of stomach; still nausea. 30th.—Not so well; sickness; anorexia; tenderness of the epigastrium, none any where else in abdomen on pressure. 1st October.—Had a better night. Said she felt better; scarcely any sickness; pulse about 80; tongue furred, moist; pit of stomach slightly tender to touch. Made no complaint of pain. 2nd October.—In the morning she still said she felt better; skin cool; some appetite. Up to this time there had been no symptoms to lead Dr. Hartmann to apprehend anything beyond a common gastric derangement. The patient had had a swelling in the left groin for about a twelvemonth, but had not mentioned it to any one —not even to the aunt with whom she lived, who only discovered it accidentally this day. In the afternoon she had stercoraceous vomiting and pain in the bowels, and when Dr. Hartmann came in the evening he of course endeavoured to ascertain the cause of these symptoms, and was informed by the aunt of the swelling she had discovered. He examined it carefully, and found that it was neither tender nor tympanitic. It was not discoloured, neither was it affected by coughing. The case was still therefore very doubtful. The stercoraceous

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vomiting, and inguinal swelling, seemed to indicate strangulated hernia, and yet the characteristic symptoms in the swelling itself were awanting. Dr. Hartmann determined to try what could be done by medical treatment before requesting the attendance of a surgeon. Accordingly, at 7 P.M., he prescribed Opium 1; a dose to be given every half hour. He called again at 11 P.M., and found there had been no recurrence of vomiting; and that she had taken and retained a little tea. He ordered the medicine to be continued every hour during the night; and next morning he brought Mr. Holland with him in case an operation for strangulated hernia should be required. 3rd October.—The patient lay on her back looking cheerful and well; pulse good; she could bear any reasonable amount of presure on the abdomen, which was quite soft and free from distension; said she was quite comfortable; could turn and lie in any position. The tumour was situated midway between the pubes and crest of the ilium, inclining rather to the right side of the latter, and quite out of the ordinary position of inguinal or femoral hernia. It was hard, not in the least painful, and suffused by a slight imflammatory blush. Coughing communicated no impulse to it. It was quite immovable on pressure. It was not tympanitic nor elastic. Medicine and a soap-and-water enema were administered. Mr. Holland told the relatives he had some doubt respecting the case; the symptoms were not sufficiently urgent to demand so severe an operation, but that he would at once operate should vomiting again recur. We do not see what else the most judicious practitioner could have done in such circumstances. October 4th.—The symptoms were as nearly as possible the same as on the previous day. The patient said she was quite comfortable. There had been no vomiting. She had slept well. *The bowels had been copiously relieved by the enema.* The tumour was still quite painless. Abdomen not the least tender to the hardest pressure. The medicine was ordered to be continued, and Mr. Holland again warned the aunt to apprise him in case vomiting recurred. 5th October.—Vomiting occurred once, but very slightly; and when she was visited, she was found lying on her side. She said she was quite comfortable. The pulse was rather quick; temperature of skin moderate; tongue cleaner than the day before, but neither red nor dry. She had slept well, and during the day had taken small quantities of beef-tea and tea. The abdomen was neither swollen, hot, nor tender on pressure. The tumour was the same—no tenderness or pain on pressure. In view of

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the vomiting Mr. Holland did not think himself justified in leaving the patient without cutting down on the tumour to ascertain if a portion of intestine was strangulated. Dr. Hartmann agreed, and it was suggested to the relatives to have the assistance of Mr. C. Bell. They, however, preferred having Mr. Cadge. So, as this gentleman would not meet a homœopathic practitioner, Mr. Holland retired and left the case in the hands of that surgeon, who, assisted by Mr. Dalrymple and Mr. Crosse, operated about 10 P.M., but found the incarcerated bowel mortified and burst, and the patient died the following morning.

The object of the coroner's inquest was to shew that the homœopathists had failed to detect the nature of the disease, or had delayed the operation too long, and this is the accusation brought against them by a local journal.

Now it must be evident to all who have had any experience of hernia, that the symptoms in this case were extremely obscure, and that up to the very day that the operation was performed they were not sufficiently distinct to call for, nor even to justify an operation.

The assertion of the *Norwich Mercury* that the homœopathic attendants were blameworthy in not immediately operating when the tumour was detected, is absurd. For even supposing it was perfectly apparent that the case was one of strangulated hernia, it is a complete begging of the question to allege that the dangerous operation must immediately be had recourse to. Strangulated hernias have before now been reduced by taxis and medicines, and until the symptoms are such as to call urgently for an operation, these milder measures should be had recourse to. No one who reads the history of the case attentively will allege that the symptoms urgently demanded an operation until the 4th October. And yet the state of the intestines showed that, in point of fact, the operation should have been performed some days previously. The only conclusion we can come to is that the case was altogether an anomalous one, that the usual symptoms of strangulation were absent, and that an experienced surgeon might have been deceived as to the real nature and urgency of the case.

Such a case as this is shews the disadvantage to the public of the resolution taken by so many surgeons to refuse to meet their homœopathic colleagues. Strangulated hernias are not of every day's occurrence. No ordinary practitioner will meet with more than a very few in a very extensive practice. In such cases the counsel

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and experience of the most experienced are needed, and still more so when any obscurity exists. It is a difficult and a nice point in all cases to determine when medicinal treatment is to be abandoned and operation resorted to, and all the more so in cases like the above. If the experienced surgeons of a town refuse to meet us, we are thrown back on our own resources, and must either go on in doubt and difficulty, or abandon the case, and thus deprive the patient of the chance of relief by our specific treatment, without the *ultima ratio* of an operation.

Now this is a dilemma which no section of the profession has any moral right to put any of their colleagues into, for the sake of their prejudices or for any other motive; and though we will not say that the disastrous result of this Norwich case is owing to the bigoted refusal of the allopathic surgeons to meet the homœopaths, still we can easily conceive a case to occur where the patient falls a victim to the ignorant and dishonest persecution of the adherents of homœopathy by the partisans of the old school.

There was in this case no call for a coroner's inquest, and in spite of the assertion of Mr. Cadge we are firmly convinced that none would have been held had the first attendants of the patient been of the allopathic in place of the homœopathic school.

Of this however we are assured, that the proceedings will do no harm to homœopathy in Norwich, as no reader of the one-sided examination of witnesses before the coroner can fail to perceive, even from the testimony of the hostile witnesses, that the proceedings were dictated by an odious spirit of persecution and intolerance. Such attempts—especially when they are unsuccessful, as in the present case—always do more good than harm to the persecuted.

On the Curative Action of Stannum in certain Cases of Neuralgia.

By Dr. V. Villers, of St. Petersburg.

(*From Hirschel's Zeitschrift.*)

I. A Lady æt. 30, of pretty strong constitution, but somewhat weakened by the trying mode of life of St. Petersburg, and by family troubles during the last few years, who had suffered from chronic catarrh of the stomach in consequence of halophagia*

* Excessive salt eating.

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(quickly relieved by Spirit nitr.), and was prone to intestinal catarrh and leucorrhœa; began to suffer from dysmenorrhœa and various hysterical symptoms four years after her second confinement, since which she had not conceived; the hysterical symptoms culminated finally (in June 1856) in a peculiar headache, the relief of which shall form a text for this communication. It had already shown itself on three or four consecutive mornings before I was consulted, and having at first been little attended to, owing to the slight degree of inconvenience which it caused, and its regular disappearance about noon, it had gradually advanced to a considerable degree of severity. The patient was awoke every morning about five o'clock, four or five hours earlier than she usually arose, by a headache which extended over the whole forehead and both orbits, and was described as compressing, and when more and more acute, as grinding in character. Movement increased the pain, so that it became unbearable; the lady therefore for several days did not leave her bed until the pain was entirely gone, which generally happened about noon. During the paroxysms there was present great sensitiveness to noises and light, but no other abnormal symptoms.

The temperature of the skin, the pulse and digestion remained normal, and the patient was comparatively well during the intermission, *i. e.* from noon till five A.M.

For eight days I tried, without success, Nux vom., Bellad., China, and Platina. The severity of the pain increased daily. After repeated questionings, a peculiarity was discovered which seemed, up to that time, to have escaped the observation of the sufferer herself. It was this; the pain on waking was not generally very severe, but increased gradually till it reached its height; it then remained sometime at that point (generally from eight to nine o'clock), and then as gradually decreased in severity, until it disappeared. This information was to me as a lantern on a dark night, and inspired me with the cheerful prospect of speedy success. I could not recollect whether a periodicity, so marked as in the above case, was distinctive of the pains noted by provers of stannum; but I was certain that the remarkable course of the pain, viz. *the gradual increase, the halt at the height of its intensity, and the gradual departure,* distinguished the action of stannum on the healthy subject from that of all the other medicines amongst which my choice lay. I was compelled to rest contented with this isolated but pointed

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indication, as I could not call to mind any other point of similarity between the symptoms of my patient and the pathogenetic action of the above-mentioned agent; I prescribed therefore (as the paroxysm had already passed off) that at night, before going to sleep, 1 grain of Stannum, 3rd trit. should be taken, and a similar dose in the morning, *after* the commencement of the paroxysm was clearly perceptible, to be repeated every hour as long as necessary. The patient awoke at that early hour of the morning at which the paroxysm usually appeared, and lest she should favour its return, remained in bed until long after her usual time of rising; the pain, however, did not make its appearance. I ordered the same dose for the six following evenings before going to bed, until the appearance of the menses, during which time the sleep, which had been for so long disturbed in the mornings, again reached its normal duration. The pain in the head did not again make its appearance, and the general health was also improved; the catamenia were more regular until May, when they were absent; we feared hysterical relapse. Indisposition; afterwards sickness appeared; she was pregnant.

I wrote this on the eighth day after parturition, and am able to state, that the above described Neuralgia has not returned, after an interval of twelve months.

II.—A very handsome girl, æt. 18, in early childhood strumous, but latterly always healthy, had menstruated regularly, but sparingly, since her fourteenth year, accompanied for the last two years with a slight degree of leucorrhœa, of cheerful disposition and healthy appearance; was severely frightened in the summer of 1855 by the accidental discharge of a fowling-piece close at hand. The immediate effects were, weakness approaching to a swoon, speechlessness and trembling in the limbs; these she shook off about half an hour later, and returned apparently quite well to the amusements of the evening. A few days after she was suddenly attacked whilst walking with a to her unusual feeling of weakness, which seemed to commence in the chest, and compelled her to loosen her dress, and lie down on the sofa; after an hour's rest the attack passed off, but returned a few days later, and gradually degenerated into a gnawing pain, seated under the sternum, which beginning slight, gradually increased for two hours, then disappeared as gradually. At the commencement of the paroxysms, which became more and more frequent, the patient felt an irresistible necessity to lie down, but

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during the height of the attack she was unable to speak or move for half an hour.

After two months, during which the attacks had returned two or three times weekly, the patient was observed to be thinner, and of chlorotic complexion, which first warned the parents to pay more serious attention to her, and put her under medical cure. Aq. Laurocer. and Iron were the chief ingredients of various mixtures and pills, which after three months use had had so little effect, that the attacks returned with equal force and frequency; the chlorotic tint became more decided, and the catamenia scanty and pale.

I took charge of the sufferer in this state in February 1855. I prescribed Stannum as in 1 and 2 only, instead of the 10th, I gave the 100th trituration; there was no necessity for the repeated administration of the medicines as in the former cases, for after the first dose the pain in the chest did not once return for a month; I attempted therefore in April, when the patient returned to town, and came to inform me of the results, to combat the remaining signs of chlorosis and the leucorrhœa; the first was entirely removed under Puls., and the latter reduced to a minimum by Merc. sol.

Having heard nothing of this patient for some time, I was called to see her in November 1856. Her appearance showed an advanced stage of chlorosis; the catamenia were delayed, scanty and pale; she was much emaciated. She complained only of the return of the pains in the chest, which as formerly, occurred in paroxysms, but more frequently, so that hardly a day passed without one, and also of considerable muscular weakness. Nothing was observed on examination of the thoracic organs. The relapse was ascribed to the *rerum discrimina* of a betrothal feast, and the occasional, but certainly injudicious use of brine-baths during the summer months in an unhealthy district of Poland. The repeated use of Stannum was this time also followed by the immediate disappearance of the pain; upon which the general health was so much improved, that in eight days I was enabled to send the patient back to her usual place of residence, with a warning to continue the use of Stannum daily for some weeks until her marriage.

Having since heard nothing of this patient, although she agreed to let me know should she be troubled with a renewed attack, I am at liberty to suppose that the Stannum has permanently removed the peculiar pain.

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It is the misfortune of private practice that the collection of useful results, especially in chronic cases, is hindered by the failure of the patients to return, much to our own disadvantage and that of science generally. Although I cannot answer for the durability of the cure, yet this case appeared to me to possess sufficient importance in the twice repeated, quick and undoubted benefit derived from the use of Stannum, to be classed together with more perfect observations.

III.—A youth, 15 years old, had been subject from his infancy to the time of his being placed under my care (in January last), to repeated severe illnesses, and had from year's end to year's end been overwhelmed by allopathic physicians with a perfect flood of medicines. I can here only roughly sketch the previous history of the case. At six months old he had abnormal measles, followed by dangerous endocarditis; the latter passed into a chronic heart disease, most probably consecutive hypertrophy of the ventricles, by which the worst misfortunes were kept up for years, with palpitation and cyanotic tint of the face; to this was added, in his fifth year, pneumonia, which not only left behind a chronic cough and purulent expectoration, but recurred five times in a few years; the chronic suppuration in the lung after a time gave way to a serious otorhœa of the right side, with foul-smelling discharge, which led to caries of the petrous portion of the temporal bone; to this was added, in his 13th year, during his residence in one of the many fever-marshes of lesser Russia, a tertian fever, which having been smothered by unrestrained use of Quinin. sulph., invariably recurred with greater force, and in an altered form, until it finally settled into an intermitting cephalalgia in the Spring of 1856. This also withstood Quinine in all its forms for eight months. The boy, who in spite of his unhealthy physical condition was very talented, and had got on well in the gymnasium, to the consolation of his moneyless parents, was weakened by the constantly recurring headache, and less and less capable of any mental labour. An allopathic authority, who had been called into consultation, declared the headache to be consequent upon caries of the cranial bones, and therefore incurable. In this perplexing state the father, who, though himself an allopathic practitioner, was not much opposed to Hahnemann's doctrines, and determined to seek in homœopathy that help of which he had now but little hope.

I saw the boy for the first time in January last, in the evening, just as an attack passed off; his outward appearance offered signs of the severest suffering; his height was far below the average of

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his age; his carriage stooping, and the head bent; expression fretful and reserved; features aged; hair and eyes dark brown; above the right mastoid process and behind the ear there were several funnel-shaped, bluish red scars, indicating the then slumbering caries; voice weak, though approaching the pitch of manhood; muscular system very poor; the genitals, on the other hand, well developed, and surrounded with dark curly hair; the form of the thorax phthisical, sunken on the front; posteriorly rounded, the right half narrower than the left; the spine bent to the right at the lower dorsal vertebræ; the supra- and infra-clavicular fossæ tolerably distinct; the tone on percussion indicates tubercular deposits at the apices; the cardiac systole drives the thoracic wall prominently orward, and strikes upon the ear when placed over it; the rhythm is so changed that the pauses are nearly of equal length, and the first sound can hardly be distinguished from the second. The patient had not complained for a considerable time of any disturbance in the respiratory or circulatory organs. Palpitation and percussion of the hepatic and splenic regions gave no indications.

The present principal complaint, and that to which I was in the first place to direct my attention, had returned regularly every third day for the last eight months. At breakfast, which was usually taken at about eight A.M., and consisted of tea, milk and bread, the patient felt nausea, which increased till the food was ejected, and a pain in the forehead came on, accompanied by shivering, coldness in the extremities, and blueness of the nails, compelling the patient to lie down; the headache increased for three or four hours to an intense degree, began to diminish about 4 P.M., and disappeared about 10 P.M. Since the fever had taken this form, no cold and hot stage could be distinguished; there was no perspiration; the paroxysm was accompanied only by slight increase of frequency in the pulse, loss of appetite, yellow fur on the tongue, great weakness depression of spirits, and increase of the icteric tint of the countenance, which last symptoms remained, but in a less degree observable; during the intervals the pain in the head was described as dull and pressing at the commencement of the attack, and at its height as compressing or crushing, as though the skull would be shattered.

In this case also I soon observed the peculiar incrementum and decrementum of the paroxyms, and was immediately led, from the experience detailed in the previous cases, to the choice of Stannum,

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of which the patient took that evening a dose of 1 grain, 3rd centessimal trituration, to be repeated night and morning, and during the paroxysms every half hour. The following day, one of the free days, was like its fellows; on the third day, the expected and feared paroxysm was absent for the first time for eight months; on the fourth day, however, slight nausea appeared at breakfast time, which was not followed by vomiting, but by slight headache, upon which the patient repaired immediately to the half-hour doses of medicine; to the surprise of himself and the whole of the neighbours, who were much interested in the result, he was able before noon (*i. e.* after five or six doses of medicines) again to leave his couch. The pain had entirely disappeared without first attaining any increase, and did not again return.

After continuing the use of Stannum for fourteen days (morning and evening), there was much improvement in the patient (he ate with an appetite, slept well, had a better colour, was cheerful and good-natured, returned with pleasure to his hitherto neglected occupations, and went to school) and a slight offensive discharge from his right ear had commenced, which had repeatedly occurred during his last illness, without influencing it at all, so that I thought I might safely stop the Stannum, and prescribed Hepar. sulph. calc.

Fourteen days passed without anything worthy of notice, and then came the so-called Butter week, the last week before Lent, which is devoted by the Russian to the service of Bacchus, that he may indulge in all sorts of rich greasy dishes before giving himself up to six weeks of abstemiousness. This Butter-week is highly injurious to most chronic complaints. Our patient accordingly brought on a severe attack of indigestion by indulging in frittered fish with melted butter and caviare. After repeated vomiting there appeared, with the other signs of acute catarrh of the stomach, a pain in the head, described as dull, which lasted several days with moderate severity, and had nothing but the locality in common with the intermitting cephalalgia which had been cured by Stannum, for which reason I thought it necessary to use other remedies, which not only answered to the aggregate of the symptoms, but were also indicated, as I knew by experience, by the cause of the present attack. Ipecac. and Puls. were, however, utterly useless. The appetite would not return; the tongue continued covered with a yellow fur; the countenance became again icteric; the patient's spirits became daily worse and worse; the attacks of nausea recurred daily, with shiverings,

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and the headache again assumed a distinct rise and fall in severity; in short, after eight days' use of the above medicines, the change of symptoms to a relapse of the original attacks was perfectly apparent, and an indication given for the renewed use of Stannum as above. Again, and that very quickly, the medicine mastered the complaint; on the very next day the patient was free from headache, and in a few days the result of the indisposition disappeared, upon which the favourable change in outward appearance, and in the spirits of the patient, which were observed after the first use of Stannum, again showed themselves. The boy having rejoiced in uninterrupted health for a period of fourteen days, during which he took Stannum daily, exposed himself to a cold, and was again attacked with his former chronic cough, at first dry, but after a few days it produced a thick dark yellow, salty sputum, which was particularly troublesome in the morning.

Although Stannum very well answered to the symptoms as a remedy, still I thought that as the symptoms had appeared under the administration of Stannum it would be better to replace it by another remedy also applicable to this case; I therefore ordered Lycopod. 2, 2 drops three times a day, after which I was unable to see the patient for eight days; he pressed at the end of this time to pay him a visit; I feared ill; I found on arrival to my regret that not only had the headache returned in its old form without any known cause, and with still more distinct paroxysmal character; but the last prescribed remedy had been perfectly useless as far as the cough was concerned, which by shaking the head caused the pain to be much more severe. I set aside the Lycopod. and ordered for the third time in its place Stannum, as before, and for the third time it was followed by immediate relief, as next morning, before taking the second dose, the patient awoke without headache, and exhibited the same change in appearance, in bearing and in temper, which had already twice accompanied the disappearance of the headache.

After such results, I could not but be glad of the two relapses which at the time had somewhat perplexed me, inasmuch as the thrice repeated action of the Stannum with the same rapidity, and under the same circumstances, rendered the cure by art indisputable, which is of great use to the practitioner in whose mind scepticism ever reigns, ready to seize upon every available excuse. Warned as I had been, I caused the daily use of the medicine to be continued, during which the cough and purulent expectoration entirely dis-

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appeared, so that the patient's relatives said they had never seen it disappear so quickly, or the patient himself so thoroughly free from every complaint. This state of things has continued for some months, *i. e.*, up to the present moment, undisturbed.

(N. B.—Hahnemann Chron. Krankh. V. Bd. s. 319. Sympt. No. 585. Many pains, particularly of the pressing dragging kind; increase gradually and to great severity, and then as slowly pass off again. (Gr.). Noack and Trinks. Reine A. M. L., Art. Stannum, II. Bd. S. 970.)

Leamington Homœopathic Dispensary.

At a meeting of the Committee of the Leamington Homœopathic Dispensary, held on Monday last—Lord Willoughby de Broke in the chair—the fifth annual report was read. A letter from Dr. Russell, announcing his resignation as physician, was laid before the meeting, when the following resolution was moved by the Rev. A. Pope, seconded by Joseph Townsend, Esq, unanimously adopted, and enjoined to be transmitted to Dr. Russell:—"That this meeting express their sincere regret at the prospective departure of Dr. Rutherfurd Russell. They are unwilling to permit this important event to take place without recording in the most emphatic manner the high sense they entertain of his professional skill and his thorough qualifications as a physician. They refer with gratitude to the painstaking and benevolent efforts he has made to promote the welfare of the poor—the remarkable advance in the Dispensary returns, since he has superintended the working of it, proving at once the kindness of his heart as well as his efficiency in his professional duties. Convinced of the advantages of homœopathy, they are especially grieved that one so able to explain it to the uninformed and defend it when attacked, and to commend it at all times, should be leaving this particular sphere of its operations; for, as his numerous writings attest, there are few who have so completely mastered the principles of the science, or have illustrated them in a more attractive manner. Heartily does this Committee accompany Dr. Russell to his post in London with their very best wishes, conscious that one of his attainments, experience and character, is admirably suited to adorn a metropolitan position. (Signed) Willoughby de Broke, Chairman." Since the communication of this resolution, the following reply has

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been received from Dr. Russell:—"Leamington, October 1858. My Lord,—Allow me to offer my sincere thanks to your Lordship and the other members of the Committee of the Leamington Dispensary, for this most gratifying recognition of my past efforts, and the interest expressed in my future welfare. I should feel myself unworthy of this interest if I did not enlarge this acknowledgment so as to embrace the many of all classes of society to whom I feel grateful for the kindness, consideration, and confidence I have experienced since I took up my residence here. Nor can I allow this opportunity to pass without recording that, with a few insignificant exceptions, I have met with nothing but liberality from the most esteemed of my medical colleagues, with whom I have the misfortune to differ as to the best means of securing one common end—the relief of suffering and the restoration of health. In this they afford an honourable contrast to the *plebs medica*, represented by the weekly medical journals, which have been justly stigmatized by one of their literary contemporaries, the *Saturday Review*, as pre-eminent for scurrility. I have the honour to remain, my Lord, your Lordship's obedient servant, J. Rutherfurd Russell." We are authorised to state that Dr. Sutherland is expected to succeed Dr. Russell in December, and has stated his willingness to carry on, as heretofore, the medical duties of the establishment, so that the benefits of the Dispensary will still be open to the poor.

Hull Homœopathic Institution.

The report just issued states that during the past year 1,217 persons have received advice and medicine. Of these cases, 573 have been discharged cured; 280 much relieved; 200 remain under treatment; 101 were irregular in attendance; 46 have been discharged incurable, and 17 have died. In addition to these 1,217 cases treated at the institution, 75 patients have been attended at their own houses by the medical officers. The attendance of the patients during the past year has been more regular than at any former period, so that the results of the treatment prescribed have been more readily ascertained. The demand for homœopathic practice amongst the sick poor is daily increasing, and if the services of a resident medical officer could be obtained, his time might be fully occupied.

The accounts presented by John Skilbeck, Esq., treasurer, were of a most satisfactory character, leaving a considerable surplus to be added to the amount already in the banker's hands.

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LIVERPOOL HOMŒOPATHIC DISPENSARY.

ANNUAL RETURN OF DISEASES TREATED AT THEIR OWN HOMES.

	Total.	Cured.	Died.	Remaining.
Abscess	12	8		4
Anasarca	20	14	1	5
Aneurism	1			1
Apoplexy	8	6		2
Ascites	22	2	3	17
Bronchitis ac.	98	43	6	49
Catarrh ac.	29	25	1	3
Colic	8	8		
Contusion	3	3		
Croup	5	4	1	
Diarrhœa	13	13		
Dysentery	3	3		
Dysuria	4	4		
Enteritis	2	2		
Epilepsia	8	1		7
Erysipelas	6	6		
Febris, com.	64	61	2	1
,, Typhus	4	4		
Fistula	2	1		1
Gastritis	14	10	1	3
Hæmatemesis	1	1		
Hæmaturia	3	3		
Hæmoptysis	7	6	1	1
Hepatitis	8	6	1	1
Hernia	3	2		1
Hydrocephalus ac.	8	7	1	
Icterus	2	2		
Influenza	9	9		
Laryngitis ac.	2	2		
Lumbago	15	15		
Morbilli	30	30		
Meningitis	4	2		2
Morbus Cordis	10	1		9
,, Coxæ	1	1		
Necrosis	2	1		1
Nephritis	3	3		
Neuralgia	33	32		1
Ophthalmia	18	18		
Otorrhœa	11	11		
Pericarditis	1	1		
Paralysis	18	2		16
Peritonitis	5	5		
Phthisis	65		5	60
Pleuritis	6	6		
Pneumonia	14	13	1	
Pharyngitis	2	1		1
Rheumatism ac.	49	47		2
Scarlatina	22	20	2	
Struma	20	14		6
Splenitis	2	2		
Stricture	3	2		1
Tumours	10	8		2
Ulcers	13	11		2
Varices	3			3
Vermes	16	16		
Variola	14	13	1	
Wounds	20	20		
Other Diseases	43	40		3
	812	581	27	204

Total number of prescriptions dispensed during the year 1858, 26,466.

THOMAS HENRY WILLANS, M.R.C.S.I., *House Surgeon.*

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Amaurosis from large doses of Quinine.

It has been long known that large doses of Quinine not unfrequently give rise to deafness or other perversion of the organ of hearing; and Professor A. v. Gräfe now states that he has met with two cases of amaurosis produced by the same cause. In the one case the patient took half drachm doses daily for some time, taking altogether ʒvj. of Quinine, and in the other case taking altogether ʒj. He chiefly relies on local depletion for its relief.—*Archiv. für Ophthalmol.* Band iii. p. 396.

Vote of thanks to Lord Ebury.

At a meeting of the Manchester Homœopathic Medico-Chirurgical Society, held on Thursday, October 28th, the following resolution was passed:—"That this Society do hereby tender its sincere thanks to the Right Hon. Lord Ebury for the many and valuable services his Lordship has, during several years, and in various ways, rendered to the cause of homœopathy; and especially for the attention bestowed by his Lordship upon the interests of homœopathic practitioners during the passage of the Medical Act through the House of Lords."

BOOKS RECEIVED.

Homœopathy:—What it is. Capper, Bath.

Impurities of Attenuating Liquids, by B. F. Joslin, M.D. Smith, New York, 1858.

Majority and Minority Reports. Second Edition. Smith, New York, 1858.

Annual Report of the Hull Homœopathic Dispensary, by T. Wilson. Hull, 1858.

American Homœopathic Review.

Journal de la Société Gallicane.

Monthly Homœopathic Review.

On the Relations of General Pathology to Homœopathic Therapeutics, by R. Ludlam, M.D. Ludwig, New York, 1858.

London: Wm. Davy & Son, Printers, 8 Gilbert-street, Oxford-street.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON FIBRIN.

By W. Henderson, M.D.

Professor of General Pathology, Edinburgh.

(*Continued from page* 37.)

At the same time that the coagulation of fibrin, as was shown in the former part of this essay, has been in recent times reduced from the eminence of a vital act to one of a physical nature,—due to the merely chemical constitution of the compound, and to a property depending upon that of coagulating on the removal of its chemical solvent,—that substance has come also to be regarded by some chemists and pathologists, as having no title to be esteemed the plastic ingredient of the blood, as it has been generally held to be, which in normal nutrition ministers to the sustentation and growth of the tissues, but an effete matter, which had been solid fibrinous tissue, but is now as blood-fibrin a used and disintegrated compound, on its way to expulsion from the body.

In proceeding to discuss this new doctrine, may say at the outset that I can find nothing in the chemical composition of fibrin, or in its physiological or pathological history, which affords any support to the view in question; but on the contrary much that appears to me to be altogether at variance with it.

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Looking at the subject first in its chemical aspect, we should, if blood-fibrin were effete and dissolved tissue, expect to find in the chemistry of it one or other of the three following conditions,—a close correspondence, if not an identity, of chemical composition between it and the flesh, or some part of the flesh, which is said to furnish it; or such a difference on the part of the blood-fibrin as might be ascribed to the acquisition and agency of oxygen, which plays so important a part in the destructive transformations of organic compounds; or, lastly, that blood-fibrin is one of several products of the decomposition of tissue, all of which can be explained and accounted for in the usual chemical method, and in accordance with the known constitution of the blood and secretions. On these points I shall let a chemist decide, and I consider the following statements by a very competent authority, my late colleague Professor Gregory, to be conclusive regarding two of them, and all the more that he was among those who hold blood-fibrin to be "most probably a product of the destruction of albumen or fibrin of flesh." (Organic Chemistry, p. 485, 3rd edition.)

"The composition," says Dr. Gregory, "of the pure fibre of flesh and of flour is the same as that of blood albumen, namely, (supposing 2 eqs of sulphur) O 216, N 27, S 2, H 169, O 68, with phosphates, although we cannot say that they are absolutely isomeric because the amount of phosphates may differ. The formula of blood-fibrin is different, namely, C 298, N 40, S 2, H 228, O 92, with phosphates" (p. 422). It is with the albumen of the blood, therefore, and not with its fibrin, that the fibre of flesh corresponds in chemical composition, and this disposes of the first of the three suppositions adverted to above. The second is set aside by a glance at the proportions in which the several elements exist in flesh and in blood-fibrin, which shews that the latter is neither oxidised fibre, nor composed of a mere multiple of the chemical elements of fibre associated with any conceivable addition of water, a material so freely added or subtracted by chemical physiologists in squaring their formulæ of supposed organic transformations.

In connexion with the third alternative, it may be fairly conjectured that it was probably owing to the facility with which,

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as a chemist, he could shew how albumen, or its isomeric fibrin of flesh, could be converted into blood-fibrin, and other compounds (including certain elements of bile), that Dr. Gregory was inclined to suppose blood-fibrin to be a product of the destruction of albumen,—for he says, "if albumen" (and the observation applies equally to fibre of flesh) "is to yield the fibrin of blood the change is probably as follows :—

2 eqs. Albumen + 2 " Water	=	1 eq. Blood-fibrin, C 298, N 40, S 2, H 228, O 92. + 1 " Choleic Acid, C 52, N S 2, H 45, O 14. + 1 " Gelatine, C 82, N 13, H 67, O 32.

He adds another "similar change" that "may" take place among the elements of albumen and water, yielding another acid of bile, the cholic, along with sulphuric acid, and concludes that "blood fibrin is probably only formed in consequence of the production of gelatine and bile, and it may be regarded as albumen half converted into gelatine and bile." (p. 486).

All this is, of course, possible, but we look in vain for anything like proof that it is true; and we may with just as good chemical reasons almost reverse the processes and transformations that are conjectured in conformity with the "destruction" hypothesis, and maintain that, instead of fibrin of flesh (identical with albumen in chemical composition) being transformed into blood-fibrin, gelatine, and choleic acid, &c., the blood-fibrin is, *in the act of nutrition of the tissues*, converted into fibrin of flesh and gelatine, as thus :—

1 eq. Blood-fibrin + 8 eqs. Water	=	1 eq. Gelatine, C 82, N 13, H 67, O 32. 1 eq. Flesh-fibre, C 216, N 27, H 169, O 68, S 2.

This view has one important advantage of the other, that it does not leave us at fault as to the fate and whereabouts of the resulting gelatine. If this substance be a product, along with blood-fibrin, cholic, and choleic acids, of the destruction of albumen or fibre of flesh, what becomes of it? The blood-fibrin is, of course, to be found in the blood, the cholic and choleic acids in the bile,—but the blood furnishes no gelatine, neither does the bile nor any other normal secretion. It is obtainable only from the skin, cellular and other membranes; and thus we have what I may term the unique occurrence of a destructive

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transformation of one set of tissues yielding a number of effete matters, and one *pabulum* (gelatine) for another set of tissues. Does it not appear a great deal more likely, especially considering how intimately cellular tissue is intermixed with all the fibrinous textures of the body, that the same blood element (fibrin) which has been shewn above to be capable of nourishing both kinds of tissues, is actually devoted to that double office?

Although arguments founded on presumed final causes are feeble when they stand alone, there are cases in which a supposable provision which, if it existed, would have the effect of overcoming an obstacle in the way of a certain end—that end itself being one unquestionably in view—or of obviating disadvantages that would otherwise attend the accomplishment of that end, may have a presumption in its favour strong in proportion to its fitness for the seeming purpose of it, and to its harmony with the general scheme and procedure observable in the same field or class of operations. On these grounds I venture to state certain considerations which appear to me to have considerable interest, in connexion with what has been suggested above, regarding the nutrition of the gelatinous tissues. When we reflect on the apparent simplicity of the arrangement for the nutrition of the so-called fibrinous tissues implied in the presence in the blood of an abundant albuminous matter—composing not less than eighty parts per thousand of that fluid—identical in chemical composition with the fibrinous flesh, therefore obviously destined, whether directly or mediately, to feed and sustain it, it may be reasonably asked why there is not a similar simplicity in the arrangement for the nutrition of that not less bulky class of tissues termed the gelatinous, for that there is not would seem to be the not unnatural conclusion from the fact that gelatine does not exist as a free constituent of the blood. There appears to me to be a somewhat satisfactory answer to this question, in the circumstance that gelatine could not exist as albumen does in the blood without entailing much mischief to the organism amidst the common vicissitudes to which even warm blooded animals are exposed. One part of gelatine in a hundred parts of water converts the whole, at ordinary temperatures, into a consistent solid, and much less than this

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proportion (which is but an eighth part of that in which albumen exists in blood) will produce a notable degree of thickness or viscidity in the solution at the ordinary temperature of the air. How often then would the skin and the chilled extremities of animals be subjected to a stagnation of blood in their vessels did gelatine form a separate constituent of that fluid,—a stagnation too from which there could be no recovery by means of any powers inherent in the organism itself, for the restoration of a temperature which would liquefy the gelatinous obstruction in the blood vessels could, if not artificially communicated from without, only follow a renewal of the circulation in the parts that had been cooled, an occurrence which the cause and nature of the stagnation would effectually prevent. But as the gelatinous tissues must be sustained and nourished, and that too by means in unison with the simple scheme on which the general process of nutrition is planned, we have in blood-fibrin a provision which both obviates the dangers which have been adverted to, and harmonises with the general principle observed in nutrition of first preparing the nutrient material in the blood. For blood-fibrin is merely a compound of albumen and gelatine. If the elements of albumen be withdrawn,—that is, C 216, N 27, H 169, O 68, S 2,—from blood-fibrin, or, C 298, N 40, H 228, O 92, S 2,—there remain C 82, N 13, H 59, O 24, the elements of gelatine, all but the 8 eqs. of water needed to make up its complement of oxygen and hydrogen. *

So much then for the chemical aspect of the question regarding the *status* of blood-fibrin; and while I leave the probability of the theory which has been given of the nutritive function of it to be supported, if not sanctioned, by the proofs yet to be adduced of the great importance of fibrin as a constituent of blood, I think it may be fairly concluded in this place that chemistry affords no more reason for the doctrine that fibrin is

* It is not certain that gelatine as it exists in the solid textures of the body requires these equivalents of water to perfect its constitution, for they may be imparted to it in the process of boiling the tissues in water, which is the method of obtaining gelatine for any purposes, that of chemical analysis included.

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an effete substance, than for that which maintains it to be a nutrient material.

A part of the physiological aspect of the enquiry regarding blood-fibrin has been inseparable from the chemical. The more important part of it, however, as the chief ground on which the "effete" doctrine reposes, remains to be considered. I refer to the reasons advanced for that increase in the proportion of fibrin which is alleged by the advocates of that doctrine to present itself in the blood of animals that have been starved. It would not be easy, I imagine, to find in the whole range of physiology a more curious example of crude and defective theory than is afforded by that which is now in question. It is defective because opposing facts are ignored (whether knowingly or unknowingly matters not); it is crude because the facts which are relied on refuse to combine into a coherent whole.

Andral, experimenting on the effects of starvation upon dogs, observed among other things that the proportion of fibrin in their blood, at an advanced stage of their privations, had considerably encreased. His account of each experiment may be summed up as follows: having first ascertained the proportion of the fibrin in each animal before the starving was begun, he found that in the blood of the first dog, after twenty-one days of total abstinence, the fibrin had doubled; in that of the second dog, after eighteen days subsistence on water alone that it had also doubled; in that of the third dog, which had been allowed a small ration of soup, that in twenty-six days the fibrin had tripled. That the encreased proportion of fibrin in these experiments was due to encreased waste of tissue is an inference (not, however, by Andral) drawn from the rapid loss of flesh which starved animals undergo. And there would be reasonableness in this conclusion if it had been first established that blood-fibrin is in ordinary circumstances furnished by waste of the tissues. An encrease of fibrin in the blood might then fairly enough be traced to an encrease of waste—of that process to which its existence at all in the blood had been shewn to be due. But for the purpose of proving that blood-fibrin is due to the waste of tissue, this excessive proportion of it in starvation is altogether inadequate. For the loss of flesh by a starved

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animal may surely, with as much probability, be ascribed to a defective supply of nutriment to the tissues, the waste remaining as usual, as to an augmented rapidity of that waste, in the absence of all evidence from any other source that such encrease of waste actually occurs. That there must, as starvation is prolonged, be a great decrease if not a suspension of nutrition of the tisses, cannot be disputed, and the fact will appear all the more weighty, as an argument for the view I have suggested of the true reason of the emaciation in starved animals, when the following account of the decrease which the volume of the blood itself undergoes during starvation is considered. Collard de Martigny having selected five healthy rabbits, as much alike as possible, destroyed two of them, in order to ascertain the quantity of blood such animals should yield in their ordinary condition, by dividing the femoral artery, the blood issuing from which he collected along with that which could be obtained from the heart and large vessels after death. The one rabbit yielded eight drams (gros) and seventeen grains of blood; the other, seven drams and forty-nine grains. The blood of the third rabbit, collected in a similar manner after three days of abstinence, weighed five drams and twenty-one grains; that of the fourth, after seven days of abstinence, weighed three drams and twenty-seven grains; and that of the fifth, on the eleventh day of abstinence, weighed only one dram and sixty-three grains.* In a second set of experiments with three rabbits, he selected the feeblest looking of the number, and found the quantity of blood it furnished, without undergoing starvation, to be nine drams and twenty-one grains; while the blood of the second, after five days of abstinence, was five drams and forty-one grains; and of the third, after eleven days of abstinence, only one dram and fifty-seven grains. (*Journ. de Phys.*, 1828.) These quantities do not, of course, represent the exact amount of blood in the various animals in the different circumstances as recorded, but they shew decisively that the mass of the blood decreases rapidly and very greatly during starvation, and make it certain that nutrition of the tissues must at the same time be very greatly diminished,—and, indeed, fully account for the loss

* The French "gros" consisting of 72 French grains.

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of flesh by the mere reduction of the blood which should supply it with nutriment in order to repair its waste, without any necessity for presuming that waste to have been encreased. For, supposing the difference in the amount of blood obtained from the animals that had been the longest starved, and that which was obtained from the unstarved animals to represent relatively and approximately the decrease of the whole mass under the influence of starvation, it will be seen that the blood had lost fully three-fourths of its volume.

It is proper now to enquire if Andral's experiments on starvation are the only experiments on the subject, and, if not, whether the others which have been made have presented the same or different results. Mr. John Simon, in a course of lectures delivered on General Pathology in 1850, and published in the *Lancet* for that year, adverts to an observation made by Dr. Franz Simon,* on the blood of a horse which had been starved for four days, as an instance of the effect of abstinence in raising the proportion of fibrin. It is far, however, from being fairly available as an example of the effect of abstinence, for the animal was not merely starved for four days, but he was bled (to what amount is not mentioned) at the commencement of the experiment; and blood-letting is admitted by all observers to have a remarkable power of lessening the quantity, that is, of hastening the solution, of the red corpuscles of the blood, the very reason which Dr. Franz Simon gives for the encrease of fibrin in whatever circumstances that encrease occurs. This is a very different source of an encreased proportion of fibrin from encreased waste of tissue, or *waste* of any kind, although Mr. John Simon in maintaining the doctrine that fibrin is an effete substance, includes waste of tissue and solution of blood corpuscles in the same category as sources of used effete and excrementitious matter; while he advances neither argument nor fact to shew that the corpuscles are not, as they are held by eminent physiologists to be, cells devoted to the elaboration of fibrin as an element of the blood having important functions to perform. In the case of the horse alluded to, while the first blood-letting shewed that the proportion

* See his Animal Chemistry, Sydenham Society's publications, vol. i. p. 339.

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of fibrin was 5·100 per 1000, and the second 9·011, the first blood-letting also showed that the proportion of corpuscles hæmato-globulin) was 96·100, and the second that it had fallen to 58·960. In the same blood it was also found that the proportion of albumen had encreased as well as that of the fibrin, namely, from 62·140 to 103·740, an occurrence which, if the mere fact of an encrease of proportion is to be taken as a proof in the circumstances that the encreased material was an effete matter, would make the albumen also an effete and excrementitious substance.

Collard de Martigny made experiments on the effect of starvation on the constitution of the blood which appear to be entirely unobjectionable, and the results which he obtained differ essentially from those of Andral. Rabbits and dogs were the animals on which he experimented, and I select for special notice his observations on the blood of dogs, because, although the results were of a similar nature which were witnessed in the blood of the former animals, those observed in the blood of the dogs were more exact, in consequence of his having compared the analyses, in his experiments on the latter, of the blood after abstinence with those of the blood previous to abstinence in the same animals, while in the case of the rabbits the blood after the abstinence was compared with the blood of other rabbits which had not been subjected to the same discipline. The blood of the first dog, an animal "de très-forte taille,"* gave in 112 grains 3·2 of fibrin, in his normal state. After thirty-six days of starvation the blood of the same animal gave a proportion of only 1·1 grain. The blood of the second dog, previous to abstinence yielded in 125 grains 3·7 grains of fibrin, and after ten days of abstinence 2·9 grains of fibrin. Here, then, we have results the very opposite of those presented by Andral's experiments, and the question naturally occurs—how is the difference to be explained? The account given by Andral of the appearances presented in the bodies of his animals after death furnishes the explanation. In all of them the stomach exhibited traces of inflammation,—redness and softening of the mucous membrane in two, and ulceration besides in the third.

* Journ. de Physiologie, t. viii., p. 172, 1828.

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Why inflammation of the stomach occurred in Andral's animals, and did not in Collard de Martigny's, is a question which it does not concern us to determine in the present discussion. It is enough to know that Andral ascertained that the inflammation had existed in the animals on which he experimented, and that his experience as to the production of that state by starvation is not a solitary experience, John Hunter having witnessed the same; while it is equally certain that inflammation of the stomach, or of any other organ, does not always attend on starvation. Collard de Martigny expressly mentions, in describing the appearances on dissection of two dogs which he had starved to death, that the stomach of the one "ne présents dans son aspect, sa coloration, sa consistence, aucune apparence inflammatoire," and that the stomach of the other "n'avait aucunement l'aspect inflammatoire."

If it be said that though the encrease of fibrin in the blood of the dogs experimented on by Andral should be granted to have been due to the inflammation of their stomachs (since it is well known to be a characteristic occurrence in the phlegmasiæ), it does not follow that encreased waste of tissue was not the immediate source of the encreased fibrin, the remark must be objected to, if advanced to vindicate the "waste" hypothesis, as an instance of the inadmissible process of arguing in a circle. For since the doctrine that fibrin, both in its normal state, and in its encreased proportion in inflammation, is an effete substance has been mainly founded on the (alleged) encrease of it in starvation being ascribed to encreased waste of tissue—supposed to be evinced by the rapid emaciation,—it is surely a circular mode of reasoning, when starvation is found not to furnish for the doctrine the evidence which it had been said to do, to rest the doctrine now on that very encrease of fibrin in inflammation which itself had been ascribed to encreased waste of tissue on evidence from starvation which has been found inadequate or fallacious. It is proved by the experiments of Collard de Martigny that starvation, simply, does not cause an encrease in the proportion of blood-fibrin, and with that proof disappears the ground which starvation was supposed to furnish for the doctrine that blood-fibrin is the product of waste of

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tissue. It has been equally proved by the experiments of Andral that when inflammation of the stomach occurs during a period of prolonged abstinence, either complete or nearly so, an encrease in the proportion of blood-fibrin occurs, and with that proof, added to the other, the encrease of blood-fibrin in starvation takes rank among the consequences of inflammation, of which such encrease is an invariable attendant, whether the inflammation happen during a period of abstinence or of indulgence. As I am not concerned at present with the reason of the encreased proportion of blood-fibrin in inflammation, but with the phenomena of starvation in so far as they have been adduced as evidences of fibrin being a product of waste of tissue, I reserve the consideration of that reason for another place.

Some minor reasons, the principal of which are expressed in the following quotation from Mr. John Simon's lectures, have been adduced in support of the "waste" doctrine of blood-fibrin, namely, "that there is little or no fibrin in the blood of the fœtus, none in the egg, none in the chyme, and less in the blood of the carnivora (who feed upon it) than in that of the herbivora." If there be little or no fibrin in the blood of the fœtus, some countenance would seem to be given to the waste origin of fibrin, considering the little waste of tissue which probably occurs in intra-uterine life. But on what authority Mr. Simon makes the assertion that there is little or no fibrin in fœtal blood I cannot discover. He appears acquainted with Dr. Franz Simon's Animal Chemistry, but he has overlooked the analysis of fœtal blood which is detailed in the same volume from which he has extracted that reference to the blood of the horse, already noticed, which he regards as favourable to his views. According to that analysis the blood of the fœtus differs little if at all in its proportion of fibrin from the blood of the mother. In the latter the proportion of fibrin was 2·4, and in the blood of the fœtus, from the umbilical artery, it was 2·2. Dr. Franz Simon adverts too, to an analysis by Denis, which, though not exactly of fœtal blood, was so nearly so as to deserve being noticed. It was of the blood of a puppy one day old, and shewed 2·0 per thousand as the propor-

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tion of fibrin, while that of a dog three months old was 2·4. As to there being less fibrin in the blood of the carnivora, it is sufficient to remark that they do not feed upon blood-fibrin but upon albuminous flesh, and that although they did feed upon blood-fibrin it would by no means follow that it should all reappear in their blood exactly in the form in which it had been swallowed. That chyme does not contain blood-fibrin needs no remark, and as little does the fact that the egg contains none of it. It might, however, be something to the point if it were proved that the egg contains no fibrin after the development of blood in the chick, and of tissues to be nourished. The only additional argument, if it can be called one, which has been urged, in so far as I know, in favour of the opinion that blood-fibrin is a product of the waste of tissue, is the small proportion in which it exists in the blood. This is supposed to be inconsistent with the supposition that it is a *pabulum* for the nutrition of tissue. But the objection will vanish if it can be shewn, as it can be, that there is an abundant source in the corpuscles for a constant renewal of it as fast as it can be consumed.

I have next to show that blood-fibrin, far from being an effete and useless substance, is for the circulation of the blood through the capillary vessels, and for the due nutrition and integrity of the tissues, an indispensable constituent of blood. And with this intent, I shall first advert to the experiments of Magendie, as they are found narrated in his "*Leçons sur les Phénomènes Physiques de la Vie.*" The first of his experiments on the defibrination of blood is mentioned in the second volume of the Leçons, and is to the following effect: From the jugular vein of a dog eight ounces of blood were taken, the fibrin was separated from it in the usual way by stirring with a glass rod, and then the cruor and serum were restored to the circulation of the animal. After the operation was completed the dog appeared restless, refused food and made some efforts to vomit. In the evening of the same day an equal quantity of blood was removed, treated in the same way as the former had been, and restored in like manner. The fibrin appeared less abundant than in the previous quantity of blood. Disturbances

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of the same kind in a greater degree followed, the animal grew gradually weaker, his respiration became embarrassed and he died in the course of the same evening. The day after, the carcass was somewhat swelled, and emitted an adour of putrefaction "des plus fetides." (The experiment was performed in February.) Blood flowed from every incision of the scalpel; it had retained a singular fluidity. The lungs were "engorgés, hepatisés," no longer permeable to liquids, even air injected into the pulmonary artery did not penetate into the capillary vessels, and there was no crepitation. The air cells were loaded with dark blood, which escaped through every incision. The cavity of the pleura contained a considerable effusion of reddish serosity. The mucous membrane of the intestines presented a multitude of brownish patches more or less deep resembling the coloration usually ascribed to inflammation. The submucous capillaries were loaded with dark and fluid blood. These cadaveric appearances Magendie regarded as due to the alteration in the physical properties of the blood having destroyed the harmony which in normal conditions exists between it and the walls of the blood-vessels, in consequence of which it could not continue to circulate, and became extravasated into the air cells of the lungs, and into the substance of the mucous membrane, &c. The description leaves no room for reasonable doubt that his conclusion was just.

The second experiment, also on a dog, was conducted with more caution, with the professed object of ascertaining how the animal would be affected by the gradual removal of fibrin from his blood executed at successive periods, and in smaller quantities each time than was the case in the previous experiment. Two ounces of blood were withdrawn, were defibrinated as formerly, and then returned to the circulation. Soon after, the dog became dejected, lay down, and refused food; his respirations became frequent and interrupted. Next day he appeared quite well. Seven or eight days afterwards four grammes more (the first abstraction amounted to three) of fibrin were removed, and after the restoration of the cruor and serum the breathing became panting, and continued so for many hours. He appeared well the day following. In two or three days more

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other three grammes of fibrin were removed, and the consequences were more severe and lasting. The most notable of them was inflammation of the eyes, the conjunctivæ having become red and tumid, the cornea opaque, with other signs of purulent ophthalmia. Although not starved, his diet having been merely "assez sévère," he died a few days afterwards, and amongst the appearances on examination of his carcass were several ulcerations of the cornea, one of which had all but perforated the eye, fluidity of the blood, and condensation of the lungs. Magendie, commenting on the state of the eyes, compares it to what he had witnessed in dogs fed on aliments devoid of azote, such as sugar, gum, &c., in which eventually the ulcers penetrated the eyes and allowed the humours to escape. A third dog, of a strong description, was bled three times at intervals, to the amount of a pound each time, and the blood defibrinated was restored as in the other instances. The same affection of the eyes succeeded, and the general state of the animal presented the most marked typhoid phenomena. He had then a generous regimen assigned to him and in a short time a complete change occurred; the inflammation of the eyes ceasing without any other treatment, and the ulcers cicatrizing.

Ecchymoses, and ulcerations of the skin at the points subjected to pressure when the animals lay down, are mentioned by Magendie as having been observed by him many times, as consequences of defibrination of the blood. After describing these latter effects as produced on a leveret, whose blood had been defibrinated, Magendie compares them to the sloughs and ulcerations which are so well known to occur in advanced stages of grave maladies, especially fevers, in which the patients have grown very feeble owing to their protracted illness, and their incapacity to receive or to digest a sufficiently generous aliment. Nor are such fevers, and from the same causes, unattended sometimes by inflammation and ulceration of the eyes such as occurred in the defibrinated dogs, and in those which had been fed on substances destitute of azote. Dr. George Budd, in Lectures published in the *London Medical Gazette*, 1841-2, states that Dr. Watson had witnessed the ulceration of the cornea in a lad who was under his care in the Middlesex Hos-

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pital, and in an advanced stage of typhoid fever. A tonic treatment, in which animal food played a prominent part, immediately arrested the ulcerative process, and the lad rapidly recovered. Dr. Budd mentions that he had seen in the Dreadnought Hospital ship four instances of the same kind, "all occurring in an advanced stage of fever, before a generous diet had been granted."

Such are the facts in favour of the claims of fibrin to be regarded as a serviceable element of the blood, ministering to the support of the tissues and to the maintenance of the circulation; and but a few words are required to place them in a light calculated to make manifest their bearing upon those claims. A striking correspondence, as has been seen, exists between defibrinated animals and persons who suffer from protracted fevers, in the states which are liable to occur in the eyes and in the skin. Now, the only known condition which precedes and accompanies those lesions, and is common to both sets of cases, is a deficiency of blood-fibrin; in the one set produced artificially, in the other, as ascertained by the researches of Andral and Gavarret more especially, not less certainly as a consequence of morbid influences proper to fevers of the typhoid class, and to such an extent as to diminish the fibrin in the advanced stages to one half, sometimes to one third, of its normal proportion. That this deficiency of the fibrin ought to be recognised as the cause of the lesions of nutrition adverted to, appears to be the conclusion that is pointed at, not merely by that decrease itself but by the circumstance that a decrease of the only other constituents of the blood that can have anything to do with the nutrition of the tissues, namely, the albumen and blood corpuscles, has no such consequences. In chlorosis the corpuscles decrease frequently below one half of their normal amount, without any injury to the cornea or to the integrity of the skin. In Bright's disease the albumen is liable to be diminished to half its normal proportion, sometimes with sometimes without a corresponding diminution of the corpuscles, and in either event without any lesions of the kind which occurs in connexion with defibrination. In both of those diseases the fibrin remains undiminished; while in the fevers in which it is diminished, both the albumen

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and corpuscles are rather above their normal proportion. Magendie regards the hemorrhages and ecchymoses that occur in defibrinated animals, and the similar accidents that happen in typhoid fevers, as alike due to the decrease of the fibrin. In the former there appears to be no other explanation of these occurrences, and if a decrease of fibrin be capable of entailing such consequences, it must be recognised as having something to do with their occurrence in fevers, and other diseases in which a decrease of fibrin exists; at the same time that it may be admitted that a decrease of fibrin is not the only cause of "spontaneous" hemorrhages, and that they may occur as a consequence of some cause or causes as yet unknown, even although the fibrin should be increased, as seems to be the case, in some instances at least, in scorbutus and purpura.

It is to Dr. Zimmermann that the doctrine is ascribed, of blood-fibrin being derived from the tissues, but he was certainly anticipated by several years by Magendie in the promulgation of that view. Magendie, when practising defibrination slowly, at intervals of one or more days, remarked that the quantity of fibrin appeared to be rapidly reproduced, so as to be nearly equal in bulk in the blood latterly removed to what it had been in the blood at the beginning of the experiment, "although," as he observes, "the animal had eaten only albuminous matters and fecula, aliments which contain no fibrin." He adds, "It is then in the organs themselves, in the substance of the living tissues, that this substance has been extracted, to repass into the current of the circulation."—(*Leçons*, t. ii. p. 315.) And in another place, he says more explicitly, "the fibrin is reproduced at the expense of the matter of the entire economy."—(p. 284.) He thinks this view of its origin to be strengthened by the extreme emaciation which the defibrinated animals underwent in a very few days. This rapid emaciation was certainly remarkable in the circumstances of these animals, occurring as it did notwithstanding the supply of "albuminous and feculent" food with which they were in some moderate measure supplied; but it admits of being explained on another and more probable supposition than that it resulted from a rapid waste or solution of tissue. For

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this speedily reproduced fibrin was strikingly different from the normal blood-fibrin in both its physical and chemical properties. It was less solid, less resistent, and of less specific gravity, so that, despite its bulk, Magendie supposed its actual mass to be less considerable than that of a similar bulk of normal fibrin. He terms it, therefore *pseudo-fibrin*. Examined by M. Fremy, the chemist, it was found to liquefy or melt when exposed to a temperature of 60° Cent. (140° Fahr.) in a sand bath, while true fibrin does not dissolve by heat, but dries and becomes brittle. Such *pseudo-fibrin*, it is scarcely necessary to remark, could be no fit substitute for true fibrin in the process of nutrition, if this be, as there is so much reason to believe, a nutrient substance; and if the *pseudo-fibrin* so rapidly imparted to the *liquor sanguinis* in defibrinated animals, be regarded as an imperfectly elaborated blood-fibrin, hurried into its place when the normal fibrin had been artificially withdrawn, under the operation (in the abnormal circumstances deranged or modified) of that law which presides so remarkably over the proportional composition of the blood—preserving its constituents in a definite relation to one another in health, and striving to restore them to that relation when it has been accidentally disturbed—we have a sufficient explanation of the rapid emaciation which occurred in the defibrinated animals; for not only had the normal nutriment of the tissues been lessened by the defibrination, but that which had been hastily furnished to supply its place was defective and incompetent.

(To be continued.)

SYPHILIS.—ITS PATHOLOGY AND TREATMENT.

By John Drummond, M.R.C.S.L.

The history of this disease is wrapt in the greatest obscurity, and we have but little hope of ever elucidating its origin, from the mixed and conflicting testimony of writers. Many authors believe it to have existed since the earliest periods, and that even Moses refers to it in the Levitical law; but as we have no

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distinct record, given by medical authors, until the year 1496, which was about three years subsequent to the general spread of the infection throughout Europe, we are disposed to believe that the so named, "*morbus pustularum*" was a new disease, first noticed at the siege of Naples by the French Army under Charles VIII. Anterior to this period, sores about the genitals, both of males and females, were common enough, for prostitution was as rife in those days as now, and there is little doubt that the decomposing filth of uncleanly and dissolute females will excite excoriation and ulceration of the genital organs, although such ulcers, unlike the true syphilitic chancre, do not possess the power of infecting the system; and yet they might under peculiar exciting causes, assume a specific character, as from neglect, uncleanliness, depraved constitutional tone, aud frequent promiscuous intercourse, and in that way give origin to the *lues venerea*. M. Bassereau, the original advocate of the duality of the syphilitic poison, has no doubt whatever, that the soft chancre, producing local symptoms and buboes, is as old as the world, and that the indurated type, with its sequelæ, was engrafted upon this in some inexplicable way, about the middle of the fifteenth century. However interesting it might be, it would be unprofitable to wade through the evidence which has been adduced to support the various opinions which have been held concerning the origin of this fearful malady, and we shall dismiss this part of the subject without further comment.

The primary sores, we now meet with, essentially partake of two distinct types; the one, commonly known as the Hunterian chancre, is generally circular in form, its edges seeming as if cut out by a punch, with a hardened base and areola, which gives a sensation when examined as though a nodule of cartilage existed beneath the ulcer; the surface of the sore is covered by a greyish white matter, which cannot be separated from it by washing, and it generally secretes a small amount of thin ichorous pus, and has little tendency to freely suppurate, to spread, or to be attacked by gangrene and sloughing; the inguinal glands are implicated early, and frequently become much enlarged and indurated, yet they do not always suppurate. Inoculation with the pus is always followed by

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a chancre of the same nature, if the inoculation is performed upon the person of a healthy individual, free from syphilitic contamination. If its secretions are brought into contact with one already afflicted with systemic syphilis a soft chancre results, but still the virus, secreted by this soft chancre, will produce an indurated sore, if inoculation occurs upon a third and healthy individual, so that its specific character is not lost, but controlled by the previous existence of contamination. Again a person inoculated with the pus of an indurated sore, existing upon his own body, does not contract a second sore of the same nature, but the inoculation is followed by the formation of a soft chancre. This may be frequently observed amongst the lower classes, who, disregarding cleanliness, frequently infect themselves, particularly near the part primarily affected, and it is not uncommon to see an indurated chancre encircled by a chain of simple ulcerations. The next type of sore is the unindurated chancre, which is less circular in form, very apt to spread and to be attacked by gangrene, and as a rule it granulates and suppurates freely. The inguinal glands are not affected so early as is the case in the Hunterian chancre; but after their implicacation, they are almost certain to suppurate. The secretions from this sore never cause the true Hunterian chancre, whether introduced into the body of a person suffering at the time from generalized syphilis, or previously healthy; and there is strong reason to believe that it is never followed by secondary symptoms.

These sores are both regarded as syphilitic, although so opposite in their natures; and the question suggests itself very naturally, do they arise from the same poison, and are their different natures dependent upon the constitution of the person affected? Ricord inclines to the opinion that the seed is at all times the same, and that the different results depend upon the nidus in which the seed is developed. M. Bassereau thinks that constitutional peculiarities, mode of life, sex, age and climate have nothing whatever to do with it, and that the two varieties of sore are produced by two separate infecting poisons. In order to prove this he confronted persons infected, with those from whom the contagion was derived, a proceeding which we could not very readily imitate owing to the

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lax police regulations in this country, which do not oblige prostitutes to submit themselves to periodical examination, and to repair to the various lock hospitals as soon as diseased, as is the case in Paris. The evidence obtained by these researches, showed that one type of chancre did not generate the other; and in all cases followed by secondary symptoms, the confrontation exhibited that the woman, from whom the disease was contracted, suffered in like manner from systemic contamination. This is strong evidence in favour of the duality of the poison, and has been substantiated by the enquiries of M. Diday, M. Rodet, and M. Rollet of the lock hospital of Lyons, who pursued the same plan of confrontation proposed by Bassereau. Mr. de Meric, of the London Free Hospital, has been enabled to strengthen this evidence by five additional cases occurring in his own practice. They were all cases in which husbands had primarily infected their wives, and in each case the infecting chancre produced its like, the succeeding symptoms being also very closely allied to each other. In one case the contamination was that of a soft chancre, existing on the glans of the husband and on the cervix uteri of the wife. Both recovered without any secondary sequelæ; the remaining four cases were chancres of the Hunterian class, and were followed by secondary symptoms, and by the propagation of the disease to their offspring in each case.

The syphilitic virus is very probably governed by the same laws which preside over the poisons of small pox, scarlet fever, typhus, &c.; and a person who has had a primary sore, followed by secondary symptoms, is protected for a time from a second infection. How long this protective influence may continue, we have not sufficient data to determine, but there is no doubt that the poison once introduced into the blood produces changes which render it insusceptible to a fresh attack of the disease. Mr. Paget in speaking of the maintenance of morbid structures by the exact assimilation of materials like themselves, thinks that analogous reasoning explains the fact that certain diseases usually occur only once in the same body. The important bearings of his views deserve attention, and I quote the following from his second lecture on the "Conditions Necessary to Healthy Nutrition." "The poison of small pox, or of scarlet fever,

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being for example once inserted, soon, by multiplication or otherwise, affects the whole of the blood, alters its whole composition; the disease in a definite form and order pursues its course, and finally the blood recovers, to all appearances, its former state. Yet it is not as it was, for now the same materials, the same variolous poison will not produce the same effect upon it; and the alteration thus made in the blood or the tissues is made once for all; for commonly, throughout all after-life, the formative process assimilates, and never deviates from the altered type, but reproduces materials exactly like those altered by the disease; the new ones, therefore, like the old, are incapable of alteration by the same poison, and the individual is safe from the danger of infection." Judging from the extremely subtle and virulent nature of this poison, the tenacity with which it clings to the system in which it has been introduced, giving rise to relapses after it has remained dormant for years, we should conclude that its protective influence would endure a much longer time than the protection accorded by the vaccine virus, which we know will take a second time after a lapse of five or seven years. The strongest argument in favour of the protective influence afforded to the system by a previous attack of generalized syphilis, is the fact, that inoculation with the secretions of an indurated and infecting chancre, on a person already afflicted with secondary symptoms, is not followed by a Hunterian chancre, but by a soft granulating sore which is incapable of contaminating his constitution, although possessing the virulence which would cause an indurated and infecting sore, if brought in contact with the tissues of a third and healthy person. The existence of a true Hunterian chancre, occurring during systemic infection, would be an equally strong argument to refute the protective influence of syphilis, but no reliable record of such an event has been published.

Do symptoms of constitutional character occur previous to the cicatrization of the primary sore? Undoubtedly, and very frequently. If the natural course of the disease be not checked by medication, secondary symptoms would generally occur from a month to six weeks subsequent to the primary infection, the blood receiving the poison from the day on which the chancre

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first appears, for as soon as the sore secretes infecting pus, so soon do the absorbents and veins begin to take it up, and although the acute inflammation of a fresh chancre interferes considerably with this process, yet it does not totally prevent it, nor will the application of powerful caustics before the fifth day, as has been stated by Ricord, completely render infection impossible. A case which came under my notice three or four years ago, strongly impressed me with this opinion. A gentleman applied with a small pustule on the glans penis, three days after impure connection, and about which he was most anxious as he intended marrying a few weeks afterwards. The sore was destroyed by the free use of strong nitric acid, and the day but one afterwards the slough separated, leaving a healthy granulating surface, which healed very rapidly; for several weeks afterwards he was watched, but as no constitutional symptoms supervened, and as the pustule was destroyed in its earliest stage and before the process of ulceration had commenced, consent to marry was given. Unfortuately, before the honeymoon was completed, syphilitic psoriasis appeared on each elbow joint, and on the fleshy part of the arm, the bride was impregnated, and a few weeks later a scaly eruption appeared upon the lower extremities, followed by ulcerated throat, and the premature birth of the child, at the seventh month, dead and much decomposed.

The constitutional symptoms arising from the presence of the syphilitic virus in the blood are of two kinds, viz.: secondary and tertiary. Secondary symptoms occur soon after the primary sore, affect the skin and mucous membranes, the eye, &c., and are less destructive in their character than the tertiary symptoms which occur later, and in cases deeply tainted, attacking the skin and mucous membranes with deep eroding ulcerations, the periosteum and bones with obstinate and painful diseases, and the nerves with excruciating neuralgic pains; the skin is usually first attacked. The eruption, different from the exanthemata, is seldom preceded by much pyrexia, and, indeed, very frequently comes upon the patient unawares. This is contrary to the opinion of Hunter and the older surgical writers, who describe minutely the febrile symptoms which usher in the

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secondary attack. In our day, however, more frequently than not, no such premonitory stage exists, yet, occasionally, there is a general feeling of weariness, with pain in the limbs and back, for a day or two before the skin is affected, which leads the patient to suspect he has taken a cold. The skin affections assume various aspects, and very closely imitate the different skin diseases which are non-specific in their character. The absence of pruritus, and the brown coppery tint so frequently observed, are valuable distinctive symptoms, important in assisting us to determine the syphilitic nature of the disease with which we have to deal, and for which specific means must be used to combat them successfully. Very frequently the eruption presents a mixed character, on one part of the body assuming the appearance may be of psoriasis, and on another of rupia. Like the generality of ailments arising from blood poisoning, the disease is usually symmetrical, and although there may be two or more kinds of eruption existing at the same time, yet those parts of the body opposite to each other present the same appearance, psoriasis for example on both arms, rupia or lichen on the face; but never psoriasis on one arm, and rupia on the other. Very frequently these diseases fade away into each other, so that it is impossible to decide each little gradation and affix to it a name, with the precision which strict dermatologists inculcate as necessary. The chief desideratum is to decide whether it is really syphilitic or not; if it is, the treatment follows naturally as a sequence. Mr. de Meric proposes a very simple but useful classification of these forms of skin affections. He places them in two divisions, first, those which do not secrete and do not ulcerate; second, those which are attended by some kind of secretion, and which readily and frequently ulcerate. The first division includes two orders, erythema and papules; the second division in like manner he divides into two orders, vesicles and pustules, arranged in a tabular form. This arrangement would appear in this way.

First Division.	*Orders.*
Non-secreting skin diseases, which do not ulcerate.	Erythema.
	Papules.

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Second Division.	*Orders.*
Secreting skin diseases which generally ulcerate.	Vesicles.
	Pustules.

Now this classification possesses another recommendation besides its simplicity. The non-secreting diseases are very deciduous in their character, and they denote that a strong resistive constitutional effort is made against the effects of the virus; whilst on the other hand the secreting diseases may be regarded as a positive sign that the poison is active, the resisting power weak, and our treatment must effectively combat the disease, by not only using a suitable remedy, but by supporting the strength of the patient by liberal diet, &c.

Soon after the affections of the skin, and occasionally anterior to their appearance, the mucous membranes are attacked. The fauces, the buccal surface of the cheeks usually first yield to morbid influence. The fauces may be simply inflamed or covered by a white superficial slough, the surface beneath being ulcerated, or a deep ulcer may present itself either on the tonsils, or on the velum penduli palati, causing loss of substance and even considerable destruction. Ulcers of the tongue and hard palate usually occur later, and those of the tongue frequently are observed simultaneously with tertiary symptoms. The Schneiderian membrane is sometimes the locality which the virus selects. As it is a fibrous mucous membrane, and supplies the place of a periosteal covering for the turbinated bones and vomer, its ulceration is a cause of anxiety to the surgeon, for if destroyed throughout its whole depth, the surface of the bone will be exposed and assuredly perish, giving rise to most repulsive disfigurement; in this case the bone is destroyed without the necessary presence of tertiary symptoms, and arises as the sequence of secondary ulceration, which has robbed it of its natural covering; the covering also from which it derived nourishment by imbibition. The eye is not exempt from the destructive attacks of this fell disease; its conjunctival membrane may alone suffer, but what is far more serious, the iris or cornea may be specifically inflamed, and the value of the organ, if not totally lost by the destruction of vision, may be much impaired. Condylomata are the frequent result of systemic contamination.

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These excrescences are most frequently localized in those parts where the skin and mucous membrane meet, as about the vulva, on the prepuce, around the anus, the mouth and the nose. The presence of mucous membrane along with skin is not, however, necessary, as cases have been recorded in which they occurred in the axillæ and scrotum, the name muco-cutaneous papules is therefore faulty, and calculated to mis-lead us in supposing that they can only exist where there is a muco-cutaneous surface. They are most common in the female. Their growth is rapid, and they vegetate and spread to a very considerable extent, if not checked by proper treatment. When exposed to heat, friction and moisture, they become exceedingly irritable, and secrete abundant thin, ichorus, and offensive pus. When not irritated, however, they are generally dry, and do not cause much distress. Many authors have looked upon them as evidence of primary disease, but this is a mistake, they are often the first symptoms which attract the attention of the patient, the previous chancre having caused no particular uneasiness, and therefore passed unnoticed. This is easily the case with women, who are seldom aware of the existence of a primary sore, without it is situated on the vulva, or the external organs of generation. The strongest argument in favour of their arising as a secondary, and not as a primary effect of the syphilitic virus, is this: they secrete purulent matter in abundance, but this matter is by no means very virulent in its nature, and is never capable of producing a Hunterian chancre, although they do occasionally excite fungoid growths like themselves. Mr. de Meric believes that their secretion is perfectly devoid of contagion, and says he has never been able to obtain any results by inoculating with it, and he brings forward, as an argument to support this opinion, the rareness with which we meet with these growths on the penis, which is necessarily brought into contact with them, for women with condylomata, especially amongst the lowest class of prostitutes, do not abstain from cohabiting with men, until they become so large and offensive as to attract attention.

Tertiary symptoms occur late on the stage, in those whose constitutions have been injured by dissolute living, by injurious

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medication, and in those who have neglected all treatment during previous attacks; so that the system is saturated, as it were, by the poison. The complexion generally presents a pale, waxy appearance, the natural energies fail, and the vital power is low. This state is named the syphilitic cachexia. The nervous system is deranged, and frequently the patient suffers from severe neuralgic pains. The bones are affected, chiefly those which are but thinly covered by the soft parts, as the bones of the head, the clavicles, the tibiæ, and the tarsal and carpal bones. Nodes, or painful swellings, form on these parts, caused by effusion between the periosteum and the bone. Caries frequently occurs, followed by exfoliation, which is more or less extensive and destructive. The skin, particularly of the legs, is attacked by large, deep eroding ulcers. Tumours may arise within the cranium or spinal column, and by their pressure cause serious nervous lesions, and even death. There is no doubt that many of these symptoms arise as the sequelæ of the injurious way in which Mercury is pushed into the system, and that tertiary phenomena are, in reality, mercurial and syphilitic symptoms occurring together. It is to be regretted that surgeons are again returning to the mercurial system of treatment; for although it is undoubtedly *the* remedy for syphilis, yet the wholesale way in which it is given by the allopath, entails greater misery than would follow were the disease left entirely to pursue its own course. Every homœopath knows how fearfully his illiberal opponents err in thinking that the curative action of Mercury can only be produced when ptyalism is present.

Can an individual suffering from generalized syphilis but not form a primary sore, infect a healthy person? Evidence negatives the probability of this, by simple contact only. Many believe that even the secretions of secondary ulcers, when introduced by a lancet into the blood, will not cause infection. Dr. Waller, of Prague, by repeated and extensive scarification, and by bathing the part in the pus, with which he experimented, gave rise to syphilitic contamination in a previously healthy infant. Dr. Faye, of Norway, in experiments which he made, could produce no effect by simple

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inoculation, and only slight consequences by dressing the irritated flesh with strips of lint soaked in the pus of secondary ulcers. We are surprised that Mr. de Meric believes that the vehicle derived from a secondary ulcer is perfectly devoid of the specific virus of syphilis. *We believe* this to be an error, and nature need not be interrogated in so barbarous a method as Dr. Waller and Dr. Faye adopted, to prove it such; for if ordinary observation were exercised, the question as to whether secondary sores are contagious could be readily answered in the affirmative. A child suffering from congenital syphilis communicates the disease to a healthy nurse, who acts as its foster-mother. Where is the primary sore which effected this contamination? Not surely in the child's mouth! Again, an infant apparently healthy, but in whom the syphilitic poison lurks, is vaccinated; the vesicles form naturally, and the lymph is taken to a healthy child; systemic syphilis follows, and the recipient is contaminated by the poison, which has not yet developed its effects in the infant, in whose blood the congenital taint is lying dormant. Sexual intercourse may be fulfilled, without infection following, if the genital organs are not affected in any way; but if they are implicated in the secondary disease, we very much doubt whether such could be done with impunity. We are willing to admit that the semen alone is not generally sufficient to infect a woman, except through the medium of the diseased fœtus, which is formed in her womb; and that the pus of secondary ulcers has lost to a great extent the virulence of the secretions of a primary sore; but that it is totally devoid of infecting properties we cannot believe until there is some explanation given why vaccine lymph can carry the disease from the contaminated to the healthy, and why nursing a child so contaminated may infect the nurse? Dr. Whitehead, in his third Report of the Clinical Hospital, Manchester, writes, page 116, "Constitutional syphilis is one of the most insidious of diseases. A child inheriting the taint may be well developed, and may appear in perfect health to the age of three or six months, or much longer; when vaccinated the vesicles may have the semblance of perfection; yet the child vaccinated with the virus of such a subject shall

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exhibit all the signs of the taint having been conveyed, before an indication of its presence has appeared in the child from whom the virus was taken. Even the mother or foster-nurse of such a child, the recipient, may imbibe the disease from her nursling, and exhibit it in characteristic form, while the mother of the infecting child remains *apparently* sound."

We will next consider a most interesting and important part of our subject, the transmission of the taint from the parents to their offspring. The infant may inherit the disease wholly from its father, the mother being healthy before conception, and escaping contamination, although she carries a diseased fœtus in her womb. The mother, however, very rarely escapes contamination when she is pregnant with an infected child, but occasionally the indications of syphilis only continue during her pregnancy, and after delivery subside, without any particular treatment; and cases are recorded in which such women have married a second time, and have brought healthy children into the world. The father may be healthy and the infant may acquire the taint from its mother only, who may be the subject of secondary syphilis at the time of conception, or who may possibly contract the disease subsequently to the commencement of her pregnancy; in the former case we should name the taint hereditary syphilis, in the latter congenital. If both parents are diseased at the period of conception, the taint is more inveterate in its character, and the infant usually dies *in utero*, or if born alive, there is but slight prospect of its being cured. A more promising prognosis can always be given in cases of congenital syphilis than in those of hereditary origin.

A child tainted with syphilis is not necessarily born diseased; indeed in the majority of cases it comes into the world apparently healthy, and may continue so from a few days to several years, before any symptoms indicative of the hereditary taint develop themselves. From a very interesting table on infantile syphilis, in which the histories, treatment and result of sixty-three cases are detailed very minutely, constructed by Dr. Whitehead, and published in "The Report of the Manchester Clinical Hospital," I abstract the following particulars of the ages when the disease gave the first indications of its presence.

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Cases.	Age when it first appeared.
2	— Since birth.
28	— During first month.
7	— During second month.
4	— During third month.
5	— During fourth month.
2	— During fifth month.
3	— During sixth month.
3	— During seventh month.
1	— During eighth month.
1	— During eleventh month.
1	— During sixteenth month.
2	— During eighteenth month.
1	— During third year.
3	— Uncertain.
63	Total.

Of these cases fourteen originated from vaccination; and if we subtract these from the total, forty-nine cases of congenital and hereditary remain, and of these the taint indicated its presence by symptoms appearing during the first month in twenty-eight cases.

The symptoms vary much in their intensity and character. If the syphilitic cachexia is well marked, there is the peculiar waxy complexion, with general atrophy. The skin is attacked in most cases by some eruption, and is generally attended by the copper-coloured tint, characteristic of the disease. The mucous membranes of the mouth and genital organs are the seats of ulceration. The scalp is frequently denuded of hair. The occipital and inguinal glands are often enlarged. Otorrhœa, ozœna, coryza, chronic laryngitis, with cough and husky voice, are other symptoms frequently recurring in tainted infants.

The treatment of syphilis is of great importance; it may be divided into the treatment of the primary sore, of the constitutional sequelæ, and of hereditary or congenital syphilis.

In treating the primary affection, no remedy answers better than the Merc. sol., of which a low attenuation should be used. The trituration A. is the most suitable form, and should be administered in one or two grain doses three times a day. It has been recommended that the sore should also be sprinkled with this powder, and in some cases of great obstinacy it

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answers well. If the sore is an indurated one, after a few days treatment it will probably begin to suppurate more freely, and may appear to increase a little in size; but the hard cartilage-like feel leaves it, and small red granulations appear through the ashy slough with which the sore was at first covered; when these have increased until the sore has assumed a red, healthy granulating surface, nitric acid may be prescribed with advantage to assist in the cicatrization, the Merc. sol. being given at longer intervals, a grain every night. If the chancre is of the soft species, with a tendency to fungoid granulations, or to gangrene and sloughing, nitric acid will be more appropriate from the beginning than the Mercurius; Arsenicum being also added, if the ulcer has a strong tendency to spread, with burning pain, and thin ichorous pus. In these cases the local application of nitrate of silver, or a lotion composed of five grains of sulphate of zinc to an ounce of water, will expedite the cure. Balsam of Peru is a very good application to a sloughing sore; it assists the slough in separating, and sets up a healthier action in the sore; it is much used by Mr. Lawrence and Mr. Stanley in these cases at St. Bartholomew's Hospital. When an ulcer presents true Hunterian characters, it is useless to attempt to destroy it by strong caustics, which can only do harm, as the induration, which is the true infecting part of the sore, extends beneath the slough occasioned by the chemical action of the escharotic. Simple water dressing, black wash, or what is perhaps better, a little soluble Mercury sprinkled over the surface of the sore, and the whole enveloped in water-dressing, is the only application necessary, until the sore assumes a healthy granulating aspect, when an astringent lotion, as of nitrate of silver, or of sulphate of zinc, may be prescribed with advantage. Great cleanliness should be observed throughout the treatment. It is difficult to enforce this in dispensary practice; and were it for no other reason, I should recommend lotions, the continual use of which do much to keep the parts thoroughly clean. If the prepuce become much contracted, giving rise to phymosis or paraphymosis, we shall have a difficulty to contend with which will materially retard our treatment. In paraphymosis, if the con-

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striction be very tight, giving rise to congestion and swelling of the glans, we may endeavour to overcome the constriction by squeezing the glans with the fingers of one hand, and pulling the prepuce forwards with those of the other; but if we fail in giving relief in this way, a director must be insinuated beneath the prepuce, first behind the corona, and the constriction carefully divided with a curve-pointed bistoury. In phymosis, which is not congenital, but simply acquired by the inflammation occasioned by the sore, it seldom requires the interference of the knife, for although it would be desirable often to lay it open, and expose the glans, yet we cannot do this without giving rise to the extension of the primary disease, which will attack the cut edges of the prepuce. The injection of warm water beneath the prepuce will generally be all that is necessary, and if efficiently done, will dislodge the filth which would otherwise accumulate. The inguinal glands seldom escape becoming enlarged, indurated and painful. As soon as this complication arises, the patient should rest as much as possible in the recumbent posture, occasionally fomenting them with hot water. Because they enlarge they do not necessarily suppurate. In Hunterian chancre they rarely do, and for the enlarged and painful glands no remedy is better than the Merc. sol. If they become inflamed, however, and throb, as though an abscess would appear, Belladonna should be given, followed by Hepar and Sil.; if suppuration takes place, nitric acid being administered, after the abscess has been opened, to assist the process of granulation.

Constitutional syphilis generally requires the treatment which is appropriate to the indurated infecting chancre. Mercury then is our sheet anchor, and how truly homœopathic is it to the whole phenomena of secondary ailments. The Mercurius corrosivus is an admirable preparation for skin affections, and may be used in conjunction with Arsenicum, Belladonna, Rhus toxicodendron, or Antimonium crudum, as the symptoms may indicate. In simple erythema, Belladonna and Mercurius would be the appropriate remedies; in papular diseases Antimonium crudum and Mercurius would be required, whilst in vesicular and pustular eruptions, with tendency to ulcerate,

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Rhus toxicodendron, Arsenicum and Mercurius would be indicated. In ulcerated throat, if there is much inflammation, Belladonna with Mercurius should be administered, afterwards substituting Lycopodium or Kali bichromicum for the Belladonna. The Mercurii iodidus is perhaps the best form of preparation for syphilitic throat affections. In cases of ozæna, when the Schneiderian membrane is attacked, Nitric acid, Aurum and Mercury are the chief homœopathic remedies. Thuja is highly spoken of as a curative in cases of condylomata, but I have been disappointed with the results attending its use. Cinnabar appears more useful. The local application of Kreosote is a painful but good remedy, to destroy these growths. Ricord recommends lotions of hypochlorite of soda, followed by calomel dusting, and the free cauterization with nitrate of silver; and the testimony in favour of this treatment renders it highly probable that it would be a useful adjuvant to the internal use of cinnabar.

In the tertiary forms of syphilis, which occur in cases which have been improperly treated allopathically, Mercury cannot be given, as it would in the generality of cases increase the disease. In the greater number of cases we shall find the patient's constitution saturated with this mineral, and on this account iodide of potassium is most useful, as it appears to facilitate the elimination of this metal from the system. Nitric acid is likely also to be most beneficial, and is homœopathic to the drawing, aching, lacerating twitching pains accompanying the nervous affections so constantly complained of by persons of this class. Carbo vegetabilis, Sulphur, Aurum, Hepar sulphuris, Asafœtida, Phosphorus, Silicea and Lycopodium, will also be adapted to certain forms of this troublesome stage of the disease.

The hygiene for syphilitic patients is an important item of treatment. Exercise should be regularly taken in the open air, and the country air is preferable in those in whom the syphilitic cachexia is strongly impressed. The use of occasional warm baths, and the daily ablution of the body in cold water, should also be enjoined, for by keeping the skin perfectly clean, we have a much better chance of preserving its healthy integrity, and of allowing the poison to be quickly eliminated, by en-

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couraging free perspiration. Night air must be particularly avoided, and the hours of rest must be carefully regulated, the patient retiring to rest by half-past ten, and not sleeping later than seven in the morning. Neither mental nor bodily exertion should be carried to extreme. The diet must be nutritious and simple in its character; wine, bitter beer, and good Dublin or London porter being allowed in moderation. From spirits the patient must altogether abstain. The alvine evacuations should be regular, and the condition of the liver carefully watched, as it is nature's great filter for cleansing the blood of morbid products. In the dissolute, and those who have been addicted to drinking ardent spirits, the condition of the liver is frequently far from healthy, and this is probably one reason why syphilis is so obstinate in such constitutions.

We will lastly direct our attention to the treatment of hereditary and congenital syphilis. Our chief remedy again is Mercury, and the Merc. sol. A. (1st dec.) is the most appropriate remedy, two grains of which may be mixed with six of sugar of milk. and divided into twelve powders for an infant a month or six weeks old; this treatment should be steadily persevered in for three months, or until the disease appears completely eradicated, and this may be followed by a course of nitric acid. If there is much emaciation, with a tendency to struma and rachitis, the osseous system being developed slowly, and the eruption of the teeth delayed, Calcaria carbonica and Calcarea phosphorica, with Baryta carbonica, Stannum, Zincum and Sulphur, would be useful. Chronic laryngitis, with huskiness of the voice and dry cough, would require Hepar sulph., Spongia and Bromine. The most suitable remedies for ozœna, and snuffling of the nose, the discharge being offensive and sometimes streaked with blood, would be Aurum and Acid nitr. Diarrhœa is a frequent complication, and should be promptly met by Arsen., Veratr., or if dysenteric in its character by Ipecac., Cham., and Merc. corr. When the taint is derived from the mother, the child must be weaned at once, or the contamination will be strengthened. It would be improper to endanger the health of a wet nurse, by exposing her to possible, nay probable contagion, and in place of the mother's milk the excellent food suggested by

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our intelligent chemist, Mr. Turner, should be used. If the child is several months' old, a plentiful supply of good fresh cow's milk, with beef and mutton broths, will assist the constitution in bearing against the debilitating influence of the disease. The remarks already made on hygiene apply particularly to hereditary and congenital syphilis, and should be strictly enforced in all available cases.

PRACTICAL OBSERVATIONS ON DIPHTHERIA, WITH CASES.

By Dr. Joseph Kidd.

(Read before the British Homœopathic Society, November 4th, 1858.)

What is Diphtheria? is a question frequently asked at present—a question also that concerns all in the profession and out of it. The answer to my mind is that it is a new disease caused by the absorption of poisonous effluvia from organic excrementitious substances in a state of putrefactive decomposion with *a limited supply* of water. In wet seasons, where the same putrefactive decomposition goes on with an abundant supply of water, Typhoid Fever and Cholera are produced.

For four years it has been a universal complaint that the rain-fall has been very much below the average, viz., 23·5 in., 21·5 in., 21·4 in., 17·2 in. This average of four years, 20·9 in., is below the average of any four years in this century. No element in the causation of Diphtheria is so important as this deficient supply of water—directly in its influence on the putrefactive decomposition of animal excreta—and indirectly by the amount of surface water percolating through cesspool overflow that has come into use for drinking purposes, especially in villages and agricultural districts where no machinery exists for public water supply. It is the consideration of this deficient water supply, that explains the anomaly of the healthiest and most clean looking villages and districts suffering so sadly from

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Diphtheria. Below the trim hedges and painted cottages may be found a universal percolation of the soil by cesspool overflow.

In a chemical point of view there is a marked difference between the products of putrefactive decomposition with a small supply of water, and with a large one, in both cases supposing it to be stagnant, not running water. Where the supply of water is small, the amount of ammonia, of carbonic acid, and of sulphuretted hydrogen is larger than in the case of a full supply of water to the same putrefying organic excrementitious matter. In the latter case also the putrefaction is more akin to fermentation, and thus to some extent it cures itself—*i. e.* it becomes more rapid, and a cessation occurs in the evolution of gases, whilst in the scanty supply of water the process smoulders, and goes on for years without cessation.

What is true of cesspools with a small supply of water, obtains also, though in a less degree, of the river which is converted into a "cloaca maxima" with an equally scanty supply of water. In France, where Diphtheria has existed for 20 or 30 years, all the conditions of cesspools with a *scanty supply* of water have existed much longer than in England. The detestable "cabinets" are seldom provided with any water supply, and the dryness of the climate allows the soil of towns and villages to become deeply impregnated with the overflow and percolation of drainage matter. In some of the American cities, Washington for instance, Diphtheria existed even before it was observed in France, and with the same conditions of drainage and a limited supply of water.

A most remarkable analogy exists between the etiology and progress of Diphtheria and Cholera. Both spread along rivers, are closely related to putrid animal exhalations. Both sudden in their attack, rapid and deadly in their progress towards sinking of the vital forces. Both contagious, but requiring a local predisposing cause for the infection to fasten upon. Whilst Cholera is propagated by the evacuations from the bowels, Diphtheria is often propagated by the poisonous secretion of the throat or nares—*even by the handkerchief used by the patient*. As in Cholera, so in Diphtheria, the most deadly

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cases occur where the most imperfect drainage exists. In both diseases also we meet at one time with a succession of mild cases easily cured, but again we see at another time that all the cases are severe, and most cases die despite of all sorts of treatment. Those who are fortunate enough to meet the slighter cases boast of their success in curing the disease, whilst those who come upon the deadly set of cases lose heart and despair of cure.

The absorption of the Cholera and Diphtheria poisons, equally prostrates all nervous energy, and whilst that of the former seizes hold on the splanchnic ganglia with collapse and purging, the latter strikes the respiratory tract of the medulla oblongata and the air passages deriving nervous power from that tract.

The more deadly gases evolved by organic excreta in a state of dry decomposition irritate the air passages so keenly as to set up disease there at once, whilst the less potent effluvia from moist organic putrefaction are absorbed more completely into the circulation before Cholera shows itself. In treatment, both medicinal and general, it seems to me that a strong analogy also exists between Cholera and Diphtheria. In both how essential to husband and sustain the vital powers. As a moral lesson to humanity Cholera has done much to advance the cause of sanitary science, but by frequent visitation men get accustomed to its warning, and let filth accumulate till the voice of God calls with a new sound of "Diphtheria" to awaken the sleepers, and arouse the communities from the lethargy of death.

To understand that treatment of Diphtheria aright, we must regard it as divisible into two classes of cases. One, fortunately the most numerous class, is slight and easily cured by any one of several remedies. The other, most deadly and intractable, calls for the greatest vigilance and skill, and for the utmost resources of the medical art. The first class of cases takes on the character of ordinary sore throat, more or less severe, with exudation of yellowish white membrane in patches over the red irritable looking sore throat. Very little constitutional irritation exists, and the patient can eat and sleep well.

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This form of throat disease yields most easily to the administration of nitric acid, or mercurius, according to the special symptoms of each case.

The more severe cases are ushered in by sudden prostration, languor, anorexia, chills, with great restlessness and irritability. Pain in swallowing is not much complained of in the early stages. On looking into the throat a bright redness of the uvula, velum palati and back of pharynx is seen, and the tonsils much swollen. The first truly characteristic sign of the disease appears on the tonsils, a vesicular exudation which is seen to ooze out, and gradually become coagulated into the ashy white membrane, more or less tough, that soon over-spreads all the structures above the epiglottis. At this stage deglutition becomes very difficult and the sub-maxillary and parotid glands become painful and swollen. Frequently also profuse salivation ensues (about 24 hours after the first invasion of the disease) of a disagreeable offensive smell, very like that of a person fully salivated with mercury; nausea and vomiting occur also; the restlessness in bad cases gradually passes into stupor, and the patient, especially if a child, entreats to be let alone, and obstinately refuses to swallow. The features become livid, and the breathing difficult till the false membrane is forcibly ejected, or suffocation ensues.

Under unfavourable hygienic conditions, or if neglected, the slightest cases may pass into the most deadly form of the disease, hence the necessity for constant watchfulness and care in the treatment of *every case* of this throat disease, and hence the duty of every medical man to urge upon the heads of families the necessity for strict investigation and clearing out of drains, cesspools, water-closets, and their ventilation. This is the more necessary as relapse is very apt to occur, *even more deadly than the original disease*, if any defect in sanitary condition exists. The exudation of Diphtheria is easily distinguished from a slough by its friable nature, and in general by the ease with which it can be detached, also by the natural looking, not ulcerated, surface thus exposed.

In no disease may death occur in so many ways, or at such different periods as in Diphtheria. It may occur within 24 or

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48 hours from sudden fainting, analogous to the sudden collapse of Cholera in which so many die. Death may occur from the third to the eighth day through œdema glottidis, or from false membrane blocking up the larynx and bronchial tubes. Still later, even to the 16th or 20th day, death may occur from a low typhoid fever coming on with disorganization of the cellular tissue of the neck. And even up to the 8th or 10th week death may occur from the trunks of the large nerves in the neck, especially the phrenic nerve, the glosso-pharyngeal or spinal accessory, becoming injured and paralysis coming on.

The homœopatic treatment of Diphtheria seems to be in the condition which that of Cholera was before Hahnemann first indicated the use of camphor, on the true theoretical grounds of the analogy he saw between its pathogenesis and the new disease which was then spreading over Europe. It seems to me that the essential nature of the pathogenetic action of Iodine comes the nearest of all medicines to the special characteristics of Diphtheria in its constitutional and in its local manifestations. Diphtheria plainly enters the blood through the air passages, and on its entrance excites a violent local action on the pharyngeal mucous membrane at first, and subsequently on the laryngeal. The local action seems an expulsatory effort to cast out the poisonous miasm, and the constitutional result is of a depression on the nervous system, and of a disorganiser on the entire mass of blood. The local and constitutional results are also sudden and severe at once in most cases. In every one of those special peculiarities Iodine is an exact analogue. The inhalation of its vapour causes sudden irritation of all the mucous membranes of the air passages, nares, pharynx and larynx; it also excites on the mucous membranes a vesicular exudation of an acrid excoriating nature.

When absorption of Iodine has occurred to any extent, a sudden prostration, languor, anorexia, extreme restlessness and constitutional irritation are produced, with a tendency to syncope. Also salivation is rapidly produced, *without ulcers* of the gums or *soreness* of the teeth as in mercurial salivation, and the salivary glands as well as the common glands are suddenly irritated, and rendered painful. Aphthæ appear on

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the mouth, and the restlessness gradually passes into stupor and drowsiness. In addition to this very close analogy of the local and constitutional symptoms of Diphtheria to those of Iodine, we have its clinical experience in croup (in which it is the best of all remedies), in aphthæ, in glandular swellings, and also its powerful action as a disinfectant in throat diseases, in which it is of more value even than chlorine. In the early stage of the disease, especially when there is much glandular irritation, and where the disease extends to the larynx, it seems especially indicated. To produce a prompt and perfect influence over the disease it is best to administer it—*similia similibus curantur*—in the mode of entrance of the disease itself—*i. e.*, by infinitesimal inhalation. This is best done by placing iodine in substance, or in tincture, in an open vessel in the room of the patient, as it is thus very slowly evaporated, and mixes with the air in a highly divided and yet quickly acting form. This need not interfere with its internal use, which should be frequently repeated. Few diseases require more prompt and vigorous treatment than Diphtheria in its more severe forms. If Hahnemann were alive to prescribe for it, he would be as likely to advise the lowest dilutions—in substantial doses frequently repeated—as when he advised the strongest solution of camphor in Cholera.

Muriatic acid comes next to iodine in the closeness of its pathogenesis to the symptoms of Diphtheria, but it wants the peculiar sudden constitutional depression, and sudden irritation of the glandular system which iodine presents. The most decided action of muriatic acid is on the mucous membrane of the throat, which it causes to swell and become painful. It also produces a suffocating tightness of the chest with cough, but it does not excite coryza and profuse mucous exudation as iodine. Still it incontestably is of the utmost value in the disease, especially after the action of iodine has lessened the glandular irritation. It admits also of use by inhalation, and as a gargle, as well as by internal use. Any medical man that has seen much of the severe forms of Diphtheria, will be only too glad to bring the appropriate medicine into action, *in every way* that it is possible to do, in

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order to arrest speedily the disease. In no disease is time more precious. In the last stage of the disease arsenicum is closely indicated, more especially when the swelling of the neck and throat is œdematous, as it often is; also when the odour is putrid, more from the throat and air passages, not so much from *putrid salivation.* When this latter clearly exists, Mercury is the most closely indicated, but the practitioner must carefully distinguish this from the putrid exhalation of the air passages from typhoid exhaustion, where Arsenicum is priceless and Mercurius worthless—worse than that, positively injurious. China ℚ or Quina Sulph. may with advantage be alternated with the Arsenicum. Ammonium causticum deserves most careful trial in the latter stages of Diphtheria, from the singular homœopathicity of its proving to the disorganization of blood in the latter stages of the disease.

Where Diphtheria is altogether or chiefly confined to the *pharyngeal* mucous membrane, it seems to me that gargling with solution of Nitrate of Silver (or sponging out the throat with it) is called for most urgently, and called for also strictly in accordance with the law of "*similia similibus curantur*" in its practical application. The appearance of the throat in many cases of Diphtheria is singularly like that of a healthy throat after the application of a strong solution of Nitrate of Silver.

Where Diphtheria commences in or extends to the *larynx*, gargles seem quite uncalled for, and superseded by inhalation of the specific medicine, be it Iodine or Muriatic acid.

External applications, such as wet bandages, hot water fomentations, mustard plasters, are worse than useless in the *bad cases* of this disease, as they only cause the disease to spread, the œdema to increase, and give no relief.

In all cases of Diphtheria it is essential to prescribe an abundance of stimulants and nutritives—indeed we must most strenuously *urge the patients* to force themselves to swallow—though it produces pain to do so. Sickness is frequently a distressing symptom towards the end—induced by irritation of the brain and of the nerves of the stomach—on this account we must be careful to consult the patient's inclination, for food and

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drink, and also to give stimulants in small quantities at the time, frequently repeated. Port wine, claret, or champagne in general do best as stimulants, occasionally stout or pale ale does better; fresh brewer's yeast also has an admirable effect. Eggs beaten up with brandy, hot water and sugar. Strong beef-tea mixed with port wine, or the latter with arrow root or sago. Turtle soup, hare soup, all suggest themselves, but much depends on the selection and on the urgent entreaties of the medical man to the patient to swallow, though with pain.

In children this is so positively, and persistently refused, that in all bad cases of the disease recourse should be had to nutritive *injections from the* OUTSET; not to wait till the disease has invaded the strongholds of life, but to begin their use at the first moment the disease is recognised, and keep them up every two hours. To use them effectually they should be thrown above the sphincter ani, and only about one ounce at the time. The best injections are, the yolk of an egg beaten up with a tablespoonful of new milk, and two teaspoonsful of fresh essence of rennet, or an ounce of extract of beef with a scruple of Boudault's Pepsine.

The results of Tracheotomy in Diphtheria seem to have disappointed every one that has had recourse to it. Though it relieves the dyspnœa and suffocation, it does not arrest the general tendency to sinking and prostration. Though a remedy of little true value in this disease, it is one not to be lost sight of in threatened suffocation, or in the case of œdema glottidis.

In the general treatment of this disease there is much room for tact and judgment. Careful ventilation of the room and avoidance of chills form an important item. Also avoidance of anxiety and of dread of the disease. A cheerful encouraging manner of the doctor avails much in this last respect.

Glycerine has been recommended by Dr. Bouchut of Paris as a solvent gargle for Diphtheria, but it seems to prove as worthless in this respect as his other suggestion, the insertion of a tube into the larynx through the epiglottis. He seems to forget, that where the tube can enter, air can more easily find its way.

The management of the patient during convalescence requires

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care and patience. A generous diet and change of air help the restoration very much.

No disease is more susceptible of *prevention* than Diphtheria. The cesspools should be emptied, or filled up and new ones built. The drains flushed and thoroughly cleared out. The water closets carefully trapped and ventilated. Chloride of zinc, or of lime, kept constantly in the water closet and thrown down the drains. All dust holes and refuse cleared out. A plentiful supply of water kept in the house, and every room well cleaned and ventilated.

The intimate relationship which exists between Diphtheria and scarlatina is shown in many ways; the two diseases frequently co-exist in the same house. In both, the throat symptoms are severe and the constitutional irritation violent. Albuminuria also occasionally follows Diphtheria as well as scarlatina. Dr. Atkin, of Hull, was the first to observe this.

Case I.—*Diphtheritic Croup—Tracheotomy—Death.*

July 6th, 1852.—More than six years ago, I was summoned in haste to Hern Hill, to see Mr. A———'s child, aged about twelve months. The parents informed me that for four days previously they had noticed gradually increasing hoarseness of voice, constant efforts to vomit, general prostration and tight suffocative cough. The first sound of the child's voice told me of croup, and on looking into the throat I was surprised to see all the structures behind the uvula one dense pultaceous mass of yellowish white exudation, completely blocking up the top of the pharynx. Immediately recognising the admirable description of Diphtherite by Dr. Bretonneau of Tours, I told the parents that the most deadly form of Diphtheritic croup existed, and one that left but little hope of cure after four days continuance and neglect of treatment.

To aid the natural efforts of vomiting, I gave the 1st dec. trit. of Tartar emetic every half hour for four or five doses, so as freely to increase the vomiting. I then returned to London, and procured some fresh pure Bromine, made the first dilution of it, and carefully watching the effects, kept up its administra-

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tion for two days both by internal use and by inhalation. No perceptible improvement followed, and the only effect of the inhalation was a slight tightening of the breathing for a few minutes after each trial of it. On the 9th Mr. Mackern saw the child, and we administered Hepar sulphuris 2nd dec. trit., and with a sponge applied a 20 grain to the ounce solution of Nitrate of Silver to the back of the throat, and the rima glottidis. On the 10th, notwithstanding the utmost efforts to sustain the child's strength by stimulants and nutriment, the change for the worse was most palpable, the breathing was more obstructed, the voice more muffled and hoarse, the face livid and suffused. In a listless state of stupor the little one lay back moaning and unconscious. Informing the father that life must soon cease, I asked him, did he wish the last resource to be tried—Tracheotomy? He answered, yes. Immediately, I cut down with a scalpel upon the trachea; pushing aside several large veins I exposed its upper rings, and cut out a small semilunar piece from two to three of the rings. The relief was immediate and most marked; the stupor and insensibility gradually passed off as the blood became aerated by the free supply of air to the lungs: the breathing became easy and natural: but the relief proved deceptive, and in a few hours the urgent dyspnœa and unconsciousness returned, and death closed the scene.

CASE II.—*Superficial Diphtheria quickly cured by Chlorate of Potash.*

Master W——, 1858, brought to me from Pier Point School, one of thirty boys affected with Diphtheria of a mild form. His mouth, gums, palate and throat covered with distinct superficial patches of white exudation; appetite good, pulse 85, steady and not weak. I prescribed two grains of Chlorate of Potash every three hours, with nourishing diet. In three days the boy was perfectly well, every trace of exudation gone. Every one of the thirty boys recovered, though under different medical practitioners. A sad contrast to this is our next case; one out of *four boys struck* suddenly down with Diphtheria at The Merchant Taylors' School, near the Thames—*all deaths*—and under four different practitioners.

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CASE III.—*Malignant Diphtheria—Œdema glottidis—Death by Suffocation.*

July 23rd, 1858.—I was sent for to Homerton early in the morning, to meet Mr. Metcalfe in consultation on the case of Master W——, æt. 10. Mr. Metcalfe informed me that the boy returned from the Merchant Taylors' School on the 19th, complaining of sickness, shivering, and sore throat. Treated domestically by his mother for two days up to the 21st, when Mr. Metcalfe was called in. He found him with a quick pulse, hot dry skin, the throat then looking bright red, the parotid and sub-maxillary glands enormously swollen with œdema of the cellular tissue of the neck. Aconite and Belladonna were then administered every two hours alternately. In the evening he seemed much the same. The next morning, after a restless night, Mr. Metcalfe saw a dusky hue of the uvula and right tonsil, the breath also now became most offensive. Arsenicum was then given alternately with the Belladonna, also strong beef-tea and port wine. In the evening he was still worse, the right tonsil covered with vesications, the pulse more feeble and quicker; the Arsenicum was then prescribed alone every hour. At midnight Mr. Metcalfe was summoned in haste, and found the external swelling much increased and the breath more offensive. A Chloride of zinc gargle was then ordered and the Arsenicum continued every hour. Early the next morning I met Mr. Metcalfe, the prostration was then extreme, the pulse like a thread, very rapid. The neck and *right side of the chest* were enormously swollen, œdematous, and puffy. The mouth, palate and throat all presented the same appearance of a pultaceous ashy white exudation blocking up the opening of the pharynx. Not a vestige of healthy mucous membrane could be seen, as all the structures of the throat were involved in a disorganized mass of slough like exudation.

As a last resource I advised Nitric acid, to be given four or five drops every hour, also eggs beaten up in port wine, in addition to the beef-tea. Notwithstanding all our efforts to sustain life it fast ebbed, and in a few hours he leant forward in bed

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and suddenly called out, "Mama, I feel my throat narrowing," and then he expired.

The œdema had evidently extended to the glottis. In all my experience of disease I never saw a more frightful appearance than the poor child's livid distorted face, neck and thorax. So sad was the shock to the poor father that it brought on diabetes in a few days.

Case IV.—*Severe superficial Diphtheria after Measles—Cured by Nitric acid.*

December 22nd, 1857.—Summoned at night to meet Dr. Anderson in consultation of the case of Master K——, æt. 12, at Clapham. On the third day after appearance of measles he was seized with a sudden accession of sore throat and difficulty in swallowing. The eruption well out all over the body, pulse rapid. The throat presented a bright scarlet redness and was covered with patches of superficial whitish exudation. The boy was in a state of much terror and excitement from the intensity of suffering in the throat. Dr. Anderson and I agreed to give Nitric acid, 1st dec. dil. four drops every hour for six doses, then every two or three hours; also plenty of broth. The result was most satisfactory and rapid. In twelve hours he was very much relieved, and on the third day all pain and soreness of throat had disappeared, and no trace of the whitish exudation remained.

A good illustration of the contagious nature of Diphtheria presented itself here, as two young ladies who nursed the boy were soon after seized with the same throat attack accompanied with distinct Diphtheric exudation. In both the action of Nitric acid was equally satisfactory.

Case V.—*Partial Paralysis of the Glosso-Pharyngeal Nerve after Diphtheria—Cure.*

Master P——, æt. 18, had a severe attack of Diphtheria at Bournemouth, in September, 1858. In the early stage he was treated by his father with Merc., and in the latter by a medical friend at Bournemouth with strong gargles of Nitrate of

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silver. He returned to London early in October, when I was sent for. He was then in a state of great prostration; legs and arms much wasted. His voice was indistinct and muffled, requiring a strong voluntary effort to articulate; every attempt to swallow liquids caused choking unless it was allowed to flow gently over the tongue without effort. His sight was also very weak, and all attempts to read were fruitless. I prescribed Ignatia ♁, four drops three times a day, generous diet, port wine and stout, also the daily application of localized galvanism or faradization to the throat, neck, pharynx and tongue. In a week the improvement was gradual but decided. The Ignatia was then omitted and Ferrum sulphuricum, 1st dec. dil. (three or four drops three times a day in a wine glass of water), given for the second week. The recovery was complete within three weeks, and deglutition and articulation perfect, the general condition also very much improved. A few weeks afterwards he took a long walk, and the same paralytic weakness came on in the lower extremities as had at first existed in the muscles of the pharynx. The same medicines were again prescribed, and the galvanism also, with complete cure, and he is now in the enjoyment of perfect health.

It would seem that the nervous centres had got a profound injury and exhaustion by the constitutional effects of the Diphtheria, and that this shewed itself in paralysis of the muscles of the pharynx and throat. I have had two cases very similar to this; one, from the midland counties, perfectly alike and perfectly cured by the same means; the other, from Plymouth—complete paraplegia—is still under treatment.

CLINICAL OBSERVATIONS ON DIPHTHERIA.

By Dr. Henry R. Madden.

When a new form of disease is brought under our notice, it becomes highly important that all who have opportunities of watching its progress should record their observations, as it is only by the accumulation of facts that a true and practical knowledge of the malady can be acquired.

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My first introduction to the disease, in the Autumn of 1857, was most discouraging. Of the first three cases I treated two died; and two others whom I saw in consultation with my late colleague, Mr. de Michele, proved fatal; while a sixth case, which was under my care at the commencement, was afterwards placed under allopathic treatment, and terminated also in death. Thus of six persons attacked I only saw one recover, and under the desponding impressions left upon my mind by these cases, I penned the notes which appeared in Dr. Black's excellent "Remarks on Diphtheria," published in the October number of this *Journal*. Since that time I have seen much more of the disease in nearly all its forms, and I rejoice to say that a closer acquaintance with it has removed much of the apparent obscurity in which its nature seemed involved, and that the treatment has been followed by very gratifying results. In the following observations I propose to record chiefly what I saw, and to say but little about any conclusion to which I have arrived in my own mind respecting the nature of the disease. Indeed all that I attempt in this way must be viewed in the light of *suggestions* for more extended thought and observation; it being manifestly too soon to pronounce any decided judgment.

Have the fauces been peculiarly susceptible, or has it arisen from mere dread of diphtheria, that so many persons have complained of sore throat during the past year? Whatever the cause, I have certainly examined more throats this year than during any previous five years of practice. It will therefore be well to describe the various appearances which have been met with.

1. Of common catarrhal angina there has been an unusual abundance, and among them the most frequent appearances which I have noticed as differing from the usual sore throat, has been the presence of a large number of elevated papillæ, very similar in appearance to the large flat papillæ which occur on the root of the tongue. These have occurred in considerable numbers over the arches of the palate, the velum, and very frequently on the posterior wall of the pharynx. Until last year I had not met with this appearance by any means fre-

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quently, except in dysphonia clericorum, and its allied affections, in which it is always more or less visible. These papillæ show no tendency to ulcerate or to become covered with any deposit, and gradually disappear as the sore throat goes off.

2. The next in point of frequency has been acute tonsillitis, with an unusual amount of swelling of the glands, the enlargement being very perceptible externally, the mucous membrane covering the tonsils being deep or dull red, and rapidly passing into ulceration. When, however, the ulcers appeared early, were clean from the first, and not surrounded with a dark fiery red line, the cases proved very manageable, and ran their course in two or three days.

3. The third set of cases commenced like the second, but the ulcerated surface became speedily covered with a whitish curdy deposit, very similar to the curdy puss of a suppurating scrofulous gland. In these cases there was the greatest variation as to the amount of constitutional disturbance; some patients being scarcely ill at all, and others having high fever, with more or less delirium; and others, again, being very low and physically depressed. All these varieties, however, terminated favourably.

4. The next type was a much more serious disease. The whole soft palate was much swollen, œdematous and pale red, while the mucous surface was smooth and glazed; the tongue thickly furred; great difficulty of swallowing, and marked adynamic fever. The progress of these was uniformly slow, yielding with difficulty to treatment, nevertheless all but one case (the patient was removed to the County Hospital, and died of true diphtheria under allopathic treatment) recovered perfectly.

5. True diphtheria, characterized by the peculiar wash leather-like deposit, extremely fœtid exhalation of mouth, deep phagedemic ulceration below and around the deposit; profound general adynamia.

Such have been the general forms in which the disease has occurred in my practice. I have arranged them under these five heads for facility of reference, but practically they do not admit of such a classification, as intermediate forms occur, and each variety is apt to run into the others.

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The first question which presents itself to our notice is, Where does true diphtheria begin? Does the fifth alone constitute the true disease? Let us examine a little. Of the fourth, or œdematous subdivision, I have seen all the following varieties: (a) the œdematous condition lasted two or three days, accompanied by but little constitutional disturbance, and then rapidly subsided; (b) the œdema lasted two or three days, with high fever, thickly coated tongue, fœtid breath, &c., and terminated in simple ulceration, which ran its favourable course rapidly; (c) the œdema continued for a week or ten days, during the whole of which time the patient was seriously ill, with adynamic fever, and then one or two very small spots of deposit occurred and disappeared again in twenty-four hours, and the patient slowly recovered; (d) the œdema continued thirty-six hours, and then the whole of the velum and uvula was covered with a thick mass of diphtheritic deposit. This patient was a servant in a family, and the fear of infection led them to have her removed to the County Hospital, where, as I before mentioned, she died. Now all these cases commenced exactly alike, and yet how different their progress!

Again, among those of the third class which corresponds to what Dr. C. D. Kingsford, of Clapton, calls *diphtheritic sore throat*, or mild diphtheria,* I saw three or four cases which advanced into the severe adynamic form of the complaint.

Once more, I have seen one case where the true diphtheritic deposit occurred, covering the whole of one tonsil without producing any constitutional disturbance beyond what the natural nervousness attendant upon the having such a grave disease, would fully account for, and in this case the patient completely recovered in four or five days. I would therefore repeat the question—Where does true diphtheria begin? Who can tell? This leads me to say a few words on the analogy which seems to exist between this disease and two other well known epidemic maladies—*cholera* and *influenza*.

When cholera visits a locality, we uniformly observe the following series of phenomena:—1st, the mucous membrane of

* Braithwaite's Retrospect, Vol. xxxviii, p. 447.

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the intestines becomes peculiarly susceptible, and ordinary relaxation of bowels is unusually prevalent; 2nd, watery diarrhœa with colic abounds, and although improper food often gets the blame of it, yet numberless cases occur where no such cause can be assigned for the attack; 3rd, we have also choleraic diarrhœa in all degrees of intensity, both with and without grave constitutional disturbance; and lastly, we have fully developed cholera.

Again. Do we not notice the very same as regards influenza. The extreme prevalence of catarrh—the modification of common cold, so well known as influenza cold—and the fully developed disease—what conclusion must we draw from these facts? Do they not indicate, that *in each epidemic there is a specific something which influences most, if not all persons exposed to it, and produces upon them effects varying in intensity according to the pre-existing condition of the patient?* If this is admitted, our original question will assume a different form, and instead of enquiring where does diphtheria begin? we must enquire, what gives rise to the epidemic tendency? and what pre-existing condition induces the full development of the disease?

Let us at once confess that these questions do not yet admit of positive replies—but it is surely a step in the right direction to determine the exact question we have to solve. A little consideration will show that the point to which I am anxious to draw attention is of great practical importance, when examining into the question of contagion, and also when investigating the true pathology of the disease. On the other hand, therapeutically, it is of the utmost consequence to define accurately the limits of the fully-developed disease. Beyond a doubt the treatment must be varied according to the intensity of the development of the malady, and it would be most erroneous to conclude as to the proper treatment of true diphtheria (5) by the results obtained in the milder forms of the disease (2, 3). Practically, therefore, it is of great importance to subdivide the cases in some such manner as I have attempted; while pathologically, it would be most unscientific to limit the term diphtheria to the fifth and gravest form of the disease.

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Much has been said and written on the connexion between this disease and scarlet-fever, and there are not wanting practitioners who still believe them to be one and the same disease. The following reasons, however, appear to me to militate strongly against this opinion. First, it seems contrary to all experience that there should exist *mild* forms of a *suppressed disease*. One's ideas of suppressed scarlatina, suppressed measles, suppressed eruptions, &c., are all associated with grave constitutional disturbances, to which a full outbreak of the proper malady would prove a relief. If, therefore, diphtheria were really suppressed scarlet-fever, we should expect to see it associated with an epidemic of scarlet-fever, of which the mild cases were all examples of the simple exanthema; and among the malignant cases a certain number of patients would have diphtheria instead of scarlatina. In other words, the gradations would be from mild to severe scarlet-fever, and thence to diphtheria. But practically nothing of the kind exists, while diphtheria itself occurs in every degree of intensity down to a mildness far below the ordinary severity of the exanthem, whose place it is supposed to usurp. Secondly, I have seen a child have scarlet-fever fully and favourably, the eruption running its usual course, and within two days of the rash going off (not *receding*, but gradually and normally fading), intense diphtheria supervened, which proved fatal in thirty-six hours. Surely here there was no suppression, but on the contrary, the superaddition of a distinct disease when the original malady passed off. Thirdly, though the two diseases have certainly occurred simultaneously in certain localities, diphtheria has prevailed extensively without the presence of any epidemic scarlet-fever, a circumstance not very probable, if the one was merely a modification of the other.

Is diphtheria contagious? A full and satisfactory reply to this question cannot as yet be given, but the following facts, would seem to point more to an *endemic* than a contagious origin.

A case of diphtheria occurred in a certain house here; the child was separated from the rest of the family, and recovered. There were several other children in the house at the same

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time, not one of whom showed any signs of the disease. Two or three weeks afterwards two children visited at that house, and in a very few days manifested the disease, and both died. These children did not live in the house, but merely spent some hours daily in it, and returned home every evening. After the disease commenced they of course remained entirely at home, and hence could not aggravate any infection in the house where they apparently contracted the disease. Five or six weeks afterwards another child visited at the same house, and he also took the disease, and died. These cases occurred in the Autumn of 1857, and are among the first examples of the disease which I saw. In the Autumn of 1858 I attended a child with fully developed diphtheria, of which she recovered completely, when her little brother, who had slept with her the first night after she complained of sore throat, took the disease, and had it very severely, and of this fully developed type he also happily recovered, and neither of the other children showed any symptoms of the malady. The house was most carefully fumigated and cleansed, and a thorough quarantine kept up for nearly three weeks. Soon after this a relative visited the house, spending only a few hours there, and returned home, took the disease, and died under allopathic treatment. Five or six weeks later another relative spent a few days in the house, and on her return home to Kent also took the disease; her case, however, terminated favourably. Do not these facts point to a local origin, and may we not safely conjecture that defective drainage or bad ventilation is at the root of the evil? I know that several medical men have adopted this view of the case from their observations of the disease.

What is the nature of the diphtheritic deposit? I regret that at the time, when most of my severe cases occurred, I was too much occupied to attempt either a microscopic or chemical examination into the nature of this deposit. I must therefore trust to the results obtained by others. Dr. Samuel Wilks has examined the deposit microscopically, and found it to consist of a vegetable fungus of the genus oïdium; and Dr. Starr, in a published account of this disease, states that on chemical analysis the deposit was found to be albuminous and not fibrinous,

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which latter statement is of importance, as distinguishing diphtheria from croupy exudation. As regards this latter point, my own experience certainly tends to corroborate the opinion that the disease differs essentially from croup; the deposit has quite a different appearance, and the general character of the accompanying symptoms is markedly diverse. It is true that when the deposit extends to the larynx, the symptoms are very similar to those of croup; but this is rather a physical than a pathological resemblance, and by no means indicates any real connexion between the two diseases. In one case of the erysipelatous type (4) which I attended, the œdema extended to the larynx and epiglottis; even then, however, the concomitants were not those of croup, although the sound of the breathing, and the kind of cough, exactly resembled true pseudo-membranous laryngitis. This woman made a good recovery, although for some hours her life was in great danger. As regards the presence of a parasitic fungus, although Dr. Wilks himself found the same parasite in other buccal deposits besides diphtheria, and thus proved it not to be pathognomonic of the disease, still I consider the fact to be of no small importance, and to assist much in arriving at correct views of the essential nature of the disease itself.

Let us turn our attention for a few moments to vegetable pathology. Two of the most serious and wide-spread evils with which the horticulturist has to contend at the present day, are the vine mildew and the potato disease. Now in both of these oïdium is present, and is by many thought to *constitute* the disease. The most enlightened physiologists, however, have gone a step further, and have pointed out the necessary pre-existence of disease, or at least of a *proclivity towards disease* in the vine and potato respectively before the oïdium can develop itself. There are thus two essential and distinct steps in both these diseases: 1st, a predisposition towards disease in the plant attacked; and 2nd, the presence of the sporules and mycelium of oïdium, which once established, rapidly spreads over the plant, and destroys the expected crop. It appears that the oïdium cannot develop itself upon a perfectly healthy plant, and that it flourishes more or less in proportion to the intensity

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of the predisposition to disease. Have we not here an analogy to diphtheria? May not the oïdium of diphtheria hold the same relation to this disease as those of the vine and the potato do to the mildew and the rot? The practical importance of this view will come before us when I speak of treatment, to which point I shall at once proceed.

The treatment.—As regards the *first* and *second* class of cases I need say little or nothing; their character is far too mild for us to gather any useful hints from their management to assist us in dealing with the graver forms. I may, however, just mention that where the papular eruption was present in a marked degree I found *baryta carbonica* 3, and *antimonium sulphuretum* 3rd dec., to be the best remedies, both which remedies I have long found useful in dysphonia clericorum. Again, in the second variety, where the tonsils were so unusually swelled, I always found benefit from *belladonna*, with or without *mercurius* in alternation.

In the 3rd set of cases, viz. in *diphtheritic sore throat*, I found *mercurius biniodidus* and *kali bichromicum* invaluable. Here I must take the opportunity of remarking that the *biniodide of mercury* has in my hands succeeded much better in this complaint than any other mercurial preparation. When I sent my notes to Dr. Black, I observed that in true diphtheria I had found "Mercury in every form did decided harm." I had at that time tried *merc. sol.*, *merc. corr.*, *merc. oxyd. sub.*, but I had not used *merc. biniodidus*, and I must say that, this last preparation has not disappointed me even in the fully developed disease.

The fourth or erysipelatous type has proved more difficult to manage. The first case I attended yielded pretty easily to *apis*, 3rd dec., and *rhus*, 3rd dec., after Belladonna had failed. The next case I may mention, was the one referred to as having become true diphtheria, and in that condition removed to the County Hospital; *belladonna* and *mercurius* had been given without effect. The third case I saw, was the one in which the larynx and epiglottis were so seriously implicated: *acon.* 1, and *bell.* 1, were first prescribed, but without benefit. I then changed Bell. for *bromine* 1, still alternating with *acon.* as the

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fever ran high. The local symptoms however increased so manifestly that I left off *acon.* and alternated the *bromine,* first with *hep. s.*, which seemed of little if any use, and then with *kali bichrom.*, 3rd dec., when improvement at once set in and the case progressed rapidly and favourably. I have had several other cases which did well under *mercur. biniod.* and *kali bichrom.*, and especially one which proved extremely lingering until these remedies were given. At first I had supposed that these erysipelatous sore throats were altogether distinct from diphtheria, and hence I had not been led to give the above remedies, whose indications for ordinary erysipelas are, to say the least, not well marked. When, however, experience had taught me that the diseases ran into one another, and still more, when I found practically that the more usual erysipelatous remedies, *bell.*, *rhus*, *apis* and *lachesis*, failed to do good, I was naturally led to prescribe the diphtheric medicines, and have been much gratified by their uniform success.

We now come to the last and fully developed form of *true diphtheria;* and before describing the treatment which I have found so very useful in this dire disease (I have not yet lost one patient since I have adopted it, though I have attended at least three, which were in all respects similar to and quite as ill as the three boys whose cases I recorded in Dr. Black's paper, and all of whom died), I must revert for a little to vegetable pathology, as it was by reasoning upon facts connected with horticultural experience that I was led to try the method which has proved so satisfactory.

When referring to the vine mildew, I pointed out the fact that there must exist a proclivity to the disease in the plant attacked, in addition to the presence of the sporules of the oïdium itself—once, however, the oïdium is established, its power of propagation is so great that no treatment directed to the tree can cure the disease. The oïdium must be distroyed or the crop will be lost. Treatment of the vine itself is preventive—destruction of the oïdium must also be effected before a cure can be accomplished.

In fully developed diphtheria ought we not to apply the same principle and attack the oïdium in the throat, as well as the constitutional malady? The allopaths have attempted this by nitrate of silver, but I have met with at least two who have been

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disappointed with the results obtained with this substance, one in particular pointing out the fact that the deposit was rapidly reproduced upon the raw surface made by the caustic. Some months ago it occurred to me that what we wanted was some application destructive to the oïdium, but which would not injure the mucous membrane, and while still undecided what remedy to try, I met with the account of the successful use of perchloride of iron in this disease. At once the idea occurred to me that this remedy would answer the required purpose. The soluble salts of iron are destructive to all vegetable growths, and the muriated tincture of iron would certainly not destroy the mucous membrane, added to which, the fact of its proving useful as a local application to erysipelas, seemed to militate in its favour. Accordingly in the very next case of true diphtheria which fell in my way I put the remedy to the test, and was much encouraged by the result. From that time I have treated all my cases as follows:—as soon as the deposit begins to appear I direct the tonsil and velum to be painted over with pure glycerine three or four times daily, and about every twelve hours I apply the pure tincture of muriate of iron (L. P.) with a paint brush to the whole surface affected. Internally I give the *biniodide of mercury* and *bichromate of potass*, and in the event of the prostration being very great I give *arsen.* 3rd dec. and *ammon. carb.* 1. As regards the supply of nutriment, I of course give as much as possible. With very young children I direct the glycerine to be given in half teaspoonful doses four times a day, trusting to its lubricating the fauces on its way down the throat, and thus saving the little patients the worry and annoyance of the painting, which they dislike very much. I, however, have always applied the permuriate of iron with the brush, and have done it myself to insure its thorough application. Under this treatment the swelling and redness of the mucous membrane steadily subsides, the excessive fœtor of the breath rapidly decreases, there is less difficulty of swallowing, and the deposit shrivels up, becomes loose and everted at the edges, and soon falls off. As yet I have not seen a single case which has resisted this treatment, and I sincerely trust that my brethren will give the plan a fair trial and meet with the same success.

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ON SOME PATHOGENETIC EFFECTS OF TOBACCO.

By Dr. A. Teste.*

Hahnemann who has so well observed and so admirably described the prejudicial effects of the dietetic employment of coffee, which he rightly considered to be a medicinal substance, shewed extreme tolerance towards tobacco. Was this because the greatest geniuses are not always free from petty prejudices, and because the most logical minds have their inconsistencies? Or was it not rather because Hahnemann, although a great smoker, never observed any of the toxical effects of tobacco upon himself, and thence inferred the complete innocuousness of the pipe? Thus much is certain, that both he and the greater number of his disciples used to smoke all the time they were proving the medicines whose pathogeneses he has recorded, and that though, for fear of interfering with the action of the medicines he gave to his patients, he interdicted to them the use of coffee, alcoholic liquors, the condiments they were accustomed to, and even cosmetics and scented soaps, however slightly perfumed, he readily allowed them a cigar or a pipe.

Still, every one knows, and should any one doubt it, all the treatises on legal medicine will superabundantly prove it, that tobacco is a poison. Introduced into the alimentary canal, even in small doses, it has caused serious accidents and not rarely death. Nicotine, one of its principles, is very nearly, if not quite, as powerful a poison as prussic acid. A few drops of this substance injected by M. Bernard into the œsophagus of a full grown dog, killed the animal in less than twenty minutes. Nicotine has, as we have seen, been also used for criminal purposes. Prejudicial as coffee may be to certain constitutions, and justly as it has been proscribed by Hahnemann, it is quite evident that it could never produce such terrible accidents as have too frequently followed the employment of nicotine and tobacco.

But it is not my intention to speak of the morbid phenomena occasioned by the ingestion of these substances, but only of the

* From the Journal de la Société Gallicane, October and November, 1858.

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disagreeable effects or danger that may result, either immediately or after some time, from the custom (of savage origin) which prevails now-a-days among all civilized people of inhaling as a perfume the nauseous smoke of tobacco.

The questions which we propose for solution are:—1st. Do the effects of smoking on the organism strictly resemble those resulting from the ingestion of tobacco in substance, or of a certain dose of nicotine? 2nd. May not the continued use of a deleterious substance so diminish its action upon the organism as to render it, if not nil, at least insignificant? 3rd. Is it not possible and even probable that there are persons organised in such a way that neither the smoke nor the emanations of tobacco have any sensible effect upon them?

The preliminary examination of these three questions, which is indispensable to the elucidation of our subject, may perhaps supply us with some general conclusions worthy of the reader's attention.

1st. Nicotine, the poisonous principle of tobacco, has the twofold property of being volatilized by heat and soluble in water. Thus we find it in the acrid and fetid liquid found in the stalk of the pipe by the condensation of the smoke. But it is evident that this solution of nicotine occurs in the smoker's mouth as well as in the pipe stalk. The cigars and short pipes usually smoked in Western Europe cause the smoker's mouth to be the chief condenser and almost the sole recipient of the poison distilled in the smoke. The local irritation caused by this poison is of very little importance; but it is inevitably absorbed; and hence occur a series of phenomena which when they exceed certain limits, or until habit has deadened the preception of them, alone constitute the pleasure of the smoker.

These phenomena are too well known for us to dwell upon them. There is hardly any one amongst us who has not experienced at least once in his life that giddy intoxication during which we almost entirely lose self-consciousness, and which would certainly not be devoid of charms did it not soon degenerate into the painful sensation of sea-sickness. The latter form of illness sometimes attains a great height. I have often seen almost incessant vomiting, griping followed by diarrhœa of acrid

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smelling fæces; finally long fainting fits preceded by a livid complexion and cold perspiration, with vertigo and complete suspension of the intellectual functions. How powerful, I exclaimed, must be the despotism of fashion, the instinct of imitation or the desire of new sensations with some people, which can urge them to undergo the novitiate of a smoker! Many facts I have witnessed leave no doubt in my mind, that the absorption of nicotine in the form of smoke as well as its introduction into the alimentary canal, is capable of causing death, if any one could be found endowed with sufficient stoicism to bear the horrible sufferings that would precede it. Consequently I do not hesitate to admit a complete absolute identity between the poisonous effects of smoking and those caused by the absorption of nicotine in any other way.

2nd. Is it probable that by means of gradually increasing the quantity taken we could, in a certain time, come to be able to eat tobacco, that is, chew and swallow it, without running the risk of any serious immediate danger, in quantities which at first would inevitably have caused death? The annals of physiology, as well as those of medicine, abound in facts, which from their analogy with this supposed one, answer this question distinctly in the affirmative. Thus without citing the ancient history of Mithridates, which the ignorance of writers has transformed into a myth, we have all met in practice with paralytic patients who bore enormous doses of strychnine, and with persons affected with neuralgia who could take, as to my knowledge Heinrich Heyne did, as much as twenty, twenty-five, and even forty centigrammes of acetate of morphia daily. But without departing from the sphere of physiology, we all know what enormous quantities of opium or haschisch the Turks and Indians come to be able to take daily. What, though these opium and haschisch eaters, like our alcohol drinkers and smokers, seem to suffer but rarely from acute diseases, in consequence of their depraved tastes—must we thence conclude that the organism accommodates and habituates itself to these monstrous excesses without suffering? Experience will answer this question for us. Let us then enquire what are the facts.

Some observers, among whom I may instance Parent-

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Duchâtelet, allege that the work-people of both sexes who work by the year in tobacco manufactories, and in consequence pass their days amid the emanations of the plant, become so much accustomed to them that after some time they do not experience any discomfort from them.

Others, on the contrary, among whom are Ramazzini and Cadet-Gassicour, assert that they are subject to violent headaches, vertigo, trembling, vomiting, diarrhœa, &c.

The late Dr. Mérat, who was an enemy both of the pipe and the snuff-box, has collected together, in his article on Tobacco in the *Dictionnaire des Sciences Médicales*, and in the article on Nicotiana, in the *Dictionnaire de Thérapeutique*, those arguments and facts which are most calculated to induce smokers and snuffers to abandon their habit, were it not unfortunately the case that they are generally incorrigible.

From Rammazzini down to Dr. Fiévé, who published only last year, a few months before his death, a very mediocre pamphlet on the subject, an immense number of authors have written against the use of tobacco.

Lastly, in 1849, the Academy of Medicine, at the request of the Minister of the Interior, appointed a commission to enquire into the sanitary state of the workpeople employed in the manufacture of tobacco, and to make a report to him. I have now before me the work of Dr. Mêlier, the reporter of the commission, a work remarkable in more than one point of view. I shall make a few quotations.

"The manufacture of tobacco, in course of time, produces upon the workpeople a peculiar profound alteration of a very interesting character, worthy of particular study. It consists of an alteration of complexion. This is not a simple loss of colour, an ordinary paleness; it is a grey hue, somewhat dull, a mixed shade between chlorosis and some cachexias. The physiognomy assumes a peculiar character, by which the experienced eye can to a certain degree discern those who have long been employed in a tobacco manufactory; for this kind of countenance is never seen except among the old hands. . . . . The preparations of iron cure this state, and restore their original complexion to the workpeople.

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"M. Hurteaux (the medical man in charge of the manufactory of Gros-Caillou) has made a remark of great interest, if it shall be corroborated by future observers, viz. that when the workpeople are bled it is rare to observe a buffy coat on the blood, or if there be one it is very slight, and the coagulum is very soft. Here the blood becomes modified to such a degree that a portion of its fibrine has disappeared. . . . . .

"They (the workpeople) grow thin, and alter rapidly. We have seen one who had formerly been in the 1st regiment of Lancers, a fine looking man aged twenty-nine; when he first came into the manufactory he was fresh and stout; now he is thin, and his complexion is assuming the dull colour above alluded to; he is also much weaker than he was. Another informed me that he lost 10 lbs. in a very short time," &c.

Finally, the reporter says, that although he cannot positively prove from statistical tables that the mean duration of life is shorter among the tobacco-manufacturers than among other classes of men, still there is but too much reason to suppose that this is the case. "All that we know," he says, "is, that if among the workpeople there be some old men, there are very few or no old men in a flourishing state of health, most of the old hands being asthmatic, or at least subject to dyspnœa."

Thus the emanations from tobacco in the manufactories in the long run produces a real cachectic state, which although not so serious as those observed among painters, gilders, mirror-silverers, &c., nevertheless merits all the attention of the physiologist and the physician. Do smokers ever present the signs of this cachexia? I am not in possession of any facts that allow me to affirm this to be the case. But on the other hand, they are exposed to accidents at least as dangerous, and certainly more painful. What is this difference owing to? To the mode of absorption, perhaps; unless, indeed, the following passage from Dr. Mêlier's report gives us a more plausible explanation.

"The first impression," he writes, "on the new workpeople is always more or less disagreeable; all, or nearly all, find a certain difficulty in accustoming themselves to the work; many cannot succeed, and are obliged to leave the manufactory. We

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ascertained that of *five* who entered at the period of our visit, *one only* had been able to remain." One in five! a proportion certainly that deserves to be noticed. But if the workpeople are unable, as the report says, to accustom themselves to the effluvia of tobacco in the manufactory, they leave it, and there is an end; whereas all know that that is not the case with a smoker in regard to his pipe. The sensations excited by his first essays may be execrable; a sort of foolish vanity induces him to brave any amount of disgust or pain; he suffers, but still he smokes; at length the disgust diminishes, the pain declines, the habit is adopted, and the evil runs its course. Hence it is that we often meet among inveterate smokers men who, by virtue of their temperament or of certain congenital predispositions, are precisely those who, had they been working men, would have been found to relinquish the manufacture of tobacco, and to whom tobacco ought to be more poisonous than to others.

The examination of our third point will, I hope, throw some light on these considerations.

3rd. With the exception of corrosive agents capable of destroying life by the chemical decomposition of the tissues to which they are applied, it has never been satisfactorily demonstrated that any substance exists which can be considered as an absolute poison, that is to say, which *acts as a poison on all species of animals indiscriminately*. At all events a large number of facts, some of which we have quoted in our *Systematisation de la Matiere Médicale*, seem to prove that every toxical agent so called is always subordinate to the organic conditions of the individual to whom it is administered. Thus it is that goats and sheep eat, without injury, the meadow anemone, dried and mixed with their fodder; that pigeons eat the seeds and leaves of the fox-glove; that fowls can take Nux vomica, so fatal to the large carnivora, which, in their turn, are scarcely affected by enormous doses of Arsenic; that a young rabbit has been fed for nine days on the fresh leaves of the deadly night-shade without exhibiting either disgust or illness, &c. These facts, let us observe, *en passant*, throw great doubts on the correctness of the deduction so often attempted to be drawn with respect to

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man from experiments on the lower animals. We may add that these varieties in the power of the organism to resist certain poisons are found, not only in different species of animals, but in different individuals of the same species; and this is a most important consideration.

We may recal to mind the case recorded by Hufeland, of an idiot who crammed himself with Belladonna berries without suffering the least from this strange meal. On the other hand, who amongst us is not acquainted with persons who, although in perfect health, cannot eat some substances which, for most people are simply alimentary, without showing symptoms of severe poisoning? For my own part, I am in possession of several instances of that kind. The most characteristic is in the case of my father, who not only could not eat any fruit, but could scarcely bear the smell of it. I have several times heard him relate, that during the campaign in Belgium, in 1794—he was in Jourdan's army—there being scurvy in the camp, he endeavoured to overcome his repugnance and to partake like his comrades of the fruit with which the country abounded. One day, accordingly, he ate two pears perfectly ripe, and of a kind that every one else found quite wholesome. Well, scarcely had he eaten the second, than he was seized with cramps in the stomach, terrible vomiting, and such extreme suffering that he was obliged to go into the hospital for several days. Thus pears were for him a real poison. How few of us could now eat with impunity the unripe fruit we used to devour in our boyhood! and yet these fruits would not be sourer now than they were then; but time has changed our tastes, and with our tastes the capabilities of our organs have changed.

These facts and many similar ones I could cite, seem to prove, at least for a great number of substances, that the deleterious properties attributed to them as belonging to them absolutely, are nevertheless subordinated to the age, the constitution, the temperament, the idiosyncrasy, &c, of those who make use of them.

But, methinks I hear some one say, if such is the case, that is to say, if every toxical or medicinal agent (for these terms are synonymous) is not endowed with an action peculiar

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to itself, and quite independent of the more or less variable organic conditions it may encounter, what is the use of pure experimentation? what becomes of our Materia Medica? therapeutics have lost their criterion, the law of similars is a mere chimerical formula; the work of Hahnemann is sapped at its foundation. To which I reply:

1st. That notwithstanding the great variety of idiosyncrasies in the same species of animal, and particularly in the human species, with very few exceptions the action of the same medicine on different individuals differs more in the intensity than in the kind of symptoms it produces; 2nd, that the Hahnemannic dynamization of medicines certainly succeeds in disengaging their virtuality and enabling their peculiar efforts to predominate over those that only consist in the simple reactions of the organism; * 3rd, finally that the degree of impressionability to medicines, or to a given medicine, how various soever it may be in those who prove medicines, in no way invalidates either the correctness or the utility of the fundamental law of homœopathy. Therefore Hahnemann, with that admirable acuteness of observation which characterised his genius, detected and interpreted those individual shades of symptoms which are always independent of the medicine experimented on, and which I confess I long thought, constituted one of the stumbling blocks of our doctrine. Hahnemann, on the contrary, enlightened, I presume, by clinical observation, discovered in them the general relations which he announced as existing between such and such a medicine and a certain given ensemble of physiological conditions (sex, temperament, colour of eyes and hair, moral disposition, &c.) Therefore there may be, and perhaps there are, persons perfectly insensible to a certain number of medicines which are probably very energetic in their action on certain others differently constituted, and yet the general principle of the Hahnemannic doctrine is not the least invalidated by this kind of anomaly. Are there not dogs which

* So much is this the case that I have seen patients accustomed to the use of coffee from which they experienced no effects, continue its use during treatment, and yet experience very distinct symptoms from taking *coffea cruda*, 6 or 12.

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cannot be inoculated with rabies? But without going beyond the human species, do there not seem to be some individuals who appear to enjoy a complete immunity from typhus, cholera, vaccinia, variola, and even syphilis? The whole question, then, may be reduced to the following proposition: the effects a poison is capable of producing are, like the infection by viruses or miasms, subordinate to certain *predispositions* in the subject exposed to such poison, virus or miasm.

Let us now apply to tobacco the above considerations.

I remember, when a student, having seen a girl of 17, who, under pretence of curing a tooth-ache, but in reality, for pure bravado, lighted a cigar, which she had never done before in her life, and smoked it to the end without feeling the slightest inconvenience. It may, perhaps, be objected that the toothache in this case caused an accidental tolerance; but it had in reality nothing to do with it, for the experiment was repeated hundreds of times afterwards, and always with the same negative effect. Should we hence conclude that this girl was completely insensible to the action of tobacco? That would doubtless be going too far; but it is very probable that she was endowed by nature with an exceptional power of tolerating tobacco, whereby she was enabled to indulge in smoking cigars for a long time (which she apparently did) without her health being affected. But, however, I am far from giving this case as a physiological rarity; the only singularity about it being the sex of the subject. The world is full of smokers who, were they to be asked abruptly, would reply that tobacco had never done them any harm. Observe, I say, *asked abruptly*, for were we to ask them to consider well before replying, almost all would ultimately discover that they had many complaints to make against their old habit of smoking pipes or cigars. Still, most of them would be far from suspecting that the tobacco they have been in the habit of smoking for twenty or thirty years, has anything to do with their little ailments which they ascribe to something quite different. One suffers from dyspepsia, another has palpitation of the heart, another is unable to read at night because his sight is dim, or he can only read with one eye when he keeps the other shut, as though he had a squint (which sometimes

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actually is the case); a fourth complains of itching with red or yellow spots on the shoulders and chest; a fifth has stitches in the side, or neuralgic shootings in the temples, or noises in the ears, &c., &c., or corns on the toes, so painful as even at night to keep him awake. All these smokers, or almost all—for I admit exceptions—have their slight or severe ailments which would immediately cease were they to leave off smoking, which unfortunately they can never be persuaded to do. I am wrong; when the malady attains its height it brings conviction; but this conviction has to be paid for dearly.

Almost all I have said respecting tobacco is equally applicable to coffee, which although perfectly innocuous for most of those who indulge in it, is probably the cause of six or seven tenths of the neuralgias we have to treat.

Let me add here, that there is a sort of contrast or negative similitude between the physiological action of tobacco and that of coffee, which might make us imagine that the one is the antidote of the other, which, however, experience does not confirm. Many persons smoke and drink coffee alternately, or even simultaneously, so that it is difficult to decide to which of the two the symptoms they suffer from are to be attributed; both may, in reality, have contributed their share. They who most abuse either or both, are precisely those who by nature are least able to bear them; they are mainly weak, nervous and irritable subjects. In conclusion, I may remark—and this is very important—that how accustomed soever a person may be, or may suppose himself to be, to tobacco or to coffee, he can have no guarantee however long he may have been used to the indulgence, that he may not one day be suddenly attacked by the acute form of the sufferings which I shall presently describe. We might almost believe that with respect to tobacco there is a point of saturation of the organism which may be attained, unobservedly so to speak, but when this is overstepped injurious consequences are to be dreaded.

However this may be, if, among the avowed partisans of homœopathy there are many who, judging solely from their individual experience, have ventured, if not to doubt entirely, at all events to deem an exaggeration, the faithful picture

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Hahnemann has traced of the effects of coffee, I may, in my turn expect that a host of smokers will regard the following observations as pure fables.

Obs. I.—*A case of consumption produced by excessive tobacco smoking*, by Dr. B. Roques. "The subject of this observation was a soldier of sanguine temperament, very sensitive and very irritable; he ate very little, but smoked thirty pipes a day; this caused a constant flow of saliva, anorexia, dyspepsia, and at last an extreme state of weakness and nervousness. Several medical men seeing nothing but a lesion of the digestive functions, prescribed tonics, bitters, easily digested food without success. Dr. Roques was consulted, he judiciously regarded the ptyalism as the cause of the other morbid phenomena and cured it by making the patient gradually leave off his smoking which had produced it. He prescribed foot baths as derivatives, cathartic lavements on account of the constipation, nourishing food, &c. In a few months all the symptoms disappeared, and the patient recovered his stoutness and his health which he had lost for so long." (*Bibl. Méd.* t. LXI, p. 98.)

This observation, abbreviated, incomplete, and recorded, as the reader cannot fail to observe, in the present spirit of the Parisian school, is however the only one bearing on my subject I can find in medical works. The only thing we can learn from it is that excessive smoking is capable of producing marasmus. But that the marasmus in such a case is solely to be ascribed to the ptyalism is an explanation worthy of Dr. Roques and the followers of Piorry.

Obs. II.—M. le Comte de ———, aged 42, of good constitution, though of lymphatic temperament, has ever since he was twenty been in the habit of smoking seven or eight cigars a day, without having ever, as he asserts, experienced the least inconvenience. In 1853 I frequently met him at the house of a relative whose medical attendant I was, and he then seemed to be enjoying perfect health. But this was far from being the case three years later, namely, at the commencement of 1856, when M. ——— came to consult me. His disease, which he termed "irritation of the bowels," presented the following symptoms:—considerable emaciation, especially notice-

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able in the lower extremities; sense of general weakness; chilliness; absence of fever (the pulse rather weak but regular, was never more, even after meals, than 70 to 72); equable and mild disposition notwithstanding serious apprehensions about his health; sleep not good; frequently disturbed, sometimes without apparent cause, but also often by cough and colic; no perspiration and nothing noticeable about the skin; tongue clean; appetite good; *sinking sensation in the stomach* if his meals were at all delayed beyond the usual time; *attacks of ravenous hunger; no trace of abnormal salivation (he does not spit even when smoking);* immediately after eating *pricking in the stomach*, soon followed by a diarrhœic stool, of which he usually had three or four daily; frequent irritation in the throat and larynx, causing violent fits of dry cough especially at night; dull pains in the loins, which seem to alternate with the sore throat; stools usually soft and often diarrhœic; lastly, occasional violent diarrhœa with severe griping, sometimes lasting several days and followed by constipation. In Broussais' time this collection of symptoms would have been dubbed *gastro-enteritis*, and later *follicular enteritis;* but the starving system—which by the way the patient could not have borne—the gum and the antiphlogistics, would have been powerless against this disease, by whatever name it might have been called. Moreover, M. de —— had already tried that system without the least benefit before applying to me. He had besides spent two months at Baden-Baden, and, what made the case more embarrassing, he had been under the treatment of one of our most esteemed and skilful homœopathic colleagues. In spite of this, which naturally shook my patient's confidence in my treatment, and made me very little hopeful of success, I enquired what had been done, in order that I might do something different. He had taken successively *ars.*, *sulph.*, *nux vom.*, *carb. veg.* I gave, in my turn, *phos. acid.*, *calc.*, *verat.*, all without observable effect except the *verat.*, which in a low dilution (the 3rd), and in drop doses, always stopped, almost instantaneously, the severe colics and the diarrhœa, when these symptoms occurred. But the supervening constipation was then all the more complete and persistent.

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Despairing of curing him by homœopathy, I ordered the water-cure, which, after several weeks, produced a considerable amelioration. But this amelioration did not last, or to speak more correctly, it stopped in spite of everything, at a point a long way removed from health. Thus there were no more of the serous motions, nor the tearing colic, that resembled the pain of cholera: the abdomen, too, was less tender than it was at first; still the tenderness was there, and did not decline, and moreover every meal was immediately followed by an acrid-smelling stool, pale and not formed. In a word, the *gastro-enteritis* had changed into *lientery*, and the patient, though pleased that his sufferings were less, had not gained greatly by the change. Such was the state of matters when, enlightened by some recent observations, I told M. de —— that I was convinced that the tobacco he smoked was the sole cause of his sufferings. "How can that be," he retorted, "I have been ill only these two years, and I have smoked for twenty." He adopted my advice, and was soon obliged to yield to the force of evidence. The less he smokes the better he becomes; the stools are formed, the pains diminished, &c. At last he gives up smoking entirely, and *almost immediately* the digestive functions were restored to their normal state. A week later he made an experiment of smoking for one day only, the effect of which sufficed to convince him for ever. Two months later M. de —— had regained his stoutness, and the rosy colour he had when I knew him in 1853.

My readers will not have failed to remark that *ptyalism* was not, in this case, the cause of the dyspepsia and the emaciation, for, as above stated, he never spat even when he was smoking.

Obs. III.—The subject of this observation is M. G——, a man 60 years old, of strong constitution, vigorous and active in spite of considerable obesity, a great eater, a still greater drinker, and an incessant smoker—in a word, he did everything in excess, even the water-cure, to which he had been devoted for fifteen years. Every day he took, of his own accord, 1st, a cold immersion; 2nd, a cold sitz bath; 3rd, a cold douche; 4th, when he felt somewhat more indisposed than usual, a pack. If, as he supposes, M. G—— obtains from such

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treatment an immunity against the effects of his excesses at the table, I confess I think he pays rather dearly for the pleasure of committing them. However, one fine day hydropathy having failed to relieve him, he was constrained to have recourse to some other treatment, and it was then he sought my advice. It was the 2nd or 3rd July, the weather was very hot; M. G——, who lived five leagues from Paris, came in his carriage at a foot pace, as the slightest jolt gave him pain. When he entered my room I was struck with the alteration in his appearance. He was pale, and a cold sweat stood in drops upon his forehead. He walked literally bent double, pressing his hands on the region of his spleen, and uttering a groan or almost a scream at every step. My first impression was that he had been poisoned; but a rapid examination soon revealed the nature of his malady, and reassured me. The extremities were cold; he had no fever; the pulse was compressible and perfectly regular, 60 beats in the minute; but the appearance of the tongue would have been alarming for any one who was ignorant of the patient's habits; it was covered from the tip to the base with a thick coating of a somewhat yellow colour, very adherent and smooth, notwithstanding the hypertrophy of the papillæ. He had neither headache, nor nausea, nor diarrhœa. The abdomen was tender all over to pressure; but the actual pain was concentrated in the left hypochondrium, just below the heart. A slight pressure soothed it for an instant; it never ceased completely, but came in paroxysms, which seemed to be mostly brought on by movement, though they also recurred, but at longer intervals, when he kept quite still. As regards the character of the pain, the patient described it as an exaggeration of that felt in the region of the spleen after a long run.

I was confident respecting the cause of the malady, as I had long known the effects of tobacco. But it remained to be seen if homœopathy could be of use in such a case. I prescribed *causticum* 12, 2 drops in 120 grammes of water, a spoonful every hour. The patient went from my house straight to the chemist's; he took in the shop the first dose of the mixture. The effect was instantaneous, almost magical, so much so, that

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after the third spoonful there remained not a vestige of the acute sufferings which since the previous evening had not ceased one minute.

Since this period M. G—— has had occasion to use *causticum* several times for the same thing, and with the same success; but I always advise him to be careful; if he persists in smoking it will be with *causticum* as it was with hydropathy —the day will come when it will fail.*

Obs. IV.—M. X——, aged 48, irritable, nervous, though of powerful muscular frame; he had lived very fast in his youth, though now he was a steady *pater familias;* he used frequently to smoke, though it used to make him sick. For the last fifteen or twenty years he has completely abandoned the habit, in consequence of terrible neuralgic attacks, with which probably his smoking had nothing to do. For four or five years M. X—— has by my advice followed the gymnastic and hydrotherapeutic treatment, which has entirely cured his pains. But still there remains such an exaggerated sensitiveness to tobacco smoke, that if he but enters a room where they are smoking, though he may not remain above a few minutes, he is immediately attacked with dull pain deep in the orbits, with redness of eyes, lachrymation, loss of appetite, alteration of the features, &c. These symptoms last two or three days, and would probably last longer did not M. X—— put himself under treatment. *Coff.*, *camph.*, and sometimes *caust.* are the medicines which seem to succeed best in this malady, the cause of which could scarcely be suspected by any medical man from the mere observation of the symptoms.

Obs. V.—The case I am about to report, one of the most characteristic of those I possess on this subject, is the first that seriously drew my attention to the deleterious effects of smoking tobacco. M. C——, a captain of infantry, is affected with a disease with regard to the nature of which the numerous medical men he has consulted are not agreed, but they all declare it to be serious. He is forty-three years of age, brown complexion, of tall stature, and originally good constitution. But he for-

* In another very similar case *coff.* 6 was as successful as *caust.* in the above.

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merly (shortly after the conquest of Algiers) made several campaigns in Africa, the climate of which, together with the fatigues he underwent, have had a bad effect upon him. Like most of his comrades, he had several attacks of ague, and he long suffered from a dysenteric affection, which, in spite of enormous doses of quinine, he did not get rid of till his return to France. Since that period he enjoyed, for several years, tolerable health, and he doubts if there exists any connexion between the diseases he contracted in Algeria and that from which he at present suffers. The latter, which I shall presently describe, is perceptibly aggravated every month, and the little benefit he has obtained from the numerous systems of treatment he has hitherto followed gives him but small hopes of a cure. It is only to please some members of his family, whose doctor I am, that he has resolved on trying homœopathy.

He first consulted me on the 5th October, 1856. The following description of him is taken from the notes I took at the time. Pale or rather yellowish complexion, reminding me at first sight of a person affected with cancer; expression severe, melancholy, stamped with that indifference to everything that proceeds from excessive discouragement; the eye is dull, lustreless, sunk in the orbit; the lips are colourless; the mouth dry; the tongue yellowish, not furred; no thirst; no alteration in the breath or the taste; he has appetite, but dare not eat; every meal, even of the lightest sort, is followed in two or three hours by the most horrible sufferings in the stomach, soon succeeded by vomiting. Walking, driving in a carriage, and especially the tremulous motion of the railway, cause the same symptoms. He then feels exactly as though he was sea-sick. He has the same nausea and giddiness, coming on by fits, during which the skin is covered with cold perspiration. Generally the vomiting affords relief. Sometimes it occurs in the morning, while fasting. The matter vomited is a watery fluid, sometimes tasteless, sometimes acid. On two or three occasions he has vomited blood in considerable quantities. He has habitual constipation, all the more obstinate the worse he is in himself; he has never diarrhœa. All the abdomen, but especially the epigastric and hepatic regions, is so sensitive that the pressure

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of his uniform coat is intolerable. The pulse is normal; great heat as well as great cold, and above all stormy weather aggravate all the symptoms, which on the other hand sometimes get better of themselves for a longer or shorter period, under the influence of other atmospheric conditions which the patient cannot precisely indicate. During these days of respite, which become more and more rare, the apparent restoration of health causes a return of hope. The hepatic and epigastric pain does not then entirely cease, but it becomes more tolerable, and he can eat without vomiting. Then if the wind rises at the same time that the mercury in the barometer falls, the crises return with increased intensity, and nothing relieves them but sometimes lying on the back, and applying hot fomentations to the stomach, together with absolute starvation for two, three, or four days (notwithstanding the greatest desire to eat).

As I had been previously informed by the family that one of the chief medical men in the army and several physicians of Versailles had diagnosed cancer of the pylorus or duodenum, I examined with great care all the regions of the abdomen; but I could not discover any tumour. What then was the disease I had to do with? I confess, that in spite of the vague name of *gastralgia* I applied to it for the purpose of reassuring my patient, I did not know. I ordered a system of hygienic treatment, and as *staphisagria* appeared to correspond most to the symptoms, I prescribed it in the 12th dilution. Whether it was the fortunate coincidence of a more favourable temperature (as I now am disposed to think), or whether it was owing to a real but not permanent remedial action of the medicine, *staphisagria* seemed to produce the most beneficial effects. For upwards of a fortnight, the gallant captain, who imagined himself nearly cured, was never weary of singing the praises of homœopathy. Then his leave of absence from his regiment having expired he left to join at Cherbourg, promising to write to me.

He did write to me, to be sure, and alas! he wrote only too much; for more than three months I got two letters a week from him. The harsh breezes of the channel had been too much for the *staphisagria*, and they successfully resisted

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arsenicum, causticum, cocculus, nux vomica, lycopodium, conium, sulphur, &c.,—In fact I was fairly beaten. Homœopathy had failed like everything else, and I was obliged to acknowledge as much; but I confess this failure was doubly mortifying to me, for I had for my patient as much esteem as he had confidence in me; I may indeed say that I had become sincerely attached to him, and cancer or no cancer, I believed he could not long survive.

However, thank God, the event proved quite different from my forebodings. In the month of January last, (1858), I happened to be breakfasting at Versailles with the brother of my late patient, for I had not heard from him for more than eight months, and when we were about to sit down to table, this gentleman said to me, "Doctor, I am going to give you what I am sure will be an agreeable surprise; you shall see a resuscitated corpse." "Your brother," I exclaimed; "I did not dare to enquire about him!" At that instant the captain entered.

A most agreeable surprise, certainly; I confess I never was so astonished in my life. He was the very picture of health; his face fat, jovial and rosy, his eye sparkling, a frank smile on his lips, his step elastic, he seemed ten years younger; and this was the man I had deemed within an ace of the grave, this was my former patient, henceforth my friend Captain C——!

As all my colleagues would expect, the first words that I uttered were, "Who, and what has cured you?" "Myself, by your leave," he replied gaily in a whisper as though he had been confiding to me an important secret, "I used to smoke, which probably you did not know (I did not indeed); one fine day I gave up smoking, and from that day I date my cure."

I was more and more astonished. How on earth could I imagine that tobacco, of which I smoked a considerable quantity myself every day, could have such deleterious effects? I tried, but in vain, to shake the captain's conviction on this point; he was firmly convinced of the truth of his assertion, and since then my own experience, as will be presently seen, proved to me that he was perfectly right.

Obs. VI.—I observed in myself the phenomena I am about to describe; I am certain of their correctness.

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It cannot be less than 23 or 24 years since I commenced to smoke. I contracted the foolish habit in the dissecting room, though it caused me at the time a hundred times more inconvenience than the smell of the putrifying bodies could have done; but it was with me as with other smokers, a pungent pleasure was mingled with the discomfort. In course of time this discomfort naturally grew less and less; still, I have never altogether ceased to feel some inconvenience, and had I only reflected seriously I should have become convinced that tobacco was decidedly bad for me.

The immediate effects on me of smoking tobacco precisely resemble the secondary effects of coffee; dulness of the cerebral functions, confusion of ideas, and inability to find words to express them in; squinting if I attempt to read; noise in the ears; slight trembling of the head and hands; dislike to movement; depression of spirits; misanthropy; desire to lie down; but I would take especial care not to go to bed in that state, with the certainty that I should not be able to close an eye. Soon the reaction commences. It begins by a slight disagreeable feeling about the heart, strong pulsation in the temporal arteries, then the brain gets excited; an immense flow of ideas occurs. During these intellectual paroxysms, if I may be allowed the expression, which often last all night leaving me quite exhausted and ill all the next day, I have conceived and sketched out the plans of twenty works, not one of which will probably be ever executed, but that is by the way.

In the month of December, 1856, having for sometime past smoked more than usual, I perceived a disagreeable taste in my mouth, which I could only compare to rancid oil. As the digestive functions were in their normal state, I imagined at first that this was a mere local derangement of innervation which would soon go off; but the bad taste continued the next day, and the next, and for a week longer; I perceived it on waking in the morning, it went off during meals, but returned an hour afterwards; I smoked to get rid of it and thereby only increased it; I was constantly chewing fruit, gum, liquorice, but all in vain. At the end of some weeks, but not before, a yellow spot appeared on one side of my tongue. The spot which was about the size of a threepenny piece looked exactly like a piece

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of dry lichen growing there. I thought I discerned, when I sucked the spot, that the bad taste I had proceeded from it. It grew a little, but slowly; soon afterwards a similar spot appeared on the pillars of the fauces; I then became troubled with a dry cough, which in a short time became very violent; it was precisely like hooping cough and it lasted day and night, except whilst I was eating. Along with it there was dyspnœa and almost constant sibilant râles which gave me a great deal of annoyance At last I became convinced, and not without reason perhaps, that I had in my larynx, trachea and bronchial tubes, vegetations similar to those on my tongue. This gave me much uneasiness as I had never previously seen anything of the sort. I took successively but without any benefit, *nux vom.*, *ipec.*, *bry*, *merc.*, *thuja* and several other medicines. I consulted Drs. Petroz and Chanet. The latter examined me with the stethoscope carefully, and could discover nothing but great congestion of the bronchial tubes. By his advice I took *spongia*, which at first seemed to do good, but which at last failed like the rest. At last I did what I ought to have done at first, I left off smoking in order to ascertain if the tobacco had nothing to do with it. *In less than a week, the cough, dyspnœa, spots, bad taste, everything in fact, had disappeared.*

I therefore vowed I would never smoke any more; but alas! for human weakness, the vows of smokers are seldom better kept than those of drunkards; besides, I had a very good reason for resuming, at least for a time, the cherished habit; I wished to convince myself by experiment, that the cigar was the real cause of the disease. If my experiment shewed this to be the case, I could always cure myself immediately by leaving it off, if not, why should I deprive myself of an innocent pleasure?

Thus I reasoned, in such cases we always reason in this way; but we act very differently. In vain did experience prove to me irrefragably, by the almost immediate recurrence of the symptoms that had preceded the cough, that the one and the other were owing to the tobacco alone. I foolishly attempted to impose upon myself, by resolving to limit myself to such a moderate use of tobacco as could do no harm; I forgot that such rules of moderation are so elastic that they must inevitably lead

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me to smoke almost as much as formerly. I must say, however, that whenever the horrible taste of rancid oil, which I have indicated as the precursor of the cough, returned or acquired a certain intensity, I did not hesitate to get rid of it, by a few days of absolute abstinence. In short, the cough never returned; but one day there occurred in its stead a series of ailments equally disagreeable, which I shall now describe.

Towards the end of the year, I was called to see a patient at Hondschoote, a small town on the Belgian frontier; the weather was cold and damp, but I was appropriately clad, and if the weather had anything to do with the bad consequences of my journey, I am convinced it was not the principal cause, at most it might have contributed somewhat towards them. I had moreover arranged so as only to travel by day, in order to avoid the fatigue of a night journey by coach. But it was ordained that all my precautions should be turned against me. It so happened that during the journey from Paris to Bergues when I left the railway, and from Bergues to Paris, I was shut up with inveterate smokers, whose example tempted me. Besides, what could I do, shut up for nine long hours in a railway carriage, where my weary eyes would not allow me to read? Accordingly I smoked almost incessantly going and returning; I never smoked so much in my life. The taste of rancid oil, especially on the homeward journey, acquired such an intensity, that it would certainly have made me sick, did not its very cause in some measure conceal it. On coming near Paris, I experienced some slight shootings in the hypochondria, to which I paid no attention. It struck me, however, that one part of my abdomen was more swollen than usual, and that the other side, which was the seat of a dull pain, little increased by pressure, was as it were paralysed. On touching it my hands alone experienced the perception of the contact. I also remarked that I had some difficulty in speaking, in consequence of an unusual feeling of congestion, not only of the tongue, but also of the buccal and maxillary muscles, which when I attempted to speak were affected with a sort of nervous trembling. I remember, however, that these latter symptoms, which I ascribed to fatigue,

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were nearly gone by the time I got home. It was then 8 p.m.; I was very hungry, dinner was on the table and I sat down to eat with great satisfaction. The soup was extremely relished; it was doubtless very good, but, alas! I was doomed not to profit by it. I had scarcely swallowed half-a-dozen spoonfuls, when a sudden, acute, indescribable, horrible pain forced me to scream out. The spoon dropped from my hand, and I fell back upon my chair, pale as death, bathed in cold perspiration, panting and apparently at the last gasp.

The terror of my family may be imagined! The fit came on so suddenly and with such violence, that I was unable to utter a word. My hands clenched over my stomach alone indicated the seat of the pain. Still I succeeded, not without difficulty, in getting to bed. I was fomented with hot towels, renewed every minute. This gave me much relief. Then, all of a sudden, the crisis diminished perceptibly, it was extinguished like a sound in space, it is going, it is gone. I felt my pulse, it was never calmer; I pressed my stomach and belly strongly, they are scarcely tender. After a quarter of an hour, my appetite returned, I was hungry, very hungry, and without getting out of my bed (fortunately, as will presently appear) I recommenced my dinner, which seemed to have been only interrupted by a horrible night-mare.

A change so rapid, so unaccountable, brought smiles into the faces of those around me, which had just been bathed in tears. I cut off the wing of a chicken, I greadily devoured a few mouthfuls; this was too much, a hundred times too much. The pain returned, it was terrible.

I once had a molar tooth drawn the root of which was firmly soldered to the jaw; the tooth broke twice beneath the dentist's forceps. In 1849, I had an attack of cholera, bad enough to turn me quite blue, as my venerable friend Dr. Petroz, who then attended me, may remember. Well, I venture to affirm that the pain I now suffered was worse than all that!

The night of the 21st February, 1858, was a night of agony. At first I vomited, but only by dint of drinking warm water and tickling my fauces. I thus got rid of the small portion of food

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I had swallowed, mingled with some very sour fluid. It appeared to me that this vomiting relieved me by causing the perspiration that marked the apogee and the end of the crises.

These crises came on at first every twenty or thirty minutes, the interval between them increased towards morning. They lasted from one to three minutes, during which the pain would have caused me to scream again, without the most violent effort over myself. They were attended neither by nausea nor by real colic, nor did they cause the bowels to move or the urine to flow; but they constantly produced a copious perspiration, which generally marked the end of the fit. As soon as the pain was gone I felt wonderfully well. My countenance which a moment before was completely altered and of a cadaverous paleness, immediately resumed its natural colour and expression; my mind was quite right; and I had no pain anywhere.

I had three such attacks during the day of the 22nd. The first (I thought I was quite cured) seized me when I was from home; luckily I had not gone far. Happily a cab was at hand. I made signs to the driver, he understood me and drove up to me, otherwise I believe I should have fallen on the pavement.

The 23rd was a good day; I had no fit, thanks to keeping my bed and eating nothing, though I was very hungry.

The 24th, after a very good night, and feeling quite well, I swallowed a few spoonfuls of chocolate and went out in my carriage. Scarcely had ten minutes passed when an attack came on, and I returned home in despair.

The 25th and 26th, no food, in bed all day, no fit.

The 27th, some chicken broth; I was able to go out a little; some slight pain in the flanks, but no fit.

Three days later, I resumed my usual mode of life and ordinary food. The tongue which was loaded after the vomiting, was still a little yellow at the root. The pulse, which for eight days has never ceased to be very regular, even during the worst fits, was slightly slower than usual; which I believe to be owing solely to the meagre diet I partook of. No trace of pain. The bowels were always regular and have never ceased to be so.

The 5th of March, having been quite well for five days, I tried to smoke a cigar, and instantly, that is to say after three or

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four puffs, there occurred the acute and characteristic pain in the epigastrium; the rancid taste in the mouth, perspiration on the forehead. I should certainly have had a fit had I persisted.

Tobacco was therefore the sole cause of the disease I had just recovered from; the recollection of what I had observed in Captain C——'s case forbade me to doubt it.

I cannot conclude this observation without declaring, that with the exception of a warm infusion of chamomile, the efficacy of which I will by no means guarantee, none of the medicines I took seemed to produce the slightest effect on my sufferings. Remaining in bed, the application of hot fomentations, and above all the withholding of food, are the only means I know of, for relieving a disease of such a frightful character when it attains the intensity it did in Captain C——'s case and in mine. This I imagine is of rare occurrence, but I am fully persuaded that in a slighter degree and under a somewhat different form, this disease, confounded under the terms *enteralgia* and *gastralgia* with affections of a totally different nature, is extremely common, and I believe I am doing good service to my colleagues by indicating the agent that produces it.

CHLORATE OF POTASS AS A DEODORIZING AND ASTRINGENT AGENT IN CANCEROUS AND OTHER FŒTID DISCHARGES.

By Evan Fraser, M.R.C.S.

There is nothing so revolting to the well ordered mind, whether in health or disease, as the emanations from the person of disagreeable or offensive odours. In health there is generally no unpleasantness, except in cases where a depraved action of the sebaceous glands in the axilla give off a disagreeable odour. But how often in disease do we find patients neglected because their secretions or discharges are so offensive that the loving and devoted daughter, as well as the hired nurse, sickens at the very approach to the patient's couch, and gladly clutches at any

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excuse that will save the disgust of disturbing the patient's bed-clothes. How often do we find the patient herself distressed beyond the reach of comfort, not by the pain which she endures, and which is only felt by herself—not by the gloomy forebodings of the melancholy termination of her disease, which will leave her family motherless—but by the smell which rises from her person, and which she feels even before the grave has closed upon her has changed her body into "utter loathsomeness."

Every one who has paid any attention to cancerous diseases, and especially open cancers, must feel in his own mind that the most marked diagnostic symptom is the peculiar offensive smell of the patient; the room, however well ventilated, partakes of it, and the odour of the patient is often overwhelming. This odour, while it determines beyond doubt the nature of the disease, demands all attention, not only because it distresses the moral feelings of the patient, but because the constant inhalation of fœtid gases destroys the appetite, impairs digestion, and thereby hastens the patient's end.

In such cases I honestly believe that no internal remedy avails aught to cure or relieve the patient until the odour is destroyed; internal remedies, under such circumstances, whether homœopathically or allopathically given, are worse than useless. This feeling has possessed the minds of the profession less or more ever since the disease was first described, and hence the multitude of astringents and anodynes that have been used; some with injudicious haste have rushed to the use of all kinds of topical remedies; others, shocked with the results of such heroic measures, have entirely abandoned their use. But since the introduction and spread of homœopathy the rough and cauterizing treatment has gradually given way to milder and more gentle forms of relief; gradually medical men have felt their way from harsh to gentle measures; they have, with praiseworthy zeal, tried in each successive case what milder measures can do, and gradually they will come to look so much in homœopathy as being the only safe and proper cure for disease. From the "actual cautery," medical men have come, through a variety of gradations, to recommend in the last

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stages of cancerous disease, where the discharge is copious and of a sickening odour, such remedies as the local application of chloride of zinc, and this is now the strongest remedy of the most ardent practitioner. Milder men only employ a decoction of quercus cortex, or cold or hot water bathing, or a weak application of decoctum papaveris.

These remedies have been used with variable success. The chloride of zinc, from its extremely caustic nature, is very objectionable; it always increases the pain, renders the parts more tender, and is not unfrequently followed by excessive hæmorrhage. The relief obtained from the milder measures of the milder men, is of the most unsatisfactory and temporary nature. In May 1858 Mr. Weedon Cook read a paper before the Medical Society of London "On the Arrest of Cancer," in which he says that chlorate of potass is useful in healing the ulcerative surface of cancer approaching cure. M. Demarquay says that chlorate of potass is almost a specific for that form of gingivitis which follows the abuse of mercury. Dr. West for years has found it as an invariable remedy in gangrenous stomatitis. A writer in the *Medical Times and Gazette* recommends it as invaluable as a remedy for foul ulcers and sloughing sores.

Many letters appeared in the *Medical Times and Gazette* of last summer and autumn, indicating how the constant use of chlorate of potass induced an offensive condition of the mouth, and how it also was a specific for stomatitis following on long-continued and depressing disease.

Twenty years ago this same chlorate of potass was highly extolled as a remedy in some forms of disease, as it was supposed that it had some chemical action on the constituents of the blood. Dr. P. at that time condemned it as a *simple* substance, whose curative powers had been vastly overrated. Since it was so significantly slighted by Dr. P. it has only been sparingly employed by the profession. At present I have neither the time nor the inclination to enter on the discussion of the action of the chlorate of potass. Its *modus operandi* I am to a great extent ignorant of; all I know is, that its long-continued use gives rise to ulcerations of the mucous membranes,

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accompanied by fœtid and unhealthy discharges, and that when used as a topical application to ulcerated surfaces, giving off bad smelling discharges, it destroys the offensive odour, and heals up the broken flesh.

I was first led to use chlorate of potass in cases of foul discharges, from observing its effect on the gangrenous throat of malignant scarlet-fever. One case especially impressed me. The patient, a boy aged nine, had been ill for a week; no medical man had seen him. When called, I found his throat one mass of fungoid sores, and a sanious offensive discharge trickling from the nose and mouth. I gave chlorate of potass, and was struck with the rapidity with which the bad smell disappeared; and have ever since, when occasion presented, used the same remedy with the like beneficial effect.

In cases of cancer, chronic abscess, large sloughing sore, where the patient is worn down by the extent of the discharge, and disgusted and sickened by its odour, a weak solution of chlorate of potass is an invaluable remedy not only for deodorizing, but also for reducing the quantity of discharge. The mode of applying it is by filling a sponge with the solution, and gently squeezing it over the sore; or in cases of uterine cancer, injecting with a common syringe half an ounce of the same solution three times a day. The strength of the solution I usually employ is gr. x. of chlorate of potass to xx ℥ of water.

In cancroid diseases the chlorate can do nothing more than diminish the discharge, and *completely* destroy its offensive odour; the lancinating pains, the swelled glands still remain. In ulcerating surfaces the potass has a decidedly healing power.

The following cases illustrate the action of the remedy:—

Case I.—Mrs. P——, under treatment since September 1857. For some months previously had suffered from severe pain in the small of the back, and down the loins and thighs. Two years ago had severe flooding, and ever since a copious fœtid discharge from the vulva; swelling of the inguinal

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glands, with frequent stabbing pains in the region of the womb; between September 1857 and November 1858, upwards of eighty different remedies had been applied with only slight and variable advantage. The fœtid discharge held on and increased, and the odour had become so insupportable, that the poor woman had to shut herself up in a room apart from her family, and was only occasionally visited by her husband. Having seen the benefit of chlorate of potass on the fœtid throat of scarlet-fever, I gave a solution of gr. x. of potass to xx. ℥ of water, to be injected three times a day into the vagina. The effect was marvellous; the overpowering odour of the discharge ceased at once; a few drops of the solution sprinkled on the bed-clothes destroyed the odour of these also. The woman was restored to her family, and returned to her husband's bed; the discharge gradually subsided; the weakness consequent on the discharge became less, and many times since this patient has walked a distance of two miles to report progress.

Remarks.—The chlorate of potass has by no means cured the disease; the sharp cutting pain of cancer still remains; the swelling of the glands and the cauliflower excrescences of the os uteri still continue, but the sores are no longer fungoid, and the patient has some enjoyment of life, without feeling she is either a disgust or an annoyance to any one.

Mrs. B——, æt. 42, married, but living apart from her husband; mother of three children. About three years ago had a severe flooding; supposed she had had a miscarriage; the flooding recurred again within a year; since has been subject to intense cutting pains in the region of the womb, with a very copious and very offensive discharge; has the pale anæmic look of malignant disease; she cannot sit near the fire, as the heat seems to draw out the fœtid smell of the discharge more intensely; when warm in bed the odour is also increased; for many weeks the patient was a helpless sufferer, depending for a scanty and precarious subsistence on the needle of her daughter. After many internal remedies had been employed, I began about seven months ago with the solution of the chlorate of potass as an injection; the offensive odour disappeared as if by magic;

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the daily use of the injection gradually diminished the discharge; the patient gained strength, and now she is a cheerful stitcher for her own support.

Remarks.—The daughter of this patient, a good looking blonde of 19, from being compelled by poverty to share the same bed with her mother, suffered from constant gastric irritation; the foul smell she was hourly inhaling broke down her appetite, caused constant sickness and loathing which all the remedies of our pharmacopœia failed to relieve; she became chlorotic and listless. A fortnight's absence from her mother's house did much to relieve her, she returned home, her sickness and loathing came back, and until the chlorate of potass was used with such good effect on her mother, nothing did the daughter any good; as soon as the fœtor of the discharge was destroyed the daughter's dyspeptic symptoms disappeared, and she is now, and has been ever since, perfectly well. As illustrating the use of chlorate of potass on granulating surfaces which have a tendency to cure, I may state the following case.

Mrs. C.——, æt. 27, married, had a small sore on the palate, at the same time her throat was affected, some irregular practitioner had cauterized the mouth, and she had taken Mercury. From the appearance of the skin, and from the presence of mucous follicles in the throat, I apprehend the disease was syphilitic in its nature. When she presented herself for treatment, a cavity as large as a walnut was observed in the roof of the mouth; the whole of the hard and soft palate, the uvula, the arch of the fauces and the anterior part of the tonsils were implicated in the disease; the ulcer seemed to be of a phagedenic character, the edges were raised and everted; the pain and difficulty of swallowing were very great, and the mouth was constantly filled with a most offensive smelling and disgusting looking discharge; the treatment was commenced by giving Hepar, $^{3}/_{6}$ four times a day; at next visit the disease had spread, various other remedies were adopted, still the disease gained ground; five weeks after coming under my care I prescribed Chlorate of potass, x gr. to ℥ xj. of water, as a wash for the mouth; the offensive smell speedily disappeared; the progress of the disease was checked; the thickened and everted edges of the ulcerated

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surface became flat and covered with healthy granulations; the discharge has entirely subsided, and the extent of the cavity is very considerably diminished, and the case is rapidly approaching the state of cure.

Remarks.—Chlorate of potass had a very marked effect in the progress of this disease; it presented all the characters of phagedenic ulceration; in spite of all the remedies the disease progressed; the case almost demanded that nitric acid should be employed to destroy the diseased surface with its secretions; every one would shrink with dread from applying nitric acid to the mouth of a patient, and glad I was to find that a simple and despised substance like Chlorate of potass had the power of checking the morbid and offensive secretions; as soon as these were checked and proper remedies given internally and a generous diet prescribed, the patient, from being pale and emaciated, became plump and vigorous.

It would occupy too much of this Journal were I to go on citing all the cases in which I have found chlorate of potass beneficial in treating depraved secretion; I can only now mention in general that this substance is specific for cancrum oris, for stomatitis, and for ulceration of the gums, whether caused by mercury or syphilis, abundant instances of its value in these have already been profusely scattered over the medical literature of the country.

I would only now suggest the use of chlorate of potass in the following cases. Practitioners are very often disgusted and shrink from the minute examination of a patient, because he smells so offensively; his urine he passes involuntarily in bed; the alvine dejections are also passed unconsciously, and the patient is enveloped in a mass of odours that are almost too horrible to think of; a case of this kind I was called to the other day. I dissolved a little chlorate of potass in water and sprinkled it over the patient's bed, and by and by all that was disagreeable departed.

Medical men are often called on to prescribe for a trivial but annoying complaint, which, more especially, besets young ladies; this is the depraved secretion of the sabaceous glands in the axilla; sometimes the odour is of garlic; sometimes it

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approaches that of sulphuretted hydrogen. Many men have puzzled their brains and used everything in their surgery for the cure of this disagreeable, yet it has not yielded; now the simplest and the most effective remedy is the solution of the chlorate of potass. Let the axilla be well washed night and morning with the remedy, and the effect will be speedily satisfactory both to patient and doctor.

Surgeons would materially increase the comfort of their patients were they to use the chlorate after the process of ulceration has commenced, in wounds after operations.

Finally, let no one suppose that I am claiming too much for the chlorate of potass; it is mainly as a simple and safe deodorizing agent that I am anxious for its use; to us as homœopaths it is very valuable; it has no smell and does not interfere with our remedies; it destroys those foul odours which in many forms of disease are so offensive to the patient, and which altogether destroy the power of minute doses we prescribe.

LETTER TO DR. STENS,

President of the Central Society of Homœopathic Practitioners,

By Dr. TRINKS, of Dresden.

(*N. Zeitschrift für Hom. Klinik.—Vol. III, p.* 105.)

Non cuilibet licet adire Corinthum!

As no physician can count upon his time, and I may be prevented from attending the meeting, excuse me if I write before hand my desires and views on several subjects of pressing necessity to the welfare of homœopathy. * * For years we perceive in our journals the bitterest complaints on the continual widening, separation and division into fragments, and scattering of the materials of homœopathy in different directions; almost every country has its homœopathic journal, and these journals make extracts from each other, partly to communicate the most recent news to their readers, partly in the interest of science, but partly also simply to fill up their pages where good original matter is wanting. Thus are heaped up in masses notices and observa-

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tions, and experiments on the physiological and clinical actions of medicines; medical men in practice are wholly unable to note and extract all communications of the kind from want of time, and they are soon driven from the memory and thus remain practically useless in the pages of the journals. It is therefore to be regreted that the collective work of Dr. Hirschel did not go on beyond the second volume, and there is no hope at present of its being continued by another hand.* Nevertheless the homœopathic practitioner, as well as science, requires a book of the kind, which at the end of each year gives him, in a form convenient for practical use and easy reference, the fruits of the experience of so many others, when he remembers having read in the journals any notice or observation that might be of valuable application at the moment. It is essential to have a good and copious index so that the thing sought may be found readily. The indices that are usually given at the end of each volume of the ordinary journals leave much to be desired in this respect—a hint which it is hoped will be kindly taken in the right quarters.

Further, a great and pressing want is that of an instructive manual of physiological and practical Materia Medica. That published by Noack and myself no longer fulfils its object in more than one respect; in the first place it is too unequally worked out, and in the second, it does not contain the more recent medicines, and is therefore incomplete, not to mention other faults and imperfections. At any rate, however, it would be advisable in the construction of such a manual to retain the arrangement followed in that work. The physiological part might be more compressed without disadvantage, in giving the special characteristics of the general and local physiological action of each medicine; then might follow a statement and indication on physiological basis of the probable application of each medicine in diseases, and finally a list of the cures already obtained by it. A manual contrived and worked out in this

* He alludes we presume to the "*Archiv für reine und angewandte Arzneiwirkungslehre*," which we recommend to those who read German. It would scarcely do to translate now, but we hope some one will incorporate it into a similar work in English brought up to the present day.

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manner would be useful equally to the beginner for study and to the practitioner for reference. And truly we ought to be ashamed to endure any longer two such shameful specimens of books of instruction of physiological and practical Materia Medica as those of Jahr and Possart, in which the magnificent works of Hahnemann and others have been so hacked and hewed and cobbled up again. And it is by means of such asses' bridges that the homœopathic Materia Medica is to be studied and is actually practised by very many medical men! Shall this scandal last longer? Such people as Jahr and Possart should never have turned up anywhere, or had the chance of offering their brainless and worthless productions to the public, and never would have done so if criticism had been wielded with proper earnestness and dignity in the homœopathic literature as in that of other sciences. In comparison only look at the independent strictness with which such fabrications are dealt with in the critical pages of other sciences, and then read the reviews of Jahr and Possart in the Allgemeine Hom. Zeitung!* We must, however, at the same time, candidly acknowledge that the greater part of our literature consists of the stupidest productions that can be met with anywhere, and that we have small reason to contemplate it with pride or satisfaction. In the journals we meet indeed with articles to which we may search the literature of medicine in vain for parallels in respect to their narrowness of view and comprehension, their shallowness of judgment, superficiality of observation and one-sidedness; and these pitiable productions we are not only expected to read but to pay for! So far has the consideration of the editors in question for the reading public already sunk.

A hand-book of special pathology and therapeutics is another

* [We think our energetic friend is rather hard upon Jahr. It is true enough that no one in England is satisfied that practical homœopathy should be represented by Jahr's Manual, but what good will finding fault with it do as long as nobody gives us a better? Jahr has done some good service and has worked very hard in the cause of homœopathy. For example, we know something about making repertories, and can testify that Jahr's second German edition is the best in that language or any other, always excepting of course in our opinion that of the Hahnemann Publishing Society now printing.—Ed.]

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want which is now keenly felt. Hartmann's attempt to supply that want can no longer be satisfactory in the present advanced state of homœopathy, either to the student or to the practitioner who resorts to it for help in doubtful and difficult cases. Nevertheless the mass of accumulated clinical experience must be sifted with great acuteness and only that made use of which can be received as the indubitable result of observation and experience. We know very well the difficulties to be surmounted by any one who undertakes this task, but impracticable it assuredly is not, only it requires diligence, perseverance, and a resolute will, all which however would be amply repaid by the result. On this opportunity I cannot suppress the reproach that clinical experience finds far too little consideration in the homœopathic journals. In Vienna there are three homœopathic hospitals, but the clinical material existing in them is almost quite lost to science from not being reported by the physicians in charge; in the whole year's series of the *Austrian Homœopathic Journal* we only seldom light upon a case of disease, the clinical studies of Wurmb and Caspar have not been continued. Dr. Clotar Müller of Leipzig, and Dr. Burkner of Dessau, alone go on unwearied with their excellent annual clinical reports. And yet after all it is only clinical observations and experience which not only confirm the reality of basis of the physiological actions of our medicines, but also must contribute the materials for building up a truly useful therapeutic work. Certainly, for such a purpose, we cannot make use of any of those wonder cures related in the *Allgem. Hom. Zeitung*, which are very like the operations of the table-turners and spirit-rappers; on the contrary, our science demands indubitable facts in which each of the actions of the medicines can be accurately recognized and corroborated. Such incredible stories only impose upon the ignorant and merely serve to cast discredit on the art and science which is attempted to be bolstered up with such illustrations.

These three works would have been sufficient to satisfy for a time the most pressing wants of the homœopathic practitioners. We say for the time because of course science requires still more, and among those we want a new Organon of

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homœopathic medicine, then an union, in one complete work, of all the medicines hitherto proved, and finally a codification of the physiological actions of medicines—truly a Herculean task, but one which must sooner or later be undertaken.

As is well known to the homœopathic public, I keep a sharp eye on every irrational application and mode of practice of the homœopathic method, and consider it my duty to bring such before the judgment seat of common sense in an unsparing manner, because previous experience has convinced me that nothing has hindered and undermined the healthy progress and development of homœopathy among medical men and cultivated laymen so much as the follies, crotchets, affected mystery, pomposity and charlatanery of some homœopathists themselves—and the number of so disposed among our body is in truth not small—while, on the other hand, all the attacks of the allopaths and government regulations have never done it any harm, but on the contrary have uniformly been productive of advantage to us. For these reasons I feel constrained to drag into light the so called "pure homœopathy" which is an erroneous doctrine founded on mystery and credulity.

I can but describe this so-called pure homœopathy, of whose principles we only become acquainted by fragments from time to time as a dangerous doctrine, both as concerns science and the relief of human suffering, and as one calculated to cause great errors if more widely spread—at all events, as calculated seriously to injure the rational homœopathic method. Already from their fixed dogma, that all diseases can only be cured by the highest dilutions, (as for example; 80, 60, 100, 300, 400, 1000 potencies described in this so-called pure homœopathy,) it must be considered as a most dangerous practice, and one attended with much danger to human life, of the falsehood of which our daily experience can testify. Of this erroneous doctrine a great deal has been lately said by one of its high priests in a voluminous book, the grossly inflated style of which makes it difficult to comprehend, and which is so full of contradictions and inconsistencies that it is not only tiresome but unreadable; (a capital analytical review of it has already appeared in these pages, from the pen of Gruber, in which this web of contradic-

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tions and deceptions is exposed to the light). A truly painful impression is caused by the apotheosis of this so-called pure homœopathy, whose decline the author foresees and bitterly bemoans and laments, but at the same time mingles his lamentations over the approaching fall of his holy Ilium with perfidious and venomous attacks on the rationalists among the homœopaths. In spite of the cowardice which prohibits the naming of them, we know right well against whom those attacks are directed, but we shall take care to make use of no other weapon in defence but the most profound contempt. Nature has made me without any faith, and the absolute want of this organ in my brain prevents me entirely from believing in the cures alleged to be effected by a few globules of 30, 60, or 1000th of a medicine whose action takes twenty or thirty days, or even several months to develope itself; and my modicum of common sense will not allow me to recognize in these pretended cures any signs of medicinal cures, because in them I cannot perceive in a distinct and indubitable way the action of the medicine upon the disease; for these reasons, the joys in which the enthusiastic pure homœopaths revel over their wonder-cures are lost to me. If, however, nature has denied me this organ it has in compensation given me another; I am a born sceptic; and if this makes every illusion impossible and thus solves or destroys many a hoped for joy and pleasure; yet I always stand upon firm ground and escape many painful deceptions. It was doubt and scepticism which first led me from allopathy to homœopathy, and the study of Hahnemann's writings confirmed my convictions, that through it the predominance of fancy and metaphysical speculation in medicines received a check, and experiment alone would be raised to the highest rank as the regulator of the progress of medicine. When I found afterwards that Hahnemann himself committed errors, and laid himself open in his old age to deceptions on the part of others; when the homœopathic journals began to publish the most incredible wonder-cures, then my scepticism made rapid strides, and I candidly confess that the doings of many homœopaths filled me with inexpressible disgust, and would long since have turned me away from homœopathy had I not been con-

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vinced of its incontestible superiority by a practice of nearly thirty-five years duration; we must therefore carefully separate the thing from the persons if we wish to do justice, and not throw away the potatoes along with the water they were boiled in. I always endeavour to act impartially, and I cling firmly to the good cause while its unworthy representatives are delivered up to just judgment. It is to be regretted, that those "pure homœopaths" have as yet given forth no complete programme of their secret science and art, and always let us see only fragments, although they are not in want of an organ for publication; and that the worship of the same is covered with such a veil of profound mystery that, like the image in the temple of Sais, it is only accessible to the initiated few. The existence of those few is revealed by the publication in the above organ, from time to time, of the wonderful cure of some severe chronic disease by means of an infinitely small dose of medicine, whose action lasted for weeks or months, for the delectation of an astonished public full of robust faith; a cure which no rational physician can succeed in imitating. Certainly this pure homœopathy must at any rate be a profound and powerful art and science, otherwise its disciples would hardly entertain such pride and overweening self-conceit towards other rational medical men, as if they were alone in possession of the philosopher's stone, or were *par excellence* masters of the art of healing; as if they alone had the blessing of the founder on their head.

I do not take the field against this doctrine, pregnant with mystery and miracle-mongering, from pure opposition, but because I have now, for a number of years, experimented with high dilutions, and have through manifold experience attained the conviction that acute diseases, treated with such high dilutions, run their course just as slowly as if no medicine at all had been given, and that aggravations and evil consequences were not at all prevented, so that ere long it became a matter of conscience with me to give up such experiments with acute diseases altogether. In chronic diseases, it was not only in curable diseases in which I operated with those dilutions, but on the other hand, exactly in those cases in which the cure could be predicted with the greatest certainty; and in such cases the result

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was, that either there was no action at all upon the disease or only a short-lived influence was perceptible, which speedily vanished and left the disease in its former state; a state, however, which was then quickly and permanently removed by larger and more powerful doses frequently repeated. Likewise those highly praised doses displayed no action at all in cases of tuberculosis, inveterate epilepsy, palsy, chronic skin diseases, such as psoriasis, lupus, &c., while the same medicines given in lower dilutions effected some amelioration. In the three different stages of syphilis I could never perceive the very smallest effect from the high dilutions.

I have, moreover, had occasion to treat patients who had been for months and even for years under the treatment of the so-called pure homœopaths. Even in such cases I have never seen any remarkable, far less wonderful results. Many of these patients, when they first came to me, begged me to give them their medicines in high dilutions, and at rare intervals, because even a moderately low dilution caused in them the most terrible aggravations, and produced a number of new symptoms. At first I prescribed for such patients an unmedicated powder of sugar of milk, or an ounce of distilled water, and very often at the next visit the patients complained of having suffered severely from the too violent action of the medicine. I at once convinced them that this was a delusion, by telling them what I had given them. In this way I attained my object, and many of those patients I succeeded in curing by strong doses of medicine frequently repeated. Of course I failed to cure incurable diseases just as completely as the former pure homœopathic attendant.

Finally, I must confess that a nearer acquaintance with many of these pure homœopathists did not give me a very exalted opinion of their intellectual powers; I very often found that they had no very profound knowledge of pathogenesy and special pathology, and that they were still more frequently destitute of all discriminating judgment, and owing to this want they were scarcely able to distinguish cause and effect.

A pure homœopathist of the very purest water, once was summoned to treat a boy of nine years old, the first-born child

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of a mother who had died of phthisis. He was affected with deafness of the left ear, as a consequence of otorrhœa of the external auditory passage; he had also suffered for three years from fistula ani, and he had already been treated by two other homœopathic physicians. With the exception of caries of the teeth and inconsiderable swelling of the submaxillary glands, his general appearance showed him to be but slightly affected with scrofula, which the pure homœopath declared to be identical with psora. The pure homœopath, after examining the boy, asserted that he could cure both the deafness and fistula by means of internal remedies, of which he had about forty. He began the treatment on the 9th of May, 1857, and continued it until the 13th April, 1858. The boy got,

On the 9th of May, 1857, powder 1, *puls.* 200; powder 2, *puls.* 2000.

On the 10th September, powders 1 and 3, *silic.* 200 and 2000; 2 and 4, *calc. carb.* ditto. These were allowed to act four months and a half.

On the 13th April, 1858, powders 1 and 3, *petrol.* 200 and 2000; 2 and 4, *nitr. ac.* 200 and 2000.

The powders were dissolved in six tablespoonfuls of water, and taken in three days; then there was a pause of a fortnight after each powder.

I saw the boy on the 18th June, 1858, and examined him very carefully. I found that all the principal organs, brain, heart, lungs, liver, spleen and alimentary canal were healthy, and acted normally; the deafness of the left ear and the fistula, his attendant assured me, in spite of the most conscientious employment of the medicines given, and the observance of the diet prescribed, were not in the least improved; on the contrary, round the external opening of the fistula a quantity of proud flesh, resembling a cock's comb, had latterly appeared, and gave the boy much uneasiness by rubbing against the clothes; the pus that exuded from the fistula had a very bad smell.

My advice with respect to the fistula can easily be imagined by every rational physician. Dr. Franz, who rendered such services to homœopathy, also suffered from fistulæ, which were caused by urinary calculi, and had bored through scrotum

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and perinæum. He died of hectic fever. Hahnemann recommended him to smell at globules of *antim.*, *sil.* and *con.*! *Discite moniti!*

These and similar observations have led me to renounce for the future all such experiments, for they can never be productive of any advantage either to science or to our art, or to suffering humanity. They have convinced me that so-called pure homœopathy is theoretically and practically false, aud can only be disadvantageous to science, art and suffering mankind. It opens the door to quackery, to the greatest delusions, and to all sorts of knavery. Hence it should be zealously and unsparingly combated by all who earnestly seek the advancement of our science and art. For my part, I consider it to be a gross sin against suffering humanity, seeing that by such child's play not only are their diseases left uncured, but are left to rankle on, and perhaps to grow incurable under such trifling.

When the rational physician reflects that the vital force of individuals morbidly affected offers as much variety of intensity as individuals and constitutions are various; when he further considers that different cases of the very same disease may differ infinitely in intensity, he cannot fail to perceive that Hahnemann made a great mistake when he asserted that the dose of the proper remedy can never be small enough. This mistake he afterwards sought to remedy by directing the frequent repetition of the dose. But the rational physician will for the above reasons never suffer himself to be bound down by a posological dogma, but he will adapt the strength of his dose to the strength of the vital force, and to the intensity, the character and the locality of the disease.

I am well aware that all that I may say will not lead to the conversion of any of the pure homœopaths, for, as the proverb says, it is difficult to wash a negro white. But I hold it to be my duty to protest against the claims of these pure homœopaths to be considered men of science—*ne respublica detrimentum capiat!*

In order that the homœopathic system of medicine should progress rapidly and profitably, there must be no suspicion as to the genuineness of its clinical achievments; the actions of

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each medicine during its employment in every clinical observation must be observed with accuracy, traced with clearness, and recorded with the utmost distinctness. In the present day science demands, above all things, truth and perspicacity. In both these respects homœopathy must not be behind the other schools. If the latter strive after the greatest exactness in the investigation into diseases and the material changes they produce in the organism, we must strive after a still greater exactness in the employment of medicines in diseases. If homœopathy does not do this, the time will soon come when it will be done by the opposite party, for modern medical science cannot remain for ever content with pathological anatomy; it must sooner or later be found to create a new *materia medica*; for like Hahnemann, it has already rejected the old *materia medica* as useless lumber. It will then be obliged to pursue the same path that Hahnemann trod; and this it will do with much greater energy than the present race of homœopathists have done, and still do!

[Dr. Trinks next proceeds to make some severe animadversions on the quackish behaviour of some of the professed homœopathists' personal matters, in which our readers would feel little interest. He thus concludes his letter]:—

I have deemed it my duty to express myself freely and openly, as I have ever been in the habit of doing, upon the literary requirements of homœopathy, as also on the errors, distortions and false views of many of its professed practitioners. At my time of life it is a matter of indifference to me whether by so doing I make myself a few more friends or a few more foes. I can look back with satisfaction upon my long professional career, as also upon my literary productions; for I am conscious of having always striven after, though I may not always have attained the best. *Et in magnis voluisse sat est!* As long as Providence shall grant me strength I shall continue in the path I have hitherto trodden. I have the firm conviction that the time will and must come, when the advantages of homœopathy will be more extensively recognised, and these will be the more conspicuous the more thoroughly our system has freed itself from all the slime and rubbish which still disfigures it so

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much, and limit its sphere of action. This desirable time will arrive when once we have ceased to confound the husk with the kernel; when we place the principle higher than any technical and pedantic refinements, whereby the efficacy of the medicines is only destroyed and annihilated. Such innovations are as irrational as they are wicked, sinning as they do against science, art and suffering humanity. They cannot be too severely denounced!

ACCIDENTAL PROVING OF SULPHURET OF CARBON.

By Mr. T. Wilson, M.R.C.S.

April 15th, 1857.—In good health, æt. 38.

Yesterday I was exposed in a small room to the vapor of the Sulphuret of Carbon for half an hour, in the evening. To-day, in the afternoon, pain commenced suddenly in the right lower eye-lid as if bruised, first observed on touching the eye-lid, and near to the outer angle; after a short time the same bruised feel in the upper eye-lid came on, over the region of the lachrymal gland; the globe of the eye at the upper and inner part has the same bruised feeling; the pains are all aggravated by movement of the eye or lids, also by pressure; the eye-lids of the same eye feel as if swollen, but are not so; the conjunctiva of the lower eye-lid redder than usual, at the outer margin of the lid, sensation as if a stye would begin. Humming noise in left ear. The above feelings were all new to me, never having had anything of the sort before.

16th. The same lower eye-lid, hot, painful, sore, slightly swelled, rather red near outer angle of the eye-lid.

17th. Since yesterday, continued humming in left ear extending to the back of the head; stye forming on right lower eye-lid, hot and painful.

18th. Loud humming, like wind in the distance; left ear. Lower eye-lid very red and swollen, more so at the outer edge; punctured the stye with a lancet, a small quantity of muco-purulent discharge came away. When talking, I feel obliged to

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raise the voice on account of the loudness of the noise in the ear.

In the evening and during the night always a feeling of fulness at back of the head, with humming noise there; these sensations gone in the morning.

Yesterday took Puls. 3, without relief.

Drowsy day and night ever since exposed to the vapor of the Sulphuret of Carbon.

Yesterday after dinner, and during dinner, feeling of deafness in the left ear as if obstructed by a thick substance.

19th. Noise continues, worse after food; left ear rather deaf, and feels obstructed. Lower eye-lid discharges yellow thick pus; this morning not so painful.

Took T. Bell. 1 dil., a few drops yesterday with slight relief to the noise in the ear; it returned however in the evening as bad as ever, with oppression at the back of the head. To-day, took a few drops of T. Bell. $^1/_{10}$, without the slightest relief.

20th. Noise in the ear not quite so loud. Vertigo this morning felt at the back of the head. Severe laryngeal, tracheal, and bronchial cough came on yesterday, continues to-day with soreness in the chest, expectoration of thick mucus this morning.

Took Merc. sol., 3rd trit., gr. ii, and Phos. 3, three hours afterwards.

22nd. Cough continues but not so severe; sneezing, running at the nose, with profuse discharge of thick mucus, lachrymation and headache in the forehead and back part. Headache worse yesterday, this evening nearly gone. Noise in the ear much less, but still continuing slightly. Symptoms the last two days like influenza.

Took Merc. Viv., 2nd trit.; Kali Hydr., 1 dil., gtt. iv.; Hep. Sul., 3rd trit.; one dose of each at various periods. Eye-lid about well.

27th. No noise in the ear to-day, except a little before rising in the morning. No deafness; this is the first day since the noise in the ear commenced, that I have been free from it. Still running at the nose and cough first thing in the morning, getting easier by bed time; ceasing entirely when lying; mucous

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rattle in upper part of left lung a few inches above the nipple. The right nostril bled a little yesterday and the day before.

30th. Rather loud noise in left ear, like gusts of wind through a funnel or hollow tube. Influenza continues, herpetic eruption on the upper lip.

May 3rd. Noise in left ear has continued since last date, more intermitting and not so loud. Cough with expectoration of mucus. Mucous râle in the upper part of the left lung on first waking in the morning.

Took one dose of T. Bell. ♁, m. 1, to-day.

12th. Noise in left ear continues, other symptoms about gone. Very low spirited from the first symptoms until yesterday.

20th. Noise in left ear, but less severe.

25th. Noise in the ear about gone.

28th. Another stye forming on right under eye-lid. Noise in the ear heard slightly at times.

June 14th. Occasionally noise in the left ear.

July 5th. Noise in left ear returned yesterday, it has continued at intervals ever since; same noise as before.

The left ear continued affected for some months after this time, by the morbid sound but less in degree, and it finally ceased altogether.

Since the above happened I have employed the 1st dil. of Sulph. Carb. with success in a case of chronic noise in the ears.

CLINICAL OBSERVATIONS,

By Dr. Wyld.

Extraordinary Case of Constipation.

Miss A. B.——, æt. 70, of an eccentric turn of mind, last spring lost an old and much loved friend, and said she had received a blow from which she could never recover; and shortly afterwards became drowsy and enfeebled.

She came under my treatment in August, for general debility,

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and after taking a few ordinary remedies her back and sides became the seat of a copious eruption of "water blebs" which lasted ten days; but great drowsiness continued. This drowsiness increased, and on going to her on the 1st of October I found a dusky congested state of the face, strong pulse and a very foul tongue; and a condition indicating powerlessness of brain to an alarming extent. These symptoms, under Nux vom., Bry., Hepar, &c., gradually disappeared; the tongue became perfectly clean; the face lively and natural, and the speech, from being almost inarticulate, became clear and distinct; but constipation set in, and for *nine* weeks there was no passage through the intestinal canal.

During this period the patient eat and drank freely of her ordinary diet, refusing to be limited to gruel and vegetables as recommended.

The attempted remedies were Nux, Bry., Hepar, Sulphur, Veratrum, Lachesis, Opium, Plumbum metallicum, Plumbum aceticum, six doses of castor oil, five injections of castor oil and gruel, and ten mild alloetic pills, but without the least result; the injections returning after a few hours almost colourless.

During this period the appetite continued good; often craving; the tongue beautifully clean; the skin dry, there being no visible perspiration; and the mind cheerful. The water passed was normal in quantity and colour, but the patient lay in bed the whole time, except on passing her water; and stoutly maintained that all would end well if the doctor would only leave her alone!

I made daily enquiries if she did not find any difficulty in passing her water, or a sensation of a lump at the anus; but was always answered in the negative. However, being absent from the case three days she began to complain of uneasiness at the anus, and Dr. Hering, who occasionally saw the case with me, having formerly suggested that Mr. Duffin should be requested to pass an exploring bougie the friends sent for that gentleman in our absence, and he having passed an open bougie upwards about fourteen inches, injected salt and water, and this was followed next day by a fæcal discharge, and *daily* since,

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viz.; for about fourteen days, there has been an evacuation which, for the first five days, required to be assisted with the finger of the patient, who continues still lazily to lie in bed, but beyond weakness in the limbs and failing health of old age appears to have little the matter with her.

The above case is both curious and instructive, and could scarcely be credited if we were not certain that being closely watched day and night by a very intelligent nurse and companion, there could be no deception practised.

The clean tongue, pure breath, normal urine, lively spirits and good appetite, under the above circumstances are strange.

The patient during nine weeks must have taken about 200lbs. of nourishment, which normally should have left fæcal residuum of about 30 lbs., but no fæcal tumour could be found, and very little flatulent distension existed.

Under allopathy croton oil and other powerful forcing purgatives would have been given, possibly resulting in an evacuation, but more possibly in strangulated intestine or intestinal inflammation.

Case of passing of a Renal Calculus.

Mr. C. D——, while sitting at his fire-side after dinner was suddenly seized with intense pain in the region of the gall-bladder; the pain shortly afterwards removing to the region between the caput cœcum and the liver; the pain was accompanied by vomiting. A medical gentleman in the immediate neighbourhood was hastily fetched, and diagnosing spasm in the colon gave an opiate draught and calomel pills, both of which were afterwards vomited, but the pain suddenly disappeared, and next morning the patient went into the city being "all right as usual."

However, in the evening the pain again returned, and draughts were again given and again vomited, the pain shortly afterwards disappeared. Next morning the acute pain again returned and I was sent for, when diagnosing spasm of the colon I applied very hot fomentations with immediate relief. In the afternoon the pain again returned; hot fomentations were applied freely for half an hour, but failed, when the hot bath was tried with the

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best result; I was again summoned at two in the morning and took Dr. Henriques with me, who also diagnosed spasm, and to ease the patient's mind who had a great dread of stoppage in the bowels (the pains had ceased), we gave a large dose of castor oil; I remained with the patient who vomited freely three hours after the oil was taken, but on collecting what was vomited, and measuring the oil, I found that three fourths of it had been retained, and accordingly the bowels were very freely moved twelve hours after the oil had been taken, proving that there was no stoppage, to the intense gratification of the patient.

There occurred now an interval of thirty-six hours in which there was no pain, but at the end of this period it returned with renewed violence for ten hours; and in the meantime a friend of Dr. Cape's was called in to meet me who, having shortly before had a similar case, diagnosed the passing of a renal calculus, and prescribed Opium to narcotism and calomel pills, which, however, were not given as there was no further pain; but three days afterwards the gentleman, without inconvenience, passed an oxalate of lime stone the size and form of a grape seed, having a very sharp angle in its long axis, thus fully explaining the cause of the intense agony.

The medicines given in this case were Nux vom., Bry., Bell., Ignatia, Aconite, Chamomilla, but with no appreciable rusult.

It may be very properly asked why was a false diagnosis formed? to which I can only reply, that with the exception of the *sharp* intense *agony*, certainly much more significant of stone in the ureter than spasm of the intestine, the ordinary symptoms of stone were absent. There was no pain in the loins; no rigors; no sympathetic affection of the testicle, but a *fixed* pain in the region of the caput cœcum, together with previous great biliary disturbance.

Had renal calculus been diagnosed, the same remedies would have been given; but, also, I should have prescribed the free use of diluent drinks, and I think that the attack being of a purely mechanical nature, and mechanical remedies being impossible, the *expedient* of narcotism should have been tried, and had I a similar case, of all anodynes, I should prefer Cannabis indica, say in repeated doses of *ten* drops of the tincture of

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the pharmacopœia, because this medicine has a specific action on the urinary organs, and an anodyne should have been given, because the agony was such as to debilitate the patient for weeks.

Next in importance to discovering a good homœopathic remedy is to discover and confess that we are in want of one, and the above case, notwithstanding what some may say regarding the powers of Chamomilla, appears to me to be one in which the practice of expediency is not only justifiable but necessary.

ON ALBUMINURIA IN SCARLATINA AND DIPHTHERIA.

By Dr. Atkin.

Scarlatina, when treated homœopathically, is much less frequently followed by affections of the kidney and dropsy than when treated allopathically. Indeed, unless the patient has been previously to the attack of fever in a debilitated condition, or the attack itself been of singular severity, or during convalescence there has been unusual exposure to cold, dropsy scarcely ever occurs among our patients.

Though rare, it does occur sometimes, and we are often called to treat patients with dropsy which has supervened on the allopathic treatment of fever. This alone is sufficient to call for close attention to this disease; but our interest in it is increased when we recollect that in this disease the state and composition of urine, as well as the pathological change in the kidney, is very similar to what occurs in the early stage, of one form at least, of that intractable affection of the kidney known under the general term of Bright's disease. Whether we believe with one section of pathologists that scarlatina is a frequent cause of renal degeneration, or whether we with another deny, that there is any relation of cause and effect between the two diseases, still their similarity leads to the hope that the careful study of the one which we often cure, may throw light on the treatment of the other, which is so intractable and difficult to manage. At present I am not prepared to enter into a full description of

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the albuminuria generally; I merely propose to discuss two or three detached points which have struck me during a somewhat protracted enquiry into the subject.

The phenomena of dropsy, as it occurs after scarlatina, are well known; I therefore content myself with the following short sketch of the most striking symptoms presented by it. A patient has an attack of scarlatina, of more or less severity; the rash disappears, and for a short time the patient appears to be going on well; within three or four weeks, or from the fourteenth to the thirty-first day slight fever, quickened pulse and languor are observed; the appetite, which had been improving, diminishes; the bowels are either costive or relaxed; the skin is pale, waxy-looking, dry and harsh, or cold, damp and clammy; the urine is scanty and high coloured; fever increased in the evening; restlessness; thirst, and often sickness. Œdema appears, first in the eyelids, and is most marked when the patient leaves his bed in the morning; it rapidly spreads over the whole body; often the pulse falls, and there is torpor and drowsiness, or there may be effusion into the pleuræ, peritoneum, arachnoid, or œdema of the lungs. The urine is found to contain a large quantity of albumen, coagulating by heat and Nitric acid, and the microscope reveals casts of the tubuli uriniferi, and numerous epithelial scales. The colour is often smoky, owing either to the presence of blood or numerous minute crystals of uric acid.

I may say in passing, that I have observed that the amount of dropsy is always greatest where there is least blood, and *vice versâ*.

Many and various medicines have been used successfully in the treatment of this dropsy. Those I am in the habit of chiefly employing Apis, Apocyn cannab., Arsen., Byron., Digitalis, Helleb. nig., Merc. cor., Terebinth and Ononis spinosa, a medicine whose provings have not yet been completed. With the detail of symptoms indicating these remedies I need not detain you. The following cases illustrate the general treatment I adopt.

H. ——, æt. 5. Scarlet-fever five weeks ago; recovered well; much rash, and desquamated freely.

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Aug, 17th. General anasarca and ascites; scrotum much distended; urinates freely; bowels reported loose, and moved in forenoon. Pulse 108, small; complexion pale, waxy. Helleb.

19th. Urine still deep colour; much less swelling.

21st. Urine diminished; some cough; breath short; dulness on percussion over chest; pain in back on moving; bowels costive. Ars. 3.

23rd. Very much better. Continue.

27th. Quite well; appetite good; rest natural.

E. H——, æt. 3½. Scarlatina three weeks ago; treated by an amateur.

March 6th. Went out, and took cold; not much dropsy; is hot, feverish; pain in head; cervical glands swollen; urine dark red; much albumen. Aco.

7th. Perspired in night; skin cooler; urine very scanty, 1016; containing casts, epithelial scales, blood disks, and uric acid. Tereb. $^1/_{16}$, every four hours.

This was the only medicine required.

On the 13th only slight opalescence.

On the 15th quite well; urine natural.

I examined again on 22nd and 29th, and found the secretion quite natural.

I find Terebinth most useful when blood is present in the urine; Helleb. when the dropsical effusion is accompanied by diarrhœa; Apocynum cannab. when the effusion is very great, and the quantity of urine excessively small. I am inclined to class it rather as a useful intercurrent palliative than truly homœopathic to the disease. My experience with Apis has not been sufficient to enable me to form a true estimate of its value, and the relation it bears to other remedies. I think that vesical irritation and scalding urine are indicative of its use. I have used Cantharides several times for the symptoms mentioned under Apis, but I prefer the latter. I have never derived benefit from Apis in globules; I first used it in this form, and was so disappointed I threw it aside. A friend who had met with similar disappointment, advised the trial of the

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tincture, which I prepared, and have used with benefit. The following case, though not one of scarlatina albuminuria, illustrates the general action of Apis.

Mrs. D——, æt. 70. For two years great difficulty of breathing; obliged to be propped up in sitting posture in bed; cough, with mucous expectoration.

Much dyspnœa, produced by motion.

Puffy below eyes; legs immensely swollen, and fluid in peritoneum.

Pulse unequal, irregular, about 100.

Bowels moved once in three or four days.

Appetite fair; no thirst.

Extended dulness over heart, and sounds obscure; bruit on both sides, especially right.

Urine scant, with scant albuminuria; passes sometimes at night. Ars. and Merc. cor., Chin., Helleb. with some improvement; but the anasarca increasing, and dyspnœa so great, could not be removed; but urine passed on cloths drawn below her. Apis.

Aug. 21st. For three days no change in swelling, but breathing easier.

On the fourth day, urine more copious, and bowels moved once daily. Apis continued.

On the sixth day, urine still increasing. Ninth day, five quarts and a half passed, with great diminution of swelling.

No albumen, and specific grav. 1·017.

Sept. 20th. Urine still five quarts; appetite good; breathing much improved; gets out of bed to urinate without assistance.

Oct. 4th. Dropsy very much diminished; two quarts in twenty-four hours; appetite good; has been down stairs for some days.

14th. A little more swelling of legs. Repeat Apis.

She has since had a bad cold and cough, for which Ars. was given, but no return of dyspnœa.

On Christmas day she walked to her son's, about a quarter of a mile, to dinner, and walked home in the evening. I have examined the urine several times; specific gravity ranges from

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1·017 to 1·025. I have not detected any albumen. The only thing she complains of is general weakness and puffy ankles at night.

March 1st. Keeping well, and urine free from albumen.

I have seen hæmaturia occur with very little dropsy, and in some cases without any. The medicines I have found most beneficial are Acon., Secale, Terebinth and Ferrum. Hæmaturia, unless carefully treated, is very apt to pass into a chronic state. I know a case which has been all along under allopathic treatment, where it came on after scarlatina, and has recurred at intervals during a period of three years. Probably there is now organic disease of the kidney.

A young gentleman had scarlatina at school; began on November 28th, and recovered so well he was allowed to go out in a week. A fortnight after he returned home, and complained of rheumatic pains, for which Bry. and Sulph. were given with advantage.

On December 19th I first saw him; his pulse was 60; feeble; cervical and submaxillary glands swollen; throat sore on empty deglutition; yellowness of temples, and around eyes, angle of nose broken out; bowels relaxed; urine high coloured, scant. To take Rhus till I examine urine.

The urine was coagulable, with casts and much epithelium.

21st. Pulse 64; tongue cleaner; no pain in throat; looks better; urine as before. Ars., which was continued till 23rd; pulse 72, but the quantity of urine was diminished, and slight puffiness of eyelids appeared. Apis.

24th. Puffiness gone, urine more abundant, but with dark brown sediment, consisting of blood globules, epithelium, and uric acid; his diet had been broth and farinaceous food. Terebinth.

26th. Urine still with much blood; I had given a tepid bath every second night. Now considering that the bleeding was depending on debility and a vitiated state of the blood, I changed the treatment entirely. Gave animal food, a glass of port wine a day, and China.

He improved, but the albumen still continuing and his face being anæmic I gave iron as food, in two grain doses of the

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Lactate. In a day or two all trace of blood disappeared from the urine.

On the 26th January, I had an opportunity of re-examining the urine and it was free from albumen.

On examining the urine after scarlatina, during the progress of desquamation, very often there are signs of renal irritation; albumen is present in the urine; it may be detected sometimes for several days in succession and then disappear, or it may be more persistent and eventuate in dropsy or hæmaturia. It is very important to detect this change in the urine when it first occurs, for I believe it possible, by appropriate treatment, to remove it and prevent the occurrence of either hæmaturia or dropsy.

Our Materia Medica is rich in subjective, but poor in objective symptoms; the advances in the knowledge of the natural history of disease by our allopathic bretheren, are chiefly in cataloguing and noting the order and succession of objective symptoms, and we are unable to appropriate and utilize their observations and discoveries so much as we might do, were we better acquainted with the objective symptoms produced by drugs. We must either revise and add to our provings, or else we must carefully note the observations of our allopathic friends and try to detect the subjective symptoms that precede the objective ones they have noted. I fear we have been neglecting this work; there is a feeling of greater security in marking pathological change which we can see, and hear, and touch, than in carefully watching the various shades of altered feeling which go before and indicate the approaching change.

These remarks apply to the occurrence of albumen during desquamation. I have not been able to detect the general systemic symptoms that indicate the approaching appearance of albumen in the urine. Slight increase of fever and quickened pulse often come on when desquamation begins, but I believe that this may and often does occur without the occurrence of albumen. Often after scarlatina, there is much pallor of complexion and languor, and on turning down the lower eye-lid the vessels are paler and do not contain so much red blood as usual. This ought always to direct the practitioner's atten-

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tion to the state of the urine, but still I have seen all these present without albumen appearing.

In selecting a remedy to remove the albuminous condition of the urine, before either dropsy or hæmaturia occur, we must be guided by what we can observe in the general condition of the patient. We have some few medicines which do produce albuminuria, as Merc. cor., Canth., Ars., &c., they are few in number, and the discussion of their relation to albuminuria would occupy too much time. When there is feverish excitement, I have found Acon., Bell., Bryonia and Apis useful, the latter especially if the urine is scanty; and the warm bath. This latter requires to be used with very great caution, first because after its use, unless very great care be taken, the patient is apt to be chilled, and more harm than good done; and second, it is relaxing and weakening, and I have notes of cases where I feel confident the subsequent hæmaturia and dropsy have been aggravated by the injudicious use of the bath. When I employ it it is not exceeding 90 to 95 for two minutes, and I direct the patient to be quickly dried and put in a bed previously warmed, —but I am sure I have seen one or two cases of dropsy caused by cold taken after the bath. If the anæmic condition I have described above be present, I have found Ars., China, Calc., Phos. ac., with iron as food, animal food and wine, most beneficial.

I am thankful to say I cannot, from my own experience, give examples of the treatment of the later stages of scarlatina dropsy, when it terminates in hydrocephalus, œdema pulmonum, or uraemia.

Last March I had a patient with a smart attack of erysipelas of head and face, lasting four days. Bell. and Rhus were the medicines I employed, and I kept him on very restricted diet, not being aware that he had been previously purging himself with herb tea and pills before coming under my care, though the erysipelatous symptoms were removed entirely in four days after I first saw him; I was unable to account for the weakness which was so persistent; and I ought to have examined the urine.

On the 17th of March, I advised change of air; instead of

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taking my advice he returned to his usual occupation, and I was sent for again on the 24th. He was cold, shivery, some dyspnœa, and his ankles were puffy, the pulse was irritable, and he was thirsty.—I gave Acon. On examining the urine I found a considerable proportion of albumen and brown deposit, the urine smoky.

On 25th, the feverish symptoms had disappeared, and I gave Tereb.

26th. Urine more abundant and less albumen.

On 28th. Swelling of feet quite gone, no trace of albumen. He now went to the country and remains well, with no symptom of kidney affection.

In a note I addressed to the President of the British Homœopathic Society in December last, I mentioned that I had detected albumen in the urine of convalescents from diphtheria. At the time I believed it had not been previously observed, but in a paper in the next week's *Medical Gazette*, the author stated that he had detected it in most of the fatal cases that he observed.

My experience has been limited in this disease. The first case I had, I neglected the examination of the urine during convalescence; the secretion was scanty and irritating, for which I gave Cantharis, and these symptoms were speedily removed.

In my second case, in the treatment of which I was assisted by Dr. Horner, the urine was suddenly almost suppressed; I examined it and found blood disks, epithelial scales, and much albumen; encouraged by the result of the previous case, I gave Cantharis, and these disappeared, and the secretion became more abundant and free from albumen. The patient was a most discontented person, and on my ordering change of air, I received a note stating, as that was all I could do to strengthen him, he had called in some one else—an allopath.

Dr. Horner kindly sent me the urine of a convalescent case of his, in it I detected albumen—the patient is now well.

In the only fatal case I have seen, the child had been treated by a druggist for a fortnight. I found, the first time I saw her, no albumen. On my second visit, the day she died, the urine became nearly solid when boiled.

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In a case of scarlatina, in which a peculiar exudation, exactly resembling that of diphtheria, was present, and in which the eruption suddenly disappeared when the throat affection changed in character, reappearing only very partially—but which has been followed by free desquamation — I observed on Tuesday, the third day after desquamation began, much albumen in the scanty urine. I have given Bry., and the case recovered.

Lastly, in two cases of diphtheria, one the sister of the child whose death I mentioned, and the other a boy living next door, both perfectly recovered, I found no albumen, though I examined the urine daily.

CASE OF PURPURA,

By Mr. Willans, M.R.C.S.I., of Liverpool.

On the 19th of January, 1859, I was called to see a man of spare habit of body, æt. 50, complaining of pains in knees and elbows and wrists. Headache, shiverings, very thirsty, tongue very much coated, bowels were open. There was no swelling of the joints, the pulse was 100, full. Ordered Bell. 2.

On the 20th, the painful joints became swollen, very much headache, pulse 130, eyes watery and lids swollen, black patches about the size of sixpence appeared on and over eye-lids and on nose, tongue was much swollen and a great quantity of saliva flowed from mouth. The shiverings continued, urine was scanty and high coloured. Ordered Acid sulph. 1, and Arnica 1, alternately.

Next day, purple patches appeared on thighs and legs, much larger than than those on face. There was a greater discharge from the mouth. The tongue was covered with a black kind of mucus. The tonsils were much swollen and ulcerated, gums exceedingly tender, and the fetor from the mouth was most offensive. Pulse 130, and weak. With difficulty he could speak, and was quite unable to swallow anything solid, even the

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medicine caused great pain in deglutition. During the night there was great restlessness and slight delirium. Continue the Acid. Sulph. and Arnica. The day following, the breath was so offensive that with difficulty I could stay in the room. His wife was quite unable to bear it! The other symptoms remained the same, and the pulse was if anything weaker. I ordered some Chloride of lime to be placed in the room, otherwise no one would enter it to attend on him. I also prescribed a lotion for the mouth, containing ʒ j of Tr. Arnica, to ℥ viij of water, to be used frequently during the day; and continued the Acid. Sulph. and Arnica. Next day the fetor was decidedly less. No fresh patches appeared. He had rather a better night, though the delirium continued; he complained of no pain anywhere, only in swallowing. The knees and wrists were not so much swollen, urine was more natural, pulse 120, weak. For three or four days no fresh symptoms arose, but the patient was evidently sinking. Beef-tea and milk were administered when he could take it, also he got wine daily, and continued the Acid. Sulph. and Arnica.

On the 29th the symptoms presented a more favourable character, the fetor had entirely gone from the mouth and the discharge was much less. He could swallow better, had some sleep during the night, felt stronger; pulse 100, not so weak; the patches began to disappear from the nose and eyes, and the swelling to leave the face; he could speak better.

Next day there was a still greater improvement. He felt hungry, and had no pain on deglutition; all the patches were nearly gone from the face; those on the arms and legs were much less; he continued to improve daily. The patches left the legs and thighs, except one that sloughed, which healed under cold water dressing, and on the 24th February, I pronounced him well.

The Acid. Sulph. and Arnica were stopped for the last few days.

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REVIEWS.

A Treatise on the Principles and Practice of Veterinary Medicine and Surgery. By William Haycock, M.R.C.V.S. 8vo., pp. 160. John Churchill, 1858.

ALTHOUGH strictly veterinary works scarcely come within the limits of our criticisms, we have pleasure in noticing this excellent treatise, because it indicates a considerable improvement in the science and art of veterinary medicine and surgery, supplies a real want in the literature of this department of the medical profession, and stamps its author as a practical man, an original thinker, and one who has made himself master of the medical profession up to the level of the present day; qualifications which have enabled him to shake off the trammels of school knowledge and early opinions, and to examine the theory and practice of veterinary medicine by the light of nature and of common sense, the result of which is that such practical truths are brought to bear as tend eminently to raise the whole art and science of veterinary medicine to a position they have never yet occupied. We hail this production as a corroboration of the truth that the spirit of reform is really aroused in all branches of the medical profession.

This is a treatise more on veterinary surgery than medicine, and in this respect it is tolerably complete.

We strongly recommend its perusal to all students and young practitioners of the veterinary profession; and we feel sure their seniors of the profession, and even those not exclusively devoted to the veterinary branch, will receive pleasure not unmingled with profit from the study of the peculiar views advanced on inflammation.

The book is divided into two parts; the first, which occupies more than half of the book, is devoted to the consideration of inflammation under the various aspects of its definition, terminations, kinds, systemic disturbance, state of the blood, theory and treatment; on each of these points the author fully en-

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larges "with especial consideration of the wants and requirements of the veterinary student." The second part is devoted to the consideration of injuries, wounds and fractures, and their treatment; each subject receiving a practical and common sense consideration.

And the different subjects treated on are still further illustrated by numerous judiciously selected woodcuts.

Had the author not informed us, in the preface, that he had "throughout especially considered the wants and requirements of the veterinary student," we should have thought he had devoted far too much space in considering the details of inflammation, the mere definition of which occupies some seven pages; with this object, however, it is of course necessary to be somewhat elaborate and elementary on this subject in a work on surgery; but as a book for students who require such elementary notions on inflammation we miss a proportionate notice of the equally, if not more important subject of physiology. And again, we do not know that it is necessary in such a work to discuss at all the abstract theory of the nature of inflammation, to which, however, he has devoted some eleven pages. On this subject also he holds different views from the usually received modern opinions; he says, for instance, that "the state of the capillary vessels is different in the asthenic from what it is in the sthenic type, at least at the commencement;" that at the outset in the sthenic they are first contracted and afterwards become dilated, whilst in the asthenic they are dilated from the first without any previous contraction; and "that the character of the pulse in these two forms of inflammation is such as to clearly warrant these conclusions."

We cannot subscribe to all the author says on this head, but to enter on a discussion of the subject would carry us beyond the limits of a review.

The author denies the contagiousness of equine scarlatina, and he holds that farcy is constitutional glanders, altogether different from lymphatitis.

On the subject of treatment the author is particularly good and clear, somewhat bold, and in advance of most of the previous writers on veterinary medicine. The characteristic trait in his

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treatment is a religious conservance of the natural powers of the constitution, following out the rule laid down by John Hunter: "that in curing diseases our efforts should be directed to allay morbid irritation, and at the same time to give support to the vital energies," and he says "the vital force is the force which our efforts in inflammation must, in the main, be directed to understand, and in our treatment to uphold." He recognises the fact that, "with certain provisos, diseases once established will, in spite of every effort to the contrary, run a definite and, in many cases, a well-marked course;" and that to a certain extent nature is her own restorer, and therefore her powers should be carefully husbanded and never unnecessarily wasted, which would be worse than doing nothing. He lays great stress on proper hygienic treatment, and censures the use of large doses of medicine. "The most important matter," he says, "for the veterinary surgeon to comprehend—assuming that he understands the nature of the malady he may be called upon to treat—is a knowledge of the law of healing. . . . . A clear understanding, as to the nature of the law of similars, and a right use of it in practice, together with the use of such auxiliaries as necessity may require, will accomplish all that human skill can accomplish in fulfilling the conditions of cure embraced in the Hunterian rule. . . . . The law of similars is based in pathology . . . . . In choosing a remedy strictly in accordance to the law, attention must be directed to the *primary* action of the drug. . . . . But it must be borne in mind, with regard to the proving of medicines upon the system of the healthy horse, that the veterinary surgeon in a vast number of diseases which come under his care, has little else to guide him to the proper selection of a remedy, or one fully in accordance with the law of similars, than mere analogy; and at times this analogy is of so vague and unsatisfactory a character, as to totally debar any conscientious practitioner from strictly adhering to any one rigid rule. . . . . The law is therefore not at all times applicable (in *veterinary* medicine), or rather, conditions occasionally arise which render it to a certain extent nugatory."

Under these circumstances the author feels justified in recommending the use of certain auxiliaries; he recommends blood-

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letting, only however in cases of severe *local* inflammations, where the blood can be abstracted directly from the inflamed part; counter irritants, in the form of sinapisms and fomentations, where he speaks highly of steam and recommends a peculiar apparatus for its application, in internal inflammations; sedatives in violent inflammations, spasmodic affections and chronic diarrhœa and dysentery; stimulants and tonics, as wine and good food, where the vital powers manifest a tendency to fail; and purgatives for local inflammations.

To the use of most of these auxiliaries under some of the circumstances for which he recommends them there can be no great objection, though we think Aconite would in all cases answer better than blood-letting, and the necessity for using sedatives would be obviated by the use of the medicines truly homœopathic to the peculiar inflammation, spasm, diarrhœa or dysentery, could such be selected; this, however, we admit is scarcely possible in *veterinary* medicine, because of the want of provings on the healthy animal; even the use of purgatives may be admissible at times; but we are of opinion that in most of the instances in which he refers to the good effects of purgatives they act, not by curing the disease, but by removing it out of sight—transferring it to the mucous membrane of the intestines, whence again nature gradually removes it. We entirely reject the idea that "a purgative acts as a clearer of the system," for their operation is, as the author himself elsewhere says, only to augment the secretions and increase the peristaltic motion of the intestines, neither of which operations can clear the system of anything at all, and especially if previously there was no long-standing constipation.

Third Report of the Clinical Hospital in Manchester. By Dr. Whitehead. London: Churchill, 1859.

We heartily commend this little work to our readers. Practitioners of all schools will find in it most useful and valuable information, which it is difficult to find elsewhere,—particularly the chapter containing an account of the physical development

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of infants, supported by tables based on extensive and accurate observations.

In the matter of treatment the author is far from being a disciple of the sceptical or physiological school, but on the contrary, has great faith in the specific powers of a small number of medicines. Among these we find Millefolium, of whose virtues in vascular hypertrophy of the uterus he gives two such striking and well described cases, that we cannot refrain from transcribing them for the benefit of homœopathic practitioners, who are after all the only ones likely to benefit permanently by the author's observations.

"Of the last-named group, fourteen, of whom thirteen had borne children, had metrorrhagia, or immoderate profluvia of some kind. In some, the excessive losses were simply in form of menorrhagia, the periods being regular, but more or less prolonged, and the free interval occupied by an exhausting leucorrhœa. In others the catamenial accessions were irregular, always too frequent and protracted—the crisis continuing from six to twelve days, or longer, with an interval of five to ten days, occupied by leucorrhœa. In a few the discharge lasted several weeks at a time, returning after a short interval of rest, and often when not expected, so that its regular periodicity was lost altogether. All were more or less anæmic, with great lassitude, pallor of skin, languid and enfeebled circulation, often jugular bruit, and hysterical disturbances in various forms. Each attack of hæmorrhage was in reality a serious illness, from which recovery was but half accomplished when the next came on.

"The pathology of these cases consists in vascular or spongeoid hypertrophy of the uterus as a principal condition. The uterus, whether normally placed or otherwise, was always too bulky; its lower section was expanded, its density lessened, its fundus, in some instances, could be readily felt above the pubes without pressure from below; and its depth was generally increased. The veins of the cervix, and no doubt those throughout the entire organ, were congested, one or more varicose knuckles being occasionally visible, constituting what has been called uterine piles. All the pelvic structures were relaxed.

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The hæmorrhoidal veins were often distended, and occasionally there was rectal flux, with or without rectal hæmorrhoids. Concomitant symptoms of hepatic disturbance were also not uncommonly present.

"These cases are selected for special mention on the present occasion, not because they are of greater importance than others left unnoticed, but with a view to render this opportunity available for the purpose of alluding to a remedy (Achillea millefolium) which has been eminently serviceable in their treatment. The following samples may be cited in illustration.

"CASE I.—A woman in comfortable circumstances, of lymphatic-bilious temperament, thirty-eight years of age, married at nineteen, began to menstruate at seventeen without difficulty. The ordinary crisis lasted seven days, the discharge being abundant, attended with lumbar and hypogastric dysmenorrhœa. Has been five times pregnant, two ending favourably, but both children having died in infancy, and three abortions. Her deliveries were attended with hæmorrhage, the lochia continuing long; and ever since her first delivery she has had an abundant leucorrhœa occupying the catamenial intervals. For many years past these crises have been a succession of prostrating illnesses, from each of which she had not recovered before the arrival of the succeeding attack. She was under treatment ten or eleven years ago for a period of eight or ten months uninterruptedly, by which the symptoms were relieved, but only for a short time. Her last delivery, an abortion, took place four years ago; no pregnancy since.

"On admission she stated that the menstrual crises had, for several years, been irregular, always too frequent and too protracted, each period lasting twelve to fourteen days, and the free interval being only seven to ten days, with an abundant leucorhœa. She was weak, pale and anæmic; was troubled with palpitations on the slightest exertion, and had jugular murmur on both sides.

"The uterus was very large, occupying almost the entire cavity of the pelvis, and could be felt, on slight pressure from below, above the pubes. Its lower section was expanded and

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nodulated, but only slightly abraded. The whole vascular system about the pelvis was congested, and all the tissues relaxed. The digestive organs moderately healthy, the bowels sluggish.

"She took the tincture of Yarrow, in doses of a dessert-spoonful in water three or four times a day, for three months, from the end of July to the end of October, during which the discharge, both menstrual and leucorrhœal, gradually diminished; the bulk of the uterus decreased to nearly its normal dimensions, and the dysmenorrhœal troubles abated — the general health and appearance being remarkably improved. The two crises which happened in November and December lasted each only four to five days, having been a full month apart; the amount of discharge was moderate, almost unattended with pain, and there was only a very slight show of leucorrhœa in the intervals.

"CASE II.—A woman, twenty-nine years of age, of bilious temperament, married at eighteen. Has had two pregnancies, of which the first was an early abortion; the second happened at the age of twenty, and the child survives; no pregnancy since. She had the first change of life favourably at fifteen, the discharge being moderate, lasting three days, but attended with lumbar and hypogastric pain.

"Since her last delivery, which was protracted and severe, and followed by a retarded recovery, the menstrual crises have been hæmorrhagic, too frequent, and followed by an exhausting leucorrhœa in the intervals.

"On admission she was supported into the consulting room by two persons, being unable to stand alone, and appeared anæmic to the last degree. She was labouring under uterine hæmorrhage, which had existed fifteen weeks without cessation. All the pelvic structures were greatly relaxed and congested. The uterus was very bulky; a tumefaction occupied its posterior wall, leading at first to the suspicion of retroflexion; but on introducing the sound, this instrument passed freely 4½ inches in an upward and forward direction behind the pubes, showing that the tumor occupying the hollow of the sacrum was not the fundus of the uterus, but probably a vascular excrescence. A large tumor was also felt without any upward pressure, in the

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hypogastrium, equal in size to that of a five months' pregnancy. This was the fundus of the enlarged uterus, as upon pressure from below, the impulse was perceptible above.

"This patient took the decoction of Yarrow from the date of her admission, the 26th of August, to the end of November, when she was discharged cured. After two days use of the remedy the hæmorrhage ceased; and although it afterwards recurred for a time, at irregular intervals, the loss steadily decreased, and soon ceased to be hæmorrhagic. The periodical visitations are now reduced to their normal order, lasting only three to four days; the discharge is moderate; there is no longer any tumor felt above the pubes; the sound shows a depth of only $2\frac{2}{3}$ instead of $4\frac{1}{2}$ inches; the tumor behind the uterus has entirely disappeared; her general health is fully restored, so that she is now able to discharge her household duties with comfort, and as efficiently as at any time; the leucorrhœal discharge is arrested, and the pelvic structures have completely regained their healthy tone.

"The Achillea millefolium (vern. Yarrow; Ger. die Schafgarbe; Fr. Millefeuille), is an indigenous herb, so common that it is doubtful if even Taraxacum grows in greater profusion. It was anciently a popular remedy for fluxes of all kinds, but especially for epistaxis, hence one of its names of Nosebleed. Green, in his Botanical Dictionary, says, 'it is an excellent medicine in the overflowing of the menses, bloody fluxes, and bleeding of the piles. It increases the urinary discharges, and removes ulcers of the kidneys or urethra.' In the latter assertion Green was probably mistaken, as the pathology of the kidney, at least, was imperfectly understood in his day. Of its anti-hæmorrhagic virtues, however, there can be but little doubt, as the preceding observations will serve to show.

"Achillea may be administered either in form of tincture or decoction. In case 1, the tincture alone was employed, in doses of a dessert-spoonful in water three or four times a day. In case 2, the decoction was used, both being equally effective.

"The grounds upon which this remedy is recommended as an anti-hæmorrhagic, are not limited to the experience above

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cited. I have used it pretty freely in private practice about three years, and the results now stated go entirely to confirm those of previous trials."

MISCELLANEOUS.

THE TRIUMPH OF BIGOTRY.

In our last number we gave an account of the victory achieved in Liverpool by the liberal and enlightened portion of the Medical Institution of that town over the partizans of illiberality and intolerance. We rejoiced at the issue of the combat, and awarded their meed of praise to the manly and independent supporters of true science, and its necessary adjunct—freedom of thought.

Alas! our jubilations were premature. We had miscalculated the obstinate power of bigotry; we had misjudged the invincible force of intolerance. Whilst we were singing our *Te Deum* for the supposed utter discomfiture of the enemy, he was secretly mining our position, and even then ready to blow us into the air.

Our readers will remember that the first attempt made in the Medical Institution to introduce a new law, rendering a profession of homœopathy a bar to membership, was lost in consequence of those favourable to such new law not being sufficiently numerous to command two-thirds of the votes—that proportion being necessary in the Liverpool Institution for passing a new law.

How the defeated party proceeded to work in order to transform their ignominious and unexpected defeat into a glorious triumph of bigotry, will be learned from the following letter of one who was conversant with all the manœuvres and underhand doings of the indefatigable champions of intolerance. The letter appeared in the *Liverpool Mercury* of January 24, and must have prodigiously annoyed the conspirators, who thought they were arranging everything so snugly and secretly. What a pity they did not guard against treason in the camp! What a pity no hint was given them that

> A chiel's amang ye takin' notes,
> An' faith, he'll prent it.

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"The following is a short outline of the proceedings up to the present date. As soon as the report of the large meeting appeared in your paper of the 2nd December, there was an 'indignation meeting' of the 'majority' to consider what could be done to obviate the effect publicity was certain to produce upon the movement they had entered upon. This was followed by many others, and certain resolutions were come to. It was resolved to do everything possible to throw discredit upon the report; to do nothing to amend it; to take no notice whatever of any correspondence in any newspaper; and to spread the belief that the minority were actuated by views of self-interest. It was further resolved to endeavour to bring so many new members into the Medical Institution as would give the majority unlimited power both in the council and the society. It was mooted whether it would not be right to treat the leaders of the opposition as 'irregular practitioners,' and to refuse to meet them professionally; but for obvious reasons this was not followed up, as it was felt that this was like cutting off the nose to spite the face. It was next mooted that the author of the report in the *Mercury* should be expelled from the institution; but this subject was postponed to a future day. It was next resolved that none of the majority would attend any of the meetings of the Medical Society, and such as had promised communications were to withdraw them. All possible efforts were to be made to induce the liberal members to join the other side, and in one instance threats of personal violence were resorted to. The minority made some efforts to prevent the continuance or spread of the quarrel, but they came to nothing.

"About a fortnight before the Annual Meeting, at the last hour of the last day prescribed by the law, about forty-five names were proposed as members by the majority; and when this 'move' was known, ten were proposed by the minority, both parties being guilty of a trifling informality. Subsequently to this date some ten more were added by the former party, and the proposal papers were so 'judiciously' intermingled with the preceding that exception could not be taken to them by name as having been proposed too late. When the minority attempted a similar proceeding with one name it was at once opposed as informal, and the individual's election was postponed for another month.

"The Annual Meeting of the Institution was held shortly after this, *i. e.*, on Tuesday, January 11, and the usual notices were issued, the sole business announced in the circular convening the meeting

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being a proposal to make one of the laws respecting payment of subscription more definite than it was.

"About sixty members were present at the annual meeting. After the minutes had been read and some preliminary business gone through, Dr. M'Naught, who had been the chairman at the large or special meeting, rose to claim a hearing on a question of 'privilege'—a word hitherto unheard of, in the sense he attached to it, in any meeting of the members of the institution. After a short discussion, the subject was postponed until after the election of the council. The following gentlemen were elected:—Mr. Batty, Mr. Ellis Jones, Mr. Steele, Mr. Stubbs, Dr. Turnbull, Dr. Vose. The election over, Dr. M'Naught commenced an oration on the subject of 'privilege' in the abstract, but was stopped by the chairman, Dr. Macintyre, who requested to know the nature of the motion he was about to propose. This was then read, and it turned out to be a vote of severe censure on the individual who had dared to report the proceedings of a meeting after the majority had determined to exclude reporters and to make the proceedings secret. He launched out on the subject of homœopathy in the usual intolerant style; but being called to order by cries of 'question,' he came back to the point, and argued that no one ought to report the proceedings of any meeting if the majority decided in favour of secresy; that two reports had appeared of the last meeting after such a resolution had been carried, and, consequently, that the delinquents deserved the heaviest punishment that the society could inflict upon them.

"Mr. Callon seconded the motion; regretted the necessity for it; wished to keep up the society on a basis of honour. They were men banded for professional intercourse, and mapping out the domains over which their researches should extend; there was a written code of laws, and another unwritten, which should pervade the minds of gentlemen. If the latter were not regarded, the former were of no use. He thought the unwritten laws had been violated, and the institution outraged by a public report of the proceedings of its members against the will of the majority, and the motion was intended to counteract this.

"Dr. Inman opposed the motion, which at the present day was simply absurd. They had seen in succession, parliament, corporations, committees, select vestries, and other bodies, driven to adopt the principle of publicity by individuals reporting against the opinions of the majority, and all were proud of the men who brought it about.

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It was a monstrous proposition to say that a minority could not, if they chose, report their own speeches, and give an outline of the arguments of the majority;—that they were to submit to be victims of misrepresentation when they had the cure in their own power. He knew how rife slanders of the minority had been; and if they had been so strong in face of a faithful report of what had been uttered by them, there was no saying to what extent they would have spread had no report appeared. Such reports were the only means the minority had of attempting to mould the views of their professional brethren on a liberal basis. He believed that the reporter of the last meeting cared so little for such a vote of censure that he would do the same thing again whenever the occasion called for it.

"Mr. Steele said that he intended to support the vote of censure. The Medical Institution was not to be compared to parliament, corporations, or select vestries. He was not opposed to publicity, but he did not think publicity was advisable under all circumstances. The medical profession did not withhold from the public anything which they thought of importance to the public. The profession had given to the public much information upon sanitary matters, which had been of much value, but he doubted very greatly whether it was not detrimental to the profession to publish reports of such meetings as the last special one. A majority of members ought at any meeting to be able to say whether the speeches were to be reported or not. No one would think for a moment that he had a right to report the speeches uttered at a private dinner by the Mayor. He conceived the institution meetings were equally private and equally privileged. For himself, he was not particular about having himself reported, but he should have liked to be reported well. He did not recognise his own speech. The words were not his own, and many things he had said had not been reported all. Still further,—none on his side had been asked to send any abstract of their speeches, and he thought, if any one aimed at fairness, this should have been done.

"Mr. Glazebrook moved that the motion be not proceeded with, as he understood that no formal vote had been come to at the special meeting, except on the question of excluding professional reporters.

"Mr. Higginson seconded the amendment.

"Mr. Fletcher supported the amendment; did not support the report; considered it an error of judgment; but he thought that much evil might result from the motion, presented to them as it was,

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without any notice. The correctness of the report had been impugned—he thought very unfairly. He considered that it was as accurate as any non-professional reporter could make it. This he had never heard denied.

"The Chairman then put the amendment, which was lost, and subsequently the motion, which was carried by a large majority. As the names of the reporters were not mentioned, and no one was called up for judgment, the bubble collapsed at once. Another bubble is, however, to be blown on Friday next, which it is hoped by the inflaters will have a more permanent existence.

"An alteration of the law was then proposed, to the effect that no new member should be entitled to vote until his entrance fee and subscription had been paid, inasmuch as the law as it stood actually allowed persons to vote at any time within a month of their election, whether they ever paid their subscriptions or not. This was strenuously opposed by the 'majority' as being invidious to the gentlemen about to be elected. There was no doubt that the law was as had been stated, but that was no time to alter it.

"The Chairman (Dr. Macintyre) endeavoured to elicit a pledge that the majority would not call any meeting for the doubtful month, and that it should be understood that no one should vote until he had paid his fees. His appeal was unsuccessful. The alteration of the law was negatived by 44 to 18; and we now see that a most important meeting is called during the doubtful month, when it is quite impossible to say who are subscribers and who are not. But as everything is said to be fair in love, war, and 'jockeying,' of course no objection can be taken to such a very *judicious* proceeding —so worthy in every way of astute tacticians. A vote of thanks was then passed to Dr. Gee, the late treasurer; and then Mr. Desmond, in a highly eulogistic speech, moved a vote of thanks to Dr. Cameron, their worthy secretary—a pretty compliment, which was spoiled on the next evening by deposing him from his seat, as being far too liberal-minded for the new *régime*.

"A vote of thanks was then passed to the chairman of the meeting, and it was all over.

"On the next evening the council met: all the 'liberals' who were in office were ejected, and some of those who were not were 'snubbed.' Some fifty or fifty-five new members were elected,—all pledged to vote for an alteration of the existing laws. Whether all these will pay and vote, or vote and not pay, or not pay and not

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vote, remains to be seen. In one way or another, however, it is expected that a sufficient number can be relied on to give a good working majority of the necessary 'two-thirds' over the minority; and the reliance is the more confirmed inasmuch as the minority, however 'viciously' disposed, cannot by law challenge the vote of a single individual on the ground of unpaid fees.

"The majority now feel pretty certain that they can 'extinguish' the minority; and the only consolation they leave to the latter is that possessed by the light of the candle, which sees, ere its brightness is quenched, the black interior of the instrument of its destruction.

"The party, strong in their numbers, again agitated the question of punishing the once victorious minority in the persons of its leaders; but the fear of publicity, or some more worthy motive, calmed down their ire. They ultimately resolved to be content with simple victory, and to punish prospectively instead of retrospectively; and the following circular was issued to the members, dated January 20, 1859:—'In accordance with a requisition signed by nine members of the council, a special general meeting of the members of the institution will be held on Friday, the 28th instant, at seven o'clock, p.m., for the purpose of having proposed thereat the following additions to and alterations in the laws, or such other alterations or additions bearing upon the subject as may be at the time agreed upon. Law 2. To be added after the word 'practitioners:' 'But no one practising homœopathy shall be eligible either as a member of the institution or as a subscriber to the library; and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to the institution.' Also the following as a new law: 'That no minutes or proceedings of any meeting of the institution shall be reported or published without the consent of the majority present at such meeting; and any member who shall violate this law shall, *ipso facto*, be subject to immediate expulsion, provided always that this law shall not be so interpreted as to deprive any member of the power to 'reserve his right of publication' in reference to any paper which he may read before the Medical Society.—A. T. H. Waters, Hon. Sec.'

"This last proposition is so excessively intolerant that it is a matter of surprise that any body of educated Englishmen could bear to keep it in any code of laws if it already existed, much less determine to place it there. Nor can we read it without recalling the words of a Teacher, who said,—'Every one that doeth evil

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hateth the light, neither cometh to the light lest his deeds should be reproved; but he that doeth truth cometh to the light, that his deeds may be made manifest.'

"Doubtless the public, whether professional or otherwise, will look with no little curiosity for the names of the proposer and seconder of the last-named law, and scan the arguments they adduce as they would the nether garments of the first savage who wore breeches. An effort will doubtless be made to ensure secresy; but as expulsion from the institution under the new law will be a high honour, there can be no doubt that a report of the meeting of Friday will appear in spite of an intolerant majority. Whatever the dominant party may wish to be, there are many who have determined not to deserve the name of 'hole-and-corner buffers'—who feel disposed to say, with the immortal Pott, Let our adversaries 'writhe in impotent malice as we pen the words, we will be there.' I enclose my card for your satisfaction.—Yours, &c.,

"January 22, 1859. ONE BEHIND THE SCENES."

From another letter in the *Liverpool Mercury* we learn that the report was that in order to get the large number of new members to join an insitution they had hitherto held aloof from, a subscription was entered into by the opponents of liberality to pay the entrance fee of the new members.

The following letter from the (non-medical) committee of the Liverpool Homœopathic Dispensary, which appeared in the *Liverpool Mercury* shortly after the report of the first display of anti-homœopathic zeal by the Liverpool Medical Institution, of which we gave an account in our last, is said to have induced many of the new members to join this institution for the laudable purpose of crushing homœopathy. The statements it contained were perhaps felt to be too true; there were home thrusts in the letter that served to rouse into fury many who had formerly treated the whole squabble with indifference or contempt. Accordingly all who were conscious of their ignorance of Latin, and at the same time sensitive to any insinuations respecting their ignorance; and all the obscurities who dreaded honourable competition with a set of practitioners, whose success they could never hope to rival and whose advocates shewed how well they understood and how justly they appreciated them—these all felt themselves aggrieved by the letter of the Liverpool committee, and many of them as we see hastened to ally themselves with those

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who promised to get rid of the pestilential heretics. The letter we subjoin :—

"To the Editors of the *Liverpool Mercury*.

"Gentlemen,—As representatives of the subscribers to the Liverpool Homœopathic Dispensary, in vindication of our conduct towards our fellow-townsmen of the poorer class who, to the number of 100 a-day, voluntarily seek relief at the hands of our medical officers, we the committee of that dispensary, feel called upon to make the following public protest :—

"At two meetings of the medical profession lately held in Liverpool, the homœopathic treatment of disease has been denounced as quackery, imposture, and charlatanism. We leave others to decide which theory of medicine is the true one, but we protest in the strongest manner against the imputation, thus cast upon us, of being the abettors of a system of fraud or the dupes of a body of dishonest medical practitioners.

"We have done what these gentlemen of the old school have never done—we have tried both systems; we have tried them through periods of many years—on our own persons, in our families, in disease of almost every description. We are flesh and blood like other men; we are blessed with our senses and our wits; we suffer like our neighbours, and when we suffer we want to be relieved; we are not fools above the rest. In courts of law we are not treated as false witnesses. Our testimony in the present case is absolutely disinterested, and what we testify is this—that when disease attacks us we are cured more quickly and more effectually by homœopathic treatment than we used to be by allopathic treatment, and that in consequence of this our personal experience we voluntarily place ourselves and those nearest and dearest to us in the hands of homœopathic practitioners.

"No professional man has been elected as an officer of our dispensary who has not shown himself by his diploma to be regularly educated and to have studied the old system; whilst of those who now abuse homœopathy, scarcely any one, according to their own admission, has ever looked into its principles or watched its progress or its effects. The list of subscribers to our institution contains the names of individuals quite as intelligent, as shrewd, as little likely to be imposed upon or to impose upon others, as are to be found among the subscribers to any charity in the kingdom; and we have a right to

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ask on what ground we are charged as visionaries or dupes, and by whom that charge is made?

"Is it made by a jury of disinterested men, or by judges who have dispassionately heard both sides and calmly investigated the subject in dispute? Or is it by a party, or the majority of a party, of men (for there are some honourable exceptions) who never dare to deviate from the path of their fore-fathers; who blindly follow a system founded upon no principle, and whose professional prospects would perhaps be ruined by an exercise of their own reason? How many of those who now abuse homœopathy understand the language in which the great principles of Hahnemann were first enunciated? How many of the forty gentlemen who voted together the other day can even read their own great authority, Celsus, without the help of a Latin dictionary? Are there among these forty members of the Medical Institute any who are distinguished either for scientific or literary attainments? Has any one of them been appointed a member of the new Medical Council of the nation? Has Liverpool, the second town in the kingdom, furnished one man to that council? Has any one of these gentlemen been even thought of or applied to as fitted to fill such an office? and if not, may we not justly conclude that not one of them really occupies that high position which they would arrogate to themselves?

"As a committee we do not boast of our attainments or of our medical skill, but we have a right to criticise the character and attainments of those who so exalt themselves as to declare that they only are worthy to be trusted, and that it is incompatible with their dignity to meet the medical men in whom we confide. Of these allopathic gentlemen, so loud in their own praise, the public are well aware that many have gained a livelihood by selling drugs which they themselves have prescribed, to an extent which is now believed to have been mischievous even by their own supporters; while some even of those who are considered of the higher class in the country have been known to share the profits of the druggist's shop which they patronise, by receiving a per-centage on their prescriptions.

"Are these the men to decry others and decide upon the character and honour of those who differ from them?

"We would tell them, however, in sober reason, but not in sadness, that homœopathy, instead of losing ground or sinking in the estimation of the public, as they vainly hope, is day by day becoming more popular; is more and more resorted to by the intelligent and

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educated; is sanctioned by royalty, and supported by some of the first nobles of the land.

"In one particular at least we are agreed with these forty gentlemen; their practice is certainly in danger, and hence their anger and bitter abuse; and although we may be blinded by prejudice and unacquainted with the mysteries of the profession, we can see at least that this is with them a pocket or a trading question, in the discussion of which 'the obliquity of their will has an unhappy influence on their understanding.'—Yours, &c.,

"THE COMMITTEE OF THE LIVERPOOL HOMŒOPATHIC DISPENSARY.

"2, Harford-street, Mount-pleasant,
"December 10, 1858."

As it would be a pity to abridge the details of the glorious victory achieved at Liverpool in this latter half of the 19th century, by the partisans of illiberality and intolerance over the defenders of liberality and freedom of thought, we subjoin the authorised report of the proceedings as furnished to the *British Medical Journal*, of February 12th.

A special general meeting of the members of the Liverpool Medical Institution was held on Friday evening, January 28th, Dr. VOSE in the chair. One hundred and eighteen members were present. The Secretary stated that the meeting was called in consequence of the following requisition which he had received:—

"*To* A. T. H. WATERS, ESQ., *Honorary Secretary to the Liverpool Medical Institution.*

"DEAR SIR,—We, the undersigned members of the Council, hereby request that you will, in accordance with Law 14, convene a special general meeting of the members of the Institution, for the purpose of having proposed thereat, the following additions to and alterations in the laws, or such other alterations or additions bearing upon the subject, as may be at the time agreed upon.

"Law 2. To be added after the word 'practitioners,' 'but no one practising homœopathy shall be eligible either as a member of the Institution or as a subscriber to the library, and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to the institution.'

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"And also the following as a new law:—

"That no minutes or proceedings of any meeting of the Institution, shall be reported or published without the consent of the majority present at such meeting: and any member who shall violate this law, shall *ipso facto* be subject to immediate expulsion; provided always that this law shall not be so interpreted, as to deprive any member of the power to 'reserve his right of publication' in reference to any paper which he may read before the medical society.

"We are, dear Sir, yours truly,

"J. Vose. L. E. Dismond.
"E. Batty. Joseph Dickinson.
"James Turnbull. A. B. Steele.
"Ellis Jones. Alex. Stookes.
"Henry Stubbs.

"January 19th, 1859."

The Chairman requested that no new member who had not paid his entrance fee and subscriptions would take part in the proceedings until he had done so. The Chairman also requested that any members who had not signed the obligation book, would do so before the proceedings of the meeting began. Several gentlemen came down to the table and entered their names.

It was moved by Dr. Stookes, and seconded by Mr. K. Ellison—

"That the Secretary be instructed to take a correct report of the proceedings, and for that purpose be allowed the assistance of short-hand writers."

It was then moved as an amendment by Mr. Millett-Davis, and seconded by Mr. Parke—

"That the Secretary forward a brief abstract of the proceedings to the medical periodicals in the usual way."

The amendment was put and lost, and the original motion carried.

It was then proposed by Mr. Steele, and seconded by Mr. Burrowes—

"That a full report of the proceedings of this meeting be forwarded to the British Medical Journal, the *Lancet*, the *Medical Times*, the *Dublin Medical Press*, and the *Edinburgh Medical and Surgical Journal*."

The resolution was put and carried.

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A resolution moved by Mr. HAKES, and seconded by Dr. NEVINS—

"That the report of this meeting be printed, and a copy sent to every member of the Institution,"—was then put and lost.

The CHAIRMAN: Gentlemen, we will now proceed without farther delay to the more immediate business of the evening; and if you will allow me, I will read the first of the two resolutions which this meeting has been convened to consider:—

"Law 2. To be added after the word 'practitioners,' 'but no one practising homœopathy shall be eligible either as a member of the Institution or as a subscriber to the library; and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to the institution.'"

Is any gentleman prepared to move the adoption of that resolution?

Dr. TURNBULL: Mr. Chairman and gentlemen, I rise to propose the first resolution, of which notice has been given in the Circular. I feel the duty a difficult and responsible one, in as much as the eyes of the profession, not only here but thoughout the kingdom, are upon us, and we have also the eyes of the public directed to us. It has been rendered also an unpopular duty by the opposite party, who have endeavoured to make this a question of liberality or illiberality [*hear, hear*], whereas, in truth, it is a matter of principle and a question of right or wrong. [*Cheers.*] If it is an unpopular duty, however, it is one from which I have not shrunk; and I cannot think that any right-minded medical man, who had the respectability and honour of the profession and his own honour and respectability at heart, would shrink from coming forward and taking the post assigned to him to the best of his ability. There is one thing only that I regret, that the duty should not have fallen into the hands of some one of the many gentlemen here who might have performed it in a much more powerful and efficient manner. I desire to bring this resolution before you, gentlemen, in a firm but temperate manner. I am sure that I am not actuated by any personal feeling, for I have always kept homœopathists at a distance from me. I have looked upon them as men who were outside the pale of the profession: I have held no intercourse in common with them. I come forward, therefore, on purely professional grounds, because I believe that homœopathy is wrong; because I believe that its practice is injuri-

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ous; and because I look upon the mixed practice of homœopathy and legitimate medicine as subversive of every principle of honesty and fair dealing. [*Loud cheers.*] In short I look upon it as an unprincipled species of quackery [*hear, hear*] that should receive no countenance or support or sanction from the medical profession. [*Cheers.*] I wish also to state at the outset, that it is not my intention to discuss the doctrines and principles of homœopathy; I take it that every gentleman who comes here has made himself more or less acquainted with what homœopathy is, and that he comes here not to form his opinions, but to act upon them. For myself, I may state that several years ago I examined carefully the principles and doctrines of the pseudo-science, hoping that I might be able to extract a few grains from the chaff; but I found nothing but the wildest absurdity combined with a great deal of misrepresentation and abuse of the regular system of medicine which we practise. [*Cheers.*] And, gentlemen, I hold in my hand here a treatise by Dr. Simpson, in which the fundamental principles of homœopathy have been fully examined, and its absurdity, sophistry, and delusions fully pointed out. He has completely analysed the subject, and so entirely sifted it, that I should say it would be almost impossible for any one who came after him to do anything in this way. I make these remarks, because at the last meeting the homœopathic gentlemen who spoke on the other side made the discovery in a somewhat triumphant manner, that we had not examined the merits of homœopathy at all. It was not our intention then, nor is it mine now, to go into the doctrines of homœopathy; I wish to bring the matter before you simply as a question of law,—a matter of government amongst ourselves at this institution. I shall proceed now to read the resolution which I bring forward, and in giving you my reasons for bringing it forward, I shall read what I have to say, in order that I may do it in an exact manner. I did not know how far this meeting might resolve to give the matter publicity, and to have had it fully and properly reported. I have done this, therefore, for my own protection, as well as for the protection of the cause which I came here to advocate. The addition is proposed to Law 2. Law 2 is, "That the Liverpool Medical Institution shall consist of physicians, surgeons, and other legally qualified practitioners;" and the addition which I propose to this law is after the word "practitioners" to be added—

"But no one practising homœopathy shall be eligible either as a

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member to the Institution or as a subscriber to the library; and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to the Institution."

The rational or legitimate system which we have been taught and practise, is based upon every species of knowledge which can be brought to bear upon the prevention, the treatment, and the cure of disease. No false system can therefore overturn it, as it will incorporate any real improvement, even if it come from those practising a system of quackery. Medical men are, however, peculiarly liable to have deception practised upon them, and therefore they are necessarily somewhat jealous in admitting novelties; but I maintain that they readily admit any novelty which can really be proved to be a useful improvement. I would instance the rapid manner in which they adopted the use of chloroform. I would here profess my firm, unshaken confidence in the rational system which we practise; my belief that it is making progressive improvement like other sciences, and that it has conferred inestimable benefits on mankind. I maintain therefore that the legitimate system of medicine is, in the truest sense, a liberal as a well as comprehensive system; and it is so especially in contradistinction to other systems of quackery, which are of an exclusive nature, and which always arrogate superiority and profess antagonism to the regular system. Exclusive systems of this sort are continually springing up; such, for example, as the Morisonian, which is based on the exclusive dogma that a certain pill, discovered by a certain individual who took the name of hygeist, is the only proper remedy for every disease. Such, again, as the Coffinite system, which is based on the somewhat less exclusive dogma that there are certain herbs, discovered by a certain man named Coffin, which are the only proper remedies for all diseases.

Again, there is the homœopathic system, which differs from these exclusive systems of quackery only in this respect, that it is a more subtle and refined species. That it is an exclusive system I shall now prove to you by an extract from the *Organon* of Hahnemann, the founder of it:—"It is impossible (he observes) that there can be another true best method of curing dynamic diseases (*i. e.* all diseases not strictly surgical) besides homœopathy, just as it is impossible to draw more than one straight line between the two given points."

Dr. MACINTYRE said, that he protested against Dr. Turnbull introducing a discussion on the practice of homœopathy.

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The CHAIRMAN thought that the mover of the resolution must be allowed some latitude.

Dr. TURNBULL, in resuming, affirmed that he was not discussing the doctrines of homœopathy; he was merely showing the exclusiveness of the system. [*Hear, hear.*] "He who imagines (he continued) that there are other modes of curing diseases besides it, could not have appreciated the fundamental character of homœopathy, nor practised it with sufficient care, nor could he ever have seen or read cases of properly performed homœopathic cures; nor, on the other hand, could he have discerned the baselessness of all allopathic modes of treating diseases, and their bad or even dreadful effects, if with such lax indifference he places *the only true* healing art on an equality with those hurtful methods of treatment, or alleges them to be auxiliaries to homœopathy which it could not dispense with. My true conscientious followers, the pure homœopathists, with their successful, almost never-failing treatment, might teach these persons better." Now, I would ask, what are we to think when we compare this honest profession of exclusive doctrines,—illiberal if you choose to call them such, but unmistakably exclusive,—with the observation made with respect to the homœopathic theory, by the leading homœopathic practitioner who, at the last special meeting, said, that "its exact place in medicine could be determined by experience alone, not only the past but future experience; and homœopathy not being held as a dogma, he admitted that that place might be modified by future experience."

I would exclude from this institution all who profess any exclusive system of quackery; and this law proposes to deal with the homœopathic only because it is the sole one that has made the attempt to thrust itself upon us. It has been urged, on the other hand, that we should admit homœopathic practitioners into this institution because they have the same diplomas and qualifications that we have, and ought not therefore to be treated as *unlicensed quacks*. In reply to this I would state, that there is no college or examining body in the kingdom that would admit a candidate professing homœopathic doctrines; and that they must all either have concealed their opinions at the time of their examination, or changed them since. Now, I would ask, is it honourable, seeing that this is the case, that they should retain and make use of these diplomas and qualifications, that they should thus sail, as it were, under false colours? If their system be

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as true as they tell as that their practice is flourishing, why have they not their own colleges, diplomas, and societies? We leave the field of practice open to them; but why persecute us by clinging to us, and endeavouring to rob us of our respectability? I contend, however, that the possession of a diploma is not the *only proper test* of a gentleman's eligibility of admission into this institution, and that the *law* requires to be amended. I maintain that a homœopathic practitioner ceases to be a medical man when he embraces homœopathy, and that he forfeits his claim to be considered as such. Would any one call a Mormon, who had abandoned his belief in the bible, and embraced the new light, with its polygamous doctrines, a Christian? The cases are strictly parallel; and the Mormon has the same right to be considered and treated as a Christian, that the homœopathist has to be treated as a medical man. It has been said, however, by some of the so-called "liberal doctors," that we should admit them into our society in order to discuss medical matters with them. I reply, that it is of no use, and beneath the dignity of a scientific society to discuss with men who have abandoned the standard of common sense, to which we, the practitioners of rational medicine, appeal. Of what use would it be to discuss with them the potency which a grain of sulphur, or chalk, or of charcoal acquires when triturated so that a millionth or billionth part may be exhibited as a suitable dose in a severe or active disease?

It has been urged, however, that we should not persecute or make martyrs of them, and that persecution only increased the Mormon perverts; but surely no one would affirm that the Mormons should not have been driven away from civilised society. After reviling and traducing the rational system in every way, they now turn round, however, and wish it to be thought that homœopathy is only a sort of improvement upon, and an addition to the regular system. This leads me to observe, that I have now placed homœopathy before you as a delusion which may be honestly practised by a few deluded individuals; but that I have still to place it before you in a worse light as a mixed system. If we would exclude those professing and practising pure homœopathy, it is infinitely more necessary and right that we should separate ourselves from those who profess the doctrines of homœopathy, and yet, under the name of it, give the very medicines that we do, and in the same doses.

I may be told, however, that they are coming round, and that we should, therefore, deal gently with them. If it were so, why did

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they not come boldly forward and recant, and then I, for one, would not refuse to hold out the right hand, instead of telling us that the exact place of homœopathy in medicine (to which I have shown you, by an extract from the founder, it is diametrically opposed,) is yet to be determined by experience, past, present, and future?

I need not tell you, gentlemen, that we have many opportunities of seeing the practical failure of homœopathy when it is tested in the treatment of severe actual disease; but what I wish to point out is, that it is impossible for either medical men or the public to know when it is practised purely and honestly.

As an illustration, I would take the homœopathic treatment of worms, given us by the homœopathic physician who spoke at the former meeting. He told us that such parasites were to be expelled by the means that are principally used in common practice, though for any disorder accompanying their presence, the specific (homœopathic) medicine was still to be used as before. Here, you observe, that the globule comes in just in time to rob the old system of what is due to it. [*Laughter and applause.*] If we saw a heavily laden wagon drawn up a hill by a powerful horse, and a feeble boy pushing behind, and he was to imagine that the horse and wagon went up by his physical power, would it be as ridiculous as this?

We have a double duty to perform, in separating from those who practise the two systems, a duty to the public, in showing them that the difference between us and homœopathists is not trifling, but fundamental; and a duty to ourselves, that we may not be contaminated and sink to the level of such men. Will you cover yourselves with "indelible disgrace" if you draw a line of distinction betwixt yourselves and such men? Will you not rather, by passing this law, remove a stain which now rests upon the institution? [*Great applause.*]

I shall trespass only a very few minutes longer on your time, in order to show you the opinion of some of the medical colleges and bodies throughout the kingdom, none of which have countenanced homœopathy in any degree.

The Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, the Faculty of Physicians and Surgeons at Glasgow, the Medical Society of London, and the Provincial, now the British Medical Association, have all passed resolutions prohibiting their fellows and members from meeting professionally with homœopathists. The Examiners of the Society of Apothecaries have

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stated, that they would refuse their certificate to any candidate professing homœopathic principles.

The Royal College of Physicians of London was applied to for their license by a homœopathist, and the following was the reply of the College through the president at the time :—

"Sir,—The foundation of the Royal College of Physicians was for the purpose of guaranteeing to the public skilful and safe practitioners.

"The College of Physicians regard the so-called homœopathists as neither skilful nor safe practitioners.

"Therefore the College cannot, without betraying a sacred trust, give its license to persons whom they regard as wholly unworthy of their confidence, and with whom it is not possible that they can hold any communion. I remain, etc.,

"John Ayrton Paris."

Since the first meeting, expression has also been given to the opinion of the profession in an article in the *Medical Times and Gazette*, from which I read the following extract:—

"Homœoquackery, unless medicine be a living falsehood, is a practical injury to suffering humanity. It deals with diseases, to the positive detriment of those who are the subjects of them. So far, then, from being persecutors, we are bound, especially bound as medical men, to discourage by every means in our power the spread of this malignant delusion. But in our view, they manifestly neglect to perform this duty who consort, as medical men, with those who are its practitioners. What are the public—the victims of it—to think when they see medical men accepting it as a matter deserving of their discussion, and admitting into their body, as worthy sons and practitioners of medicine, those who are spreading what medicine knows for certain to be a bane and injury to humanity. Let the heads of our profession shake hands with a homœopathist over the bed of a patient, and farewell to honour and honesty in the practice of medicine, it becomes nothing more than a dishonest trade, in exercising which men get money at any price."

These remarks have been written with special reference to the meeting which was held here. Let me hope, gentlemen, that you also this evening will show, by an overwhelming majority, that you have no sympathy with the spurious latitudinarian liberality of those who would associate with or countenance homœopathy, and I now sit

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down summing up my reasons for proposing this addition to our laws:—

1. Because homœopathic practitioners profess to treat diseases on a system diametrically opposed in all its essential principles to the rational system, and have, therefore, forfeited the title to be regarded as medical men.

2. Because homœopathy, being a negative system, which renders no assistance in cases where it is needed, and can be rendered by medical men, is, in numberless instances, the cause of positive injury.

3. Because, therefore, it is right that a clear line of demarcation should be drawn between homœopathic practitioners and medical men.

4. Because although homœopathic practitioners profess to practise consistently a system which is diametrically opposed to medical treatment, they very frequently give the same medicines that medical men give, and in the same doses.

5. Because it is proper to discountenance the delusions of homœopathy itself, and, above all, the imposture practised by those who give ordinary doses of ordinary medicines, and yet lead the public to believe that this is homœopathic treatment. [*Loud cheers.*]

Mr. K. Ellison had great pleasure in seconding the resolution.

Dr. Macintyre. I beg leave to move an amendment to this resolution; and in my doing so, you, Mr. Chairman, and the meeting, will excuse me if I am not sufficiently loud to be heard by those at a distance. I was not present at your former meeting on this subject, but I read the reports—the various reports—and sorry was I to see and to read them. I regret exceedingly, sir, that upon the former occasion, a similar course to the one now adopted should have prevailed. I thought it quite unnecessary that at the present day, in any meeting of respectable medical men in England, it would be necessary to detail to them the absurdities or the humbug of homœopathy, or to enter into the question of the merits of that system. I thought it was perfectly well understood by every member of the profession in England who cared for himself or cared for the character of his profession. But, sir, it seems a different matter when it comes before us upon the simple proposition of altering a few words in any of our laws. It seems to have been thought necessary, by the gentlemen who brought forward this motion upon the former occasion and the present, by throwing dust in our eyes by way of attacking homœopathy, and by making it seem to be supposed that they were the

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only persons who did not like homœopathy. Is it not perfectly well known, that every one of us dislikes homœopathy, and that every one holds the same opinion that Dr. Turnbull professes? [*Cries of "No, no," and question.*] Well, for my part, I have long entertained the sentiments which Dr. Turnbull professes. I know every word of what he has told us just now, but as it may be quite necessary that some of the gentlemen present should be enlightened as to the merits of homœopathy, I am perfectly satisfied to let Dr. Turnbnll give a lecture upon homœopathy and its abuses. But, sir, the real question is, not what homœopathy was either as to its merits or defects, but the reasons to be brought forward by the gentlemen moving this resolution, for the necessity to change the law. To that point I wish to direct the attention of the meeting. It has neither been brought forward by Dr. Turnbull now, nor was it given at the former meeting, nor have I ever found a single tittle of evidence to show the necessity for altering this law; and I beg, sir, of you and this meeting to reflect that, although we may be pretty much of one opinion upon homœopathy, we may very fairly and very honourably be of two opinions with regard to the necessity for the change of this little law. [*Cheers.*] We have had no evidence of the necessity of the change. I have been a member of this institution for twenty-two years, and this law has stood as it was from the beginning. Eight years ago there was a revision of the laws, in the usual form for such a revision at the Institution's Annual Meeting: and this leads me for one moment to suggest, that the gentlemen who have got up this and the former meeting, went a little out of their way to have the meetings at a time of the year when they should not have been held. Changes in the laws of this institution have been usually made at the annual meetings, after proper notice of each change has been given; but it seemed to seize some gentlemen, during the latter part of last year, with a sudden panic, that something was going to happen with regard to homœopathy, that rendered it absolutely necessary, for some time before the annual meeting, to call a special general meeting to blow up homœopathy. Now I want to know for what purpose the law is to be changed; I have considered, and those who were the founders of this institution considered, that to name homœopathy, or any similar quackery, in our laws, was a degradation. I consider it such to the present hour. That being the case, I want to know how this law has acted for the last twenty-two years. Eight years ago those laws were revised, and this law was then

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amply and fully discussed upon this very question, as to the pointing out of homœopathy, hydropathy, mesmerism, and such other things. They did not go to Coffinism, not thinking that necessary. [*Laughter.*] It was then agreed by a large majority of the members of the institution, that it would be better to leave the law as it stood, because it was also supported by the laws for electing members by ballot, and, in other ways, that would protect this institution from the admission of homœopaths or Coffinists, or any body else. Well, sir, has the law been deficient up to this hour, and I ask if one tittle of evidence has been brought forward to show the necessity of the proposed change? I believe it is well known that we don't meet the homœopaths, any of us. Is there here a man who does? [*Cheers, and cries of "Question, question."*] About eighteen years ago, I believe one gentleman, who professed himself a homœopath, was admitted; and, if I am not mistaken, sir, you yourself plead guilty to the soft impeachment, that you voted for that gentleman.

THE CHAIRMAN stated that it was possible, but that there was no evidence to show that he had done so. [*Hear, hear, and laughter.*]

Dr. MACINTYRE. If you or I had to do it again, we should not do so; that is quite clear. Since that period, this Institution has been perfectly clear from homœopathists. There has not been one introduced to the Council of this Institution since that day, nor, I believe, has there been one for many years past proposed. Then upon what ground has this been done? Upon the well known fact, that the majority at any rate, if not every member of this Institution, has been opposed to the admission of these people. Now, sir, under these circumstances, I maintain that there is no necessity yet shown for the alteration of the law. The very introduction of the name would single it from all other quackeries or errors, and would, I consider, be a degradation to our Institution itself. These gentlemen, as I said before, were suddenly seized with a panic about homœopathy, a few weeks before the annual meeting. They told us a great deal about what homœopathy was and was not at the former meeting; but they did not say one word as to how these homœopaths were to besiege and take possession of this place. Now I know the public journals have got their cue from that meeting, and I suppose, therefore, that we are to have a regular siege. The editor of the BRITISH MEDICAL JOURNAL says, "How fond they must be of us. They are attempting to thrust themselves into every place where respectable medical men meet." Now I think it would be quite a pity for us to let these

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gentlemen thrust themselves in; but they have not done it. Not a single man has been proposed for many years at this Institution who professes homœopathy. [*Cries of* "*Oh, oh.*"]

Mr. JONES. We have had two.

Dr. MACINTYRE. Well, I believe I am wrong. Some eight or ten years ago, a young gentleman was proposed to the Council as a half member. He was, I believe, an assistant at the Homœopathic Dispensary.

A MEMBER. Five or six years ago.

Dr. MACINTYRE. Well, that young man was proposed as a member, but before his name came to the ballot, those who proposed him, finding that there was not the slightest chance of his election, withdrew him, and he was not balloted for.

Mr. STEELE. He was balloted for. I was a member of the Council.

Dr. MACINTYRE. At any rate he was rejected. Now I maintain that these gentlemen have not shown any necessity for the change in the law. For twenty-two years, excepting the gentleman I have just mentioned, and one who, I understand, has become a homœopath since, they have been excluded entirely by the laws. I did think, at one time, of making some remarks upon what Dr. Turnbull said, but as I think it was altogether beside the question, and took place only for the purpose of teaching the young gentlemen, who are not aware of what homœopathy is. [*Cries of* "*No, no,*" *and* "*Question, question.*"]

Dr. TURNBULL. Teaching twenty-nine gentlemen, perhaps.

Dr. MACINTYRE. We really all know what it is quite enough.

Mr. FITZPATRICK. Will you kindly give us a reason for our not changing the law.

Dr. MACINTYRE. It has worked exceedingly well for twenty-two years, and there is no necessity for the change just now. I did now expect that the gentlemen moving this resolution, would come forward and show us that a grand attack was to be made upon our Institution.

Mr. DESMOND. If any members become homœopaths after being admitted, how are we to get rid of them without changing the law?

Dr. MACINTYRE. I am much obliged to Mr. Desmond for putting me in mind of the second part of the rule which you propose to alter: "That any member or subscriber who may become a practitioner of

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homœopathy, shall cease to belong to the Institution." I was inquiring of some of these gentlemen a few days ago, why they did not go boldly to the mark at once, and get rid of the taint upon the Institution, by excluding those homœopaths who are now members. "Oh!" I was told, "we cannot do that, the law will not permit us. These gentlemen have paid for a great number of years; they have helped to purchase our books, and keep this building in repair, and the law of the land will not allow us to exclude them. Well, now, we are going to make a nice bit of a law here, which says, that any member or subscriber who may become a practitioner of homœopathy, shall cease to be a member of this Institution." Shall cease! that is very likely. How are they to cease to be members? Are we to turn them out? [*Cries of "Yes, yes," and "Of course."*] Very well, then, if we turn them out, what becomes of the law of the land. [*Cheers and laughter.*]

The CHAIRMAN. They will enter hereafter upon this understanding, supposing the motion to be carried.

Dr. MACINTYRE. But supposing you, sir,—or perhaps that is very unlikely—or supposing I myself (which is quite as unlikely, I believe) were to become a homœopath. Why, sir, I was one of the founders of the institution, and have paid my subscription regularly for twenty-two years, and if I should unhappily lose my reason and become a homœopath [*laughter*], I must be turned out. [*Cries of "Yes, yes."*] Well, really now, I might become so demented that I would apply to the laws of the land to preserve my interests in this institution. Do you think that an alteration in our laws will cause an alteration in the laws of the land? [*Cries of "Oh! Oh!"*] However, that is merely in answer to what Mr. Desmond has said. I will just allude now for one moment to the former meeting. The gentlemen who brought forward this same motion were then beaten; fairly and constitutionally beaten, according to the laws of the Association. They did not like to be beaten, and they were determined not to be beaten. They did not wait, however, for eight or ten years more, until a regular revision of the laws should take place, but they must have a change in the law immediately. Well, they very assiduously beat up for recruits, and I must say, that very much to their credit they have produced a regiment—

Mr. HUGH NEILL. Of "stunners." [*Laughter.*]

Dr. MACINTYRE. A regiment well drilled—

Mr. NEILL. Of old soldiers, who kept the Institution right thirty years ago.

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Dr. MACINTYRE. Old soldiers, well drilled to fight; but there are also those who are new in the campaign. As I said before, those who were among the founders of the Institution are rather apt to speak of it as "our Institution;" I have helped to carry on the business, and to do as much good as I could; but, sir, these gentlemen so many of them that have come in, some three score gentlemen—

Mr. NEILL protested against such remarks. He was a member of the Committee of the Institution when they assembled in the Old Weighing House in Lime Street, and also when they went into York Street; and he protested against Dr. Macintyre or any other person making a charge against the old members who came forward on that occasion to support the honour and dignity of the profession. He was born a medical man; his father, brother, uncles, and all his relations were medical men; and again, he protested against such a charge. [*Loud cheers.*]

Mr. FENTON, on the part of the new members, also protested against Dr. Macintyre's remarks.

Dr. MACINTYRE said that he had not the slightest personal feeling with regard to these gentlemen, to all of whom he should be glad to give the right hand of fellowship as members of the Institution. He did not mean to say one single word against them; and certainly his old friend Mr Neill should not be the first man to take offence. He did think that the gentlemen who wanted to carry this resolution, had acted with an immense deal of energy, and had done more good to the Institution in a pecuniary point of view than almost any others. [*Cheers.*]

The CHAIRMAN. I quite took your remarks in a complimentary sense.

Dr. MACINTYRE. I intended them as such; and I have only to say in conclusion, that I wish all these gentlemen who have come in —for some of them are only full-fledged members of a fortnight old, though my friend Neill has been so long a member—I wish to compliment the gentlemen who bring forward these men, or this regiment of old soldiers, upon the clever way in which they have managed to bring them in, and to carry the question which they have at heart. And now, sir, I will read my amendment: it is—

"That this meeting, while expressing its disbelief in homœopathy as a system of medical practice, and considering that the present laws of the Medical Institution are sufficient to exclude any objection-

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able candidate for membership, deem it unnecessary and undesirable to make the proposed alteration in the existing laws."

Dr. GEE seconded the amendment. He said: It contains a profession of disbelief in homœopathy, and asserts what no one can deny, that the present laws are sufficient to exclude any objectionable practitioner. Why, therefore, introduce the name of homœopathy into the laws of this Institution? Why should there be a reference made to it? I freely confess that I do not see how any individual entertaining the views of those who have indulged in such scurrilous remarks, as appear in the newspapers of this town upon the medical practice of the members of this Institution, can have the least desire to join us. We should therefore, I think, pass by those remarks in silence. Let us show that we have been unscathed and unharmed by their calumnies. I should urge the members of this Institution to go on harmoniously as before, and conduct our affairs without reference to any persons beyond our pale. But, whatever may be the result of this amendment, I sincerely hope that every particle of bitterness which may have been engendered in the course of this controversy, may be obliterated and forgotten; and that we, as brethren, will proceed more energetically than ever to cultivate medical science, and by a calm and dignified discussion of its principles and practice, increase our own medical knowledge. [*Cheers.*]

Mr. MOORE. Mr. Chairman, very late at the last meeting, I waived my right of addressing the meeting—a right which I have now of twenty-three years standing. I was a member of this Institution before the present building was erected; and in the building in Suffolk-street I spent many happy, pleasant, and profitable hours. I have continued to pay my subscription regularly year by year, and it has never lapsed up to the present month. I think, therefore, that I have at least a right to be heard, and heard with patience, though I may have lost my reason, as my friend Dr. Macintyre would say—if he will permit me still to call him my friend—and though I may be one of those arrant quacks, or given to that horrid system of quackery, which Dr. Turnbull has so clearly and beautifully described. Suppose I am in your estimation a very little person, at any rate, I am not so in my own, and that is a great matter. [*Laughter.*] This is not the first time in the world's history that truth has stood in the minority; not the first time that medical councils and associations have persecuted truth—new

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truth; and therefore, when I look around me, and see men from north, south, east, and west, putting down homœopathy, as what they call a system of delusion, a fraud, and a snare; when I consider that this is the subject that has brought you together, to adopt a law which certainly has the aspect of persecution, and is regarded by the public in the light of persecution; I say, it would not at all surprise me to have met with such a thing in the days of Galileo, though it certainly does surprise me to meet with it now [*interruption, during which Mr. Moore claimed the protection of the Chair*]; to find in this country a class of men meeting together for the purpose of putting down truth, or what I believe to be the truth—or putting down an error, which you conceive to be an error, is to me remarkably sad and humiliating, as coming from that profession to which I have ever been attached. I say, the present is to me a remarkable and humiliating sight; for if homœopathy be as true as I believe it to be, it is a sad thing to see men opposed to it; and if it is an error, it ought to be borne with. [*Oh! Oh!*] I entered this Institution about thirty-six years ago, and everything "went pleasant as a marriage bell," till this horrid thief, homœopathy, came across my track. That was in 1847. It met me—or rather, I met it—through Dr. Chapman, who had recently embraced it himself. I ridiculed it then, as much as you possibly can do now. Dr. Chapman, however, said that if I tested the medicines, I should alter my opinion. I tested them steadily and regularly for twelve months in my own house. I afterwards joined the Homœopathic Dispensary, and attended there for some time, before I announced my views to the world; and in 1850, I published a pamphlet, in which I distinctly stated my changed views, and I have never yet seen any reason to change the opinions which I then published, or to deviate one iota from the principles of Hahnemann. In the matter of dose, I give just as much as I believe is necessary—often a grain or two grains, or a drop or two drops of tincture, as the case may be. Dr. Turnbull has said that we give the same medicines that they do. You all practise on the homœopathic principle sometimes; and I believe that all diseases, when cured at all, are cured upon that principle. In very many cases, I have prescribed to patients the same medicines which they have had from a former physician.

A Voice. I have no doubt of it. [*Laughter.*]

Mr. Moore. But I prescribed them always on the homœopathic principle. If homœopathy is a delusion, it is a very troublesome

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one—one which has cost me much labour, much pains, and self-denial, and many a cold shoulder from my old friends in the profession. But I really think that at any rate it must be something more than a delusion to have stood the test, as it has with me, of upwards of ten years, daily and hourly practising upon that principle, and upon no other, except in incurable cases, where I adopt palliatives.

Dr. PARR and Dr. FERGUSON rose to order; the latter observing that, however interesting the private history of Mr. Moore might be, it was not exactly to the point.

Dr. DRYSDALE. Mr. Moore has a perfect right to give a full reply to Dr. Turnbull.

Mr. MOORE, on resuming his speech, stated that in 1837, he himself listened in Liverpool to Dr. Lardner, when that gentleman, with far more clearness than had been manifested by Dr. Turnbull on the present occasion, proved the impossibility of crossing the Atlantic by steam. In 1838 three steamers crossed the Atlantic. So much, therefore, for reasoning, demonstration, and argument upon principles of scientific truth. Patient experimental research was the only mode of deciding this great question. It was not to be put down by persecution or tyranny. The change of the law was unseasonable, because they did not meet the truth if it was a truth, or the error, if it was an error, in the way they ought to do. Dr. Abercrombie had pointed out the responsibility resting on medical men in regard to every great truth; namely, that there was guilt in ignorance, if knowledge was within their reach: and that there was guilt in that hardness of heart which hindered them from the reception of truth. The change in the law was also un-English. He held the Medical Act before him; and the spirit of their constitution was a toleration of error: and not only the spirit but the letter of the constitution, for the Medical Act stated, that no particular theory of medical or surgical practice should exclude from the lists. The change was also very unwise, and tremendously injurious to the profession. [*Laughter.*] They might laugh; but he assured them that the public regarded it as anything but creditable to the profession. Whatever Dr. Turnbull might say about homœopathic quackery, he (Mr. Moore) should not have continued in that institution during the last ten years, if he had no attachment to his profession. Those charges were unjust and untrue. Lastly, he contended that the change was un-Christian, as it violated that beautiful and golden

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rule upon which they all professed to act; of doing unto others as they would have others do unto them. It was un-Christian, too, because it interfered with the right of private judgment, and trampled upon the sacred precincts of conscience. The members were told, "You must think as we think, judge as we judge, or you will be turned out;" realising, in fact, the story of the Scotchwoman, who, when she tried to maintain her privilege of thinking, was told by her husband that she had no right to think except at the back of the door. [*Laughter.*]

Mr. STUBBS. Mr. Chairman, that is not the object of the law.

The CHAIRMAN. The law is not retrospective.

Mr. MOORE. No doubt, but the spirit of it is against us, and I am speaking of it as it may affect others in the future. With regard to the publication of the last report, Mr. Moore contended, that a great question like this did not come within the ordinary category of medical subjects, and that when an attempt was made by a majority to tyrannise over liberty of conscience, and break down the spirit of toleration, the minority had no right to be guided by such a majority, but were perfectly justified in publishing the proceedings under such circumstances as those in question, and when a galling wrong and injustice was attempted to be committed.

After Dr. Parr and other members had risen to order, Mr. Moore concluded by saying, that a consciousness of his own rectitude upheld him in the course which he and his friends were pursuing.

> "One self-approving hour whole years outweighs,
> Of stupid starers and of loud huzzas;
> And more true joy Marcellus exiled feels,
> Than Cæsar with a senate at his heels."

Mr. STEELE said that they were told that there was nothing new under the sun, but he had certainly seen nothing so strange as that it should be necessary to bring together so large a number of medical men to give practical effect to the self-evident proposition, that the followers of the delusions of Hahnemann, in common with all other empirics, could have no *locus standi* in a medical institution. They did not exclude all who did not think as they did, they allowed their members to think as they pleased, the institution was the arena in which medical truth and error were freely and fully discussed. But this had nothing to do with homœopathy, which was neither medical truth nor medical error. With regard to medical science, homœo-

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pathy was neither flesh, fowl, nor good red herring. [*Laughter.*] There could be no more community of feeling, action, or opinion between homœopathists and medical practitioners upon medical matters, than there could be upon religious matters between the Archbishop of Canterbury and the Pope of Rome. The large meeting that evening showed that the originators of the movement had the sympathy, support, and sanction of the vast majority, if not the entire bulk of the profession of the neighbourhood. This surely was a sufficient answer to Dr. Macintyre, as to the reason which existed for a change in the law. It is perfectly true that a homœopathic practitioner had been proposed, and was very nearly being elected a member of this Institution, and, therefore, it was quite evident that their constitution was not, under all circumstances, sufficient to guard them from contamination. But what, perhaps, was even stranger than this was, that some twenty or thirty medical men, all or most of whom declared themselves to be disbelievers in the system, should come there and stand up as apologists for the followers of this delusion. [*Cries of "No, no," and "Nothing of the kind."*] Mr. Steele could only explain it upon one principle, that "evil communications corrupt good manners." Pope said that—

> "Vice is a monster of such hideous mien,
> That to be hated needs but to be seen;
> But seen too oft, familiar with her face,
> We first endure, then pity, then embrace."

When homœopathy was admitted, nobody thought much about it. By degrees some of their members came to endure her. They had already began to pity her, and it would not surprise him, if, in due time, some of them were to embrace her. In conclusion, Mr. Steele said, that they had nothing whatever to do with the opinion of the public; that they were members of a free institution in a free country, that they had a perfect right to make their own laws, and it would be an evil day for the medical profession, when the community allowed itself to be swayed by popular feeling and popular clamour. [*Loud applause.*]

Mr. Fletcher thought that though they had been accused of latitudinarianism, there was another danger almost as formidable—longitudinarianism. [*Hear, hear.*] Mr. Fletcher denied the truth of the analogy that, as a church would exclude a heretic, so a medical heretic ought to be excluded from a medical body. The basis of

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every church was the inspired writings of apostles and prophets; whereas in the case of a medical society, the standard was not an absolute one fixed for them, but fixed by them, and which varied in accordance with the progress made in the discovery of medical truth. With regard to the stain which it was said rested on the institution by the presence of homœopathic practitioners, he was rather surprised that at so late a period of the institution's history this should have been objected to for the first time. He objected to the new law proposed by Dr. Turnbull; first, because those who voted for it, voted for that which was absurd. They were absurd; therefore they were not medical men. Next, it was said that their practice was negative and injurious. He fully admitted this; but were they to exclude everything that was practically negative and absurd in medical matters? Thirdly, it was said that there should be a broad line of demarcation between themselves and homœopathy. Now, for unity of action, unity of opinion was absolutely necessary to secure promptitude and efficiency of action; but where they met for scientific inquiry, perfect freedom and no limitation whatever was absolutely necessary. What would they think if the Royal Society were to exclude a man for expressing his disbelief in the existence of matter? and yet Bishop Berkeley doubted even the existence of matter. With what roars of laughter would a chemical society now receive any one who doubted the atomic theory of Dalton. Here were men who held what he believed to be a fundamental error, and they were asked to exclude them in consequence. It was said that they mixed practice, which had been avowed and was dishonest; but however absurd a thing might appear to them, they had no right to charge a man with dishonesty in that which he openly avowed [*hear, hear*], and the open avowal made at the former meeting by Dr. Drysdale, and at this by Mr. Moore, freed them entirely from that accusation. If these gentlemen had been dishonest or dishonourable, and the laws of the institution gave the right to expel any one whose practice could be considered dishonourable, they had been wanting in a great moral duty in not excluding them before. If for fifteen years these dishonourable practices had prevailed, those who came forward to advocate this law as absolutely necessary, had been guilty of a gross dereliction of duty. With regard again to the line of demarcation, he would ask where was the precedent for it? The only analogous case, and that even was not a strict analogy, was the BRITISH MEDICAL ASSOCIATION. The *onus probandi* of precedent rested

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with the opposite party; let them prove whether, in the Medical Society of Edinburgh or the Medical and Chirurgical Society of London, any such precedent existed. The Edinburgh Society requested homœopathic members to withdraw; but there was a very wide distinction between that and making a law of the kind now proposed. Mr. Fletcher went on to argue, that if they adopted Dr. Turnbull's theory, that no college would admit a homœopath, and that no person holding these views could honestly obtain a license to practise; they gave such institutions the right of establishing in what way medical men should practise. It was logically impossible to escape from the dilemma; and, therefore, if they wished freedom for one, they must have absolute freedom for all. [*Hear, hear, from Mr. Moore.*] He (Mr. F.) concurred with the opinion and action of the College of Physicians and College of Surgeons upon this matter. The College of Surgeons had always most strongly refused to take any action whatever in the matter. With regard to the proposed law, he was sure that it was virtually, and he believed legally, in distinct opposition to the trust-deed under which the institution property was held. The ground upon which the Institution stood was granted in 1837, on a lease for seventy-five years, by the corporation, and a large sum of money was presented by the corporation towards the building. It was not only a professional, but also in part a public institution. And with regard to the legal right, the corporation reserved to themselves the right of recalling the lease under certain circumstances; and he contended that, under all the conditions of the case, they had no right to deal from an exclusively professional point of view with property thus held. They aimed at excluding quackery, but they could not do it by such a resolution. Quackery did not consist in any particular plan of treatment, however absurd, but in the way in which such a plan of treatment was pursued and adopted. It was quite possible to practise what they all termed legitimate medicine in a way absolutely quackish. Legally, the resolution left the question where they found it: for it was legally impossible to find the gentlemen to whom it was intended to apply. Apropos of this point, Mr. Fletcher quoted the recent decision of the Tribunal of Paris, before which the homœopathic trial for libel was heard. The judges there laid down, that where a libel was directed against a class of men who could be legally and distinctly defined, no one member of that body might bring an individual action for libel; but that where a libel was directed only against those

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known as a separate class, by adhesion to one scientific dogma, it was absolutely impossible so distinctly to define them as to make it possible for them to bring a specific action for libel. Reverse the case, and it exactly applied to the present case. What was a homœopath? In any court of law he would be dealt with according to the exact meaning of the word. It was quite possible to practise upon the theory of "like curing like," absurd as it might be, by using the ordinary therapeutic means, and *vice versâ*. It was quite possible for a gentleman giving himself out as a globulist to practise all those points which the public believed to be the distinctive points of homœopathy, and yet to deny that he was a homœopath because he gave infinitesimal doses which the public regarded as the principal part of the doctrine of *similia similibus curantur*. Therefore, in either way they could not legally exclude the homœopath. It was inexpedient, also, because it gave the Council the right of inquiry as to opinions, which was an improper power for a governing body to wield. It was also inexpedient because it implied that the society, as a whole, was responsible for the opinions of its members. Lastly, it was entirely unjust, because it fixed a penalty to the holding of a certain erroneous opinion; and he most strenuously maintained that it was un-Christian, un-English, and unjust to brand a man with dishonesty because he professed views which he (the speaker) and others might believe to be erroneous. He claimed fair play for the wrong side as well as for the right, and he would say with Milton,—

> "Let truth and error grapple, and have no fear
> That truth will come out uppermost."

Dr. Turnbull had said, that they had nothing to fear from medical error. They had nothing to fear. Legitimate medicine must go on in its triumphant onward course; and nothing was more derogatory to the honour of their profession than taking notice of these things which they all viewed as absurd. [*Cheers*].

Dr. Nevins said he felt imperatively called upon to make a few remarks, and they would be exceedingly few, in consequence of the observations which had been made by the mover of the resolution voting for the medical journals, and calling upon the meeting to separate itself from the spurious liberalism of those who countenanced the homœopathic quackery. The speakers in favour of the resolution had spoken of themselves as coming forward to protect the honour and dignity of the profession in making the change; and

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another gentleman had spoken of the twenty-nine as men who were the apologists of the followers of this error. Similar language had been used by the medical journals which addressed themselves to this subject. Therefore, as one of the twenty-nine, as he opposed the resolution on the last occasion, and intended to vote in favour of the amendment now, he thought it was due to themselves to say that they were as much concerned and had laboured as strenuously for the honour and dignity of their profession as those who were endeavouring to effect this change; and, so far from being the apologists of this or any other error, they were influenced by the same honourable desire for the truth as those who brought forward this change. He thought it was quite unnecessary in Liverpool to allude to the position of Dr. Duncan, or to ask whether he was likely to be the apologist of error: indeed, his name was almost sufficient to settle the question. For the information of the many strangers who were not known in the society, he would mention what were the charges against the twenty-nine. They were accused of being the favourers of quackery, the apologists of error, regardless of the honour of the profession. Now their contributions to the medical knowledge of the day [" *Oh, oh,*" *and cries of* " *Vote, vote.*"] He claimed the indulgence of the meeting [" *Question,*" *and* " *Vote, vote.*"] Their contributions had been [*Cries of* " *Vote, vote,*" " *Divide,*" *and* " *Question.*"]

Dr. DICKINSON. If we bear in mind the quality as well as the quantity of the contributions, I think we may allow the gentleman to go on. [*Laughter.*]

Dr. NEVINS (continuing). Their contributions have been ["*Question, question.*"]

Dr. CHALMERS called upon the chairman to consider the question before the Meeting.

The CHAIRMAN could not interfere with the debate, but perhaps Dr. Nevins would consider the fatigue of the meeting, and kindly keep as near to the question as he could.

Dr. NEVINS would do so. The contributions of the twenty-nine to the medical literature of the day ["*Question, question.*"]—exclusively confined to the Medical Journal ["*Vote, vote.*"]—within the last four years ["*Vote, vote.*]" He demanded as patient and fair a hearing as had been accorded to the speakers on the other side.

Dr. CHALMERS. What have contributions to literature to do with the question?

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Dr. NEVINS said he should not detain them five minutes, if he was not interrupted. He then proceeded to say that, during the time he had mentioned, while only seven contributions to medical science had been made by their opponents, twenty-eight had been made by the twenty-nine. So much with regard to the medical knowledge of the profession. [*Hisses, and cries of "Vote, vote."*] Having again repelled the charge that the twenty-nine, by their conduct in this matter, had favoured quackery and other dishonourable practices, Dr. Nevins said, if Dr. Turnbull, on behalf of the gentlemen who had made those charges, would withdraw the expressions, he would sit down. [*Cries of "No, no," and interruptions.*] He was proceeding to state the number of times that the twenty-nine had attended the Committee of the Institution, in contrast with the forty-one, when he was stopped by cries of "Question" and "Divide."

Dr. CHALMERS thought a history of the Institution had nothing to do with the question before the meeting.

Mr. FITZPATRICK thought that perhaps a vote of thanks to Dr. Nevins, for his great exertions at the Institution, would meet his views. [*Laughter.*]

Dr. NEVINS again insisted on the withdrawal of the charge that the twenty-nine were the apologists of error, etc. [*Cries of "Vote, vote," and "Question," in the midst of which Dr. Nevins resumed his seat.*]

Dr. CHALMERS said, the reasons given for this measure, as stated at the last meeting, were very clear and very plain. They had had two gentlemen as members of this society, who were homœopathic practitioners, for a very long time. It had been a source of great grief to himself, and, he dared say, to many others. The thing was, however, done; and they could do no more: they had been elected, and had not broken the laws of the Institution, and could not be excluded. Recently, however, a council was called together, and it was decided to invite sundry homœopathic practitioners to a public *soirée* of the profession—recognizing them before the whole public as professional men in legitimate practice. And not only so, but a sort of address was delivered by Dr. Inman to the meeting, which he (Dr. Chalmers) held to be entirely infidel, on the resources of the profession. That address was published throughout the newspapers; and this, too, conjointly with their beautiful connection with homœopathic practitioners. Was it not natural that they should feel strongly on the matter; and that they should look forward to the adoption of some course to prove to the public that they did not

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participate in this feeling—some step by which the public might recognize what was true and what was false—by which they might see that the great body of the medical profession in connexion with this Institution did not come forward through their Council as the inviters of these men? Under these circumstances, they thought themselves bound to enter upon this course; because they felt that the next thing, after inviting them to a *soirée*, would be an attempt to gain admission for them into the Association.

Dr. INMAN was greatly astonished to have to answer then for an address delivered some time ago. His colleague, Dr. Chalmers, had completely misunderstood that address, the intention of which was to show the desirability of medical men extending their field of observation, and examining questions of medical science more closely than they were accustomed to do, in which case they would find greater results than were anticipated. He brought forward a number of illustrations proving that, by widening the field of inquiry and observation, an invention had been discovered which had entirely escaped other person's knowledge. To say that, because he wished to extend the bounds of their knowledge, and to gain experience on a broader basis, therefore he was an infidel in medicine, was downrightly outrageous.

Dr. CAMERON, as one of the members of the Council who had the arrangements of the *soirée* in their hands, stated that the names of gentlemen to whom invitations were sent were taken from the *Directory*, in which there happened to be the names of six homœopathic practitioners, only two of whom, besides the two who were members, were included in the invitation-list. As one of the Superintending Committee, he repudiated the idea that, by inviting any one, they had an intention to insult any of the profession in the town. The Superintending Committee included Dr. Macintyre, Mr. Waters, and Dr. Stookes; and both these latter were present when the invitations were issued. Now, it went to the world that, in consequence of the Council inviting two men of an objectionable character as practitioners, they did not vote a censure upon the Council or the Superintending Committee, but that they entered upon a crusade against the very guests that they invited. ["*Hear, hear*," "*Vote, vote.*"]

Dr. MACINTYRE said he was a member of the Sub-Committee, but he was not present when the invitations were issued, nor should he have known, had he heard the names, who were homœopathic practitioners.

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Mr. WATERS said he had no recollection of being present when the list of invitations was prepared, and he believed he was not present. At the same time, he was a member of the Superintending Committee, and, he presumed, responsible; but he distinctly asserted that he did not know the names of the homœopathic practitioners of Liverpool, had they been called over in his presence, except the two members of the Institution. Had he been present, and known, when the names were read, that practitioners of homœopathy were invited, he should at once have entered his protest against such an invitation. Mr. Waters begged also to state that the question which was now before the meeting was not the result of what had occurred at the *soirée*, but had been mooted in the Council of the Institution as early as August last.

The amendment was then put to the vote, and lost by 20 to 95.

The original motion was then put, and carried by 96 against 20; the announcement being received with acclamation. The voting was as follows:—

For the motion:—Richard Y. Ackerley; John Arnold; Joseph Allen; Francis Ayrton, M.D.; Francis Bailey; James H. Barnes; Barnabas Barrett; Edward Batty; Robert Batty; John Bevan; Edward Robert Bickersteth; Thomas Bickerton; John M. Blizard, M.D.; Benjamin Blower; James Bruce, M.D.; John Burrows; William Callon; David Chalmers, M.D.; Thomas Dale; Thomas Dawson; George B. Denton; Lorenzo Edward Desmond; Joseph Dickinson, M.D.; King Ellison; Edward L. Falloon; John Fenton; James Ferguson, M.D.; William H. Fitzpatrick; John J. Flinn; Richard Formby, M.D.; Robert Fryer; George Gill; N. S. Glazebrook; J. R. Gray, M.D.; William J. Gruggen, M.D.; J. Prince Halton; William Hamilton (Rock Ferry); John Stuart Hawthorne; James Henry, M.D.; Thomas Hensman; William Hewitt; Charles Hill, M.D.; Samuel Hodgson; Cecil Hughes; J. Sheridan Hughes, M.D.; H. Hulme; J. Johnson; J. Johnstone: D. Jones; Ellis Jones; R. Kay; P. Kelly; Thomas Lewtas; Charles Lister; Edward Lister; Henry Lowndes; Andrew McCaul; William McCheane; John McNaught, M.D.; William H. Manifold; Nicholas Marsh; John Marshall; Arthur P. May; George M. Millett Davis; John L. Minshull; Hugh Neill; Thomas Norris; George F. Ogle, M.D.; Edward Parke; Alfred Parr, M.D.; Thomas Pennington; Henry Pritchard;

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William Rowe; T. Skinner, M.D.; Christopher N. Spinks; R. D. Statter; Arthur B. Steele; Alfred Stephens; Alexander Stookes, M.D.; Henry Stubbs; Henry Swift; Edward Swinden; Charles Taylor; John Taylor; J. Stopford Taylor, M.D.; William Taylor, M.D.; Thomas R. H. Thompson, M.D.; Benj. Townson; James Turnbull, M.D.; James Vose, M.D.; Thomas S. Walker; A. T. H. Waters; John W. Watling; Alfred Whittle; C. Wilson; F. Worthington.

Against the motion:—John Cameron, M.D.; Cuthbert Collingwood, M.D.; John Drysdale, M.D.; Thomas Eden; Frederick D. Fletcher; Robert Gee, M.D.; James Hakes; Alfred Higginson; Thomas Inman, M.D.; Peter Macintyre, M.D.; John Moore; J. Birkbeck Nevins, M.D.; David Paterson; John Pope; John Sinclair, M.D.; Henry Slack; James S. Smyth; Hibbert Taylor, M.D.; Ewing Whittle, M.D.; and John H. Wilson, M.D.

The same gentlemen who voted for the first motion, voted against the amendment, with the exception of Mr. T. Dawson, who was absent when the amendment was put.

The voters for the amendment were those who voted against the resolution, except Dr. Drysdale and Mr. Moore, and with the addition of Mr. Grimsdale and Mr. Harris, who were absent when the first resolution was put.

Dr. CAMERON requested that a protest against the motion be entered on the proceedings, on behalf of himself and those who had voted for the amendment.

Mr. GLAZEBROOK moved that the protest be not received.

Mr. FITZPATRICK seconded the motion.

Mr. SINCLAIR moved as an amendment that the protest be received.

The amendment was seconded, and on being put to a show of hands, was lost, and the original motion, "that the protest be not received," was carried by an overwhelming majority.

We give the protest of the liberal majority, which is creditable to their sense as professors of a science which has everything to gain by free discussion, and which is not so very perfect that it can afford to deny itself the co-operation of the only school that has, since the days of Hippocrates, done anything for the improvement of therapeutics.

"In recording the following protest, those whose names are

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attached thereto beg to assert most emphatically that they disclaim all confidence in the doctrines of homœopathy—a system which they believe to be erroneous in theory and inefficient in practice They recognise the impossibility of *acting* in concert with those to whom they are diametrically opposed on fundamental doctrines; but they do not consider that there is any inconsistency in meeting them at a Society devoted to scientific inquiry, in which perfect freedom of opinion is equally essential to the discovery of truth and the refutation of error. They protest against the enactment of the new law on the following grounds:—

"1. That it is *unnecessary*, the existing code being amply sufficient to exclude or to expel from the Institution those whose presence might compromise its professional character.

"2. That it is *unconstitutional*, as being, in their opinion, opposed to the intentions of the founders of the Institution, and to the conditions of the trust-deed under which the property is held.

"3. That it is *inexpedient*, since it confers on the Council a right of inquiry into the opinions and practice of members, which ought never to be granted to the governing body of any scientific association, and implies, on the part of the Institution, a responsibility for the opinions of individual members, which, by the nature of the Institution, does not and cannot exist.

"4. That it is *unjust*, since it establishes a disability with regard to those whose practice is based upon a particular theory, and inflicts a penalty upon those who may hereafter adopt it, without there being, in either case, any proof of dishonourable conduct on the part of such individuals; thus punishing the adoption of a scientific error as though it were necessarily a breach of medical ethics.

"J. Cameron, M.D.	"Cuthbert Collingwood, M.B.
"Thomas Inman, M.D.	"H. W. Slack.
"F. D. Fletcher.	"David Paterson.
"John Sinclair, M.D.	"R. Hibbert Taylor, M.D.
"Robert Gee, M.D.	"Richard Hutchinson.
"Robert Hamilton.	"Ewing Whittle, M.D.
"Alfred Higginson.	"H. Imlach, M.D.
"P. Macintyre, M.D.	"Jos. John Pope.
"J. H. Wilson, M.D.	"Jas. Hakes.
"W. L. Cocks, M.R.C.S.Eng.	"J. P. Harris, F.R.C.S.Eng.
"J. B. Nevins, M.D.	"T. F. Grimsdale, M.R.C.S.Eng.
"J. S. Smyth, F.R.C.S.Ed.	"J. Newton, M.R.C.S.Eng."

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Though the remarks of those who spoke so energetically and successfully in favour of intolerance require no comment of ours, but are sufficiently answered by their liberal opponents, we cannot refrain from saying a few words in reply to the observations of Dr. Turnbull respecting homœopathy. It will be observed that the learned orator states, that one of the distinguishing features of rational or legitimate medicine is,—that it seeks for improved methods of treatment from every quarter,—that it is the opposite of exclusive; whereas a false system of medicine, or quackery, is always exclusive. He then seeks to prove from Hahnemann that homœopathy is exclusive, and therefore quackery, though he only proves that Hahnemann was exclusive. But Dr. Drysdale, at the former discussion, had, on the part of the homœopathists, disclaimed exclusiveness, and vindicated for them a liberality that would adopt improvements from whatever quarter they might come, even though they might modify the place at present held by homœopathy. This profession of non-sectarianism one would have thought would have led Dr. Turnbull to hold out the hand of fellowship to the homœopathic body, as corresponding exactly to his own definition of rational medical men. In place, however, of this effect being produced, we find that Dr. Turnbull makes the rejection by homœopathists of Hahnemann's exclusiveness the reason for accusing them of dishonesty! Really, it is as hard for us to please these gentlemen who are determined to crush us, as it was for the lamb in Æsop's fable to please the wolf bent on making a meal of her. They refuse to associate with us on the ground that we are exclusive. We shew that we are not so, and they reject us on the plea that we are dishonest in not adopting Hahnemann's exclusiveness. On Dr. Turnbull's own shewing, it is we who are the representatives of legitimate and rational medicine, for we adopt the good that is in Hahnemann, but not his exclusiveness; whereas he and his set are the sectarians and quacks who stick to their exclusive system of pills and potions; and so far from adopting any of the good that is in homœopathy, they—to use the expression of one of the speakers—rush madly and blindly at it "like a bull at a red rag."

The treatment of worms is adduced by Dr. Turnbull as a glaring instance of the inconsistency and dishonesty of homœopathists. "These homœopathists," he says, "give the same remedies that we do for worms, but for accompanying derangements they still give their ridiculous globules, and then they give all the credit of the cure

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to the globule!" We never heard homœopathists boast of having cured worms homœopathically, when they gave large doses of Filix or Kousso; but we suppose Dr. Turnbull attributes to others the practice he adopts himself—like other fictionists, he probably paints his fictitious characters from his own. Thus, we presume, when he expels worms by empirical remedies (which all worm-expelling medicines are), he gravely prescribes a few harmless doses of rhubarb or Castor oil, and claims the credit of the cure for legitimate medicine. If this is the solemn imposture he is in the habit of performing, we disclaim for homœopathists any such dishonesty. When we expel a tape-worm by any of the empirical medicines revealed to us by old women or negroes, we do not say we have got rid of the entozoon by homœopathy, but we give the credit of the expulsion to the quack medicine. Dr. Turnbull and his set, it would seem, ignore the empirical origin of their treatment, and pompously point to it as a triumph of legitimate and rational medicine!

Until very recently we were all alike ignorant of the nature and origin of worms; and many of the profession blindly adopted the empirical treatment of peasants and savages. Hahnemann declined to follow the lead of peasants and savages, and we preferred his opinion even when the peasants and savages were backed by Turnbulls and his like. But lately men of real science, not peasants or savages or Turnbulls, but naturalists like Von Siebold, Küchenmeister, &c., discovered the real nature of worms, and showed that they were not the product of disease, nor disease at all properly so called. Doubtless Hahnemann, had he been alive, would have deferred to the opinion of these men; but whether or no, we certainly do, and we adopt the practice that necessarily flows from it, because in this case the law of dynamic specifics is not applicable. This is the plain and simple truth of the matter. True, there is here a complication which gives an apparent ground for Dr. Turnbull's reproach. Persons having worms are liable to be ill like others, and the worms may, to a certain extent, modify the symptoms, though not enough to make their expulsion the sole or even the chief indication. Dynamic treatment is wanted, and is often all that is wanted to relieve the patient. There is no surer mark of the ignoramus or quack than making the expulsion of worms the sole object of his efforts whenever they may be present, or even suspected. The medical man who practises after this fashion may arrogate to himself the title of rational and legitimate practitioner; but whether

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we judge him by the test of success—and he fails as often as not—or by the character of the medicines he employs—which in nine cases out of ten are empirical—we can discern nothing rational in his treatment.

But to return to the proceedings of the Liverpool Institution. Having done their evil deeds, the majority were naturally afraid lest they should come to light, so the following resolution was proposed:—

"That no minutes or proceedings of any meeting of the Institution shall be reported or published without the consent of the majority present at such meeting; and any member who shall violate this law shall *ipso facto* be subject to immediate expulsion; provided always, that this law shall not be so interpreted as to deprive any member of the power to 'reserve his right of publication' in reference to any paper which he may read before the Medical Society."

This resolution for constituting the Liverpool Institution a sort of Star Chamber or Holy Office, whose deeds should never see the light, except when they were such as the doers were not ashamed of, was appropriately moved by Mr. Callon, a member of that church which has Ignatius Loyola for a saint, and which countenanced the secret proceedings of Torquemada and his tribe.

This resolution, like the previous one, was passed by a clamorous majority, and amid "tremendous cheering." To any satirist of the Molière stamp the whole proceedings of the Liverpool Institution must appear exceedingly amusing; but to us who have the honour and dignity of the profession at heart, and who desire that it may be esteemed, as it has often been called, a "liberal" profession, these proceedings appear a very sorry affair indeed.

We have here a body of men, professing cultivators of a science which they acknowledge to be imperfect and progressive, practitioners of an art which they confess to be in great need of improvement, actually shutting out from their society fellow-cultivators of that science and fellow-practitioners of that art, who profess to be in possession of discoveries of incalculable importance to the successful practice of the art.

What can be the cause of this inveterate enmity to homœopathy? Were a colleague to bring before them a new remedy which he asserted he had found useful in a certain class of disorders, he would be attentively listened to, the evidence he brought forward would be

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carefully examined, and if it appeared to bear out his assertions, his new remedy would be sought after and extensively tried. Were he to bring forward half a dozen new remedies in the same way, he might calculate on the same reception of them, provided he abstained altogether from theorizing as to their mode of action, or only gave such a safe theory as that enunciated by Molière's baccalaureus to account for the hypnotic action of Opium,

"Quia est in eo virtus dormitiva."

But let our innovator extend his list of new remedies, and above all let him enunciate a rule for their administration founded on a theory of their action, though it be as old as Hippocrates or Democritus, and he is forthwith dubbed quack by his "liberal" colleagues, and turned out of doors.

Is it then because we profess to be guided by a law for the administration of remedies that we excite the animosity of our colleagues? Partly, but not entirely. No doubt it is an unpleasant thing for those who have all their lives been practising without a law, and curing, or mayhap killing, in a perfectly lawless fashion, to be told that there is such a law for administering medicines, and that they have hitherto been practising quite wrong, or only occasionally, accidentally and unwittingly right. But were that all, they would only shrug their shoulders, pooh-pooh the whole thing as German nonsense, and muttering "nolimus mutare," go on as before in their accustomed lawless way. But they would feel no animosity to their new-fangled colleague. Some would call him a dreamer, others a clever fellow, though rather crack-brained, and many would feel rather an interest in discussing the subject with him.

What then is the cause of the present very manifest rancour of our non-homœopathic brethren? Our success. They cannot fail to perceive, and they do perceive it, that we are daily gaining the confidence of the public. Every day a larger and larger number of the *élite* of their patients pass over to the homœopathic camp; and though they have been constantly saying any time these fifteen years past, only wait a little and all our patients will come back again to us, somehow they never do come back, or only a very small per centage of them. The great bulk remain faithful to homœopathy, become propagators of the new doctrine, and recruit hosts of adherents to its practice. Homœopathy touches the practitioners of the old system in the most sensitive part—their pocket. *Hinc illæ lachrymæ!*

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On no other principle is the hostility of our old-school colleagues to be accounted for. We have the same legal qualifications as they have; we have an equal right to be inscribed in the national register; by the New Medical Act we are allowed to hold our theories, and even to defend them before our examiners; colleges and licensing bodies are forbidden, under pain of losing their licensing power, to reject any one for holding any medical theory he likes. Notwithstanding all this, we are denied the fellowship of our brethren who differ in practice from us, we are expelled from their societies, and branded by them with the flattering epithets of quacks and charlatans; we are habitually classed with the Morisons and Holloways, a set of unlicensed practitioners dealing in allopathic remedies; we are likened to Mormonites, Papists, Puseyites, or Socinians, according to the religious fancies of our opponents.

In spite of all this, we go on increasing our numbers and extending our practice, and all the impotent persecution of our old-school brethren is damaging to themselves alone. To us it does positive good; for there is among Englishmen such a strong liking for fair play that they naturally side with that party to which it is denied. The public know full well we are qualified men; they know we do not practise a mystery, or deal in nostrums; they know that we are at least as successful in practice as our persecutors; they know, we hope, that we are equally capable of conducting ourselves in a courteous and gentlemanly manner. They see that we are expelled from societies to which every qualified man has a right to be admitted; they see us branded as miserable impostors, dishonest rogues, and ignorant empirics; they see the highly-prized right to liberty of opinion violated against us; they feel the injustice of all this, and they side with us. We are compensated for the abuse and persecution of our allopathic brethren by the growing confidence and esteem of the patient-world. We can afford to despise the calumnies and unmerited vituperation of a rancorous medical sect, while we have the approbation of our conscience, the conviction that we have chosen the better system of treatment, and the adhesion of grateful patients, together with the sympathy of all lovers of fair-play.

It is a significant fact, that at the very time the Liverpool Institution was clamourously shutting its doors against homœopathy, the Liverpool and the Toxteth Boards of Guardians were discussing the propriety of inviting homœopathists to apply for the medical offices at their disposal.

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At the meeting of the Liverpool Board of Guardians, Mr. Denton took up the subject with zeal and intelligence, showing from authentic statistics the superiority of homœopathy, in regard to the saving both of life and money. His motion to advertize for homœopathic medical officers for the workhouse was, however, lost, though he had the satisfaction of having all the argument and reason on his side.

At the meeting of the Toxteth Board of Guardians the following sensible remarks were made by the chairman, Mr. Urquhart:—

"As unprofessional men, we are not competent to enter into the merits of allopathy and homœopathy, but in our capacity as guardians, we are obliged to exercise our judgment in adopting that which we think is best for the comfort of the poor and the economy of the township. I therefore think, in common fairness, that homœopathists should be invited to offer themselves as candidates for these situations—and more particularly so, seeing that the Poor-law Board leaves it to our own discretion who we should appoint, at the same time showing they appreciate highly the *principle* of homœopathy, for *they themselves* are homœopathists—for the Poor-law Commissioners and the General Board of Health make it imperative and binding on the guardians to see that the principle of homœopathy be applied throughout the kingdom, to *prevent* disease and death, in *vaccination*. We, as guardians, ought therefore to recommend the *same principle*, to restore health and preserve life, as wrought out in the homœopathic treatment, by which mortality is smaller, the duration of illness shorter, and the expense much less than by the old system of treatment. But, as guardians, we are not to discuss the merits of the systems; let us follow the example of the Liverpool Town Council, who allow the systems of medical cure to grow without persecuting one system, or patronising another, but treating allopathy, homœopathy, hydropathy, and all other pathies, on an equality, where good is doing, by supporting them in their dispensaries, and in their valuable baths, they are supporting hydropathy, which is now doing more good to the people than all that could be done by both homœopathy and allopathy put together. At the same time, he must not lose sight how homœopathy is gaining in favour with the inhabitants, as shown by the returns of the Allopathic and Homœopathic Dispensaries. The last year the Southern and Northern Dispensaries issued 32,594 prescriptions, while the Homœopathic, including the public and self-sustaining dispensaries for the poor, issued 32,704 prescriptions, being more prescriptions issued than the

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whole of the issues of the Northern and Southern Dispensaries, with all their extensive places and large host of medical men. I, therefore, would recommend that duly qualified homœopathists should be invited as candidates for the two district medical offices."

A motion was carried to advertise for medical officers in the homœopathic journals. This was done, but no homœopathic practitioner offered himself as a candidate. We regret this, for we believe that a clever homœopathist, who was at the same time a good surgeon, might do much for homœopathy in such a situation. The salary, likewise, is far from contemptible, being about £300 a year, an income not to be despised by a young medical man commencing practice. By the New Medical Act, the Board of Guardians have a perfect right to elect a homœopathist, if he be a registered practitioner, and the London Board have no right to interfere with or annul the appointment on the ground that he is a homœopathist.

Thus the great triumph of the bigoted party in the Liverpool Institution has not been so successful in crushing homœopathy as was fondly anticipated. Their nearest neighbours seem somehow to share least in their views, for while the medical bigots are turning out homœopaths, the Boards of Guardians seem only anxious to get them for medical officers. "A few more such victories and we are undone!" the anti-homœopathic party may exclaim. And so it must always be. Any triumphs obtained at the expense of those grand principles, freedom of opinion and publicity, the mainstays of progress in science, are so inconsequential in the professed promoters of scientific progress, that they must eventually injure the party gaining them. All professions to the contrary notwithstanding, they who attempt to curtail liberty of thought, and to shut out the light of publicity, must ever be considered as the illiberal, intolerant sectarians, while they who court open discussion, and reject exclusiveness, are the representatives of true catholic science. "By their deeds ye shall know them."

REPORT OF THE GENERAL MEETING OF THE HAHNEMANN PUBLISHING SOCIETY,

Held in London, February 19th, 1859.

DR. ATKIN in the Chair.

As announced in the convening circular, the business of the Meeting was:—To audit the Treasurer's Accounts, to elect Office Bearers,

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to vote a New Subscription, and to discuss the operations of the Society, with a view to their further extension and usefulness.

Drs. CHEPMELL and ROTH were appointed to audit the Treasurer's Accounts, and reported them correct.

Income	386	5	9
Expenditure	343	8	3
Balance.	42	17	5

The following resolutions were proposed and carried unanimously:

That Dr. BLACK be appointed Treasurer.

That Dr. HAYWARD be appointed Secretary.

That the following gentlemen be appointed Acting Committee or Council, viz.: PROFESSOR HENDERSON and Drs. ACWORTH, CHEPMELL, HARPER, HAYLE and SHARP.

That Dr. HARPER be appointed Secretary to the Council.

That the Secretary be requested to write to those Members of the Council that are not present, informing them of their appointments, enquiring if they are willing to accept the office, and explaining to them the duties of the Council.

This was afterwards done, and all but Dr. SHARP accepted the office; and therefore the Council for the ensuing year is formed of the above-named gentlemen, with the exception of Dr. SHARP, one of whom retires annually by rotation.

The funds of the Society having been discussed, it was resolved:

That no New Subscription be called for at present, but that the Members be furnished with succeeding parts of the Repertory out of the funds arising from previous sales, so far as the funds will allow, providing always that no Member shall receive from the Society books exceeding in value the sum he has subscribed.

The proceedings of the Repertory Committee were inspected, and found to be in a satisfactory condition. Dr. CRAIG having intimated that he could not furnish, in proper time, the part allotted to him, Mr. ENGALL and Dr. ROTH were admitted as new Members of the Working Committee; and other necessary arrangements were made to ensure the uninterrupted progress of publication.

The preparation of the "Therapeutic Part" having been discussed, it was resolved:

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That the Council be requested to form a final decision upon the plan and mode of working out this department; to receive any suggestions thereon; and to enrol the names of those who are willing to co-operate in this work.

That in the present Report all homœopathic practitioners be earnestly invited to turn their attention to the subject, and to communicate to the Secretary of the Council any suggestions they can offer on this subject.

The continuation of the Materia Medica having been discussed, it was resolved:

That homœopathic practioners be reminded of the great importance of carrying on this work; and that they be earnestly invited to undertake at once the arranging of some of the many medicines that have been reproved, in order to complete a volume of the Materia Medica as soon as possible; and to communicate with the Secretary of the Council as to which medicine they will undertake. No particular plan of arrangement being prescribed, each contributor may follow his own, which will be subject, on general grounds only, to the approval of the Council. The following is a list of medicines of which there are tolerably complete new provings in the German language, besides others that may be found in American and French works.

Argentum.	Cyclamen.	Natrum Nit.
Clematis.	Digitalis.	Sarsaparilla.
Coccus.	Ferrum Aceticum.	Sulphur.
Colchicum.	Mezereum.	Thuja.
Colocynth.	Natrum Mur.	Tilia.

The undertaking of new work having been discussed, it was resolved:

That the Members be invited to propose works they think it would be desirable should be published by the Society.

The following propositions were also carried unanimously:

That a copy of this Report be sent to all British homœopathic practitioners; and that they be informed that this Society has been placed on the same footing as the Sydenham Society, the advantages, objects, and principles of which are, no doubt, well understood. To carry out these objects fully, it is necessary the number of Members should be large; all homœopathic practitioners are, therefore, invited to enrol

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themselves as Members: all that is necessary to constitute membership is, to send in the name to the Treasurer or Secretary with a subscription of One Guinea. The subscription is fixed not to exceed One Guinea per Annum; and for this an equivalent in printed matter will be given: and no future subscription will be called for until an equivalent in printed matter has been supplied to each Member.

That the thanks of this Meeting be given to Dr. ATKIN for his kindness in presiding, and for his able conduct in the Chair.

J. HAYWARD, *Sec.*

Professor A. de Morgan on the Medical Act.

The year just expired is the æra of a very considerable change in the medical arrangements of the country, which has been made almost without notice. Attention enough has been directed to the Medical Act as a whole, to its machinery for preventing fraudulent assumption of titles, to its new Medical Council, to the hardship of making established practitioners pay a heavy fee for being written down in a book. Nor have the lighter features of the subject been neglected: it has heen duly noticed that there is a clause under which the medical man is enabled to recover, but that there is no such clause for the patient, who is left in this matter to the doctor's discretion, as heretofore. But the great recognition of private judgment, and the downfall of collegiate authority, has hardly obtained a passing notice, even from the colleges themselves.

It has always been taken that the aspirant for a medical diploma, in answering the questions proposed to him, was showing *belief* as well as *knowledge*: without binding himself to every detail, he was considered as holding, in the main, by the system under which he had been educated, and as engaging to regulate his practice accordingly. And thus it has several times happened, of late years, that candidates who have been known to intend to follow a path, or *pathy*, different from that of the colleges, have either been refused their diplomas, or have been abused as fraudulent persons in the medical journals. All excuse for this kind of charge is now at an end. The recent Medical Act empowers the Privy Council to deprive of its function any examining body which, after one warning from the Medical Council, shall persist in making the examination or the certificate a test of belief in any medical or surgical theory. From the

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history of the repeated attempts to obtain a medical bill, it appears that, in the early stages, there was a strong disposition on the part of the profession to try to make all that they call quackery illegal and punishable; that in the later stages there was a conviction that any such attempt was hopeless, and that all that could be successfully proposed would be the punishment of those who should announce themselves under false titles. This reasonable measure has been carried. Again, in several of the later bills, a clause has been inserted prohibiting any medical or surgical opinion from being made a ground of expulsion from the profession: but nothing so strong as the clause above alluded to was ever hinted at before. This clause was not in the bill sent up by the Commons: it was introduced in the Lords without exciting any public attention. It was then received in the Commons with a remark that it was meant for the protection of homœopathy, and a laugh; and so it passed. Never before was a principle upset so easily.

All bodies which are deprived of the power of imposing opinion and belief gain at least as much as those who are relieved of their control. In the present instance, what is called *regular education* becomes morally imperative upon those who intend to follow what is called *irregular practice*. In the times gone by, one who was to be a quack might reasonably object to frequent a medical school: he might be deterred by the feeling that he would be supposed to be making a fraudulent use of the teaching of that school. But no such impediment now exists, even to his presenting himself for examination. The anatomy, the physiology, the surgery, the diagnosis of disease, the chemistry, and the *Materia Medica*, of the existing schools, are requisite to be known by the followers of all systems. The practice of medicine, or mode of treating disease, is the only field of difference. Until regular schools are founded for the education of medical dissenters, it will be difficult to believe in the competency of any person who has not sought the common knowledge in those which already exist. To which it must be added, that in no other way can the Nonconformist produce sufficient proof that he has given to the system which has time and numbers in its favour all that time and numbers can demand in our day—attentive examination.

The old distinction of regular and irregular practitioner—regular medical man and quack—call it what you will, which the law has now put in course of abolition, dates from the old Egyptians. This

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distinction, as we all know, consists in following or not following a course laid down by authority. Brucker cites the following from Diodorus Siculus (l. i. c. 28):—

"Non licebat enim in Ægypto medicis ex artis et rationis regulis medicamenta præscribere: sed, teste Diodoro, medicinam ex lege scripta faciebant, et per multos ab antiquo medicos illustres concinnatam applicabant. Si leges, quas *sacri codicis* [qui apud nos *Pharmacopœia* vocatur] lectio tradebat, secutæ ægroto sanitatem reddere nequibant, culpa vacabant, et impunes abibant; sin contra præscriptum egissent, capitis judicium subibant. Nam medendi rationem longo temporis usu observatam, et ab optimis artificibus ordinatam, paucos ingenio et solertia superaturos legislator censuit. Ita Diodorus: ex cujus verbis patet, non licuisse medicis, rationem et experientiam in medendo duces sequi, sed ad eam potissimum medendi formam et præscriptum fuisse obligatos, quod sub Hermetis nomine sacerdotes commendabant."

This is quite enough to show that our system is the old Egyptian system. The Egyptian Hermes, called *Trismegistus*, is clearly the prototype of legitimate medicine, formed by the union of the two Colleges and the Hall: which entirely refutes the slander that Cerberus, the janitor of the kingdom of death, is the source of derivation. Diodorus says, indeed, that the Egyptian physicians used magical incantations, which may seem to militate against the connexion. But on this point there is something to be said. Our modern physicians have always written their prescriptions in a character which no layman ever deciphered; and with symbols which, if not cabalistic, raise the difficulty, What else can they be? It is commonly supposed that they use no art of concealment except cacography: but the frankness with which they admit this supposition has a tendency to raise doubt. I have long suspected that they write in Coptic; and that they thus conceal the magic incantations which Diodorus attributes to their predecessor. But the point is not settled, even in my mind: and, should I be wrong, I beg of them to consider whether, in order to prevent such suspicions as I entertain, to say nothing of other good purposes, it would not be desirable to adopt a fair and clear formation of English letters, and to leave such performances as theirs have hitherto been to the cat who has chanced to dip her claws in the inkstand.

(*Notes and Queries*, Jan. 8th, 1859.)

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Gallic Acid in Fungus Hæmatodes.

(Under the care of Mr. Tatum.)

[Case and Remarks by Mr. C. Hunter, House Surgeon.]

The following is an interesting instance of the effect of an internal remedy on a malignant growth :—

On April 3rd, 1858, W. W——, æt. 8 years, was admitted in St. George's Hospital, under the care of Mr. Tatum, with a small tumour not larger than the eye itself, and situated behind it in the left orbit; the eye consequently being protruded.

The tumour had attained this size in but two or three weeks; a little prominence of the upper eyelid had been however observed for four months.

Owing to the situation (behind the eye) and the rapid growth, no operative measures were had recourse to: the boy was however kept in the hospital, as the tumour rapidly increased.

As it grew larger, the eye, being pushed before it, gradually dwindled, and became at last a shrivelled-up and hardened excrescence on the outward part of the protruding mass.

In the course of four months (from the time of admission) the tumour had become as large as the head of a seven months' fœtus, and of such a size as to overlap the mouth (so that he had to be fed by a pipe at the further corner of it).

At this period (beginning of August), the surface of the tumour was irregular but rounded, the greater part of the surface was in a raw ulcerated condition, exceedingly vascular and constantly bleeding, often to such an extent that every attack appeared likely to be the last.

These hæmorrhagic attacks were generally treated by cold, by pressure, and by the local application of blue lint. The boy was living on generous diet and wine.

On the 2nd of August, after one of these attacks, more serious than usual, which quite bleached the face, and much weakened the pulse (always weak and rapid), I gave him gallic acid in four grain doses, in infusion of bark, to try, if possible, to arrest the bleeding.

August 30th, one month afterwards.—Curious as it may appear, the gallic acid had been productive of the most marked effect, the tumour from that time had never bled once, nor even had there been the least oozing of blood. The surface of the mass became more healthy, less vascular, more solid, and *considerable diminution* of the tumour had taken place. After this, for a few days, increase of the tumour again occurred, but no bleeding took place from it. The increase in size was met with an increased dose of the gallic acid, which was again productive of benefit.

Present State.—September 25th.—1st. The tumour is about 9 inches measured over the longest diameter, and $8\frac{1}{4}$ over the shortest; this is much less than it was two months ago, so that the boy can now feed himself easily, the mouth not being at all overlapped, whereas before he required feeding.

2nd. Not the least bleeding has occurred since the first dose of the gallic acid, which was given now nearly two months ago.

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3rd. The health, strength and appetitite of the boy appear improved.

In recording this case it is only meant as an instance of the palliative effect of a remedy on malignant disease; it is the more curious that the gallic acid has had the striking effect it had, because of the exceedingly vascular and raw state of the surface. The least movement, the least cry used, before the administration of the acid, to occasion a sudden rush of blood from several parts of the tumour. That the tumour should have decreased in size is not less remarkable than that all hæmorrhage for so long a time should have ceased. —*(Medical Times and Gazette).*

Extraction of Teeth under Electricity.

By Dr. Wyld.

Having received an invitation from a Society of Dentists to witness some experiments in extracting teeth under electricity, I went and witnessed the experiment in four cases.

The first case was that of a highly nervous girl. In operating the crown of the tooth was broken off, and in this, and in subsequently extracting the fangs, the patient suffered most acutely.

The second case was that of a mild gentle looking girl, who had her tooth, a lower molar, extracted, and said she felt "an unpleasant sensation."

The third, a young man of sanguine temperament had an upper molar extracted, and said "there was a disagreeable feeling, and that he felt queer."

The fourth case, a strong man, had an upper molar extracted, a large tooth; after the extraction he asked to see the tooth, to assure himself it was out, and he said, "he felt queer, and felt the pain more in his arm than at the tooth."

On the whole the result was interesting and satisfactory. In three of the cases a kind of stupor appeared to come over the patients, and very little if any *acute* pain was experienced.

Whether the result follows from the consciousness being diverted by the attention being fixed on the apparatus, or whether in certain cases a kind of unconscious mesmerism be called out, or whether the sensitiveness of the nerve be weakened by the electric current, or whether the current of the nerve be reversed or in some way prevented form forming a direct circuit with the brain, by which only sensation can be experienced, are questions for the consideration of physiologists. From what I have heard, it appears to me that in this, as in many other operations in medicine, one man is more successful than another, much in proportion to the faith he has in his instruments. Some dentists have told me that their experience is all unfavourable, while others tell me that their experience in tooth extraction under electricity is favourable in seventy-five per cent. of their cases.

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*Snake-Bites and their Treatment.**

It may be interesting to some readers of the *Natal Journal* to be made acquainted with the experience of a person who has been bitten by a snake; and some hints may be afforded by the accounts of the treatment pursued in the case, which may prove valuable to others in similar circumstances. Even upon other grounds, the account may not be valueless, for it may elicit information concerning the snakes of this colony, and their habits, about which little is generally known. The information derived from the natives is by no means to be relied on, as to whether serpents are venomous or otherwise; and indeed, so far as the writer's experience goes, the natives are not even to be trusted in regard to the animal's local names.

Considering the number of venomous reptiles undoubtedly inhabiting the colony, it seems wonderful how seldom we hear of people, or even of large domesticated animals, having been bitten by them. The reason unquestionably is that assigned by the veteran "Wanderer," Waterton,—that a snake will never be the aggressor, being invariably quite as anxious to get out of your way, as you are to get out of his. This he asserts in his characteristic style in half-a-dozen different ways, and accounts with apparent reason for the cases that seem to contradict his position. If my testimony could lend any weight to Mr. Waterton's statement, I should say that, during the eight years I have been in the colony, I have met with hundreds of snakes, and killed a few score, but never knew one to be the first to attack, or in any case to pursue.

I often and greatly regret that I did not, at the time of my accident, minutely note down the symptoms attending my wound, and the progress of my recovery: had I done so my account would proportionally have been more valuable, than when, as now, I am forced to trust more largely to memory.

It was on the morning of the 30th December, 1855, that when riding in the Berea bush some three miles from town, my companion, Archdeacon Mackenzie, called my attention to a green snake, endeavoring to ascend a steep bank by the roadside. As the Archdeacon expressed a desire to possess such a fine specimen, I hastily dismounted, and with a shambok struck the snake one blow near the head. Being desirous of injuring the animal as little as possible, and imagining him to be disabled, I thoughtlessly stooped down to seize him by the neck. The stroke had fallen about nine inches from the head, and had apparently broken his back; but upon the small uninjured part of the spine he turned sharply, and bit me in the third joint of the middle finger of the right hand. The pain was no more than that of the prick of a pin, and only the smallest possible drop of blood made its appearance, even on sucking the wound. The finger must (although it did not strike me at the moment), have been at once slightly paralyzed, for I found some difficulty in throwing it out apart from the other fingers. Having

* From the *Natal Journal*, April, 1858.

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sucked the wound for a minute or two, I turned again to the enemy. and by a few more strokes reduced him to a condition of portability, Some three or four minutes had probably now elapsed, and I began to feel a slight degree of giddiness, imperfect command of the organs of speech, together with a parched sensation in the mouth and throat. On this account my companion and myself mounted, and rode into town at a sharp pace, the symptoms of faintness increased to such a degree that at one time I feared I should fall from the saddle. On reaching home, some half-an-hour after the accident, I referred to Jahr's Homœopathic Manual, having resolved, in the first instance at least, to treat myself by homœopathic directions. Finding some difficulty in applying dry heat by means of an iron as recommended, I did so as well as I could with a candle. In the meantime I sipped at frequent intervals a tumbler full of a strong solution of salt in water. The hand and arm had now swelled considerably, and feverish symptoms had supervened. I therefore also sipped half-a-tumbler of wine, at intervals of a few minutes, and immersed the wounded finger in liquid ammonia. I also took, at an interval of an hour or so, two doses of Arsenic, each, I think, consisting of three globules, 18th dilution; and after removing my hand from the ammoniacal liquor, applied to it a rag smeared with lard. During the remainder of the day the symptoms continued the same, with the addition of great drowsiness. Towards evening the arm, quite up to the shoulder, had swelled to three or four times its natural bulk, feeling to the touch as if filled with water. My sleep during the night was disturbed, but by the following morning many of the symptoms had subsided, and I felt that all danger was past. Indeed, I recovered so rapidly, that towards afternoon, within thirty hours of the accident, I was able, with the arm in a sling, to ride a distance of eight or ten miles, to set the minds of relatives at rest. A few days more totally subdued the swelling of the arm, although that of the finger, and its accompanying stiffness, did not quite disappear for a fortnight or three weeks.

So far as I recollect, I employed no other treatment than that described, and in using it followed pretty closely Jahr's directions. The only point in which I departed from them was in the outward application of common liquid ammonia, which, however, is strictly in accordance with the homœopathic principle, for my leading symptoms were all enumerated in Jahr's book, under the head of "Ammonium Carbonicum." I need only mention rigidity and numbness of the arms and fingers; swelling of the fingers; drowsiness by day, sleeplessness by night; feverishness; lassitude; giddiness; difficulty in talking, as if the organs of speech were paralysed; parched mouth; burning in the throat, &c. I cannot at this date remember whether I suffered much pain, or had any other peculiar sensations than those described.

The snake was of the well known, bright green species, and in length measured upwards of six feet. The accident took place, it will be observed, at the height of summer, when the venom is usually

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most active, and the reptile's vitality was so great that he did not die for several hours after he was brought home suspended by the neck.

I trust these details may not be thought tedious by my readers, but however this may be, I may be allowed to remark that I should be doing violence to my own feelings, and injustice to homœopathy, did I not, on this occasion, declare emphatically my conviction that, under Divine favour, I owe my life, in circumstances of the most imminent danger, to this system of medicine. I gave the sincerest proof of my faith in the system by treating myself according to its principles, without calling in the advice of any medical man whatever.

In conclusion I venture to refer the reader to the Proceedings of the Graham's Town Medico-Chirurgical Society, 25th September, 1855, at which Dr. Melvin, the Chairman, presented a paper detailing several experiments made with different venomous snakes, by a medical gentleman whose name is not given in the report of the local journals which I have seen. Dr. Melvin himself however appears, besides excision of the wounded part, cupping and suction, to recommend the use of stimulants, especially *carbonate of ammonia;* and states *arsenic* to have been used with success. The reader will not fail to observe that these remedies are homœopathic to the venom of a snake.

Durban 23rd January, 1858. J. S.

BOOKS RECEIVED.

Third Report of the Clinical Hospital, Manchester, by JAMES WHITEHEAD, M.D.

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American Homœopathic Review, February, 1859.

[We request our American friends to take notice that lately a parcel charged 17s. was brought to us by post. We were obliged to decline such a costly letter].

Chloroform and other Anæsthetics, by JOHN CHAPMAN, M.D. Williams and Norgate, 1859.

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Erratum. p. 258, lines 6 and 8 from bottom, for "Dr. P.," *read* "Dr. Pereira."

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THE

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OF

HOMŒOPATHY.

A NON-PROFESSIONAL VIEW OF THE HOMŒOPATHIC CONTROVERSY.

By JOHN PRICE, ESQ., M.A.

ON THE TERMS OF THE SYSTEM.

IT would be a great mistake to suppose that this medical controversy is a dispute about words. The question whether the allopathic or homœopathic be the better mode of treatment is eminently a question of fact. But as facts have to be stated in words, it is most desirable that they should be clearly stated, otherwise the stream of healthy discussion is beclouded with muddy tributaries of logomachy. Explanatory statements, if misapprehended, have to be re-explained. Attention is diverted from the actual phenomena to the parts of speech in which they are announced. And things which would have spoken for themselves, unmistakeably and stubbornly, are doubted or even rejected, for want of corresponding precision and rigidity in the language of those who have tried to demonstrate their truth. This is a misfortune to which the discussion of every novelty has been subjected, from the ambiguity inherent in human language; and it has very materially retarded the settlement of the real point at issue between the new and old systems of medicine. And here two very strong statements will be hazarded, prior to any attempt to elucidate the terms.

1. If homœopathy really were the thing it is described to be, and believed to be, by a great number of sincere and upright

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opponents, it would not only deserve extinction, but would inevitably, long since, have met with its fate. They are at a loss to conceive how any thing so absurd and self-refuting can have stood its ground so long in an age of sifting enquiry, and numbered so many intellects of noted power amongst its adherents. They might well wonder if such were the case; but homœopathy, as they have learnt to define it, never even *asked* the support of the age. It is not the homœopathy of Hahnemann, nor of any of his followers, but a mere caricature which ought not to obtain the credence of any sane person. No one can read half through *Sharp's Tracts* without being satisfied that the version current amongst allopaths differs widely from what is professed on the other side.

2. If homœopathy really were even the thing it is described to be by a considerable number of its *advocates*, it would not have a very strong claim on the confidence of reflecting minds. Hahnemann himself set the pernicious example of giving theoretical reasons—the fruit of his own imagination—for facts which scarcely, from their nature, admit of any explanation. All science abounds in such "ultimate facts," as they are called. Even the "force of gravity," perhaps the most universally received of all natural laws, is nothing more than a convenient name for an assemblage of well ascertained facts. As such, Newton announced it—as such, he left it. And with it he left to all succeeding philosophers the valuable precedent of refusing to push a brilliant discovery beyond existing data. Not so Hahnemann. His data were sufficient to show a very remarkable fact respecting the cure of diseases: but they threw no light whatever upon the CAUSE of that fact: WHY the beneficial effects of each medicine accord so precisely with its power of injuring, neither Hahnemann nor any man living has any means of discovering; so that to theorize on such a question can at best display only conjectural ingenuity.

To those who have patiently examined the facts, such conjectures present nothing better than amusement. Others finding at a glance the theoretic statements rash and unsatisfactory, dismiss the whole subject, as if truth *could* not be associated

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(as it certainly *ought* not) with such baseless reveries. In this way have Hahnemann, and all other theorizing advocates, damaged the cause more than its opponents, who often help us by denying facts too notorious to be shaken.

The same kind of mischief arises from the well meant efforts of those, who because they have espoused the system from a conviction of its truth, feel bound to answer all the attacks made upon it, without taking the trouble of preparing for the task. All they know about it is, perhaps, that they took the medicines and got well. Now if the large number who possess that exact amount of knowledge were to confine themselves to that statement, instead of enquiring beyond their actual data, far less confusion and misapprehension would cross the path of enquirers into the merits of the system. Commending the former of these two statements to candid adversaries, and the latter to injudicious advocates, we proceed to elucidate, as proposed, THE TERMS OF THE SYSTEM. Every step of the controversy shows more and more clearly that the very name HOMŒOPATHY, if only thoroughly comprehended and restricted to its legitimate meaning, would of itself dissipate much needless obscurity, and obviate a vast amount of worse than useless contention about names; whereas the real question is, as observed at the outset, a question dealing with very stubborn facts, which are backed by equally stubborn figures. (See *Sharp's Tracts.*)

The term we are most concerned with is "HOMŒOPATHIC;" an adjective borrowed fairly enough from the Greek Ομοιοπαθης, with a very definite meaning, which is best illustrated by comparison with other adjectives of the same class. Let us take for instance "adequate," "similar," "conducive," &c., and examine into their peculiarity. If any one should say, "This sum is *adequate;*" "This plant is *similar;*" "Such a plan is *conducive;*" we should naturally ask, Adequate to *what?* similar to *what?* conducive to *what?* because these adjectives, having a sort of *transitive* power, give no intelligible meaning unless followed by explanatory words, as Adequate to my purpose—Similar to Hemlock—Conducive to health. This is,

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in strict parlance, exactly the case with our adjective homœopathic. By saying "Such a medicine is homœopathic" we convey *no* precise meaning. As in the foregoing instances, the question would be, "Homœopathic to *what?*" But when it is answered, "Homœopathic to a certain series of symptoms included under the generic name *scarlatina*," the word then receives its full meaning, and the only meaning which in reality belongs to it; though, like most other words, it may admit of secondary meanings as a matter of convenience. Let us first settle the primary or transitive meaning, and then see what secondary meanings have arisen, and by what abuses they have introduced confusion. "Belladonna is homœopathic to a certain series of symptoms included under the generic name scarlatina." What does this mean? It means that Belladonna produces symptoms similar to those of one of the collection of symptoms called scarlatina. Again, Cinchona produces symptoms similar to those of a certain species of ague. I express this more briefly by saying Cinchona is homœopathic to a form of ague. And so of any other medicine. That is, every substance whose morbific powers have been observed, is said to be "homœopathic" to a disease whose symptoms resemble the observed effects of that medicine. Hahnemann, having found that the few known "specific" medicines are capable of producing symptoms similar to those of which they are the acknowledged remedies, made these facts the basis of an ample series of experiments and observations on other medicines. The result was, *as might be anticipated*, an extension of the first discovery; for it was hardly credible that even two or three medicines, as Cinchona, Sulphur, and Mercury, should, *by mere accident*, produce an imitation of the very diseases which they cure. And further investigation convinced him and his followers beyond the possibility of doubt,* that the known specifics, instead of forming an exception to the rest of the

* It may be safely said that no one ever took *one tenth* of the pains bestowed by Hahnemann and his immediate followers, without becoming converts to his doctrine. The co-called trials which fail to convince are really seldom worthy of the name; they neither prove nor disprove anything.

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Pharmacopœia, are simply examples of the only true Pharmacopœia, viz. a list of medicines every one of which is a specific for certain symptoms; that is to say, for those very symptoms which the symptoms produced by the said medicine most nearly imitate. From that time forth a revolution, gradual but sure, has commenced in the art of healing, which then, and not till then, had earned the name of the SCIENCE of Medicine. The new school might have named their method the Specific System. Every case of poisoning, every recorded effect of unwholesome manufacture, acquired a new value. Numbers of zealous supporters submitted voluntarily to make themselves ill by persevering in courses of medicine, from a well founded confidence that their sufferings would benefit mankind, by pointing out those sufferings in others to which the respective medicines are homœopathic. Enough has been said to explain the precise meaning of this term. Now for its secondary applications. Every medicine given by this school of physicians being homœopathic to the existing ailment, the treatment itself was called "homœopathic treatment," by a very natural abridgement of language. The doctors themselves were called "homœopathic physicians" "homœopathists," or "homœopaths;" the system, "homœopathy;" the patients are said to be treated "homœopathically," and to be cured in accordance with the "homœopathic law" announced in the familiar maxim, "*similia similibus curentur*"—let like be treated by like. Now, though nothing can be actually homœopathic but the medicines themselves, yet the above uses of the word are all fair and intelligible, according to the ordinary tendency in all cases to save time by abridging talk. But there are two other uses of the word which lead to misconception, and must therefore be pointed out. Homœopathic cocoa, tooth-powder, &c., are in reality articles so prepared as to be inert, powerless, and therefore *not* homœopathic to any symptom, in order that they may not interfere with the action of the medicines which really *are* homœopathic to the patient's disease. They might be more correctly termed homœopa*thist's* cocoa, tooth-powder, &c. But the names are perhaps commercially stereotyped, and will stand their ground. Let it,

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however, be remembered that they are not so called for the *same* reason as the drugs, but (as *lucus à non lucendo*) for the very opposite. It is the *ordinary* cocoa and tooth-powders, with other prohibited items of table and toilette, that are truly homœopathic to some symptoms or other; and are for that very reason forbidden to patients, *during medical treatment only;* for, when not taking medicine, they are at liberty to eat and drink and dress their hair and brush their teeth like other folk. Perhaps this is the best place for remarking that a general diet, exclusive and troublesome to an intolerable degree, has been erroneously stated as an objection to our system. And it is not difficult to see how an impression of this kind would operate against the reception of homœopathy by the British public: "*Nolumus leges Angliæ mutari*" is a maxim in John Bull's kitchen as well as his cabinet. Also, our cures are ascribed to the peculiar abstinence enjoined in conjunction with the alleged remedies. Let any one take the trouble of reading the double list of "articles prohibited" and "articles allowed," which are furnished at our dispensaries. He will then see at a glance that the bill of fare includes a *far more generous* diet than that permitted to the average of other patients! So that, of all the idle charges brought against the system, none is more barefaced than this of effecting the cures by a more rigid diet. Let those who have listened to it, ask themselves, after inspecting the said lists, whether they are not bound to enquire further into a system which they see for themselves to have been, in one respect at least, so egregiously misrepresented.

Another abuse of the term is identification of a homœopathic dose with an infinitesimal dose, which leads to serious misconception. But more of this by and bye.

The subjects of Terms must not be dismissed without a brief sketch of the old system of treatment and its correlative parts of speech. Exactly on parallel but opposite grounds, a medicine is said to be "allopathic" to a given symptom when it produces the very contrary effect. Thus Epsom salts are allopathic to constipation; and opium to diarrhœa. Hence arise the terms "allopathic treatment," "allopathic physician," "allopathist,"

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or "allopath," and "treating allopathically;" all corresponding, each to each, to the previous nomenclature of the new school. We hesitate, however, to speak of an "allopathic *law;*" for, though the words "*contraria contrariis curentur*" are sometimes quoted in antithesis, yet we doubt much whether the old school practitioners would affirm that their practice is, as a whole, guided by *any* professed law; and some of their highest authorities have declared that medical facts are *incapable* of generalization! "Allopathic" is, at any rate, as intelligible a word as homœopathic, and equally convenient. It will enable us here to announce a very important fact, viz. that there are no such things as medicines that are exclusively either homœopathic or allopathic, in the abstract. On the contrary, the same medicine is always homœopathic and allopathic to two antagonistic symptoms. For instance, if Epsom salts be allopathic to constipation, it *must therefore* be homœopathic to diarrhœa. If Opium be homœopathic to constipation, it must therefore be allopathic to diarrhœa. If "a homœopathic medicine" has any separate meaning at all by itself, it must denote a medicine not used as yet by allopaths. And *vice versâ*. But a great number of medicines are common to the pharmacopœia of either school, and all are capable of becoming so, as must be evident from the foregoing considerations. For if opium be used in both schools *for opposite purposes*, why may not any thing else?

ON THE DOSE.

The question, "How *can* the same medicine serve two opposite purposes?" has been partly answered; but there remains a "small balance," under the head of "infinitesimals, as already hinted. The extreme smallness of the doses, though not in any way implied in the name "homœopathic," nor an *essential* part of the system, yet in general follows so naturally from a mode of treatment liable to produce aggravation, that the objections raised on that score ought to be met and answered as explicitly as any other class of objections; especially as they can be very easily stated so as to appear to the uninformed perfectly fatal at the outset, and thus to close their ears against

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any further argument. The question is constantly treated as one of quantity *only;* as if we professed to produce the *same* effect with an atom as others produce with an ounce. This is not only impossible on the face of it, but many an allopathist has disproved it in his own experience; for, to produce the effect *he* was aiming at, it has constantly proved necessary to *increase* his *large* doses; and he has every reason to believe that the present "*quantum sufficit*" will, *if he lives*, still turn out to be *too small! To his certain knowledge*, therefore, our Lilliputian pills would not answer in *his* case. No; because he is engaged in a hopeless warfare; fighting against nature, instead of falling in with her laws. Cicero compares this unnatural contest to the fabled wars of the giants—"*Quid est aliud Naturæ repugnare quam Gigantum modo bellare cum Diis?*"

It is remarkable, by the bye, that those whose own experience has taught them the necessity for increased doses are most striking (though unconscious) witnesses of the inefficiency of the allopathic system; and out of their number have been drawn the most valuable (conscious and thankful) advocates, *from their own experience*, of the superiority of the reformed treatment. These last found the small doses more effectual than the large. Why? Not merely because the latter were *too* large, but because they were, whether larger or smaller, the *wrong sort* of medicine. *Contraria contrariis* must needs be large; since they must needs rashly attempt to overpower a strong adversary by main strength. Hahnemann has taught us to give up this rude warfare, and defeat strength by skill. The disease which baffled the large, aye the larger and larger dose, has yielded to the smaller. Not, however, to the smaller dose of that same medicine which sought to induce a state opposite to the disease; but of one which, in large doses, would have caused a similar disease in a healthy man: in other words, of a medicine "homœopathic to the case." To do good instead of evil the dose must be smaller: of course it must be *much* smaller. If it be asked, "*How* much smaller?" the answer is, that THE QUANTITY OF A DOSE IS AND EVER WILL BE, AN OPEN QUESTION. Not only do homœopathic physicians differ as to the

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average dose, but the same physician will give different quantities to different patients, or to the same patient at different times, according to circumstances. But provided the same medicine, or same kind of medicine, be given, that is, provided the remedy be chosen, as it were, in imitation of the disease, *that*, irrespective of quantity, constitutes homœopathic treatment. Some are led to give larger doses as their experience is enlarged; others (we believe the majority), like the founder of the school, give less and less as they proceed in practice. Neither the one change nor the other makes them one whit more nor less strict homœopathists. Tartar-emetic and Ipec. are, essentially and by definition, "homœopathic to nausea." Therefore, if I treat a case of nausea with those medicines *at all*, I treat the case homœopathically. An extravagantly *large* dose would defeat my object; because *being* strictly homœopathic, there was too much of it. If I give Emetic Tartar or Ipec. to *produce* nausea, I treat the case allopathically. An unreasonably *small* dose would fail; not that any diminution would make it, or tend to make it a "homœopathic dose; but, on the contrary, being strictly allopathic, there ought to have been more of it. These two words express the relation of a given medicine to the case, which is always the same, however the quantity may vary. Yet homœopathists are often charged with desertion of their principles, if they are known to give a dose perceptible to the taste or smell. As a worthy Swiss once observed, "That is to talk smoke!" The most determined allopaths often pursue, clumsily enough, homœopathic practice on a large scale, without knowing it! When Hahnemann, in his first clumsy essays, proceeded much after their fashion, he, *knowing what he was about*, improved his practice by diminishing his doses: whereas the allopaths ascribe their failure to having chosen the wrong medicine, and try another—i.e. another experiment on "the sick man." The only real experiments, those on the healthy, are both numerous and carefully recorded. If our adversaries deem them inadequate, let them institute fresh ones, more numerous and with more care, and give to the world the benefit of their results.

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It is a frequent boast of allopaths, that "in the present improved and rational state of Therapeutics, there is not so much difference between the old and new systems. The barbarous methods of bleeding and cauterizing have all but disappeared from the practice of medicine: depletion in any form is far less frequently resorted to, and in general large doses and violent measures are out of fashion. Such practices ought not to be charged upon the practitioners of our enlightened age; they have become mere matters of history. Who does these things now a days? We know our ancestors used to be hurried into untimely graves by heroic treatment, but we live in better times: *on a changé tout celà*. Had Hahnemann flourished under the regime now very generally established, he would not have been driven, by disgust with an outrageous routine, to take refuge in the opposite extreme. We should all have gone on quietly with a happy medium, and saved this hubbub about infinitesimals."

If any of my readers are taken with this mode of stating the case, let me refer them to Dr. Chapman's lucid and good-humoured pamphlet, "*Medical Reform in the direction of Homœopathy.*" It *is* a very remarkable fact, that the practice of medicine has been very much modified in the hands of a large proportion of allopathists; so that the bleeders and wholesale dosers are now marked men, and are apt to be called "old fashioned." "*On a changé,*" would that we could add, "*tout celà.*" But to which party is society really indebted for this amount of change? Undoubtedly to the homœopathists. Some of those who are most opposed to them, who deny all active properties to their medicines, and ascribe the cures to a careful diet and the unaided powers of nature—these very men are willing to admit *one* good thing that they have done, viz. demonstrating that the old practitioners had fallen into excess in various ways, and thus introducing retrenchment in all departments, and the banishment of some practices as inexpedient. Allopathy has been compelled to discover that she too can dispense with some of the severities and disagreeables of Therapeutics, as well as her naughty little sister, who tempts

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the public with her small lollipops and exemption from wry faces. But be it ever remembered, that even were a doctor of the old school to become so merciful as to concede a whole skin to his fellow-creatures, by giving up vesication and venesection; were he to purge his pharmacopœia of "drastics" and salivation, and to reduce the doses of the gentle remedies to comparatively moderate proportion; still, as long as he persists in expecting to cure diarrhœa by astringents, and constipation by aperients, and so forth, so long is he nothing better, after all, than a *tamed allopath.* He may have modified his own treatment in many points: possibly in all respects but one, viz. the adoption of that law of cure which alone constitutes homœopathy, "*similia similibus curantur:*" he is merely aping the new school in those things which are not fundamental, and some of which cannot safely be dispensed with till a sound foundation has been laid.

A REAL DIFFICULTY CLEARED UP.

Many reflecting persons *who have not made themselves acquainted with the professed principles of Homœopathy,* labor (for that reason only) under a real difficulty as to its reception. I have frequently heard it said in all sincerity, by such, "Surely these medicines have exactly the same power of doing harm as of doing good: you tell me that if I mistake the remedy, there is 'no harm done!' How can this be, when I know many of them are violent poisons, such as Nux Vomica and Belladonna? If you plead that the quantity is too small to be injurious, you equally convince me it is too small to be beneficial. The conclusion is to me inevitable; and I cannot receive a doctrine which requires me to contradict common sense."

Now it should be borne in mind, in order to obviate this fatal difficulty, that a homœopathic remedy is believed effectual *only* on the supposition that it finds some organ or tissue predisposed to yield to the specific action of that medicine. For instance, suppose the liver to be in a state of morbid irritation: it is then that a medicine whose proper effect is to irritate the

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liver, may be expected to modify in *some* way the existing irritation, either for good or evil [*we* believe, in small doses, for *good*]; and it is conceivable—just and barely conceivable—that, under those highly favorable circumstances, an exceedingly small quantity may have a perceptible effect. And accordingly, very* small doses are given with a confidence founded solely and entirely on the above supposition, of existing predisposition in the appropriate organ or tissue of the body. But now, suppose two cases of error. 1st. Let the doctor mistake the disease; and select the liver medicine for a patient whose liver is perfectly sound. I ask, will either homœopath or allopath believe that this minute dose will have any effect whatever on this *sound* liver? I presume both parties will agree that it has *no chance whatever* of doing so. Still less then will heart, lungs, kidneys, &c. be affected by the presence of a *liver* medicine, with which they have nothing in common. 2dly. Let the doctor understand the disease, but choose the wrong medicine; and prescribe, for a diseased liver, a remedy which, even in gross doses, does not possess the power of affecting the liver at all. The poor man's liver will assuredly derive no benefit; and the existing disease will gain time to advance. But none of the other organs, being healthy, will be injured by a quantity so small, that allopaths denounce it in *all* cases as an absurd non-entity. So, taking the avowed estimate of either school, neither of the above mistakes can by possibility produce any positive evil. According to the allopath, the patient has merely taken an inert powder, or a spoonful of simple water. According to the doctrine of Hahnemann, neither medicine was "homœopathic to the disease;" and could not, in so small a dose, exercise any pathogenetic influence on the human organism. Hence it appears that whilst the mistakes of allopaths must often be attended with lamentable injury to the constitution, those of

* N.B.—Whenever drugs are given to healthy persons experimentally, to produce morbid symptoms, in what is technically called "proving a medicine," large doses—comparatively *very* large—are always employed. No one ever thought of the small doses disturbing a healthy constitution.

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homœopaths may indeed cause serious loss of time, till the right remedy is applied, but none can produce any other bad result. If we feel sure that the dose did no good, we may, *therefore*, be sure it could do no harm. On the same ground, no one who believes in homœopathy, *and understands it*, would hesitate (when in health) to swallow scores or hundreds of globules at once. For he knows, and has always avowed, that it would take an enormous number of them to produce the slightest effect on a healthy subject. Were he to bolt down the sum total of an ordinary medicine chest, he would feel the chances of mischief, if possible, diminished. For, supposing the contents of our little bottle to have any morbific power, surely, amongst the scores of others, it would be neutralized by its antidote. And so of each bottle in succession. For my own part, I may say that, having a firm belief in the efficacy of homœopathic treatment, and knowing the principle on which it proceeds, I would as soon employ such a medley of globules for sweetening purposes as any ordinary sugar, *bating the difference of cost*. And those who should predict evil consequences would betray much ignorance of the fundamentals of our science. The danger of such an experiment vanishes *in the light of our own facts*. The gross amount of medicinal substances in the whole congeries of globules would be very trifling; and they would, if taken in sufficient variety, be sure to neutralize each other. Yet have I heard the accident of a child swallowing a bottleful of globules with impunity quoted triumphantly as a refutation of the whole system! And some of the bolder of our opponents have threatened to settle the question at a blow, by emptying their neighbour's box at one dose. Let them spare this costly test of truth: a true homœopath would do the same without fear, just *because* he believes and understands what Hahnemann said. Let them learn that, on our own showing, and from the nature of the case, minute doses of the wrong medicines may be taken (and repeated *very, very* often) without any risk of positive injury; and that the only question at issue is, whether the *right* medicine can be taken with *benefit*. Lastly, that this question is not a question

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of theory, or of *à priori* reasoning, but simply of fact. And happily it is a question which accumulated facts are settling for them more firmly day by day, if they will only, with unprejudiced eyes, *look around them.* For it may be said of Samuel Hahnemann, as of Sir Christopher Wren—"*Si quæris monumentum, circumspice.*" The daily homœopathic cures are the imperishable ever-growing monument of the discoverer of the law of healing. "*Ære perennius regalique situ Pyramidum altius!!*"

A FEW WORDS ON THE ALLEGED INCONSISTENCIES OF HOMŒOPATHISTS.

In the first place, let it not be supposed that they are exempt from *real* inconsistency above other mortals. But it is well to clear up the real nature of some modes of treatment which are supposed to be inconsistent with the belief of Hahnemann's law. This law, it should be observed, has to do with the medicinal cure of ailments, and with *nothing else.* A surgeon, be he allopath or homœopath, carries on his special work unaffected by his medical views. Whenever he calls in the aid of medicines, of course he employs the method in which he believes, and might be called, for brevity, an allopathic or homœopathic surgeon, accordingly. But such a name could have no reference to his *surgical* treatment: and the expressions, "allopathic surgery," "homœopathic surgery," can have no meaning, any more than Whig surgery and Tory surgery; because surgery proper is, from its very nature, no more affected by a belief in Hahnemann's law than by the surgeon's political creed. Clear as this must needs be to those who, having bestowed some thought on the subject, may feel the assertion to be quite superfluous, yet amongst the vast majority who have *not* bestowed any thought upon it, are some who charge homœopathists with inconsistency, on the ground that they have recourse to surgical operations exactly as before, though this grand discovery of Hahnemann's professed to do *every thing* on a new plan. It is to these opponents that the above explanation is addressed.

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But further, in the administration of medicine itself there are alleged inconsistencies which admit of a simple refutation.

First, in regard to the occasional use of purgatives. It is a very frequent and most valuable triumph of our school, that the habitual tendency to costiveness is permanently cured, by substituting small doses of such remedies as opium, &c. for the ordinary method of combating the disease by aperients. And this is so notorious, and our condemnation of purgative courses has been so loud and unqualified, that a return to the old method of curing this symptom would certainly be most inconsistent and inexcusable. Now, of this gross delinquency we are positively and indignantly accused, and the occasional prescription or even permission of castor oil is shown up as if it were a virtual dereliction of the entire system. Let us see with how much justice. In this enquiry, it must be borne in mind that a medical man is not always exclusively occupied with the cure of disease. Another important item, sometimes even essential to life itself, is the relief of present suffering, the removal of mechanical obstructions, the expulsion of poisonous or otherwise dangerous substances.

Cases of this kind are constantly occuring, and form an appendix to the list of amputation, excision, tooth drawing, lancing of abcesses, &c., &c., which come directly under the category of surgical operations. And in this appendix of cases to which the law for the cure of disease *cannot* apply (since they form a separate item, as above stated), the homœopath can most honestly, and ought without scruple to employ means that are *not* homœopathic; simply because he is then acting in a sphere where the law *similia similibus* has and can have no place whatever.

Supposing a person has swallowed pins. Is the doctor, because he believes in *similia similibus*, bound to search for a medicine which will imitate these pins, rather than adopt means to get rid of them? Suppose a case where the stomach is known or suspected to contain arsenic or opium, must he leave these substances to produce their respective symptoms for the sake of being treated homœopathically or prevent the evil, by

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at once employing stomach-pump, emetics, and any other aid he can devise for facilitating the removal of its cause? Or again, if there be mechanical obstruction of the lower bowels, either threatening permanent stoppage, or causing by its pressure serious present inconvenience, what is he to do? It is true, he possesses remedies for the previously costive habit which often determines such constipation; but is he therefore to subject his patient to needless suffering meanwhile by refusing all available means of speedily expelling the existing accumulation? Undoubtedly, he is at full liberty to employ, for such a purpose, either an injection or an aperient, or both, at his own discretion. And it is because he is a homœopath that he never fancies he is curing a disease by so doing, but merely removing a present hindrance by *the only methods at present known*. These are plain cases where a man who believes and practises only one method of *curing disease*, may honestly employ any other known means when *that* is not his object. There is another medical field, too, where cure cannot be the object of treatment; I mean in the case of those who are dying, or whose disease is known to be past remedy. Palliation being at such a time the only attainable result, the physician is released, by the sad necessity of the case, from the strictness of a law which contemplates nothing less than a victory over morbid symptoms.

Charges of inconsistency arising out of circumstances such as are above described, and to which many might be added, are very easily disposed of. Far from convicting the practitioner of being untrue to his avowed convictions, they merely prove that he is the reasonable advocate of a doctrine, not the blind-folded slave of a dogma. And in fact a considerable portion of the alleged inconsistencies must naturally have arisen in the transition state of medical converts, who can honestly adopt the principle only as they gradually become convinced by experience of its truth, and may therefore, just in proportion to their conscientiousness, exhibit now and then an incongruous union of conflicting practices.

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REPORT OF A CASE OF TUBERCULAR ULCERATION OF THE BOWELS.

By Alfred C. Pope, M.R.C.S., Blackburn.

On the 7th of March, 1859, I was sent for to see a factory operative, æt. 22, who gave me the following history of his ailments. Rather more than six months previously, he had taken a mixture, supplied to him by an itinerant quack in the market-place, for the purpose of routing out a supposed colony of worms. The first effect of this medicine was to excite violent vomiting, and severe griping pains in the abdomen, but unattended by purging. A few days afterwards he walked a distance of about ten miles, and being much fatigued he went to bed immediately; the bed was damp, and in the morning he rose stiff and shivering from cold. In a day or two purging commenced, the abdominal pain increased; but on this occasion there was no vomiting. The purging and pain have continued ever since. For a short time the stools were loose and fæcal; but gradually their character changed, and they now consisted of a dirty watery fluid, mixed with blood-streaked mucus. Such is their appearance now. Day and night the purging continues. On asking him how often his bowels were moved, he said he never hardly left the privy before he wanted to return.

Pain in the umbilical region is constant, griping, and sore. The tongue is raw-looking in the centre, the posterior part, edges and tip are covered with a thick white fur; nausea; the appetite is indifferent; and thirst considerable. Perspires freely at night. Is extremely weak, and wasted to a mere skeleton; pulse 112. He is of a marked strumous habit. Thick red hair, thick lips, &c.

I prescribed *Sulph.* 6, in pilules, one to be taken three times a-day. A farinaceous diet, with a little beef-tea once in twenty-four hours.

March 10th. The pain was less yesterday, but not so well during last night. Has had no perspirations for two nights.

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Blood has disappeared from the stools; and there is less mucus. He feels somewhat stronger.

The medicine is to be continued; and the beef-tea to be prepared according to Liebig's formula.

13th. The pain is decreasing; the stools are becoming fæcal, and less frequent. The mucus is less, and but little blood has been observed; pulse 108. Has slept much more during the last two nights.

The cold beef-tea disagreed with him, and had to be discontinued. Two globules of *Sulph.* 30 were now prescribed to be taken every evening.

15th. During yesterday he was worse, being much more purged and griped. He took the first dose of *Sulph.* 30 last night. To-day the bowels have been moved five times. The stools are purely fæcal, and free from blood and mucus. He is gaining strength daily.

Continue *Sulph.* 30.

From this date his improvement was rapid and decided; ten days afterwards my notes say that he is much better; has very little abdominal pain; the bowels were moved only once yesterday. His tongue is cleaning. Appetite good. Sleeps well; and feels considerably stronger. He continued to improve, till, in a short time, he was perfectly well.

This patient had, during the first three or four months of his illness, been under several allopathic practitioners, but without receiving any benefit. Previously to my seeing him he had not taken any medicine for some weeks; the recovery, therefore, cannot be attributed to a suspension of hostilities on the part of allopathy. It was, on the contrary, the result of the homœopathic specific *Sulphur*, whose action was as prompt as it was marked. The nature of the disease was, I believe, ulceration of the bowels, in a tuberculous subject, excited by the combined forces of an irritant drug and cold; two most competent agencies to develope any latent tuberculosis that may happen to exist.

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CHLORIDE OF SODIUM IN PHTHISIS.

Dr. Cotton has been trying some experiments at the Brompton Consumption Hospital, on the effects of different agents in Phthisis, and has published the results he obtained from the administration of Chloride of Sodium. In order to estimate the value of the experiments and their results, it is requisite to attend to the conditions observed. Twenty-five cases, thirteen males and twelve females, were taken at random, excluding only such as had some active symptom or complication requiring active treatment. Their ages varied from 16 to 38. In seven the disease was in the first stage or beginning of the second; in the rest there was evidence either of tubercular softening or actual vomicæ.

The salt was given dissolved in water, in doses varying from one to three drachms, two or three times a day, with a little compound tincture of lavender to disguise it. It was continued from two to eight weeks.

GENERAL EFFECTS.

One drachm could generally be taken without nausea; two drachms occasionally produced sickness; and three drachms produced vomiting; but in some cases even these large doses did not disagree. Nausea was more easily produced if the medicine was taken on an empty stomach than after a meal.

EFFECTS ON APPETITE.

In fifteen cases the appetite either remained good or became so. In seven it was either bad or became so. In eight of the fifteen cases the increase of appetite was fairly attributable to the chloride. In four out of the seven the salt was fairly chargeable with its loss; in three cases thirst was complained of. This was remedied by diluting the solution.

EFFECTS ON PATIENTS' HEALTH.

Fourteen patients visibly improved, strength and appetite increased, and cough and other general symptoms diminished; eight patients became visibly worse; three remained unchanged.

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EFFECTS ON PHYSICAL SIGNS.

In four manifest improvement; in six the local mischief increased; in fifteen no change.

The improvement both in general health and physical signs occurred chiefly among the males.

EFFECT ON NUTRITION.

Thirteen increased in weight from one to six pounds; six lost weight from one to three pounds; in six the weight remained stationary.

There was no remarkable increase of the chlorides in the urine, and it was observed that these salts were present in considerable quantities in the urine even of those in the last stage of the disease.

Dr. Cotton's conclusions are the following:—

1. Chloride of Sodium in some cases increases the appetite, and acts as a general tonic.

2. In doses of one or two drachms, gradually administered, it seldom produces either nausea or derangement of the digestive organs, or occasions any considerable degree of thirst.

3. Its tonic influence in phthisis may fairly rank with many other tonics, such as bitters.

4. It does not appear either that Chloride of Sodium is a substance deficient in the tuberculous crasis, or that it has any direct effect upon phthisis when fully developed.

Dr. Cotton has yet to learn that a relation expressed by the formula *similia similibus curantur*, exists between the symptoms produced by the exhibition of medicinal agents to the healthy and the symptoms of disease in the unhealthy. He therefore seeks for information on the curative power of his medicine from the effects it produces in the diseased. Though we prefer pure pathogenetic experiment, we do not blindly shut our eyes to the indications procured *ex usu in morbis;* and therefore such experiments as Dr. Cotton's call for our careful attention.

The value of these experiments is weakened, if not wholly destroyed, by mixing with the solution of the chloride that very compound substance, compound tincture of lavender, containing

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oil of lavender, oil of rosemary, cinnamon, nutmeg, and red sanders wood. If the effect of any medicine is to be tested, either on the healthy or diseased system, common sense demands that it ought to be given alone, and not mixed with other agents, also capable of affecting the system. We might also fairly object to the magnitude of the doses, producing, as they often did, violent systemic commotions, as vomiting, &c., which might very possibly act injuriously, or, at any rate, cloak the specific effects of the drug; for it is evidently for specific action Dr. Cotton is seeking. There are no details given of the state of each patient. We are told the cases were not selected, but taken at every stage of the disease. If a medicine has any effect at all in disease, the exact conditions and states in which it proves effectual ought to be minutely given, or how can it be determined in future cases whether or not it be advisable to administer the drug? Were the general condition, the symptoms, the stage of the disease, in the fourteen patients that visibly improved in strength and appetite, in the four cases in which there was manifest improvement in the physical signs, and in the thirteen who increased in weight, exactly the same as in the eight who became visibly worse in their general condition, in the six in whom the local mischief manifestly increased, and in the six who lost weight? Dr. Cotton expresses his obligation to Dr. Maxwell for the copious and accurate notes made of the cases, to which he is indebted for the results given. We trust that, in the account of the next experiments he publishes, he will give these accurate notes in full, and possibly from them we may derive more information than from his summary, or, at least, we shall see the data from which he deduces his opinions. The time is past for the profession receiving the opinions of any man, however celebrated, without being made acquainted with the facts on which these opinions are founded; and we earnestly beg Dr. C. to give us such details.

Dr. Cotton's conclusions amount simply to this—that no special benefit is to be expected from the administration of Chloride of Sodium in Phthisis.

We note the two following facts, as of probable importance:—

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1. That the medicine produces nausea when taken on an empty stomach more readily than when taken after a meal; and

2. That it acts more beneficially on males than females.

And our conclusion from the whole is, that Chloride of Sodium has, by Dr. Cotton's experiments, been proved to act beneficially in so many cases of phthisis, as to demand a more close and searching inquiry, both as to its general physiological effects, and also the varieties of specific forms of phthisis in which it is useful.

We shall carefully watch the records of experiments Dr. Cotton may afterwards publish, and trust to derive more information from them than we have done from his communication on Chloride of Sodium.

CONTRIBUTIONS TO THE HYGIENIC TREATMENT OF PARALYSIS.

(Illustrated by some Cases.)

By Dr. M. Roth.

Every practitioner knows by his own experience how tedious the treatment of Paralysis is, and it might therefore be of some interest to give a short sketch of the treatment generally pursued, of some hygienic means which are often very efficient, and also of the mode in which the influence of the patient's will, in combination with our medical and hygienic treatment, can contribute to a cure or considerable improvement of a paralytic affection.

INJUDICIOUS TREATMENT OF PARALYSIS.

It is painful to see how frequently paralysed children are subject to tenotomy, because muscles are contracted in consequence of the paralysis of their antagonists; the result of such operations is, that the child loses even the use of the healthy although contracted muscles, without any improvement in the

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paralysed part; other children, affected with a paralysed limb, and not benefited by some medicinal agent, are entirely neglected, and thus spinal curvature, or deformity of a limb, is superadded to the original complaint. Some patients indiscriminately undergo a treatment by *nux vomica*, *strychnine*, or *veratrum*, till the expected tetanic shocks prevent the further administration of the medicine, which has failed to produce the desired effect; many patients are made the mediums for passing through them very strong electric currents, and are happy to enjoy the artificial jerks and muscular contractions while under the influence of this powerful agent, which, especially after its indiscriminate application, is only too often followed by a still greater loss of sensation and muscular power; many paralysed, although without power of reaction to the usual atmospheric changes, are exposed to the daily use of cold powerful douches, and to repeated applications of cold water, without being able to regain even their natural temperature. To counterbalance these cold-blooded amphibious patients, I can quote those who, at the advice of their medical friends, begin with small quantities of rum, which are daily increased to half a tumbler and more; these certainly do not complain much of cold. Another set of patients —under the hands of persons professing to cure every case of paralysis—have daily to enjoy the luxury of a hot-air or vapour bath; after this, to be shampooed and smeared over with infallible Indian and other ointments, the composition of which is a most rigidly-kept secret in the family of the present happy proprietors, who are satisfied to have enjoyed the presence of their credulous victims, whose purses certainly move easier, although their limbs do not participate in the same benefit; many other patients are left entirely to their fate, and must content themselves with a gentle aperient one day, and a little tonic the next day, while their general regimen and diet is neglected.

Some paralysed pass through these various processes, and find generally that their complaint is gaining ground, and finally make up their mind not to do anything more, if they still possess any will; and if this is not the case, they become quite apathetic, and lead merely a vegetative life.

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DEFINITION OF PARALYSIS, AND ITS VARIETIES.

Paralysis, or palsy, is usually defined as a partial or total loss of sensation or power of movement, or of both these faculties; in the latter case it is called *perfect*, but if either sensation or power of movement is present, it is *imperfect*, or *paresis*. As the term *anæsthesia* designates the loss of sensation, *paralysis* is used to designate the loss of power affecting either involuntary or voluntary muscles, or both; if almost all parts of the body are affected, it is *total;* if one side of the body, *semilateral*, or *hemiplegia*; and if the lower half of the body, *paraplegia;* but if a part of the body, or one limb, or a part of it, is affected, the paralysis is *local* or *partial*, which must not be confounded with *acampsia* (apparent paralysis), caused by some special or local affection of a part; thus *acampsia muscularis* is caused by contraction or stiffness of the muscles, *acampsia tetanoides* by a tonic spasm affecting a whole limb, or only a group of muscles, or a single muscle. When paralysed parts are constantly shaking, or moved, or rather jerked, without the slightest influence of the patient's will being directed to these parts, the complaint is called *paralysis agitans*, or shaking palsy; such jerks often accompany the gaping or yawning of the paralysed; they follow also after impressions acting powerfully on the mind.

DIVISION OF PARALYSIS FOR PRACTICAL PURPOSES.

Idiopathic paralysis occurs rarely, and only in parts not sufficiently provided with arterial blood, in consequence of local impediments in the blood-vessels, also during rheumatic and arthritic affections, after injuries of single or all the filaments of a motory nerve; thus groups of muscles, or single muscles, are sometimes idiopathically affected; the bladder is also often thus affected. *Symptomatic* paralysis is frequent in acute and chronic diseases of the brain, spinal chord, or of single nerves,—of the substance as well as of the surrounding membranes or sheaths of these organs,—or of other adjacent parts, and occurs therefore often very suddenly, while it is preceded in many other instances by various premonitory symptoms. Congestions, inflammations, internal rupture of the nervous substance, or of the surrounding membranes, apoplexy, cerebral inflammation, meningitis, hydro-

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cephalus, inflammatory and other diseases of the spinal chord, are frequently followed by paralytic affections. *Convulsions* precede paralysis caused by meningitis, and *painful contractions of the muscles* are symptoms of inflammation and softening of the nervous substance; if one hemisphere of the cerebrum or cerebellum is the seat of the disease, the opposite side of the body is affected; disease of the protuberantia annularis, or of another central point, produces paralysis all over the body; disease of the *thalamus opticus* causes paralysis of the upper limbs; and when the corpus striatum is affected, the lower limbs are affected. This paraplegia differs from that caused by central paralysis of the spinal marrow in this, that when the spine is supported, as, for instance, in a lying position, the legs can be moved, which cannot be done if the paralysis proceeds from the brain.

Injuries of the spinal chord produce paralysis of the parts below the injured part; and the sensation of an iron hoop round the body is generally a symptom of an affection of the dorsal or lumbar part of the spinal chord.

Sympathetic paralysis is produced by diseases of the digestive organs, of the intestinal mucous membranes, worms, hysteria, hypochondriasis.

CAUSES OF PARALYSIS.

Besides those mentioned under the head of symptomatic paralysis, the most frequent are dynamic and other influences acting directly upon the nervous system, as sudden fear, great anxiety, grief, care, constant mental work and mental or bodily over-exertion, inanition, fatigue, hunger, marasmus, excesses in Venere et Baccho, violent spasms, epileptic, hysterical and other fits, concussion of the brain and spinal chord, plethora arterialis or venosa, exudation, pressure, effusion of blood, extravasation, disorganisation of the bones of the skull, of the vertebræ, spinal curvature, tubercular kyphosis, suppression of serous excretions, of hæmorrhage, of transpiration, suppressed secretion of milk (milk metastasis), suppressed herpes or exanthema, suppressed piles, abdominal irritation by worms, indigestion, difficult dentition, onanism and masturbation, poisoning by lead, arsenic,

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mercury, nicotine, woorala, hydrocyanic acid, belladonna, stramonium, hyoscyamus, &c. Ague causes intermittent paralysis.

The various causes produce either *cerebral paralysis*, proceeding from the brain or spinal marrow, or from both; *peripheric paralysis*, the result of diseases of the nerves, or their surrounding membranes, after they have passed the bones of the scull or the intervertebral foramina; and *symptomatic paralysis*, which is the effect of a reflex action upon the central or peripheric nervous organs produced by some other disease or injury.

PROGNOSIS.

Paralysis is generally of a chronic character, and lasts for years, and even during the whole lifetime, as in paralysis congenitalis; the shortest time in affections of the sympathetic, longest in spinal and peripheral disease; *acute* paralysis lasts sometimes a few hours only, or a few days, as, for instance, after hæmorrhage within the brain.

The cure of central paralysis is rarely complete, as some trace always remains; and is always more dangerous than the peripheric. Disorganisation of the nervous substance, tumours, abcesses, softening, indurations in the central organs, are generally incurable; but many paralytic affections, whether peripheric or produced by arthritis, rheumatism, external injuries, suppression of active secretions, &c., can be either cured or considerably improved.

The medicinal treatment of the old school embraces the greater part of the Materia Medica, and the mere enumeration of all the medicines used, internally and externally, would fill pages; therefore I will name only a few so-called specifics. *Arnica, belladonna* and *moschus* have been recommended when the central cause is in the brain; *assafœtida, oleum dippelii, nux vomica, strychnine, brucine, veratrum*, when the spinal chord is primarily affected; these act on all the muscles provided with spinal nerves, and produce convulsive motions; they should be used according to Marx with the *greatest caution*, and only in cases where the enervation is too weak, and *no organic* change exists in the central nervous organs; the same author adds, "they produce frequently in the beginning, in the

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paralysed limbs, a sense of formication, local perspiration, convulsive movements, and even a certain degree of movability, and notwithstanding all these symptoms, *the improvement is only apparent, and is often followed by considerable spasmodic complaints, tetanus, and speedy vital exhaustion. Oleum cajeput, capsicum, pimpinella, pyrethrum,* are recommended in paralysis of the tongue, internally as well as externally; *phosphorus* in prosopalgia; *cantharis, solidago virga aurea, terebinthina,* in paralysis of the renal nervous plexus; *secale cornutum* in uterine and hysteric paralysis; *argenti nitras* and *mercurius* in paralysis saturnina.

Inhalation of oxygen, ammonia, urticatio, dolichos pruriens setons, moxa; tepid, warm, hot, cold water baths; baking in warm sand, in the blood or contents of the stomach of recently killed animals; dry-air, vapour, Russian and mineral baths; electricity in its various forms, as electro-puncture, galvano-puncture, magneto-electricity, the shocks of the gymnotus electricus, magnes artificialis; dry rubbing and shampooing, belong to the external apparatus recommended to assist the numerous internal medicines.*

The homœopathic practitioners recommend, according to the most prominent symptoms, *anacardium, arsenicum, belladonna, bryonia, carbo vegetabilis, cocculus, colchicum, conium, cuprum, dulcamara, hyoscyamus, kali, laurocerasus, natrum muriaticum, nux vom., oleander, opium, phosphorus, plumbum, rhus radicans, rhus toxicodendron, secale, silicea, stannum, stramonium, sulphur, zincum,* &c.

HYGIENIC TREATMENT.

In many cases the medicines employed have not the desired effect; "and even when we are able to remove the cause, the paralysis which has lasted any length of time will not be cured, because, in this case, neither the dried up fountain of cerebral elimination nor the alterations in the contractile tissues can be restored by the mere removal of the cause."—ROMBERG. Many

* More on the treatment of the old school can be found in Copeland's Dictionary.

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paralytics can be more or less improved by such hygienic means as have for their object *the restoration and maintenance of the integrity of the muscles, and the restoration of the excitability of the central organs;* without the accomplishment of these two indications, no cure or improvement is possible.

"Our ignorance, and the incurability of the conditions which are the source of the interrupted excitability, are partly at fault, *partly the absence of any remedies* by which we are able to act directly upon the central organs. *We are only acquainted with two influences by which we can do it, viz. mental and reflex elements.* The former are obtained by THE AGENCY OF THE WILL and the emotions, and not only by sudden and violent affections, as joy, fear, despair, but also by an enduring psychical tension, as may be induced by an enthusiastic reliance upon divine and human aid."—ROMBERG.

To the most powerful *reflex stimuli* belong the following, not medicinal means—brief applications of cold and heat, hot vapours, sprinkling and affusion with cold water alternating with warm water, frictions in a centripetal direction; while the passive manipulations of kneading, pressing, traction, pulling, clapping, tapping, percussion, and many others,* help considerably to fulfil the first indication, viz. the restoration and maintenance of the integrity of the muscles.

I have quoted Romberg, the greatest living authority on diseases of the nervous system, in order to prove that we do not know any medicinal substance capable of restoring the lost excitability of the central organs, and that we must rely only upon the agency of the will and the emotions; a similar opinion is expressed, but in other words, by Dr. Robert B. Todd, in his clinical lectures on Paralysis and Diseases of the Brain: "You will often be consulted as to 'some expedient for promoting the restoration of the paralysed limbs to their normal condition.' To this question, having given a fair trial to the various means which have been proposed for this purpose, I must reply, that I know of nothing which more decidedly benefits the paralysed limbs *than a regular system of exercise; active*

* Described in my *Handbook of the Movement-cure.* Published by GROOMBRIDGE & SONS, 5, Paternoster Row.

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when the patient is capable of it, passive if otherwise. As to the use of electricity, which is now much in vogue, or the employment of *strychnia*, which has been recommended, I feel satisfied, as the result of a large experience, that the former requires to be used with much caution, and that the latter is apt to do mischief, and *never does good.* I have seen cases in which, after the employment of electricity for some time, that agent has apparently brought on pain in the head, and has excited something like an inflammatory process in the brain. And so *strychnia* also will induce an analagous condition of brain, and will increase the rigidity of the paralysed muscles. Some good may occasionally be effected by the use of the friction, or cold water, or shampooing, all of which tend to improve the general nutrition of the nerves and muscles."

John Shaw, in his enquiry into the causes of partial paralysis and wasting of the limbs, says:—"Whatever may have been the original cause of the wasting and paralysis of the limb, I would recommend that we should, in addition to such plans of treatment as the state of the constitution may call for, endeavour, by friction, shampooing, warm and cold bathing, &c., to excite a certain degree of action. This is to be assisted by mechanical contrivances, to bring the paralytic muscles into play. To restore a part to its pristine state of vigour, we must attend to the principle that *active exercise of an organ is necessary, not only to its perfection, but* EVEN TO ITS PRESERVATION." *

Mr. Ward (in his Remarks on Paralytic and other Diseases. London, 1840) observes, that "The manner in which stimulants are supposed to act in paralysis, is by increasing that energy of the brain which is necessary to the production of muscular action. *The stimulus which appears to me the most safe, the most completely under our control, and the best calculated* to effect this object, is *that of frequent exercise, excited by or dependent on volition.*

"From the phenomena which the disease presents, it would appear that an interruption takes place between the governing principle and the subordinate agent by which the movements of

* *On the Nature and Treatment of the Distortions of the Spine, etc.* London 1823.

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the body are performed; although the pressure or other cause affecting the brain be removed, and its healthy functions restored, yet the connection having been once destroyed between the sensorium and the muscles, the habit of association has been thereby lost, and the latter are no longer subservient to the dictates of the will.

"The necessity of the frequent exercise of volition to accustom the muscles to obey the impulse of the mind, and its influence in producing that effect, may be illustrated by a reference to those acts in which the association between volition and action is enjoyed in the highest practical degree of attainment, as in those of fencing, the feats of jugglers, &c.*

"A tyro has the same power of volition over the number of muscles which are to be exerted as the most expert professors of the respective arts; but his first efforts are, however, unconnected and irregular, and *it is only by repeated attempts that he is enabled to acquire the power of immediate association between volition and muscular action.* A want of attention to these circumstances will explain the general failure of the usual means that have been resorted to for the cure of paralytic affections after the primary disease of the brain, whatever may have been its nature, has been removed; the intimate connection and dependence which exists between the sensorial and muscular power has not been adverted to, *and that most powerful of all muscular stimulants, volition, has been altogether overlooked, or regarded only as a casual and secondary means of cure.*

"We constantly see individuals who have attained the full and free use of the leg of the affected side, whilst the arm perhaps hangs as useless as when first attacked by the disease."

Dr. Cooke, in his valuable History of Palsy, observes, "that in hemiplegia it almost always happens that the power of the leg returns long before that of the arm; I have seen more than

* We have daily an opportunity of admiring this influence of volition on the muscles during the performances of great singers and musicians, who execute the most difficult passages with a rapidity and precision which is almost incomprehensible, when we think how subservient to the will the muscular obedience must be, in order to be able to express through movements the command of the will.

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one case in which the arm of the affected side has remained paralytic for several years after the restoration of the leg.

"The character of the malady in the majority of these cases, as far as relates to the state of the brain, must be the same; and the reason of the difference in the recovery of the two limbs will not appear difficult of explanation. The invalid is under the necessity of using the leg frequently, the effects of volition on the muscles are stronger and more constantly exercised, and necessarily produce a greater determination of blood to the limb, consequently an increase of its bulk and strength. The action of the arms not being so indispensably requisite for the common purposes of life, the inducement to the exercise of it is less, especially as its uses can be readily supplied by that of its fellow.

"Friction with the hand, manipulation or percussion, appears to have a local effect on the nerves distributed upon the muscles, by increasing their energy, as well as inducing a greater sanguiferous circulation, and a consequent enlargment and correspondent increase of strength in them; these stimuli I consider inferior in their effect to that excitement produced by the act of volition; they are, nevertheless, to be regarded as powerful auxiliaries."

The opinions of Romberg, Todd, Shaw and Ward, with regard to the powerful curative influence of the will in restoring *the excitability of the central organs*, and of the efficient aid of manipulations in the maintenance of the integrity of the muscles, are corroborated by many other authors who have paid attention to the treatment of paralytic affections; but exercise only and manipulations are not sufficient for curative purposes, and every case should be made a separate study, and the necessary regimen and diet prescribed, with a precision as if they were powerful medicines; besides the avoidance of the causes, all paralysed will be benefited by almost constant exposure to fresh and pure air, and if they are able to take a walk in the open-air, it is better than to be dragged along in an invalid chair, or to drive about in another vehicle; their bedrooms should be *constantly* ventilated, and the windows of their sitting-rooms frequently opened, without exposing them

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to a draught; with few exceptions, I forbid boating, and prefer to expose the patients to a nice sea-breeze while they are on shore. Even with the *greatest* cleanliness of their body, dress and bed, their exhalations are generally of such an offensive nature, that particular attention should be paid in this respect. The temperature of the room should not be under 65 deg., and the water used for their ablutions should be tepid, and only when their power of reaction increases less warm water should be used. An ablution in the morning is mostly recommended, in such a manner that one part of the body or one limb is soaped, washed, dried, rubbed till it is warm, and covered, before the same is done for a second part. The paralysed limbs are always less warm to the touch of another person, and either very pale or of a leaden hue; these parts must be washed with warmer water than the rest of the body, and must also be placed in such a manner that the reflux of the venous blood should be accelerated by the position; pillows of horsehair, chaff, leaves of maize, seagrass, &c., having the form of a wedge, assist the patient in keeping up comfortably the desired position; when he is lying, reclining or sitting, a triangular handkerchief bound round the neck forms a kind of cradle for paralysed arms, hanging loosely down; by the aid of air and other cushions, the loins can be supported, &c.

In proportion to the increase of reaction in the whole body or the paralysed limb, the temperature of the water used for the ablution should be lowered; the plan I pursue, is to lower the temperature every third or fourth day, by about half or one entire degree. Sometimes it is necessary to cover the patient more heavily, and to retain his animal heat before the ablution is made; and in other cases the affected part is wrapped up with warm or hot flannels, which are either dry or moist, depending upon the state of the skin.

The general and topical application of vapour is also very useful for the reproduction of the natural temperature, especially when immediately followed by less warm showers, douches or ablutions; these act as reflex stimuli, and their effect is still more increased if kneading, pulling, percussion and friction, and other manipulations, are resorted to after the ablution or

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bath. Those who are more interested in this theoretical subject, will find some information in my pamphlet on the Russian Bath,* and can get more practical insight by visiting the bath,† where they will find Mr. Tothis ready to show the various applications of tepid, warm and cold water, in the form of bath, shower, douches, &c., &c.

Medical men will often find it very difficult to induce their paralysed patients to make use of ablution, and therefore they will be glad to know that in the Russian bath their prescriptions can be carried out *ad literam.* Such a prescription contains—1, the length of time in the bath; 2, the temperature; 3, the general and local application of certain manipulations, or of the steam and water; and finally, if required, some special directions whether the patient should be kept in a particular position, whether his head is to be kept cool, whether he is to perspire after the bath, etc., etc.

After air and water, attention is to be directed to food and drink. For those who are not able to take active exercise, animal food should be given in smaller quantities; but, on the whole, they may have good nourishing food in moderate quantities, as it is one of the peculiarities of paralysed persons beyond a certain age, rather to take an excess of food. There is in general no objection to moderate quantities of beer or wine, when the patient has been accustomed to take them, but if this was not the case, they must be considered as medicines; the same might be said of tea and coffee; but brandy, gin and ale cannot be permitted.

DRESS.

The dress should be loose, but always sufficiently warm; the paralysed part is to be kept warmer than the rest of the body; one or two additional layers of soft leather, cotton, flannel or fur answer this purpose best. The quality of the material and quantity of the dress depend upon the season, the degree of the patient's general powers of reaction, and the diminution of

* Published by Groombridge & Sons, 5, Paternoster Row, London.

† 16*a*, Old Cavendish Street.

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warmth in the paralysed limbs; rabbit or catskin, the hairy side in contact with the skin, answers in those cases where other materials fail to keep up the desired amount of warmth.

Having published elsewhere* a detailed description of the passive manipulations which act as adjuvants in the treatment, I wish to call particular attention to the *pressure on the nervous trunk or smaller single nerve* pervading the paralysed limb. This pressure is frequently combined with vibration, so that the whole part is in a state of gentle vibratory motion.

The following is the method in which the mental stimulus of volition (the innervation) can be, and is brought into action, in order to carry out as far as possible the most important indication in the treatment of paralysis, viz. the restoration of the imperfect or lost excitability of the central organs. As long as there is only a trace of movement in a part, the repetition of the movement will increase the influence of the will upon that part, especially as the full power of the will is brought to act only upon one group of muscles, or only upon a single muscle at a time. If there is no trace of movement, the patient is encouraged by the medical man to make an attempt to move some part; but as this attempt fails to produce any movement, this is executed for the patient during the moment of his attempt *to will* the movement. Although this appears very tedious, and no result is visible in the beginning, soon some slight trace of movement appears; the patient feels that he is able to exert his will, and by degrees he is conscious of some action, which is scarcely visible to others; and in this manner the attempts to exert the influence of the will upon some muscles are daily repeated. Great caution is necessary not to fatigue the patient, which happens in the beginning even after the first two or three attempts; but if such an attempt to exert the will is accompanied by a dull or acute pain in the head, this is a contra-indication to the *active* treatment, and we must content ourselves to apply to the other means till the pain disappears. If the patient succeeds in making the first visible

* *Handbook of the Movement-cure, and cure of Chronic Disease by Movements.* Groombridge & Sons, Paternoster Row.

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movement, he will be more and more encouraged to pursue the indicated plan of treatment; his power of volition will increase, and in the same ratio, its influence upon the muscular fibre.

Those who smile at the idea of going on with an attempt to influence by the will a part, even when there is no visible effect, and who would like to substitute electricity, owing to the physiological researches of Duchesne and Raymond, so fashionable for innervation, must be reminded that "innervation is an organic functional act, subject to the laws of waste and repair of the tissue performing it;" and although there is some remote analogy between innervation and electricity, as they both produce muscular contraction, one cannot be substituted for the other; because the stimulus proceeds in one case from the mysterious internal vital source, and in the other case is the result of an external artificial cause. In practice, we find that all paralyses of motion which, in the absence of disease of the central nervous organs, or of disorganisation of the nervous and muscular tissues, are capable of some improvement, can be more lastingly benefited by natural innervation than by electric or any other stimuli.

(*To be continued.*)

AFFECTIONS OF THE SEXUAL ORGANS.

By Dr. V. Meyer, Leipzig.*

1. ACUTE GONORRHŒA.

Affections of the Sexual Organs—104 *Cases.*

(33 cases; 18 cured, 2 improved, 5 absented themselves, 8 only once seen.)

The often repeated complaint that we are not in possession of a true Homœopathic specific for Gonorrhœa is not entirely without foundation. We may reasonably expect from a true Homœopathic specific that its curative action should not only be

* From the *Hom. Vierteljahrschrift.*

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certain but also rapid, nevertheless it very rarely happens that gonorrhœa is removed by a single remedy, however suitable the latter may appear, moreover it not unfrequently occurs that the treatment is so much prolonged that it is impossible to ascribe any great activity to the medicines employed. This fact may be partly owing to a deficiency in the materia medica, and partly to a want of proper care in individualisation on the part of homœopathists. It cannot be denied that we possess a considerable number of remedies whose physiological provings show a blennorrhœa of the mucous membrane of the urethra induced not unlike to gonorrhœa; the larger number of medicines in the materia medica are in this respect wanting in the characteristic symptoms, a few have proved serviceable in the treatment of the disease. The number of medicines for clinical employment may, however, have been too much restricted. On the other hand it cannot be denied that the uniformity evinced by the malady has misled many homœopathists, by inducing them to adopt a uniform and routine mode of treatment in which it has frequently happened that the cure has either been imperfect, or beyond measure prolonged. A principal cause for the unfavourable results seems to me to be in the nature of the disorder itself. If in consequence of their organic structure and functions, the mucous membranes are less accessible to medicinal action than other parts of the body, so is this particularly the case with the mucous membrane of the urethra. The contracted situation of the latter, the proximity of the fossa navicularis, the deeply seated prostate which is so extremely prone to sympathize with the urethra, the passage of a more or less corrosive urine over the morbid mucous membrane, together with the frequent existence of chordee, sufficiently account for the fact that inflammations of the mucous membrane of the urethra have comparatively a slow course, and that the greatest trouble on the part of the practitioner, as well as the greatest attention on that of the patient, are necessary to ensure a certain cure of gonorrhœa. Therefore, at the commencement of my practice, when not so familiar with homœopathy, the proposition seemed to me to be a good one, to act immediately on the mucous membrane, hence I often used injections of Nitrate of silver in acute gonorrhœa, and Zinc in

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secondary. In many cases the action was surprisingly rapid, for after the superficial layer of the morbid membrane had been thrown off by the newly induced inflammation, I noticed that with the diminution of the artificial hyperæmia, the discharge quickly decreased, so that often from the 5th to the 8th day there was not any trace of the blennorrhœa perceptible. However, the cure was mostly deceptive, for by the slightest exertion or the smallest error in diet, the least excitement, and frequently without any assignable cause, in a few days, to the patient's distress and my own grief, the discharge again appeared in all its glory.

It was not any better with the other allopathic remedies, Cubebs and Balsam of Copaiva (from which I may observe in passing I have never obtained any result from homœopathic doses.) They either do not cure, or are mere palliatives. Of this we have frequently proof enough, for a large number of the 33 cases mentioned, not having been benefited by allopathic treatment or suffering from secondary attacks owing to the routine mode of treatment, placed themselves under our care. The results obtained by us were not by any means unfavourable; for 18 out of the 33 were cured,—this number will appear so much more flattering by abstracting the 8 who only came once.

The average duration of the treatment of the 18 cured extended to $52^{5}/_{9}$ days, not by any means too long a period, though the latter would have been considerably shortened if there had not been 4 cases among the 18 distinguished by unusual obstinacy. The first required 93, the second 94, the third 143, and the fourth even 155 days for their treatment. This delay is attributable to many causes. Two of these 4 cases occurred in married men, and I am unable to say whether they maintained or not that rigid continence I enjoined. The third was subject to frequent nocturnal pollutions, which occasioned a relapse as often as any improvement was made, and the fourth was a filthy dissolute fellow to whom it was useless to prescribe any restriction of diet. These 5 chronic cases may be compared with 5 others in which the cure was effected in a very short time (18, 15, 14, 13, and 5 days) notwithstanding that in the one in which thetreatment was continued for 15 days, the disease was compli-

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cated with strangury. All 5 had this in common, that they were not previously treated allopathically, but at once came into our Institution.

I have always adopted as a fundamental principle not to change the remedies too quickly.

Taught by experience that the radical cure of blennorrhœa of the urethra must usually take some time, and that those instances in which the disorder has been removed in a few days are exceptional, I have persevered in the use of the remedy considered suitable, as long as the symptoms remained unchanged. Thus in the 18 cases only 6 medicines were employed, viz., Cannabis, Cantharis, Mercur. solub., Petroselinum, Sulphur, and Sepia. In only one case was Agnus castus employed as the discharge threatened to become secondary.

When there is such a great similarity in the disease before us and which at the same time is so frequently deficient in symptoms, it is often difficult to be guided in the choice of a remedy by individual indications, unless reference is made to some antecedent circumstances in no conceivable connection with the nature and essence of the disorder.

I will now proceed to make some few remarks on the motives which led me to use the above mentioned remedies.

Cannabis sativa was mostly prescribed when the gonorrhœa was recent and had not been maltreated by allopathic means, the discharge of a milky colour consisting of a watery mucus, the orifice of the urethra reddened, the inflammation extending over the prepuce, the latter swollen. The patient at the same time complained of a burning smarting pain in the whole course of the urethra, at the end of the penis, or in the region of the corpus cavernosum on passing water. There were no frequent calls to pass urine, on the contrary, the latter could be retained longer than usual, which was more frequently the case in order to avoid a recurrence of the pain. A drawing pain along the spermatic cord was a further indication for the common Hemp. It rarely occurred that the disease was removed by the use of Cannabis alone, for this remedy is more suitable to the primary inflammatory condition. It was used alone in the case which was cured in five days, for it covered all the symptoms. (Dose 3, 6.)

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I was induced to use *cantharides* in gonorrhœa attended with violent and urgent calls to pass urine, the patient feeling almost a continual necessity to evacuate the bladder, notwithstanding the urine is only passed in drops or in an interrupted stream accompanied with the most violent, burning, shooting pains in the urethra, which feels swollen, occasionally the urine is bloody, without its being clear whether the admixture of blood takes place in the bladder or is owing to the passage of the former over the highly inflamed mucous membrane of the urethra, the latter supposition seems to be the more probable, as at times the morbid discharge itself is blood. The patient is further troubled with nocturnal and extremely painful erections which occasionally amount to chordee. The discharge itself is less copious and thinner than that described under Cannabis, the inflammation of the mouth of the urethra is however much more severe, frequently extending to the glans and prepuce. In these cases Cantharis is unsurpassed in its beneficial effects, for it may with very great certainty be expected to remove the inflammation in a short time. Still, I have never yet been able with it alone to effect a cure in this disease, on the contrary I have often found that after the disappearance of the inflammatory symptom the discharge has recurred in a severer form. Hahnemann has already remarked, with his usual foresight (Organon, s. 31) "Cantharides cure the most urgent, primary symptoms of gonorrhœa, but the subsequent treatment requires further means." (Dose 3, 6.) Hahnemann has as justly anticipated the specific action of Petroselinum in simple gonorrhœa. In the 18 cases I have employed this remedy only twice, in both instances after Cannabis, in which after the removal of the inflammatory symptoms there remained after the former violent pain in the urethra a kind of creeping or itching with occasionally urgency to pass urine. The discharge itself had already been lessened by Cannabis. In both cases no other remedy than Petroselinum was necessary to complete the cure.

Mercurius solub. possesses greater activity than the three above mentioned remedies. I have prescribed it in all obstinate forms of the disease, in which after the removal of the first stage the progress of the discharge continues unchecked, increases in

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quantity, or in which the inflammation was either very slight or entirely absent. Although I tolerably often owed the perfect cure of this disorder to this remedy, still I am not yet able to give decided or clear indications for its employment, for it has often caused me disappointment, or only effected a partial cure. Recourse to this remedy has been had the more readily because so many cures have been effected with it, and because the physiological proving includes several symptoms referrible to the disorder. Reconsidering the symptoms more closely we shall perceive that Mercurius has but little to do with the inflammatory condition of blennorrhœa of the urethra, and that in reference to the genital organs it exhibits more the character of torpidity. I have, however, observed that the indications for Mercur. are more clearly shewn in the complications of gonorrhœa. In fact, in cases complicated with buboes, inflammation of the testicles, prostatitis, &c., I have derived the greatest advantage from its employment, especially when the discharge is puriform and of a greenish and yellowish colour unassociated with a syphilitic ulcer in the urethral canal; in the latter case it is the more clearly indicated. In phimosis, with extensive swelling of the prepuce, after the inflammatory condition is subdued, Mercur. acts as specifically as Cannabis, if these complications arise during the inflammatory state. (Dose 3, 6, 12, 30.)

Sulphur.—I had recourse to this remedy in two cases. In one there remained a slight moisture at the termination of the urethra, especially in the morning, after Cannabis and Mercur. had been used; in the second there were slight erosions in the penis which led me to use this powerful polychrest with the best effects.

Sepia was prescribed in one instance in which frequent pollutions caused an increase of discharge after it had lessened.

Capsicum annuum and *pulsatilla* I have not had an opportunity of using during the year, although they are very useful remedies in those forms of gonorrhœa for which they are suited. I should, however, far exceed the limits of this report if I were to notice in detail those medicines which have not been employed in the period mentioned. I must, however,

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incidentally remark that I have never seen any actual benefit arising from Tussilago petasites recommended by Rosenberg.

Besides the 33 cases there were two others which came under treatment in which acute gonorrhœa was accompanied with epididymitis, one of these had also a bubo. The last patient ceased attending, the former was still under treatment at the commencement of the year, consequently the results will be reported in the ensuing year.

2. SECONDARY GONORRHŒA.

(13 cases: 6 cured, 1 improved, 3 ceased attendance, 3 only attended once.)

If, as evident from the above statement, many of us meet with cases of acute gonorrhœa which in course of treatment have passed into the chronic or secondary form, still I have only admitted into the rubric of blennorrhœa urethræ secundaria, those cases in which the acute stage has already subsided, and which from the commencement have presented the secondary form. In this latter the result of the treatment was not unfavourable, nevertheless, I must honestly confess in considering my former experience and that of others, that this small plague of humanity is a great one for the physician.

When the discharge of acute gonorrhœa is not quickly removed in consequence of improper treatment or culpable neglect on the part of the patient, then the so-called secondary form results. In consequence of the long persistent hyperæmia the mucous membrane of the urethra becomes relaxed, spongy and thickened, &c., causing that morbid condition distinguished by a scanty secretion of a watery fluid, usually most abundant in the morning after awaking, and generally giving no further trouble to the patient than exciting in him the desire to be entirely free from the annoyance. This simple catarrhal secondary disease mostly bids defiance to treatment, and it almost seems as if the affected part offered a too insignificant surface for the action of remedies. A more favorable therapeutical effect is produced when this secondary disorder does not depend upon a simple catarrhal condition of the mucous membrane, but upon a morbid state of some other of the genital

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organs, such as an inflammatory or hypertrophied condition of the prostate, testicle, or inguinal glands. On removal of the disorder the discharge disappears. If such a complication is absent then the treatment requires a longer time and greater attention. I found this to be the case in the past year. Amongst the 13 cases under treatment there were 9 in which the secondary blennorrhœa originated in a primary affection of the mucous membrane of the urethra. Four of these were cured, 2 absented themselves in the midst of the treatment after several visits, and 3 ceased attending after the first visit. In the treatment of the 4 cases only 3 remedies were required: Mercur. sol., Phosph., and Ferr. mur.

The 4 remaining cases of the 13 were of a complicated nature, in one the secondary discharge was associated with an indurated bubo on the right side, which had existed for some time, the second had chronic prostatitis, the third had stricture, and lastly in the fourth it was dependent on extensive epididymitis. The last case staid away without informing me of the result, the three others were cured. In all the 4 cases there was previous acute gonorrhœa. Merc. sol., Phos., Aurum mur., Canthar., Colchicum and Clematis were required to complete the cure.

Two of those suffering from simple secondary disease were cured by the sole employment of Phosph., one in 15 the other in 14 days, the third had Merc. sol., and lastly the most obstinate yielded in 53 days to Merc. sol., Phosph., and Ferr. mur. The last remedy was had recourse to owing to the anæmic and exhausted condition of the patient.

The employment of *phosphorus* in secondary gonorrhœa will be surprising to many, yet it has been to me an invaluable remedy. Some years since a young colleague in our clinical wards informed me that a clinical teacher at Prague (his name has escaped my memory) was in the habit of using it in this disease with much success. I made a trial and found the statement was correct. Though the physiological symptoms of Phosphorus may not directly indicate this curative action, still the very decided amount of depression which it induces in the whole of the genital organs would lead me to expect a curative

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action in atony of the mucous membrane dependent on secondary blennorrhœa. I have observed that it is especially indicated in those cases in which there is slight discharge, usually appearing in the morning at the orifice of the urethra like a minute drop of water, or the orifice is glued together, scarcely leaving a perceptible mark on the linen. The patient does not feel any pain or uneasiness on passing water, the discharge depending entirely on atony of the mucous membrane. In such cases I have seen the most surprising effects from Phosph. which I have employed in the 6th and often in the higher dilutions; the cure has mostly been rapid and lasting. But in the above-mentioned isolated case in which the chronic discharge was dependent on hypertrophy of the prostate as clearly ascertained on examination by the rectum the cure was effected by a continued use of Phosphorus, the discharge lessening as the affected gland went on decreasing, the treatment extending to 71 days.

From what I have said of Merc. solub. it is evident that the indications for its use in this disease differ from those of Phosphorus. I consider it to be especially indicated when the discharge is abundant and thick, of a greenish or yellowish color, leaving similar stains on the linen, when it continues throughout the day, not restricted to the morning, but more abundant after each meal time. Sometimes the patient may feel slight pain on voiding urine or stitches in the urethra, at other times there may be dragging in the ureters or groins. In similar forms of secondary gonorrhœa Merc. has always been of great service, the cure was either effected by it alone, or was so far advanced that it was completed by Phosphorus.

The curative action of Mercur. was confirmed by the case already mentioned, in which there was a complication of enlargement of the inguinal glands of some months duration. When the patient at first came under treatment the discharge was but slight, though it again became profuse as the bubo began to disperse. The enlargement continued to lessen and the increased discharge was again reduced to a minimum by Cannabis, the cure was then completed by Phosphorus. I also made use of Mercur. after the administration of Cantharis and Colchicum in the case in which the secondary discharge was attended with slight pain,

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the urine being voided slowly; occasionally the patient was troubled with continual cutting at the end of the penis. Cantharis and Colchicum removed these painful symptoms almost entirely without arresting the discharge. As no beneficial effect ensued from the employment of Mercurius, I made a stricter examination of the patient and found that a slight stricture of the lower third of the urethra was the real materia peccans. *Clematis erecta*, which I had several times found of service in my private practice, was so far successful as to diminish the amount of discharge, and the urine, notwithstanding the continuance of the stricture, was voided in a much larger stream. The patient probably contented with this temporary improvement discontinued any further treatment.

Besides this case one of chronic prostatitis came under treatment; the result was uncertain, as the patient ceased his attendance. A case of orchitis of some years duration subsequently complicated with slight paresis of the right thigh was greatly ameliorated by Aurum, Clematis, Lycopod. and Spongia.

3. PRIMARY SYPHILIS.

(17 cases: 4 cured, 4 improved, 5 discontinued attendance, 4 only attended once.)

It is surprising to the Physician that there is such an absence of clinical knowledge in the treatment of syphilitic diseases. The carelessness of patients with regard to their diet, and their infrequent attendance at the Institution are a great hindrance to their prompt cure. The patients belonging to the lower classes can only act up to the strict injunctions of the practitioner in the most unsatisfactory manner. Obliged to follow their daily occupation, to gain a livelihood, they are often exposed to every vicissitude of the weather, as well as compelled to adopt an unsuitable diet. The injunction to cleanliness of the body, as well as of the part affected, is very rarely complied with, either from want of time or intelligence. However unsatisfactory and unfavourable these circumstances may be, particularly to the Homœopathic practitioner, they still yield a remarkable proof of the curative action of the Homœopathic remedies, and comparatively speaking of the small doses for

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with the conditions just described, the results obtained cannot be ascribed to the powers of nature. Notwithstanding the small number of cases, the results obtained by us during the year testify to the truth of the above, for in reference to the time required for a complete cure, the usual period was not by any means exceeded.

Of 17 cases with chancre, under our care, 4 were cured: one in 14 days, the second in 27, the third in 34, and the fourth in 95 days, or that the average time required for treatment was 42½ days. The remedies prescribed were Merc. solub., Merc. præcip. rub. and Acid. nit. The first and second were administered in grain doses night and morning of the 2nd and 3rd centesimal trituration, the Nitric acid was taken twice daily, from 3 to 5 drops of the 6th dilut.

The case cured in 14 days had Merc. solub. and Red Precipitate; the second only required Merc. solub. to be cured in 27 days; the third recovered in 34 from the sole employment of the Red Precipitate; the last had Nitric acid, in addition to both of the Mercurial preparations.

In the 4 cases ameliorated which left during the treatment, besides the remedies mentioned, Merc. biniodat. and Cinnabar were likewise employed.

4. SECONDARY SYPHILIS.

(30 cases: 10 cured, 2 improved, 1 sent to the hospital, 8 staid away, 6 only attended once, 3 under treatment.)

I understand by secondary syphilis, those syphilitic affections which follow the primary disorder, and for the sake of simplicity I make no distinction between secondary and tertiary forms. For more easy reference, I have placed the 9 cases cured and the 2 improved, according to the time they came under treatment.

1. Ulcera ad labia et fauces. Condylomata ad anum. Admitted 27th April, cured 25th November—191 days (Acid. nitr. Merc. pr. rb. Nitric Acid internal and external.)
2. Ulcera syph. in membrana mucosa oris. Admitted 11th May, cured 25th May—13 days. (Merc. sol., Acid. nitr.)
3. Ulcus syph. ad præputium cum bubone. Admitted 15th May, cured 4th July—49 days. (M. solub.)

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4. Ulcera faucium post ulcus induratum ad penem. Admitted 16th May, cured 10th July—54 days (Acid. nitric. Sulph. 12).
5. Ulcus induratum ad penem c. angina et condylom. Admitted 5th June, cured 24th October—140 days. (M. pr. rb. Sulph. M. corros., M. biniod.)
6. Condylomata acuminata ad anum. Admitted 12th June, cured 29th July—46 days. (Acid. nitric.)
7. Ulcus syph. ad penem c. bubone. Admitted 18th June, cured 24th August—71 days. (M. sol., M. pr. rb.)
8. Ulcera faucium et tonsillarum. Admitted 15th June, cured 27th November—164 days. (Acid. nitric. M. sol. Caust.)
9. Exanthema syphilitica ad crura. Admitted 17th June, left improved 20th August. (Sulph. 30.)
10. Ulcera faucium. Admitted 23rd June, left improved 29th August. (Acid. nitr. Arsen. Sul. 30.)
11. Condylomata ad penem. Admitted 8th July, 1857, cured 8th January, 1858—183 days. (Thuj. Cinnabar, Merc. biniod., Acid. nitr.)
12. Bubo syph. post ulcus ad penem. Admitted 28th July, cured 26th August—28 days. (Carb. an., Merc. sol.)

Average period of treatment 93$^{9}/_{10}$ days.

We will now add a few explanations on the above report. In the three cases of bubo which came under our treatment, two had formed during the existence of the chancre; in the third there was still a superficial cicatrix visible on the penis. One of the first mentioned patients (3) was perfectly free from the sore as well as from the swollen inguinal gland, in 49 days, from the continued use of Merc. solub. While the second patient (7) had *red precipitate after merc. solub.* Resolution took place in the first case, suppuration in the second, by which the cure was delayed to the 71st day.

I entirely agree with Gerson that the *red precipitate* acts more rapidly and powerfully than *solubilis*, and I assent to the indications which the same talented author has given for the use of the said preparation both in simple chancre, and when complicated with bubo. Nevertheless, my experience has led me to allow a rather wide range to M. solubilis. I have found *merc. solub.* to act rapidly and permanently not only in super-

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ficial ulcers, which however, are of rare occurrence, but also in cases where the chancre has been timely brought under treatment and has not obtained any great size. The surface covered with a thin and fluid layer of pus, its shape tolerably regular, and surrounded with a red circle of variable breadth. The case cured in 27 days is a good example of the action of *merc. solub.* If, in such cases, recourse is had at once to *red precipitate*, the cure is not so quickly effected, as I have often remarked, and is frequently followed by other affections. If under the use of *merc. solub.* the chancre increases much in size, becomes irregular, ragged, the edges swollen and hard, if the secretion becomes lardy, or if the ulcer has, from the commencement that appearance, then the *red precipitate* is in its place, and will rarely fail, with proper care on the part of the patient. In cases of bubo complicated with chancre, I give the preference to *merc. solub.*, (provided that the character of ulcer does not indicate another mercurial preparation), when the enlarged gland shews no disposition to open, presents a regular hardness and the skin preserves its normal colour. In many cases *merc. solub.* has induced resolution, when the *red precipitate* would have favoured suppuration. If the latter is unavoidable, if the enlargement presents softened points, and the skin is reddened, if the patient instead of a shooting feels a throbbing pain, then will the *red precipitate* be found to expedite the suppurative stage and quickly bring it to a conclusion. In the treatment of consecutive syphilitic bubo (as well as after gonorrhœa), when the chancre has been healed or where no sore has existed, Carbo animalis has almost always proved of the greatest service in dispersing the inflamed glands, sometimes even when there have been slight indications of purulent collections. In case the 12th, the resolution of a considerably enlarged gland by the employment of *animal charcoal* after 20 days, as a precautionary measure, only a few doses of *merc. solub.* were given to the patient.

In *syphilitic affections of the mucous membrane* of the mouth and throat, I cannot give too much praise to *nitric acid.* It has proved to me, in this disorder, a specific of the first rank, it has been so much the more valuable to me, as its therapeutic

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value has been developed in two ways. It is well known that there is great difficulty in most cases, in establishing a correct diagnosis between real syphilitic, mercurial diptheritis, and angina, and that the most skilful diagnosers have frequently not been able to go beyond mere probabilities. From the aggravations which have followed the use of Mercurial preparations, they have learned for the first time that these affections of the mucous membrane are more dependent upon Mercurial action than upon Syphilis. It has long been shown and the latest experiments of Herrmann's, made with many precautions, have once more proved how long Mercury may be retained in the human organism, and how many of the secondary morbid affections are solely to be attributed to the misuse of this metal. I say, misuse, for the instances must be extremely rare in which Homœopathists can be reproached with so saturating the system with medicines as to become a new source of severe disorder.*

Under Homœopathic treatment it will very rarely occur that we shall find ourselves so much embarrassed: even if there should arise any consecutive disorder, we shall at least be able to determine with great certainty as to its syphilitic origin. Notwithstanding, cases frequently occur in which it is impossible to decide whether they are mercurial or syphilitic; these are the cases in which the previous history will present a previous allopathic mercurial treatment.

As an antidote to Mercury, Nitric acid is very serviceable, at the same time its curative action in syphilitic affections of mucous membranes, renders it of great therapeutic value in the diseases under consideration.

In the 5 cases of malignant diptheritis which came under our treatment in the past year, Nitric acid proved highly beneficial in 4 (1, 4, 8, 10), all of the male sex. In all these cases there

* Unhappily, there is amongst us a certain number of practitioners who, with much regret, have receded but one step from allopathic doses, They endeavour, by their massive doses, to compensate for their deficiency in the knowledge of remedies. Some little time since, a case of Mercurial Diphtheritis came under treatment here, caused by frequent doses of Merc. sol. 1 (dec.), which a neighbouring Homœopathic colleague prescribed for a simple catarrhal ophthalmia.

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was previous chancre, which had been treated allopathically. In patient No. 1, the disease had existed more than 9 months, and had been recently treated allopathically with large doses of Kali hydriod. without any benefit. The mucous membrane of the mouth and lips was covered with superficial ulcers, with a layer of lardaceous pus, of an irregularly oval form, and surrounded with a dark red circle; the tonsils were rather swollen and red, only in two spots was there slight erosions of the mucous membrane; the ulcers at the posterior wall of the throat were rather deeper, but presented the same appearance; the swallowing of solid food was painful. There were two cicatrices of chancres visible on the penis. I prescribed *acid. nitric.* 3, 3 drops twice-a-day, and continued it uninterruptedly for 4 months. At the end of this time the ulcers in the throat were entirely healed, only those in the membrane of the mouth and lips remained the same, the gums appeared to be also much affected, so that the patient had toothache at night. The Nitric acid was left off for some days, and I had recourse to Merc. præc. rubr. 3 cent. tritur. a grain night and morning. It, absolutely, did not cause any improvement, and as the patient soon began once more to complain of pain in swallowing, and the mucous membrane of the throat and tonsils again became red, I returned at once to Nitric acid (after 19 days). This time, however, besides its internal use, I applied it with the aid of a pencil to the ulcers of the mouth and gums, and thus effected a cure after a treatment of 6 months. In the three other less inveterate and obstinate cases, a favourable result was obtained much more quickly; only in one instance (8), on account of a little hoarseness remaining behind, *merc. solu.* and *caustic.* were taken after *nitric acid;* in another (4), Sulphur was administered on account of offensive odour of the mouth, and in the third for some accidental disorder, which, unnoticed in my note book has escaped my memory, the patient being compelled to leave during the treatment, *arsen.* and *sulph.* were prescribed.

[illegible] another case of syphilitic angina of a different kind, and [illegible] Nitric acid was unsuitable, the ulcers were seated in [illegible] wall of the throat, were more of a round form, and

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in many places with elevated edges; the surrounding circle was of a greyish colour. At the anus were some broadly seated condylomata. With this secondary affection the primary disorder was co-existent. Close to the frenum which was partly eroded was a chancre, which by its callous edges and cup-like form, left no doubt as to its being an *ulcus syphiliticum induratum*. Although the patient had been for several weeks under allopathic mercurial treatment, I did not hesitate at once to prescribe the *red precipitate*, which was followed, after 2 intervening doses of Sulphur, by Merc. corrosiv., because by the former preparation the healing of the chancre was making but very slow progress, the ulcers of the throat and condylomata remaining unchanged. Under *merc. corrosiv.* the hard edges of the primary ulcer soon began to soften, the bottom of the ulcer began to fill up and it lost its lardy appearance, and in a few weeks I had the satisfaction of seeing it cicatrize. The ulcers of the fauces seemed also disposed to heal, they lessened in size and the grey circle around them became clearer: the condylomata alone remained unchanged.

I should certainly have had recourse to *nitric acid* which has so often proved of service to me, if the cicatrix now occupying the former seat of the chancre had not felt still too indurated, thus contra-indicating this remedy. It has often been confirmed by experience, that it is particularly the indurated chancre which is most constantly followed by secondary disorder and constitutional syphilis, and that the disposition can then only in some measure be removed, when all hardness of the edges of the ulcer and cicatrix have entirely disappeared. Now if, in our case, this disposition had been realized, the cure of the secondary affection must have been delayed, until the primary had resumed its normal condition. My varied experience of *nitric acid* in syphilitic affections has convinced me that its action in primary chancre, even when the latter does not exhibit a bad character is of a very subordinate nature; how much less then could I expect any benefit from it in this obstinate case. My choice then fell upon Merc. biniod. I regret very much that I cannot assent to the assertion of my highly esteemed friend and colleague, Gerson, that *merc. biniod.*

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is quite inactive in primary chancre. It may be that this statement has reference only to simple and uncomplicated chancre, in which I have never had occasion to use the preparation, but I am certain that it is indispensable in the indurated form. To it alone I owe the perfect cure of many similar cases in my private practice, without any consecutive disorders beyond a bubo.

In the above mentioned case, Merc. biniod. (3 centes.), proved to be beneficial; the hardness of the cicatrix disappeared, the ulcers of the throat healed up, the condylomata contracted, and the patient was discharged on the 140th day, perfectly cured.

I have often remarked, that in condylomata a quicker and more favourable result is obtained, if at the same time any other syphilitic disorder is present, which may determine us more directly in the choice of a remedy. If they, however, are the sole residuum, the treatment then becomes more difficult, as is in fact the case in all diseases with a paucity of symptoms. Five cases of condylomata in males came under treatment, of which two were cured, one staid away, and two only attended once at the Institution. In both the patients cured, the affection had been preceded by chancre, cured by allopathic means. One (5) had not been troubled with any other consecutive disorder, but the condylomata had appeared directly after the cure of the chancre. They were situated at the orifice of the anus, were pointed and slightly vascular. The use of *nitric acid* 6 alone, cured the patient in 46 days, a result so much the more fortunate, as it is generally considered that warty condylomata being more deeply rooted in the corium, offer a more obstinate resistance to remedies. In the second case (11), the cure was not so quickly effected; more remedies were required (Thuja, Cinnabar, Merc. biniod. and Acid. nitric.), and 188 days to obtain a cure. It was only owing to the circumstance, that the improvement of the disorder took place intermittingly, that it progressed a little in the employment of a fresh remedy, soon again to remain stationary, that the patient like many others, did not give up our treatment too soon. He was a man accustomed to syphilis, and had several times before gone through the whole process. This time the bubo and angina had followed

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chancre, and when freed from these affections, to his chagrin a number of broad condylomata showed themselves on the penis and prepuce. Although by the closest examination, I could not discover any further remains of the preceding disorder, still I thought that as Thuja had not proved of the least service, and considering that the patient from frequent infections must be saturated with the syphilitic poison, I ought to make use of the more powerful Mercurial preparations (Cinnabar and Merc. biniod.). I am doubtful whether I did right or not, for as above remarked, both remedies furthered the cure: still it was *nitric acid* which completed it.

It must not be supposed that I consider *nitric acid* an universal specific for condylomata, on the contrary, I have frequently experienced the inactivity of this medicine. Still more frequently has the much lauded Thuja disappointed my expectations. I have used it apparently in the most appropriate cases, both internally and externally, in large and small doses, but in many instances entirely without any result. I have latterly succeeded in curing some broad, moist condylomata, with doses of Thuja 30 at long intervals, when the lower dilutions had failed to produce any effect, notwithstanding Hartmann's warning against using Thuja in high dilutions in this disease, yet I am far from being disposed to estimate this fact too highly. I am unable to state the proper indications of either remedy in figwarts, nor for Cinnabar. Since the physiological provings do not present us with any decided indications for our therapeutical guide, we must be guided by instinct, or better still—we must experiment.

Lastly, I have but a single case of syphilitic exanthem to report (9), somewhat deficient in interest, because the patient, although evidently better, did not continue the treatment. Patient, 24 years of age, a mason, from Rotha, near Leipzig, had a chancre about a year since, complicated with a bubo in each groin, has for the last 6 months suffered from a suspicious eruption. The latter extended over the whole of the upper part of the thigh, and consisted of round spots covered with thin dirty white scales, surrounded with a dark red circle; here and there were spots which had gone through the process,

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assuming a greyish brown colour. Occasionally he felt a slight itching. The rest of the body, with the exception of the face which exhibited here and there some harmless pimples of acne, was entirely free from eruption. The patient had never suffered from any other chronic eruption. I prescribed on the 17th July, 3 powders of ***sulphur*** 30, one every 3rd evening. The ***sulphur*** was only intended as an introduction to the treatment; but after the third dose had been taken, I remarked that the eruption began to improve. I continued the same remedy until the day (20th August) when the patient came for the last time; a considerable improvement had then taken place, the red circles had become browner, the spots were smaller, there were not any fresh ones, and the occasional itching had entirely subsided.

In reviewing the results we have obtained in the treatment of syphilis, we have reason to be satisfied, especially on considering the unfavourable circumstances in which most of our patients were placed.

When added to the results obtained in former years, they go to prove that homœopathy, in this disease is not only not inferior to allopathy, but with almost complete similarity in therapeutics, by far excels the latter in doing more good, while it does less injury with its small doses.

ON THE CHANGES WHICH THE URINE UNDERGOES IN DISEASE; AND ON THEIR VALUE AND APPLICATION ACCORDING TO HOMŒOPATHIC PRINCIPLES.

By Dr. Cl. Muller.*

The numerous and remarkable changes in quantity, colour, appearance and smell, which the urine undergoes in certain diseased states, led physicians in early times to look upon it as an important index in the recognition of disease, and in estimating its severity. The investigation of the urine was, however, until very lately, confined to general appearances, for want of better instruments; naturally the results were not great, and

* From the *Hom. Vierteljahrschrift.*

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were principally confined to a few general facts; but we cannot deny that even such were of some use, both in diagnosis and prognosis; and a few older physicians have made considerable advances, and established certain principles, which sufficiently show their great acumen and wonderful powers of observation.

It was not, however, until the commencement of the present century, that "Uroscopy," in conjunction with the sciences auxiliary to medicine, receiving a stimulus from the important results obtained by the study of pathological anatomy and physical diagnosis, was first put on a scientific footing, and aided by the advances recently made in organic chemistry, quickly recovered from its previous neglect. Thus it happens that Uroscopy, like auscultation and percussion, is now looked upon as an important and necessary element in semeiology and diagnosis, and gains daily in importance; it is at any rate a fact, that it has independently led to several highly valuable and important discoveries, of essential use in the recognition and explanation of previously ill-understood disorders.

Under these circumstances, homœopathic practitioners cannot longer pass unnoticed the results obtained in this department of investigation, but must appropriate to themselves all the established facts, and use them to the best of their power, just as they have learnt the nature and advantages of the improvements of the century in the auxiliary sciences. But here arises the question as to the nature and extent of the advantages which the homœopathic physician may hope to derive from the results of an accurate urinary analysis, more especially in the choice of appropriate remedies. No one will deny that the homœopath may derive as much benefit from it as do the followers of the allopathic or physiological schools, in so far as the presence or abnormal quantity of urinary constituents can often clear up and decide the diagnosis of a disease, or at any rate lead to more accurate observation and conclusions; of course this purely diagnostic value of the characteristics of the urine must have the same weight with the homœopath as with any other physician; of this it is as little necessary to say more, as of the fact that the homœopath equally requires correct and accurate diagnosis. But should we not estimate Uroscopy

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much more highly, seeing that we are able to make use of the results as direct indications in the choice of medicines, according to the law of *similia similibus?* Here again I think the answer must be in the affirmative; for if it is necessary for us, in finding the analogue, to seek out and compare as many appearances and symptoms as possible, it stands to reason that every addition to our symptomatology must be of direct use, as it increases our opportunities of comparison and accordance. Of still greater value must these symptoms be when they belong to the so-called characteristic and essential class, and this we must allow of all, or nearly all those which have been obtained by analysis of the urine; for though I do not entirely agree with those who attach more value and importance, without exception, to objective than to subjective symptoms, yet I believe it certain that under the former class will generally be found the characteristic symptoms and those which determine the diagnosis and choice of medicines, and that amongst the unwieldy and not always trustworthy richness of our *Materia Medica* in subjective symptoms, we shall be compelled to turn our attention more to the discovery and separation of the objective ones. We find that the symptoms obtained by the analysis of the urine in certain diseases are in the highest degree characteristic, and from them the most constant appearances in the disease, or even the disease itself, may be first recognised (*e.g.* the presence of sugar in Diabetes); or at least we may obtain more or less information of the nature of the affection and of the primarily and principally diseased organ (*e.g.* the presence of albumen in Bright's disease.)

Thus far there can be little doubt of the worth and importance of the additions to our symptomatology which may be obtained by urinary analyses; but here another circumstance must be considered, which may rightly be looked upon as a great hindrance to the application of urinary symptoms according to homœopathic laws. It is a question whether our *Materia Medica*, founded on provings on healthy individuals, contains a sufficient supply of corresponding urinary symptoms, and whether in our investigations extensive, or even a bare sufficency of attention has been paid to the changes and

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peculiarities in the urine caused by the substances under investigation. This is a very important question, and were it necessary to give a decided negative, we should be compelled either to give up for the present all practical application of such symptoms, or at least to avail ourselves of them to a very small extent, as we are unfortunately compelled to do with symptoms obtained by auscultation and percussion. Unfortunately, the answer to the question cannot be very favourable, especially at the first glance; for we cannot but acknowledge the imperfect attention which has been paid to urinary symptoms in our provings; with very few exceptions, it has not occurred to any of our investigators to study the urine chemically or microscopically, and their descriptions of the secreted, and evidently abnormal urine, are confined to superficial and uncertain notices. Here then it would appear as if we had for the present no good prospect of anything more than a diagnostic value and application; but the subject improves on closer investigation, and already enables us to look forward with great expectation, which, with continued attention, and labour, will daily become more valuable; for that which in our proving has been overlooked, and so lost, by failing to observe specific effects upon the renal secretions, is, partly at least, made up by the following means:—

1st. From special observations and experiments, upon the action of various remedies on the urine, and the consequent quantitative and qualitative abnormalities; which have been carried on by several physiologists, as Boecker, Buchheim, &c.

2nd. From cases of poisoning, and other accidental observations and experience, *ex usu in morbis*, of the specific effects of medicines on the characters of the urine. By these special investigations of the physicians referred to it has, curiously enough, happened that these gentlemen, after expending great diligence upon the subject, do not know what to do with the results of their experiments, and now declare that they are useless. (*v.* Buchheim, *Journ. für Pharmakodyn.*, etc.; *v.* Reil u. Hoppe, 3 Heft. 290).

Here, then, is repeated the very scene which occurs with the provings of our opponents, for they lie fallow and useless to

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them, after the expenditure of great care and industry (*e. g.* Jörg, Boecker, Schroff), because they are without any principle or key to their application. Homœopathy, on the other hand, possesses, in *her* practical law, without further trouble, the means of using the works and investigations of both parties; and thus is indebted to her opponents for highly valuable contributions to enrich her *Materia Medica* and increase her usefulness. Lastly, our provings and our clinical experience certainly contain a few useful facts, which, in conjunction with these productions, already form a valuable store of undoubted facts and symptoms; so that, so far as one can judge of the matter before starting, there appears to be a much more important practical applicability in the choice of remedies than can be got from the results of percussion and auscultation, for the purpose of treating homœopathically diseases of the heart and lungs. In addition, to continue the analogy, it would be easy at any time to make up for our past neglect, as it is much easier by provings to obtain and observe the direct objective effects upon the secretion of urine, than those upon the heart and lungs, which can only be recognised by physical examination; since in the latter there is a more powerful action of the drug, in other words, more poisoning, necessary, to which few experimenters are able or willing to submit. As has already been said, there are so many and such trustworthy observations on the characteristic action of certain remedies upon the ingredients of the urine, and their chemical composition, that time alone is required to collect them together, in order to obtain numerous valuable details for practical application. The object of the following paper is to make a start in this direction; but to avoid the possibility of being misunderstood, or even mistrusted, on the one hand from raising too sanguine expectations, on the other from appearing to desert or extend the sound foundation of Hahnemann's definite law, I would here distinctly state, that the reference to urinary symptoms is, in fact, nothing new, and my undertaking has therefore nothing novel or contrary to established principles in it, inasmuch as homœopathy, from the first, and indeed Hahnemann himself, recognised and studied with great care these symptoms, and

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embodied them in our *Materia Medica* as characteristic ones. It is then only required of me to replace the uncertain and incorrect descriptions and the imperfect characteristics of the urinary symptoms of our *Materia Medica* by others more satisfactory, full and definite, and on which more reliance must be placed, both for diagnosis and practical medicine.

It appears to me, nevertheless, advisable to state distinctly at starting what advantage I expect from the application of these symptoms, and to what extent I hold it possible to apply them practically in the choice of remedies according to our therapeutic law. I have already stated above, that urinary symptoms would afford an addition to the collection of symptoms of which we make use already to find the analogue. In this indeed enough is said; and the extent, boundaries and value of the investigation sufficiently defined to prevent anything but ill-will or want of sense from detecting any exaggeration or wandering in it. Every onesided and exclusive application of these newly obtained symptoms is thus at once avoided; but I would go further, and acknowledge at once that it is advisable to call attention to a certain necessary degree of caution and hesitation. For however important it may be to know in any given case that a certain corresponding medicine also shows the analogous urinary symptoms, and thus may aid the choice from amongst others; still one must be very careful not to think the absence of such correspondence a complete veto upon the use of a drug which corresponds in other respects; this would be evidently wrong, because in many cases we cannot yet say whether it is not the incompleteness of our provings with reference to the urine which has caused the absence of the analogy. But apart from this, such a proceeding would be quite unusual and unhomœopathic; for as a homœopathic physician may for certain reasons, in a case of small-pox, be compelled to try a remedy not giving the skin symptoms like small-pox, so we may perhaps find a remedy in a case of dropsy from Bright's disease, of which we do not possess evidence that it has ever physiologically produced albuminous urine. This restriction does not restrict or do away with the importance of the circumstance, when in similar cases a remedy otherwise applicable also shews small-

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pox pustules or albuminous urine amongst its symptoms. For the most part we must not venture to press such restrictions too far, or to expect a too close and exact correspondence in the urinary symptoms of the disease and those of the corresponding remedy; for in the last case there would be very few opportunities of using the symptoms revealed by the analysis of the urine; on the other hand, we shall often be compelled to put up with bare indications and approximate similitudes, just as we are in the habit of doing in homœopathy, in all diseases which are very severe, *i.e.* whose objective symptoms are highly developed and intense, and combined with considerable structural change; for a moment's consideration will show that our symptomatology, which is principally composed of provings on the healthy subject, can give no complete copy of such highly developed diseases as typhus, cholera, phthisis, inflammation, &c. but fall far short of the reality, and offer only an approximative sketch, which it is not difficult to fill in and apply, but, as is sufficiently shewn by experience, sufficiently easy. It would indeed be unfortunate, if we could not cure with our medicines more intense and severe illness than are the indispositions of our provers; and a corresponding relation must hold good with reference to the urinary symptoms of our drugs; thus, of course no substance in proving upon a healthy person will produce actual diabetes in *optima forma*, or a Bright's kidney and the like, but only certain indications and symptoms in the kidney and in the urine which give sufficient ground for further deductions and indications. For example, if we see from the presence of albumen that the kidney of a patient, or from the presence of blood and mucus, that the bladder is principally and primarily affected, or must conclude from other constituents of the urine that his respiration or biliary arrangements are out of order, we are immediately led to certain drugs which we know, from other symptoms, have a special action upon that particular organ, and produce similar disturbances in it, even when we have not observed or gained by experiments with the medicines those same urinary symptoms. This will certainly often enable us at the very outset to apply those remedies which act specifically upon the part, and consequently at a time when we could not

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have recognised the local disease without uroscopy, and where it is yet possible to obtain a complete cure. It is evident that, to do this, we must be accurately acquainted with the constant and characteristic changes which take place in the urine in particular diseases and affections of organs, and at the same time make ourselves masters of their signification, both as regards pathology and semeiology.

I know from experience how difficult it is for a practical physician to collect from all quarters the scattered materials for such a comparatively new arrangement, to compare them and put them in order; and since uroscopy has been hardly thought of as yet in homœopathic literature, and many of our fellow practitioners probably know very little of it, I consider it necessary, before commencing the arrangement of already existing actions of drugs upon the urine, to place before them a sketch of the most important and best ascertained facts respecting the changes which occur in the urine in disease, as far at least as is necessary for our purpose; at the same time to give a short account of the means to be employed for the detection and recognition of these abnormal impediments. In this I hope also to be of service to those who have already occupied themselves with urinary analysis, by placing before them the simplest and most certain methods of observation which have been established by repeated and most recent investigations; for I am well aware that, as there does not exist any concise and brief compilation of these essential points suitable to the use of a practical physician, it is always a work of time to collect from larger works of the sort what is wanted for a particular case. Of course I shall confine myself to those points which are of a practical value to us, passing over such as are uncertain or doubtful, or used for special and minute distinction, or those which require complex or lengthy experiments, and are therefore only possible or remunerative to the professional chemist or physiologist.

I.—CHARACTERS AND COMPOSITION OF NORMAL URINE.

The normal urine of man is, shortly after passing, a clear fluid of light amber color, it reddens litmus paper, and has a slightly

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aromatic smell. After cooling this aroma is replaced by another peculiar urinous smell. After a time the urine undergoes decomposition, becomes alkaline, and of an ammoniacal putrid odour.

The specific gravity of urine varies according to the latest estimates from 1·005 to 1·030. Dr. Prout assumes, from very careful and numerous observations, that the average density of a healthy person's urine in England, throughout the year, did not reach 1·020; being in winter 1·015, and in summer 1·025.

The quantity of urine which is excreted in a state of health is greater in winter and in cold regions, than it is in summer and in warmer latitudes, owing to the vicarious action which goes on between the skin and the kidneys. Dr. Prout considers that the normal quantity in England varies from ℥ xxx in summer to ℥ xl in winter, and with this of course the density varies in an inverse degree. According to Vogel, the average quantity excreted by a healthy adult is as follows:—

a. In twenty-four hours,

By a person of good appetite, who drinks plentifully - - -	1400 — 1600	CCm.
By one who drinks little -	1200 — 1400	„

b. In one hour,

By one who drinks copiously	·60 — 70	„
By one who drinks little -	50 — 60	„

Comparing it with the weight of the body, it appears that for every kilogramme (2 lbs.) an adult excretes hourly 1 CCm of urine. The daily quantity may vary from 1000 to 3000, and the hourly from 20—200 CCm.

With respect to the proportion of the solid constituents of the urine to the watery, Dr. G. Bird found, from a great number of observations, that they averaged in England 600—700 grains in the twenty-four hours. A quantity which may further vary to the extent of 50 grains more or less, owing to certain peculiarities in muscular activity, diet or particular idiosyncrasies,

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without bringing the action of the kidneys into the abnormal state. Prout found the proportion of solid to fluid constituents to be as 33 to 967.

The acidity of the urine in health varies considerably. Dr. Bence Jones found from numerous careful experiments that the acidity of the gastric secretion and of the renal varied in an inverse proportion to each other; the gastric juice being most acid when the urine was least so; and vice versa. The urine is most intensely acid immediately before meals, its acidity diminishes during digestion, and is most observable about three hours after breakfast, and five or six hours after dinner. The digestion of animal food diminishes the acidity of the urine more than does that of vegetables, and under a vegetable diet the increase of acidity before meal-times is most remarkable; from this we gather that the question whether the urine be abnormally acid or alkaline can only be answered correctly after testing the whole quantity of urine passed in twenty-four hours. Much discussion has arisen as to the cause of the constant acidity of the urine; but Liebig has shown that it is principally owing to the presence of phosphates; from certain experiments of Lehmann's, however, it is certain, that free hippuric acid (and also Lactic acid?) are often present in urine, and these, of course, contribute to its acidity.*

On the chemical composition of normal urine, Prout has put forward the following table, assuming the quantity to be 35 ℥ at 1020, spec. grav., and taking Becquerel's analysis, the most accurate, for a foundation:

1000 parts of urine contain—		
Water		967·000
Urea		14·280
Uric acid		0·468
Organic compounds which are inseparable	Lactic acid (?), Colouring matter, Extractive	10·167

* Animal Chemistry, 1850.

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Salts	Chloride, Phosphates and Sulphates of	Ammonia, Lime, Soda, Potass, Magnesia	8·135
			1000·000

From this table we see that the normal ingredients are partly organic and partly inorganic. To the former class belong— 1. Urea; 2. Kreatin; 3. Kreatinin; 4. Uric acid; 5. Hippuric acid, (together with Phenilic, Taurylic, Damaluric, and Damolic acids, which Städeler has shewn to be constant ingredients of urine in man, and are supposed to be the cause of its peculiar smell), and 6. Urinary colouring matter (Urohæmatin, Uroxanthine, Uroglaucine, Urrhodine, and Uroerythrine). The inorganic constituents are: the Chlorides of potassium and sodium, Sulphates and phosphates of soda, Phosphates of lime and magnesia, Iron, Salts of ammonia and Silicic acid.

A.—Organic Ingredients.

Of these urea, ($C_2 H_4 N_2 O_2$), is by far the most important, it makes up nearly half the solid matter of the urine, 270 grains, (more than half an ounce) being excreted on an average by a healthy adult in twenty-four hours. In the solid form it appears as four-sided prisms, colourless, having a faint, peculiar smell, and saline taste; exhibits neither acid nor alkaline reaction to testpaper, but combines with acids as a feeble base; it is easy soluable in hot or cold water and in alcohol. It exists ready formed in the blood, in which it collects in considerable quantities in diseases of the kidneys (morbus Brightii), and after excision of the organs—this shews that urea is not formed in the kidneys but in the blood, and it is derived by oxydation from nitrogenous compounds no longer available, such as the debris of tissues and from substances which have been taken into the blood in too great quantity. Therefore the principal part of the nitrogen of decomposed tissues and of the surplus food is got rid of as urea. The excretion of urea is increased by exercise, as also by animal food rich in nitrogen. In a man in the prime of life the quantity is greater than in woman, or in the

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extremes of age. Urea may be artifically prepared in various ways, such as by heating a solution of cyanate of ammonia the elementary composition of which is exactly the same as that of urea.

Uric acid (C_5 H N_2 O_2 + HO.) has been proved by Garrod* to be ready formed in the blood, and particularly abundant in that of gouty subjects. On an average 8·1 grains are secreted in twenty-four hours—it forms therefore less than $^1/_{2000}$ part of the urine. According to Becquerel a healthy adult passes 0·495 to 0·557 grammes in twenty-four hours. Vogel gives a variation of from 0·2 to 1 gramme. An increased excretion of uric acid follows more particularly disturbed digestion, and indeed imperfect nutrition generally; it is also found in greater quantity in all febrile affections, and especially in diseases of the respiratory organs. Pure uric acid forms white, very light soft crystalline scales, has neither taste nor smell, and is soluble in 14,000—15,000 parts of cold, or 1800—1900 parts of boiling water: the solution does not redden litmus.

Kreatin (C_8 H_9 N_3O_4 + 2 HO) and Kreatinin (C_8 H_7 N_3 O_2) are two nitrogenous substances found not only in the urine, but also in still greater quantity in the muscular tissue: Kreatinin is also present in blood. Both are present only in small quanty in the urine, and nothing certain is known of their physiological import. Chemically Kreatinin appears to be the strongest organic base in the animal kingdom, it tastes almost as caustic as ammonia, has a strong alkaline reaction, and is soluble in 11 parts of water at from 12°—20° R. (60°—75° Fahr.)

Hippuric acid (C_{18} H_8 NO_5 + HO) offers nothing certain at present respecting its origin or physiological importance; it is most probably entirely an excretory product, and is present in urine according to Liebig, in the same proportion as uric acid. Vegetable diet appears to favor its production. It has not yet been detected in the urine of carnivorous animals. It is without smell, and has a slightly bitter taste. The solution reddens litmus strongly. The colouring matter of the urine, of which

* Med.-Chirurg. Transactions, vol. xxxi.

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very little is known, in spite of the manifold investigations of Scherer and others, appears to contain at least the four or five different substances mentioned above. They are all rich in carbonic acid (56—66 per cent), the nitrogen forming from 6·25 to 8·83 and hydrogen 4·10 to 7·45 per cent. Scherer holds that the colouring matter of the urine is the immediate product of the disintegration of the blood corpuscles.

B—THE INORGANIC CONSTITUENTS.

These are obtained as ash by evaporating the urine and exposing the remains to a red heat, the ammonia only being lost at the high temperature. Under this process, however, the several substances not only enter into different groups but also become further oxydized or reduced by the action of the air and carbon, and thus appear in the ash in different combinations from those in which they exist when dissolved in the urine. The total amount of salts to be found in the urine which resist the action of heat varies considerably with different persons—in men from 9·06 to 24·50 grammes per diem, and in women from 10·28 to 19·63 grammes; Lehmann found in his urine when on a mixed diet an average of 15·245 grammes daily. Besides the salts, the urine contains small quantities of Iron, Silica, and Ammonia, but no free gas except traces of carbonic acid and nitrogen. The several salts which occur in the urine are the following:—

1. *Chlorides.*—Almost all the chlorine in the urine is in the form of Chloride of Sodium. The amount of salt excreted varies in different persons and at different periods in the day. Hegar found in eight persons an average of 10·46 grammes of chlorine per diem, which would correspond to 17·5 grammes of salt. According to Bischoff it varies from 8·64 to 24·84 gram.; about noon the excretion of chlorine is most abundant, becomes considerably less at night, and rises towards morning. Exercise increases the excretion, whilst slight disturbances of health quickly diminish it. By drinking water the amount of chlorine increases rapidly, but becomes proportionately less after a time. The quantity is remarkably small after taking beer. In many diseases the amount of salt is very much reduced, and in all

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those where there is copious exudation, especially, according to Redtenbacher, in inflammation of the lungs.

The urine contains also Chloride of Potassium, but only in very small quantities.

As both these chlorides abound in food, and in most animal fluids, no explanation of their presence in the urine is necessary.

2. *Sulphates* (*of potash and soda*).—These are the most abundant salts in the urine; according to Vogel an adult passes on an average 2·094 grammes of Sulphuric acid in twenty-four hours. During digestion the amount increases, and is at its lowest in the forenoon—diseased states have a decided influence on the excretion of Sulphuric acid, as also does, of course, the administration of sulphates or of Sulphur. Dr. Bence Jones found the sulphates increased in acute chorea, in severe delirium tremens, and in inflammation of the brain.

3. *Phosphates* (*acid phosphate of soda and the magnesio-phosphate of lime and magnesia*).—According to Breed,* an average of from 3·765 to 5·180 grammes of Phosphoric acid are passed in twenty-four hours. More is excreted at night than in the morning, but the largest quantity at noon. In sickness the variations are considerable, and are said by Heller to keep pace with those of the sulphates, the far greater portion of the Phosphoric acid is contained in the acid phosphate of soda, to which also the urine owes its acidity. Of the earthy phosphates are excreted on an average only 0·9441—1·012 grammes per diem; according to Neubauer of this 0·31—0·37 grammes are phosphate of lime, and 0·64 grammes phosphate of magnesia, which gives an average of 1 eq. of phosphate of lime to 3 eq. phosphate of magnesia. Salts of lime, when consumed in the food, pass in very small quantities to the urine. In disease both the absolute quantity of earthy phosphates, and the proportion between the phosphates of lime and of magnesia appear to vary.

4. *Iron* is, generally, in very small quantities an ingredient

* Annalen der Chemie und Pharm., lxxviii, p. 158.

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of the ash, and is said by G. Henley to be a constant element of Urohæmatin, which leaves at a red heat an ash of almost pure Oxyde of iron. If the urine contains blood, of course a large proportion of iron will be found in it.

5. *Ammonia.*—Owing to the easy decomposition and volatility of this substance, its detection and estimation was a work of great difficulty and often disputed. It seems now perfectly certain that salts of ammonia are present in normal urine. Heintz estimates the amount in 1000 parts to be 2·16—2·19, and believes that is in combination with uric acid, and forms a triple salt with phosphoric acid and soda. Neubauer* gives an average of 0·7243 grammes per diem, which corresponds to 2·2783 grammes of Sal ammoniac (chloride of ammonium).

6. *Silica* occurs in very minute quantities.

Such are the chemical constituents of normal urine in the fresh undecomposed state. If we leave urine undisturbed in an open vessel decomposition soon commences, with the formation of new compounds. A slight mucous cloud first appears which gradually sinks to the bottom, and in which the microscope detects a few epithelial scales from the bladder and ureter, and here and there a mucous corpuscle, the whole connected together by a granular clot of mucus. Often also we may detect the deposition of Urate of soda—after standing longer, especially at a moderate temperature, the acid reaction increases, and distinct, generally coloured crystals of Uric acid are deposited upon the sides and bottom of the glass. In this state of increasing acidity the urine remains several days, sometimes even two or three weeks; then the acidity diminishes, and at last disappears. The urine becomes paler, is covered on the surface with a whitish iridiscent scum, and gradually becomes alkaline, which is immediately recognised from a very disagreeable ammoniacal odour. The crystals of Uric acid now disappear, and are replaced by white granules, and colourless prismatic crystals. These changes are comprehended under the names of the acid and the alkaline fermentation of urine.

* Neubauer and Vogel. Anl. zur Analyse des Urins. 3. aufl.

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Scherer has made some elaborate investigations upon this decomposition, which have given the following results. He considers the mucus of the urinary bladder the principal cause of the acid fermentation, which, like a ferment, converts the colouring matter into Lactic acid, and also into Acetic acid, by which the increase of free acid is made the greater. As a sign, and probably also as an agent, in this process the urine shews under the microscope a quantity of fermentative corpuscles, which in their appearance are similar to, but smaller than, the common yeast plant. By the formation of the above-named strong acids, the unstable Uric acid salts are easily decomposed and uric acid set free, which precipitates itself in a crystalline form generally mixed with crystals of oxalate of lime. When, in process of time, the free acid has been got rid of, this alkaline fermentation commences: the urea has now become decomposed into Carbonate of ammonia; the precipitated crystals of uric acid disappear at the same time, and are replaced by white granules of urate of ammonia; but a portion of the ammonia also combines with the phosphate of magnesia, which is present in urine, and beautiful crystals of ammonio-magnesian phosphate are abundantly precipitated. Moreover, these peculiar decompositions are intimately connected with the production of urinary sediments.

C.—URINARY DEPOSITS.

Under the term urinary deposits are understood solid, undissolved substances in the urine, which are in the first instance often suspended in the fluid, but after a time fall to the bottom and form a precipitate. The larger and heavier the suspended particles the quicker and more completely will the precipitates be formed, more slowly and less completely if the particles are fine and light. The last class which are easily re-distributed through the liquid by shaking, and then only observable from the cloudy appearance and imperfect transparency of the urine, are called "clouds," *(nebuculæ)*; sediments are such as consist of large particles which may be recognised by the unassisted eye as small sand-like grains, and are called sand or gravel.

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The acid and alkaline fermentations above referred to chiefly affect the separation of sediment, and we may, therefore, distinguish the usual ones most conveniently as—

1. Sediments produced by acid fermentation of urine.
2. Sediments produced by alkaline fermentation of urine.

The former class, in which the vesical mucus acts as the ferment and produces free lactic and acetic acids, comprises—

1. Uric acid.
2. Acid urates (of soda, &c).
3. Oxalate of lime.

The second, accompanied by the formation of Carbonate of ammonia, by which the sediment of free uric acid is re-dissolved, consist of—

1. Ammonio-magnesian phosphate.
2. Phosphate of lime.
3. Urate of Ammonia.

At the same time infusoria, fungi, and yeast corpuscles are developed.

The urinary deposits are of great importance to the practitioner, because they often enable him to recognise certain changes in the urine which would otherwise require laborious chemical investigations for their detection. Sometimes, indeed, a chemical and more frequently a microscopical examination of the sediment is necessary to determine its nature. Their practical importance is, like that of the urine itself, two-fold.

1. They give explanations of certain changes in the nutritive process,—they shew, for example, that an unusual amount of some material is excreted in the urine, and therefore produced also an unusual quantity in the system.

2. They enable us to recognise certain *local* derangements of the urinary system.

Some urinary sediments are not found until after the urine has been evacuated, others again are produced in the urinary apparatus—from the last under favourable circumstances urinary concretions (stones) are produced, from the first of course not; on this account it is often of practical importance to decide whether a sediment is present in the urine at the time of evacuation, or whether it is not formed until later.

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II.—CHARACTERS AND CONSTITUENTS OF THE URINE IN DISEASE.

Having considered shortly the characters and composition of normal urine, we come to the changes which it undergoes in disease. These are naturally very numerous and variable both as regards quality and quantity according to the nature of the disease which calls them forth, but for our purpose it is sufficient to consider those changes which are of importance either from their frequent occurrence or characteristic signification. We will first mention the changes of the urine in colour, appearance, odour and quantity, which are obtained by simple observation of the urine without aid from other sources; these are naturally the easiest to discover, and hence also less trustworthy diagnostic indications, but they always yield valuable hints and guides especially to more careful examination with the assistance of other agents.

1.—THE COLOUR OF THE URINE.

This is a sign of great importance to the physician, and in general quickly shews him the direction in which to make further investigation. The colour, as is well known, varies from straw colour to reddish or dark brown.

Pale urine contains little colouring matter and urea, and as a rule a small proportion of solid ingredients (except in diabetes mellitus): it is seldom strongly acid, often neutral or alkaline. It is found, (setting aside healthy persons who drink largely), in many patients suffering from chronic diseases, especially anæmia, chlorosis, diabetes, hysteria, and nervous affections, and in convalescents from severe acute diseases. The presence of pale urine is an almost absolute indication that the patient is not suffering from any acute febrile disease, and we may generally conclude from the constant presence of very pale urine that a certain amount of anæmia exists.

Normally coloured urine leads only to the conclusion that neither are these diseases existing which have been mentioned under pale urine, nor is there any febrile, bilious, or putrid disease going on.

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High coloured urine is generally concentrated, abounding in solid constituents (hence of high spec. grav.), rich in urea, and generally very acid. It occurs in those cases in which the passage of water by the kidneys is diminished, whilst the other ingredients of urine pass in a normal or increased quantity. It occurs, therefore, also in those who are perfectly well after a hearty meal, or after a copious perspiration and drinking little. In addition, it is a sure sign of a febrile state of system, and in hectic fever is often a more important aid in judging of the increase of fever than is the pulse or the temperature.

Dark coloured urine indicates the presence of an abnormal colouring matter. This consists of the colouring matter of blood, of bile, or of the urine itself, the determination of this point is only possible after more careful examination which will be spoken of later on; but we must not here forget that several colouring matters taken into the stomach as ingredients of food, drink, or medicines, may be excreted with the urine and so colour it; we must especially mention the colouring matter of Rhubarb and of Senna, which colour the urine brown or even blood-red. This colour may, however, be easily distinguished from blood inasmuch as the addition of mineral acids to urine so coloured causes it to become lighter, light yellow, whilst the same urine containing blood becomes if anything darker.

2.—ODOUR.

This generally depends upon substances which have been casually taken into the system and given to the urine their own peculiar smell, as asparagus, Turpentine, Saffron, Cubebs, &c., but the urine has also its own peculiar odour which is modified by certain diseased states; thus in certain illnesses a so-called "urinous smell" is strongly marked, arising from an unusually large amount of Carbonate of ammonia. At present the odour of the urine affords but little help to diagnosis.

3.—CLOUDY OR CLEAR CHARACTER OF URINE.

The urine is either clear or muddy, slight muddiness forms the so-called "nebula" cloud—if more it sinks to the bottom after standing, and forms a precipitate. All muddinesses, depend-

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ent upon solid undissolved particles suspended in the urine, are either present in the fresh urine or do not begin to form until a longer or shorter period after its evacuation. Normal urine is always clear, or only very slightly clouded, and it is only after long standing (24 hours or more) that sediments begin to form, in the manner already described above. Immediate or early clouding of the urine is therefore always a sign of some abnormality; but the amount of the cloud or precipitate is of much less importance than the more minute examination of its character.

4.—QUANTITY OF THE URINE.

The best mode of accurately measuring the urine is to use graduated glasses; but in chronic cases it is not sufficient to determine the amount of urine in any single day, as it is very probable that accidental circumstances might influence it during so short a period; it is better to measure the urine for several successive days, and thus obtain an average for twenty-four hours; it is also a good plan for the purpose of observing passing effects to reckon the amount per hour. But in order to determine in any case whether the amount of urine is increased or diminished, it is not merely necessary to measure it, but we must also know how far the quantity obtained exceeds or falls short of the normal standard; we must, therefore, know the usual quantity passed by the individual under examination. In examining patients, however, for practical purposes, it is sufficient to substitute the general average quantity for that of the individual which could only be obtained by tedious investigation. It has already been mentioned that the average quantity of an adult per hour is equal to 60—70 CCm., but may vary from 30—100. When, therefore, we find the hourly excretion above or below 30—100 CCm., and the daily above or below 1000—3000, we may safely presume that there is an abnormality in the quantity excreted; but even here the variation may be only accidental, caused by certain external influences such as excessive or diminished drinking, excessive perspiration, diarrhœa, vomiting, &c.; but if the variation is constant and considerable, it is of some importance to the physician, and

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according to Vogel the following conclusions may be drawn from it.

1. In all acute febrile diseases, with very rare exceptions (*e.g.* in the paroxysms of most intermittents), the quantity of urine diminishes considerably during the height of the fever, and does not increase until the intensity of the fever abates; it does not reach the normal standard until convalescence, when it may even exceed it. Consequently in such diseases continued diminution in the quantity of urine accompanied by heightened colour, indicates that the disease is on the increase, a continuance at a low amount (less than 800 CCm. per diem), shews that the intensity of the disease is unabated; a steady increase of quantity, on the other hand, that the disease has yielded.

2. At the approach of death, in many chronic and acute diseases, the urine often decreases in quantity, and either becomes gradually less and less, or fluctuates about a low standard. This is, however, not always the case, and it seems particularly not to occur when death follows suddenly upon any derangement of function in the heart, lungs or nervous system.

3. Amongst chronic disease the quantity of urine is particularly interesting to the physician in dropsies and in diabetes, both for diagnosis and prognosis and practical medicine.

5. THE SOLID MATTER AND THE SPECIFIC GRAVITY OF THE URINE.

The methods of determining the quantity of solid matter and the water contained in it are very elaborate and tedious, but for practical purposes a sufficiently good approximation may be obtained by estimating the amount of solid ingredients from the specific gravity, which is readily got. For this purpose a urinometer is best, which is placed in the urine to be tested, and gives a sufficiently accurate index of its density; but as the urine, apart from its variable amount of water, does not always contain the same substances in the same proportion, one cannot from the density determine exactly the amount of solid matter which it contains, but it is always near the mark. The most convenient formula is Trapp's, which is, to double the two last figures of the number expressing the specific gravity; the result

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represents the number of grammes of solid matter contained in 1000 grammes of the urine. According to this formula, if the density be 10·10, the urine contains 20 parts in 1000 grammes of solid matter, &c., and so on." As the average specific gravity in an adult male is normally 10·20, the amount of solid matter passed daily in the urine (average quantity, 1400—1600 CCm) would be 55—65 grammes. In all cases where a considerable variation from this average is observed, we may conclude that it is abnormal.

The value of an abnormality in the specific gravity and proportion of solid matter in urine may be summed up as follows:—

In most acute diseases the amount of solid matter is somewhat less than in health, 40 to 50 grammes instead of 60 daily; which appears to depend mainly upon the fact that the patients generally take fluids containing little solid matter. It is of more importance to notice those cases in which the excretion is increased; in such cases the urine may contain a larger or a diminished quantity of solid ingredients, in the former case there is a disproportion between nutrition and excretion; the patient becomes emaciated, and the disease belongs to the class of diabetes; in the latter case it is principally water which is got rid of, and which can be readily replaced,—there is neither emaciation nor hectic; on the contrary, the process may be beneficial, as in a watery state of the blood and dropsies. In general we may conclude, when the urine is in diminished quantity and of high specific gravity, that there is severe illness; when the urine increases and is of low specific gravity, that improvement has commenced. If the urine is not increased, and yet of low specific gravity, one is led to suspect a check upon the secretion of urea, and to fear uræmia. In most chronic diseases (excepting diabetes) the solid matter is diminished; an increase of it is consequently an indication of more active nutrition and consumption, and is generally a good sign. On the other hand, in the height of acute diseases, an increase of solid matter is a bad omen, for it hastens the inanition which always comes on in such cases.

Finally as urea generally constitutes the greater proportion

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(on an average one-half) of the solid remains, the specific gravity of the urine is also useful in forming an idea of the amount of urea contained in it.

6. REACTION OF THE URINE.

Healthy urine, as has already been mentioned, has an acid reaction when fresh and during the first twenty-four hours,—*i.e.* it colours litmus paper red; in particular cases, however, it may have from the very first a neutral or even alkaline action; in the latter case it restores the blue of reddened litmus paper. The most useful for this test is a piece of blue litmus paper with a faint tinge of red. This is obtained by allowing a solution of litmus in water to stand until it is slightly acid and has a reddish tinge, with this smooth writing paper is then painted over and dried in the shade. Paper prepared in this manner is rendered more deeply red by acids and deep blue by alkalies. The following are the principal advantages of knowing the reaction of the urine.

If the urine is acid, it is only a negative indication, enabling the physician to know that certain diseases are not present. A very great acidity favours the production of certain sediments or concretions, especially of uric acid; or it may give rise to irritation of the kidneys and urinary passages.

A neutral or alkaline state of the urine is of more importance. An alkaline reaction may depend upon carbonate of ammonia (in which case reddened litmus paper becomes blue, but returns to the original red on drying); or upon potash, soda or an akaline earth (in which case the reddened litmus paper becomes permanently blue). The presence of carbonate of ammonia is caused by the decomposition of urea, that of the others named either by the consumption of carbonated or caustic alkalies, or of alkalies combined with vegetable acids, or of food abounding in the last, or else by diseased changes going on in the system.

In considering the alkaline character of urine, we must observe whether it be only casual, at a certain time of day, after certain diet, on particular days; or on the other hand persistent, or at least frequently present. In the former case it would be

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a matter of little importance, but far otherwise if constant. The cause would then be either: (1) a discharge of mucus or pus from the passages; which would be confirmed by the presence, in the ammoniacal urine, of mucus or albumen and crystals of ammonio-magnesian phosphate; or (2) the prolonged use of caustic or carbonated alkalies, alone or in combination with vegetable acids; or (3) some derangement of the system, especially in nutrition; and amongst the most frequent are anæmia and chlorosis, debility of the nervous and muscular system, imperfect nutrition, and of debility generally. Rademacher already indicated this, when he said that a constant alkalinity of the urine was almost always a disease requiring iron.

We now come to the several abnormal constituents of the urine, the presence of which for our purpose is of still more importance, and often alone enables us to come to a conclusion as to the nature of the disease, or at any rate affords a good groundwork for further investigation. It is true that the detection of these substances is only possible by chemical or microscopic investigation; but we have lately succeeded in discovering such simple and sure distinctions and modes of observation, that very little practice or skill is required, and any practitioner is able to undertake them.

These pathological constituents of urine are the following: albumen, sugar, blood, pus, biliary matter, fat; lactic, acetic, butyric and benzoic acids; sulphuretted hydrogen, inosine and leucine, &c. For the purposes of this paper, it will be sufficient to mention more particularly, as regards their recognition and import, those only which are of frequent occurrence, which are recognised without very complicated analyses, and bear an important relation to certain diseases; and which consequently are of great importance to the practical physician.

1. ALBUMEN.

The distribution of this substance, so important for the nourishment of the body, is very extended. In perfect health,

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however, it does not appear in the urine. It consists in 100 parts, of

	Scherer.	Mulder.
Carbon	54·883	53·5
Hydrogen	7·035	7·
Nitrogen	15·675	15·
Oxygen, Sulphur, Phosphorus	22·365	22· 1·6 0·4
		100·0

The recognition of albumen in the urine is arrived at by very simple processes, which, if carefully performed, yield a trusthworthy result.

a. The first consists in boiling the urine, when the albumen is coagulated; the presence of albumen is shown, if in large quantity, by a flaky coagulum, if in small quantity, by an opacity. We first ascertain the reaction of the urine, half fill a test-tube with it, and warm it over a spirit lamp. If the urine be acid, a coagulum or opacity will be found as soon as the temperature rises above 70 deg. R.; was the urine neutral or alkaline, the albumen will not be separated, and nothing more than a milky cloud will appear; if, however, a fresh quantity is taken, and a little acetic acid added before boiling, taking care that it is only just enough to neutralize the free alkalies, then on boiling a complete coagulum will be obtained in large flakes. Lastly, should the urine be strongly acid, from the presence of free hydrochloric or nitric acid, the coagulum may also fail to appear, and it will then be necessary to neutralize a portion before boiling with very weak ammonia. The absence of a coagulum after these precautions is a sure proof of the absence of albumen.

A cloudiness may, however, appear on boiling a portion of urine, which does not depend on albumen, but upon phosphates; it is therefore necessary to add to the fluid in which the precipitate is seen a small quantity of dilute acetic or hydrochloric acid. If the precipitate be phosphates it will quickly

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disappear, and the liquid will become clear; but if albumen it will remain.

b. A second method consists in the addition of nitric acid. This will produce a thick white precipitate where there is much albumen, or the fluid itself will be converted into a white curd. In such cases there can be little doubt of the presence of albumen; but where the quantity of albumen is less, the cloudiness may be completely overlooked, or a sediment producing other substances (especially water) may be mistaken for albumen; we must then be very careful with the addition of nitric acid. It is best to follow Heller's* plan, which is as follows:—

Take a wine glass (liqueur glass) two-thirds full of the urine, and pour gently into it against the side some nitric acid, so that it may collect on the bottom of the glass. If then albumen is present, it will form a white opaque layer above the acid, distinctly bounded above and below, and from the contrast it cannot easily be overlooked, even when the amount of albumen is very small. If the cloud is caused by urates, and not by albumen, it will only be distinctly bounded below, whilst above it will extend gradually upwards in cloudy stripes throughout the whole urine.

Nitric acid also often causes a white opacity in the urine of persons who have taken balsam copaivæ, cubebs, &c.; this is distinguished from an albuminous precipitate by not settling to the bottom after standing any time, and not being produced by heat; but it must not be forgotten that large doses of copaivæ or cubebs really may produce for a time albuminous urine;

Lastly, in cases where a doubt still exists, it would be advisable to try both methods side by side.

The question as to the pathological signification of albuminous urine must be very cautiously answered, unless we wish to be drawn into false deductions, as often enough happens. According to Vogel,† the following indications may be drawn from it. In general albuminous urine is considered to indicate organic

* *Archiv für Chemie and Microsc.* 1852. p. 163.

† *Neubauer and Vogel; Anl. zur analyse des Urins.* p. 247.

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changes in the kidneys, called morbus Brightii; but this is only correct when it continues constant through a considerable time, and at the same time presents other signs, particularly fibrinous cylinders; for the urine may, in the absence of Bright's disease, contain urea, though not so constantly and persistently; viz. (1) when it contains blood, liquor sanguinei, pus or spermatozoa; (2) after the use of strong diuretics, cantharides, cubebs, &c.; after tying the renal nerves; after copious injection of water into the blood, and generally under circumstances by which the pressure of blood in the renal vessels is increased; (3) in those changes in the blood by which its serum becomes deficient in albumen and rich in water.

If, then, we are led to the belief that although albumen appear in the urine, yet there may be no Bright's disease, we must examine more closely the other constituents of the fluid, and ascertain all the other symptoms, in order to decide whether the albumen is dependent upon irritation in the kidneys, changes in the blood, or accidental impurities in the urine.

2. SUGAR.

This is identical with raw sugar. In 100 parts (exclusive of water) are contained of

Carbon	40·00
Hydrogen	6·66
Oxygen	53·34
	100·00

The formula is $C_2 H_{12} O_{12}$. As it is now certain that sugar is found at all times in the system,* but does not normally appear amongst the excretory substances, we must conclude that it becomes gradually changed in the system, and when at last completely oxydized, passes off as carbonic acid and water. At any rate, sugar is not a constituent of healthy urine, but it occurs in certain diseases; and lastly, saccharine urine has

* It is constantly found in the contents of the duodenum and in the chyle after the consumption of sugary or amylaceous food; also in the blood, especially of the hepatic vein, according to the evidence of numerous chemists.

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been repeatedly observed after irritation or injury of the medulla oblongata. The sugar crystallizes generally from urine in irregular masses, looking like warty lumps, and formed of cauliflower-like scales; it is white, without taste, and less sweet or soluble in water than cane-sugar.

The detection of sugar in the urine is effected most surely by evaporation in a water-bath, by which means, after standing for some time, the sugar crystallizes out in wart-like yellow masses. This, however, is only possible where the sugar is abundant. The following methods are therefore best.

1. Put a small quantity of urine into a long narrow test tube, add to it a little solution of caustic potash, and heat the *upper* portion of the liquid to the boiling point. If sugar is present, this portion will become of a reddish brown colour, whilst the lower part retains its original hue; in this manner the smallest change in colour is perceptible.

2. Half fill a test-tube with urine, and saturate it with caustic soda; if a considerable precipitate forms we separate it by filtration, and add to it a sufficient quantity of a weak solution of sulphate of copper to dissolve the original precipitate. (One must be careful not to add large quantities, especially when only small quantities of sugar are suspected). If sugar be present it will shew itself after the fluid has stood for a short time, by the formation of a red precipitate, which may be instantaneously developed by boiling the liquid. Lengthened boiling must, however, be avoided, as there are also other, particularly albuminous, substances which can cause a precipitate in solutions of copper of suboxide of copper, but only after lengthened boiling. The presence of albumen gives a violet or almost black colour to the liquid on boiling (owing to sulphuret of copper), and it is therefore advisable, where the urine contains albumen, to separate that in the first instance by boiling and filtration.

If the urine contains very little sugar, it will be necessary to evaporate it and prepare a spirituous extract with alcohol; this can then be dissolved in water, with which the above described operation is to be performed. If the result is not then decided, we must precipitate the sugar from the alcoholic solution with an alcoholic

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solution of caustic potash; the precipitated saccharate of potash dissolved in water will then give the most beautiful reaction with sulphate of copper. If the sugar is abundant, the compound is separated, immediately on the addition of potash, as a copious precipitate which collects on standing; if on the other hand the amount of sugar is small, the liquid becomes opalescent, then gradually clouded, and the saccharate strikes to the bottom as a glutinous mass. The slightest trace of sugar will give most distinct results, such as usually only perfectly pure sugar will do; in this manner the $^1/_{100,000}$ part of common sugar, added to healthy urine, was rendered quite evident. Finally, the solution of copper (Fehling's or Barreswill's test solution) should not be too old, but as recently made as possible, otherwise a decomposition of the vinous acids may take place, by which any fluid would be made to give an apparently saccharine reaction by boiling, without really containing any sugar at all.

In judging of the pathological signification of saccharine urine there are, according to Vogel, two cases to be distinguished.

1. The urine contains sugar in large quantity, and constantly throughout a long space of time. (After fasting, such persons occasionally pass urine free from sugar).

2. The urine contains only traces of sugar, or it is only for a short time, or intermitting more at one time than another, with an occasional remission.

In the former case we must suppose that diabetes mellitus (glycosuria) is present. There are then generally other symptoms present, which may help to confirm the diagnosis; such as increased quantity of urine of high specific gravity, great thirst, emaciation, dry skin, &c.

The occurrence of the second variety has been observed to accompany very different disorders, and perhaps even to occur in perfectly healthy individuals. At present different writers hold very different opinions as to the cause: we may mention excessive consumption of saccharine and amylaceous substances; disturbed action of the brain and nervous system, especially of the medulla oblongata; diminished activity of respiration, and consequently diminution of oxygen in the

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system; excessive activity of the liver in the production of sugar, and diminished alkalinity of the blood. It will therefore be necessary, in each individual case, to attend carefully to all the circumstances of its appearance and to other symptoms, and thus possibly to obtain a clue to the real cause of the excretion of sugar.

3. BLOOD.

The presence of blood in the urine is not an unfrequent occurrence, neither is its detection particularly difficult. The surest sign of the presence of blood in the urine is the detection of the blood-corpuscles under the microscope. Urine which contains blood is also generally tinged by it; if the quantity of blood is small, one cannot be sure of finding the corpuscles until the urine has been allowed to stand some time; the blood-corpuscles then form a red sediment at the bottom; by this means even a very small quantity of blood may be detected with the naked eye; if there is any doubt, it is immediately cleared up by the aid of the microscope.

Under the microscope the blood-corpuscles appear as thick, circular, slightly biconcave discs with rounded edges; they consist of a colourless cell-wall, containing a viscid fluid of a red colour, or yellow by transmitted light. They have no regular nucleus, but a few have in the centre an ill-defined light granule. Moreover, they are generally arranged in rouleaux. They are in man equal to about 0·00752 mm. On the addition of water they swell, become lens-shaped, and finally spherical; caustic alkalies and acetic acid also distend them, and destroy them with more or less rapidity. In the urine the blood-corpuscles are rarely found in their normal state, having undergone various changes from the presence of water and alkaline salts; if the urine be acid, they will keep for a considerable time, becoming at most somewhat jagged; they are, however, usually swollen, and nearly spherical; the colour is less than natural; they continue to have a distinct boundary, but are no longer in rouleaux. Blood-corpuscles, or coagula in the urine, always indicate that a discharge of blood is taking place from some part of the uropoietic system into the urinary passages. The causes and consequence of

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such a discharge may be very various. The following may serve as a guide to a judgment:—

If the urine contains much blood, it probably comes from the pelvis of the kidney, the ureters or the bladder, seldom from the kidney itself; this often depends on a general scorbutic state, which is not difficult to recognize. Apart from this cause, bleeding from the pelvis of the kidney and from the ureters is frequently the result of renal calculi, rarely of ulceration from other causes. In such cases there is usually also inflammation of the pelvis of the kidneys and ureters (pyelitis), and the urine contains pus-corpuscles in addition to the blood, and occasionally fragments of urinary calculi or gravel; there is, in addition, pain in the region of the kidneys and in the course of the ureters. This collection of symptoms generally renders the diagnosis pretty certain.

If there is no pain in the kidneys or in the course of the ureters, the source of the blood may probably be found in the bladder. It may here follow as a consequence of congestions of the mucous membrane, amounting to rupture of some vessels, vesical calculi, ulceration of the mucous membrane, or of extensive organic disease, especially softening cancer; the presence in such cases of other symptoms of vesical disease, apart from bloody urine, generally renders easy the recognition of the source of the blood, and a careful investigation, with continued watching, will generally enable us to decide upon the nature of the disease.

Casual, or sudden unexpected symptoms of vesical disease (dysuria, ischuria) may occur when the bleeding really comes from the pelvis of the kidney or the ureters, and not from the bladder; this happens when the blood which has reached the bladder coagulates, or clots washed from the ureters get over the entrance to the urethra, and thus renders micturition difficult or impossible.

If the quantity of blood is small, and unaccompanied by any symptoms of disease in the urinary passages, we may suspect that it comes from the renal parenchyma, particularly the Malpighian bodies, and that we have before us one of the numerous changes comprised under the name of Bright's dis-

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ease. In such cases, if the blood be not a very fleeting symptom, we may generally also find fibrinous cylinders, pus-corpuscles, or granule cells, the presence of which not only aids the diagnosis generally, but occasionally enables us to determine, with more or less probability, the exact form of disease.

With respect to the prognosis in various cases of bleeding from the urinary apparatus, the following facts will be useful:—

Bleeding from the urinary passages is very rarely of importance by directly diminishing the number of corpuscles in the system, and thus producing anæmia or oligocythæmia. More frequently it causes bad results by coagulating more or less in the passages, thus stopping the ureters or urethra, and hindering the evacuation of the bladder; or these coagula may form the basis of permanent concretions; even where the whole amount of blood which escapes is very small, a little coagulum may form a nucleus for a future calculus. Moreover, in making a prognosis, it is necessary to take into consideration the primary cause of the bleeding, disease of the bladder, pyelitis, &c.

Moreover, all urine containing blood corpuscles must necessarily contain likewise fibrine and albumen, which are essential elements of blood; hence only a very careful examination, based upon an approximate quantatitive analysis of each of these three elements, can enable us to determine whether the whole quantity of each element present has come from the bleeding, or whether there be not also a separate extravasation of fibrine or of albumen going on.

It is not however always possible to detect blood-corpuscles or their remains in the blood by means of the microscope, even when the urine is distinctly coloured, or even dark brown or black as ink. This is more especially the case in diseases accompanied by disorganization of the blood, in scurvy, putrid, typhus fevers, and malignant intermittents, and after inspiring arseniuretted-hydrogen; in these cases the urine contains hæmatoglobulin in solution. When such is the case, we must avail ourselves of chemical analysis. The urine is boiled alone, or slightly acidulated with acetic acid, which causes the production of a more or less abundant brownish-red coagulum,

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exactly like that which is formed when blood diluted with water is boiled. On drying, the coagulum becomes nearly black; if powdered and treated with alcohol containing sulphuric acid, it becomes, provided hæmatin be present, more or less red or reddish-brown, and leaves, when evaporated to dryness and heated to redness, an ash which contains iron.

The occurrence of hæmatoglobulin in the urine is of great importance to the physician. (1) In the first place it shews that an excessive pathological disintegration of blood-globules must have taken place. The cause may be a passing one, and the prognosis favourable; or permanent, bringing about an actual dissolving away of the blood, and hence dangerous to life, as in extreme cases of scurvy, and in typhus and putrid fevers. (2) It has been observed that in certain cases of hæmatoglobulin in the urine, and probably in which there has been a large quantity of hæmatoglobulin set free, granular pigment collects in the blood, and by stopping the capillaries, especially in the brain, may produce fatal results. In such circumstances, therefore, it would be necessary to strengthen the prognosis by searching microscopically for any collections of pigment which may exist.

4. PUS.

The existence of pus also in the urine can only be satisfactorily determined by the microscope. Any moderate amount of pus always forms a sediment; but this will only form after a length of time, if the number of globules is very small; it would then be necessary for their detection either to let the urine stand for some hours in a tall glass, and then examine the lower portion, or else filter it, and then place what remains in the filter under the microscope.

Regular pus-corpuscles appear under the microscope as round, pale, opaque and granular cellules of various size. It is important to know that a distinct nucleus may generally be distinguished in them; sometimes single, sometimes split, and of different shapes. All pus-globules do not have a sharp contour, but they often appear dull, and apparently out of shape. If we dilute fresh pus with distilled water, we may immediately

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see the corpuscles swell, and become very transparent, with delicate contour; the granular surface generally disappears at the same time, and the nuclei become more distinct, whilst in addition we can make out numerous small, dark granules.

Under the action of weak acetic acid, or very dilute mineral acids, the bodies often swell up to nearly double their original size, the granular surface disappears, and the membrane itself becomes very transparent, and often bursts; the nuclei before mentioned then become very distinct, but of very different form and number; some are single and round, elongated, bean-shaped, or horseshoe formed; other double, triple or quadruple, variously arranged according to the splitting of the original single ones. Caustic alkali destroys the corpuscules quickly, but without completely dissolving them.

The pus corpuscles are principally distinguished from blood corpuscles by their granular exterior and their behaviour under Acetic acid.

There are circumstances in which, though we suspect that there is pus in the urine, we are unable to demonstrate it. This occurs when the urine is highly ammoniacal, and the pus globules under the action of the Carbonate of ammonia become converted into a gelatinous mass in which their form and margin are no longer distinguishable: such an appearance is generally mistaken for mucus and consequently a mucous and not a purulent discharge is supposed to exist.

As every formation of pus is accompanied by an albuminous serum, the liquor purdis, in addition to the pus-corpuscles, every case of purulent urine will exhibit albumen under the usual tests.

The following may be looked upon as the diagnostic value of pus in the urine:—It always indicates the existence of some process in the uropoietic system which leads to the formation of pus, or of some abscess communicating with that system. It is only in women that pus from the genitals, vagina or uterus can appear in the urine. But pus may come from any part of the urinary apparatus or from several parts at once. As points in the special diagnosis of its source the following may be useful:

In gonorrhœa a purulent looking matter may be squeezed from the urethra at any time without previous micturition.

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If the pus is from the bladder it is always accompanied by symptoms of acute or chronic vesical disease (dysuria, &c.).

If from the ureters, one or other or both, it is rarely unaccompanied by colicky pains in the course of the ducts.

Purulent formations in the parenchyma often run on for a long time with so little local indication that the persistence of purulent urine may be the only means of leading to the discovery of their existence. It is therefore of great importance in such cases to determine whether the pus is the result of a superficial affection of the mucous lining or of deeper change in those regions; in this question the following points are to be considered:

The duration of the disorder, if it last only a few days and then passes off again, we may always conclude that the cause is superficial—the characters of the pus. Normal pus-corpuscles of a perfectly circular form and shewing the characteristic nuclei after the addition of Acetic acid will lead us to suspect simple catarrh of the mucous surface. On the other hand when the pus-corpuscles are irregular in form and contour and the nuclei imperfect, or when we find a confused finely granular mass with irregular corpuscles and partially disintegrated cells, we expect to find a deep-seated cause, suppuration or tubercular deposit.

In a more extended sense other things are included under the term pus, such as cancerous and tubercular matter and tube casts; which however may be easily distinguished by means of the microscope from the true pus-corpuscles.

V.—MUCUS AND EPITHELIA.

Urine always contains some mucus, coming from the urinary passages, especially the bladder and urethra, and in women often also from the vagina. A small quantity of mucus is therefore of no pathological importance. It generally appears as a light cloud sinking very gradually, and is best recognised when the urine is held in a glass with transmitted light. When the amount of mucus is abnormally increased, the cloud becomes more apparent, and forms at last a gelatinous sediment. This enables us to estimate the amount by the eye, which is a much more rapid,

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and often surer process, than the roundabout chemical examination.

If we filter urine in which the mucus has settled to the bottom, the mucus will for the most part remain upon the filter in separate colourless transparent lumps, shrink, and form a glutinous glistening coating. Alcohol precipitates mucus as a fibrinous clot having the same chemical reactions as albumen, like which it becomes yellow when treated with nitric acid, and is soluble in muriatic acid, with a blue colour.

In the mucous sediment from normal urine we find, besides distinct nucleated epithelial cells, so-called mucous corpuscles; round, highly granular cells, with one or more nuclei which are, moreover, not distinguished by any distinct character from the colourless cells of the blood, from lymph, chyle, and pus-corpuscles.

An increase of mucus in the urine is in two respects important:

1. It indicates an excessive mucous discharge from the urinary passages, bladder or urethra (in women we must first ascertain that it is not from the vagina).

2. It favours fermentation, especially the alkaline, *i.e.*, the conversion of urea into carbonate of ammonia.

Lastly, it must not be forgotten that the term "mucous," considered chemically, is a very indistinct term, and many modifications of protein substances (fibrin, albumen, casein, &c.) probably pass under that name.

VI.—BILIARY MATTER.

Modifications of the colouring matter, and cholic acid, are the only ingredients of the bile which have as yet been detected in the urine.

The colouring matters which appear in the urine are cholepyrrhin and biliverdin, of which the latter generally predominates. Urine containing biliary pigment is always highly coloured—brown, greenish-yellow, greenish-brown, up to grass-green; it froths up on shaking, and colours filtering-paper yellow or greenish. Rarely, a trace of biliary pigment may be found in the urine of healthy persons, particularly in hot weather. It may occur in large quantities in jaundice; but as

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jaundice is almost always to be recognised by other symptoms, apart from the presence of biliary matter in the urine, this is a sign of no great value, and we shall therefore pass over its chemical detection.

The presence of cholic acid is of equally little importance. It does not appear, from such observations as have been hitherto made, that its occurrence bears any relation to particular diseases; and even in icterus, when the urine is largely charged with biliary pigment, cholic acid is not usually to be detected. If this acid exists at all in the urine, it is as taurocholic or glycocholic acid.

VII.—FAT.

Fat is of rare occurrence in urine; and little is known of its character or importance. It is said to appear in normal urine, but in very small quantity. We detect fat by the following means:—1. Occasionally we can see with the naked eye the fat floating on the urine, as in soup. It must be tested more closely; and best by seeing whether it makes grease-marks on paper, which do not disappear when it dries. (In all such cases, it is necessary to ascertain carefully that the fat does not get into the urine accidentally, as from greasy utensils or glasses.)

2. The fat may in other cases be distinctly recognised by the aid of the microscope. It appears as flat discs having a high refractive power, and a dark, somewhat irregular contour. Occasionally, the fat is present in small closed cells, round and smooth, and also highly refractive. These easily break under pressure, and their contents escape. To find the fat-globules, one must either examine a portion from the surface of the urine, to which the free fat-globules rise, owing to their low specific gravity, or else from the bottom, if the fat is contained in cells or coagula which form a sediment.

3. The fat may be so minutely distributed through the urine as not to be distinctly recognised under the microscope; it will then be necessary to detect it chemically. For this purpose, a portion of urine is evaporated to dryness in a water-bath, and the remainder heated for a time at a temperature of 110° R.;

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small quantities of ether are then poured over it, until no more is dissolved out; the etherial solution then contains all the fat, which may be obtained by evaporation, which is best carried on in a cylindrical glass vessel. The remainder may be examined microscopically and also chemically, if there is sufficient material. The formation of grease-spots on thin paper, and the production by heat of acroleine (a body having a peculiar pungent smell), will be sufficient to prevent its being mistaken for any other substance.

So far as is at present known, the presence of fat is, according to Vogel, principally of importance to the physician, as indicating the probable existence of fatty degeneration of the kidneys, which either occurs alone (fatty kidney), or in conjuction with shrinking of the kidney itself, forming one of the several forms of Bright's disease. In the latter case, the formation of fat either depends upon its deposition in the secreting cells of the kidneys (epithelium of the urinary tubules), or is the result of fatty degeneration of exudations into the kidney. Probably, however, fatty urine may arise from other causes, such as fatty degeneration of the epithelial cells of the ureter and bladder; or from an excess of fat in the blood, which might cause fat to appear in the urine, without at the same time necessarily producing fatty degeneration of the kidneys.

The amount of fat will be of importance in estimating these conditions. Kletzinsky found the urine of various persons labouring under Bright's disease to contain from 0·24 to 1·27 in 1000, whilst Beale states that he found in one case 14· of fat parts to the 1000.

VIII.—URINARY TUBULES.

These are peculiar cylindrical or pouch-like bodies, which are found in the urinary sediments during certain diseases, and appear to be formed most probably in the urinary ducts (Bellini's tubules) of the medullary substance. They appear in three forms:—

1. Epithelial cylinders, composed of masses of epithelial cells. 2. Granular renal cylinders—solid cylinders, like the last in form and size, but of a finely granular construction; and 3. Trans-

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parent renal cylinders (hyaline cylinders)—solid cylinders like the former, but very pale and transparent.

The presence of these bodies can only be satisfactorily determined under the microscope; but as they occasionally occur in very small numbers, in order to make sure of finding them, or of convincing oneself that some are there, it will be necessary to let the urine stand for some time, and then to examine the lower portion; or, better still, to filter it, and then place the solid remnant under the microscope.

Their appearance is of great practical importance, for as they always come from the uriniferous tubules, they indicate a disorder of that part, and are a sure symptom of Bright's disease.

However, the term "Bright's disease" is a somewhat uncertain collective expression, under which are comprised several different diseases of the renal parenchyma; and some have attempted to draw special deductions from the varieties of these bodies; but they are either too difficult or too uncertain to be mentioned here. This much is certain, that in proportion to the quantity of casts in the urine, and the length of their continuance, so much the more extensive will be the degeneration, and so much less favourable the diagnosis.

IX.—FIBRIN.

This occurs sometimes coagulated and sometimes fluid.

Coagulated fibrin appears either in large pieces, cognisable to the naked eye, when they may be either portions of coagulated blood, or, more rarely, colourless, firm or gelatinous fibrinous clots; or in very small particles, only to be recognised under the microscope, similar to the before-mentioned urinary cylinders or tubules.

The presence of fluid fibrin produces the so-called coagulable urine, which is characterised by the formation of fibrinous coagula, after standing for a few hours. These coagula sometimes merely cover the bottom of the vessel, and appear like a coherent sediment in the lower layers of the urine; at other times they occupy the whole of the fluid, and convert it into a gelatinous mass. Coagulable urine rarely occurs in this country, but frequently in places beyond the continent of Europe.

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A fibrinous jelly occurring in this manner, may easily be mistaken for that which is more common with us, viz., the product of the action of carbonate of ammonia in ammoniacal urine upon pus-corpuscles, as often happens in catarrh of the bladder.

Sometimes coagulable urine also contains blood. We can only then be certain that there is any fibrin present, apart from that proper to the blood, when it is so large in quantity that we cannot account for its appearance on that ground.

Fibrin, whether coagulated or fluid, always indicates the occurrence of an exudation of fibrinous fluid (liq. sanguinis) in some part of the urinary apparatus. The fibrin generally comes from the kidneys, but may also come from other parts. Almost always we shall find that the urine contains blood also, and consequently it will be albuminous.

X.—CANCEROUS AND TUBERCULAR MASSES.

Cancerous matter in the urine is generally the consequence of cancer of the bladder, and more rarely of the kidneys; it is generally soft cancer, and the masses in the urine are small lumps, composed of an aggregation of cells—cells with secondary cells, thick-walled cells, or branched and spindled-shaped cells. In such cases the urine generally contains blood or blood-clots. The presence of such masses is a sure sign of the presence of cancerous deposits in the bladder or kidneys undergoing the process of softening. In cancer of the bladder, there are always marked symptoms of vesical disease, especially derangements in the process of micturition, and often there are also symptoms of irritation in the rectum or vagina, so that the diagnosis is by no means difficult. Cancer of the kidney is, however, in general, much more difficult to make out; the only guide is the absence of any indication of disease in the bladder, and, occasionally, a perceptible enlargement of one or both kidneys on percussion.

Tuberculous matter in the urine appears to the unassisted eye like pus, but is distinguished by its microscopic characters. It consists of irregular pus corpuscles, with an ill-formed detritus,

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fragments of cells, undeveloped nuclei, granular matter, and, occasionally, crystals of cholestearin.

The seat of the tubercular deposit, which gives rise to sediments of softened tubercle is the mucous or sub-mucous tissue of the bladder, ureters, or pelvis of the kidneys, or in cases of long standing of all these parts.

XI.—SPERMATOZOA.

These are only to be distinguished by the aid of the microscope, and then only under considerable magnifying powers (300—500 diameters). They are spherical bodies, with a distinctly perceptible tapering tail, of variable length, and apparently spontaneously moveable; they are easily detected, owing to their peculiar form, which is distinct from that of anything else; they are, moreover, with difficulty destroyed. As they do not generally occur in great numbers, it is necessary for their detection to put the urine in a tall, tapering glass (champagne glass), and allow it to stand for same time undisturbed; the upper portion should then be carefully decanted off, and the remainder examined microscopically. In pure water, and more particularly in strongly acid or alkaline urine, they lose their motion and assume a peculiar form, the back part of the thread becoming bent forwards, and often spirally twisted around the other end. Their signification is self-evident: in man they indicate the occurrence of a discharge of semen either in coition or otherwise; they sometime lead to the detection of onanism; in the urine of women they afford proof of connection; lastly, they have been sometimes found in the urine of typhus patients.

XII.—FUNGI AND INFUSORIA.

These never occur in fresh urine, unless, indeed, they got into it from dirty glasses or utensils; but they are frequently found in such as have been kept for some time, and almost always in that which is in process of decomposition.

The infusoria are always very minute, and only recognized under a high magnifying power by their motion; they are either dot-like monades or elongated vibrios. They occur

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principally in putrescent urine, which contains albumen, mucus, blood or pus, and occasionally appear so early that they may be supposed to have arisen within the urinary passages; this is so far of importance that it indicates a morbid state of the fluids of the patient, and may occasionally be serviceable in strengthening an unfavourable prognosis in septic conditions.

Fungi occur in the urine either as round or oval cells (spores and sporidia), or as simple or jointed and branched threads (thallus or mycelium); they generally appear after the urine has been kept for some time, and are, consequently, of no practical importance. An exception may be made respecting the yeast plant, which occurs in diabetic urine, in the form of oval cells, appearing either single or connected together like a pearl necklace; they develope themselves spontaneously in saccharine urine, especially in warm weather, very soon after passing, and may, therefore, be available for the diagnosis of glycosuria, but they are not alone a sure sign of the existence of sugar.

In addition to those abnormal organic constituents which have been already described, there often occurs in the urine of patients more or less acetic, lactic, benzoic and butyric acids, sulphuretted hydrogen, allantoin and leucin. It seems unnecessary to describe here their chemical or microscopic detection, since, though not necessarily a difficult process, they are at present of no diagnostic value; they occur in the most various diseases, and have been also occasionally found in healthy urine. On the other hand, certain crystalline substances occasionally occur in the urine, which are of more practical value, and therefore deserve a closer examination.

XIII.—SEDIMENTS OF URIC ACID AND URATES.

These occur very frequently in urine, especially in acute febrile conditions. Uric acid is never a colourless sediment,—sometimes light yellow, oftener dark yellow, orange or brown. Its crystalline character may be distinguished with the naked eye, and under the microscope it appears as quadrilateral plates or hexagonal rhombic prisms, from which, by abrasion of the obtuse angles, spindle or barrel-shaped crystals are formed.

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If the form of the crystal appears doubtful, it is very necessary to dissolve the sediment in a watch glass by means of caustic potash, and then to add a little muriatic acid, when crystals of the usual form will be produced. The uric acid is separated from the urates by warming the liquids and then filtering; the latter are dissolved, and the uric acid remains upon the filter. We can also more certainly detect uric acid chemically by the murexide process, which will give evidence of the smallest quantity. For this purpose the deposit is treated with dilute nitric acid, which dissolves the uric acid; this is cautiously evaporated, almost to dryness, and submitted to the action of ammonia, on which a beautiful purple colour is produced, and finally crystals of murexide are formed. It appears in the form of four-sided prisms, which reflect the light of a green tint similar to that of the cantharides; powdered, it is of a brown colour, and dissolves in water with a deep purple tint; by the addition of caustic potash, the colour is converted into a purplish blue.

The urates which accompany the uric acid in the urinary sediments are—acid urate of soda, acid urate of ammonia, and acid urate of lime, of which the first-named is the most common and abundant, especially in fevers and in all diseases in which the respiration, or rather the oxydation of the blood, is affected.

Vogel gives the following summary of the import of these uric acid sediments:—

Uric acid is a normal constituent of the urine, but is only to a small extent soluble, and that with difficulty. So soon as changes take place which render the urine no longer able to dissolve all the uric acid, so much as is insoluble becomes deposited as a sediment; these changes consist either in an increased amount of uric acid, or in the fact that the urine contains little water, or is on the whole scanty in quantity. An uric acid sediment is therefore not necessarily a proof that the production and excretion of urine are increased absolutely. Uric acid appears most frequently in acute febrile diseases, in febrile exacerbations of chronic complaints: in such cases there generally exist together, as predisposing causes, both diminution in the aqueous constituent and in the absolute

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quantity of urine, and also increase of uric acid, and, in addition, a large amount of pigment, by which, as is known, the acid fermentation of urine is accelerated. In this case the sediment generally appears some time after the evacuation of the urine, and is caused partly by the diminished temperature, uric acid being much more soluble in hot than in cold water, and partly by the commencing fermentation. The colour of such sediments is clay-coloured, brick-red, or cinnamon-coloured; under the microscope they appear very finely granular, and consist of neutral or acid uriates, having generally soda for a base, occasionally ammonia or lime; they are chiefly characterised by the fact that urine, which is clouded by them, becomes clear when again warmed; their principal importance is in indicating those changes which generally occur in febrile complaints, as increase of uric acid and diminution of watery evacuation; they cannot be considered critical except in so far as the riddance of an excess of uric acid from the blood is a favourable circumstance, whilst its retention is far otherwise. We often remark, nevertheless, that in spite of the appearance of these sediments the disease will continue for some time unabated. Lastly, such deposits occasionally occur in health, as after bodily exertion, high feeding and perspiration; the determination of the base is a matter of no practical importance.

If the sediment consists entirely, or for the most part, of uric acid, which is seldom, but, when it exists, easily recognized by the unaided eye owing to the size of the crystals, it is necessary to observe whether the deposit is formed after the urine has stood for some time, or before its passage from the bladder, as in the latter case we should have to dread, from its continuance, the formation of renal or vesical uric acid calculi.

XIV.—HIPPURIC ACID.

Sediments of hippuric acid are comparatively rare; they appear under the microscope as crystals in the form of rhombic prisms, occasionally needle-shaped, and which could only be mistaken for those of uric acid or ammonio-magnesian phosphate; from the latter they are easily distinguished by not disappearing on the addition of muriatic acid, and from the

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first by not giving the characteristic murexide reaction. Hippuric acid occasionally occurs as sediment mixed with uric acid, and it is then best to collect the whole on a filter and boil it in alcohol. This dissolves the hippuric acid, leaving the other; by evaporation and drying of the alcoholic solution pure crystalline hippuric acid is obtained.

The formation of hippuric acid sediment depends upon exactly the same circumstances as does that of uric acid.

Little is known of the signification of an abundant excretion of hippuric acid. In the first place it must be remembered that it occurs abundantly in health after a goodly consumption of fruit, and after taking benzoic or cinnamonic acid. In patients it has been found in the acid urine of fever, also in diabetes, chorea, &c., but at present it is impossible to say to what extent its presence may be useful for the diagnosis or prognosis of such cases.

XV. PHOSPHATIC EARTHS.

The sediments of this class consist always of phosphate of ammonia and magnesia, and phosphate of lime, in the proportion of 1 to 2. The crystals of the double salt are easily known by their rhombic prismatic form; they are insoluble in hot water, but are soluble in acetic acid, by which they may be distinguished from oxalate of lime occurring in the same crystallized form. The phosphate of lime appears in the microscope as an amorphous, highly refractive powder, in irregular, very transparent scales, or in cell-like balls; these are often so transparent, and with such ill-defined margins, as to be with difficulty made out.

Sediments of earthy phosphates occur in any urine as soon as it becomes alkaline, especially if ammoniacal, the salt being only soluble in acid liquid; the presence of earthy phosphates is, therefore, by no means unnatural, or a proof of the excess of such substances in the urine. An abnormal state can only then be supposed to exist when we have actually determined by quantitative analysis that the phosphates are increased (this may sometimes be apparent to the eye when the amount of sediment is very great), or when the deposit of earthy phosphates

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is already formed in the urine at passing. The former state has been often observed in connection, particularly with chronic deep-seated disease of the bladder or spinal cord; in the latter case, the sediment appearing in fresh urine is either formed in the urinary passages, and we are fearful that its continuance may lead to the formation of phosphate calculi, or there must be an alkaline state of the urine, the causes and consequences of which will be mentioned elsewhere.

XVI.—OXALATE OF LIME.

To recognise quickly a deposit of oxalate of lime, the higher powers of the microscope are always necessary, the crystals being generally very small, often much less than blood—or pus-corpuscules. They appear as pretty bright, transparent highly refractive octahedra, very like envelopes, and not easily mistaken for anything else. The small size of the crystals renders it mostly impossible to recognise a deposit of oxalate with the naked eye, it is therefore advisable, when such a deposit is suspected, to filter the urine. The precipitate is scraped carefully from the damp paper and put under the microscope, and the smallest quantity of the characteristic envelope-like crystals may generally be detected mixed up with epithelial scales, mucus and fragments of the fibre from the filter.

Oxalic acid and Oxalate of lime are contained in many articles of food obtained from the vegetable kingdom; and in some medicines, such as Rhubarb, Gentian, Saponaria, etc.—by such means the Oxalic acid enters the system and gets to the urine for excretion. It also is found as a secondary product in changes which some things undergo, as in the oxydation of Uric acid, and in the imperfect oxydation of sugar, starch, and the salts of vegetable acids, and in the reduction by oxygen of simple and double Carbonates,; hence also, Oxalic acid is formed after the consumption of Carbonated drinks, (champagne and seltzer water), after excessive use of sugar, etc. But the Oxalate of lime also shews itself in the urine in disorders of respiration, which interfere with the proper supply of oxygen, emphysema pulmonum and in convalescence from severe diseases, such as typhus.

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The following appears at present certain respecting its indications:—

If the urine continues for some time charged with considerable quantities of Oxalate of lime, forming the so-called oxaluria, or Oxalic acid diathesis, we always dread the formation of urinary calculi called mulberry stones, in the bladder or kidney; or else on the other hand, the accumulation of Oxalic acid in the system, which on account of its poisonous action, particularly on the heart and nervous system, causes other disagreeable results, especially organic disease. If any traces of the oxalate are detected, or if a large quantity appear only for a short time, as often happens in different acute and chronic diseases, then, though no danger positively threatens, yet it is advisable to endeavour to discover the cause, and to the best of our ability to remove it; at the same time paying particular attention to any other symptoms which may present themselves.

URINARY CONCRETIONS.

The deposits from the urine within the urinary passages (kidney, ureters, bladder or urethra), are sometimes small like grains of sand, so that they are readily passed with the urine; sometimes larger, varying from the size of a pea to that of an apple, so that they cannot be passed except in an unnatural manner, but being retained in the pelvis of the kidney or in the bladder, give rise to mechanical inconveniences, or may stick in the ureters or urethra and stop them up or injure them. Most of those concretions arise from sedimentary deposits within the urinary passage, which not having been immediately evacuated, are retained by some means or other and collect into larger masses, or attach themselves to a foreign body which may have got into the passage in some way; and incrust it. In the same way previously formed urinary concretions increase in size by the addition of layer upon layer of urinary sediment.

Although it may appear at first sight that the knowledge of the chemical composition of these concretions could not possibly be of much use to the practical homœopathic physician, still there are some cases in which a general estimate of their chemical constituents will be absolutely essential. For though

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he may be from the outset convinced of the utter impossibility of dissolving concretions within the urinary apparatus by any chemical agent, still a knowledge of their chemistry apart from its scientific interests will enable him to reach the origin of the diseased propensity, and to oppose the continued production of gravel or concretion by dietetic and medicinal means.

In addition, this chemical investigation may be of use in a prognostic point, since some concretions are of much worse import than others, and afford a means of judging of the advisability and probable result of surgical interference.

The Chemical constituents of urinary calculi are essentially those of the sedimentary deposits, viz.—

Uric acid and urates,
Xanthin (Urous acid),
Cystin,
Oxalate of lime,
Carbonate of lime,
Phosphate of lime,
Phosphate of ammonia and magnesia,
Protein compounds (Fibrin and mucus),
Urostealite.

To which sometimes small quantities of other substances (as Silica and Alumina) are added. Some concretions consist almost entirely of one substance, others of a mixture of several, either all mingled together or each forming a separate layer.

The characters of most of these substances have been already given, it is therefore only necessary here to give a general sketch of the mode of proceeding in analysing such concretions.

If we have a sediment to examine, it may in the first instance be useful to examine it microscopically, as we can often determine its chemical composition from the form of the crystals, etc. For chemical analysis the grains are obtained as isolated as possible, cleaned from impurities, such as blood, pus, etc., and washed with distilled water. If it is a concretion to be examined, it must first be broken or sawn through, as they often consist of different layers, a portion of each layer, which is distinguished from its neighbours by colour, is then powdered and washed with distilled water.

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The best way of commencing the analysis is by heating a portion of the powder on platinum over a spirit lamp.

I. Is the substance entirely consumed, or leaving only a very small residuum, it may be;—

A.—Uric acid, or urate of ammonia.

B.—Xanthin.

C.—Cystin.

D.—Protein substance.

E.—Urostealite.

a. We first test for Uric acid. If we obtain a distinct murexide reaction on treating the powder with Nitric acid and Ammonia as described before, we have Uric acid or urate of ammonia. We distinguish them from each other by the fact that Uric acid is only soluble in hot water and then sparingly, Urate of ammonia on the other hand easily and in larger quantity; on cooling, the urate is again deposited, and gives off ammonia on the addition of potash.

Uric acid Calculi are comparatively common and may attain a great size; they are generally coloured (yellow, red, reddish-brown), rarely white, with a smooth surface and considerable hardness. Stones of Urate of ammonia are rare, usually small, lighter in colour (whitish or clay coloured), and more earthy character.

If we do not get any appearance of Murexide the concretion may be

b. Xanthin. This dissolves in Nitric acid without the development of any gas, and after evaporation of the solution, there remains a residuum of a bright lemon colour, not reddened by ammonia, but dissolved by caustic potash with a dark reddish yellow tinge (Guanin gives the same results). Such concretions are very rare, they are light brown (whitish to cinnamon colour), tolerably hard, shine like wax on being rubbed, and generally consist of concentric amorphous layers, easily separable.

c. Cystin calculi also occur rarely, are of a dull yellow colour, smooth surface, crystalline, fracture with a waxy or fatty surface, soft, and may be scraped, the powder feeling like soap. It is recognised chemically by the following tests; it is soluble in caustic ammonia, and crystallises by gradual evaporation of the solution in characteristic hexagonal plates. It is also solu-

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ble in mineral acids, and crystallizes on slow evaporation to form a solution in Muriatic acid in groups of radiating needle shaped crystals. Cystin contains a considerable quantity of sulphur, consequently if a concretion containing Cystin be dissolved in Caustic potash and boiled, with the addition of a little solution of acetate of lead, a black precipitate of sulphuret of lead is formed, which gives the solution the appearance of ink.

d. Calculi composed of Proteine compounds (arising from fibrin or blood coagula) are very rare, they have no traces of crystallisation, give an odour of burning horn when burnt, are insoluble in water, alcohol, or ether, but are soluble in potash water, and reprecipitated by acids; they swell up in acetic acid and are dissolved by boiling nitric acid.

e. Ureosteolite has as yet been only found by Heller as a constituent of calculi—such stones are, when fresh, soft and elastic like indiarubber; on drying they become smaller and brittle, light brown or black in colour, tolerably hard, but soften in the warmth. They melt when heated, without becoming fluid, puff up and give out a very strong smell, reminding one of shell-lac or benzoin. They become soft without dissolving when boiled in water. They are very soluble in æther, and the amorphous ureostealite which is left by evaporating the solution, becomes of a violet colour: when further warmed they are easily soluble in a warm solution of caustic potash, and become saponified. They dissolve in nitric acid without colour, and giving off a little gas; the residuum is coloured dark yellow by alkalies.

II. Is the concretion incombustible, or leaving a large residuum when heated, it may be composed of

a. Ureates having fixed bases (Soda, Magnesia or Lime).

b. Oxalate of lime.

c. Carbonate of lime.

d. Phosphate of lime.

e. Phosphate of Ammonia and Magnesia.

a. Urate of Soda, Lime and Magnesia, seldom occur alone as constituent of urinary concretions, but often exist to a considerable extent in stones composed primarily of other sub-

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stances, particularly urate of ammonia and uric acid. To ascertain whether such a stone contains fixed urates it must be powdered, boiled in distilled water, and filtered whilst hot. The urates which are more soluble than uric acid, pass through the filtered solution; this is evaporated and heated, and the residuum then contains any fixed bases. If it colours moistened turmeric paper brown, it must be potash or soda: the latter is known by the yellow colour which it gives to the flame of the blow-pipe. Magnesia and lime remain as carbonates, unless too much heated, they are therefore not soluble in water, but are in dilute acids. If phosphates of soda and ammonia be added to such a solution, they are precipitated as ammoniomagnesian phosphate and phosphate of lime. The two substances may then be separated in a manner to be directed hereafter.

b. Oxalate of lime calculi are pretty frequent, particularly with children. They are either small, light coloured and smooth (called hempseeds), or large with a rough, tuberculated surface, dark brown or even almost black (called Mulberry calculi). The latter are generally very irritating to the urinary canal, owing to their rough surface, and so cause considerable inconvenience, as bleeding and inflammation. Oxalate of lime becomes black when heated, by the burning of the organic matter, but when the process is continued it soon becomes white without melting. A strong heat produces caustic lime, which colours turmeric paper brown; a less heat removes carbonate of lime which is dissolved by muriatic acid with effervescence. If the solution be neutralised with ammonia, and oxalic acid added, the oxalate of lime is again precipitated, giving the before-mentioned crystals of an envelope shape under the microscope.

c. Stones entirely or principally composed of carbonate of lime are not common; when present there are generally several in the same individual; they are of a grey colour (rarely yellow or brownish), and have an earthy, chalky appearance. More frequently carbonate of lime is a secondary constituent of other calculi, together with the oxalate of lime or earthy phosphate. Carbonate of lime calculi generally blacken when heated, as they contain a considerable quantity of organic mat-

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ter (mucus), but are easily heated to whiteness without melting. The residuum has the same reaction as that from oxalate of lime. As an easy test for these stones, it is sufficient to observe that they dissolve in hydrochloric acid *with effervescence.*

d. Ammonio-magnesian phosphate and phosphate of lime generally occur together as constituents of the same concretion. They shew that the urine must have had an alkaline character for some time, dependent upon decomposition of urea within the urinary apparatus. They may reach a considerable size, are generally white, and either soft, porous and chalky, as when the ammonio-magnesian phosphates predominate, or more compact and harder, when they contain more phosphate of lime. They do not burn when heated, but are fused to a white enamel-like mass, (and hence are called fusible calculi). They are distinguished from oxalate and carbonate of lime by the fact that after heating they never have an alkaline reaction. They are soluble in hydrochloric acid without effervescence, both before and after heating, and the acid solution of the heated powder is precipitated by ammonia. The following means are employed for separating the two constituents from each other. The calcined powder is dissolved in dilute muriatic acid and filtered; to this solution sufficient ammonia is added to leave only a slight acidity, or it may be completely neutralised by ammonia, when a slight opaqueness will be formed, which must be redissolved by a few drops of acetic acid; if oxalate of ammonia be added, the lime alone will be precipitated as an oxalate, whilst now the ammonio-magnesian phosphate will remain in solution, and may be obtained separately by supersaturation with ammonia after the precipitate of lime has been separated by filtration.

Rarely concretions of neutral phosphate of lime occur; they are similar in their physical and chemical characters to those consisting of earthy phosphates, but are distinguished by the absence of magnesia, owing to which the solution of muriatic acid, though supersaturated with ammonia after the separation of the lime as oxalate, will give no further precipitate.

It is not always that urinary calculi exhibit such a simple composition; they sometimes contain several ingredients. Some

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concretions consist of uric acid and urates mixed with phosphates, others of oxalate of lime and phosphates, and stones have been met with containing at the same time uric acid, urate of ammonia, oxalate, phosphate and carbonate of lime, and ammonio-magnesian phosphate. These constituents are sometimes mixed up together, sometimes one upon another in layers, evidently deposited at different times according as uric acid, oxalic, neutral and ammoniacal urinary diathesis predominated. Alternate layers of uric acid and phosphate of lime are occasionally produced by medicinal agents, when alkalies are administered to the patient to correct the lithic acid diathesis, and thus render the urine alkaline, and so cause a deposit of phosphate of lime, which attaches itself to the calculus.

Most stones have a nucleus, which is sometimes a foreign body, to which the sediments attach themselves and form a crust; thus any foreign substance, which gets into the bladder from without, or is formed in the urinary apparatus, such as fibrin, blood clots, mucus, &c., may become a nucleus for the production of a calculus. Gravel which has been retained may also do the same. Occasionally the calculus exhibits a hollow cavity in the place of a nucleus, this occurs when the nucleus was originally of mucus but afterwards dried up. It has been occasionally observed that a nucleus rattles within the stone, which would also depend upon its having been originally in part mucus. Occasionally it originates in sand or several small stones, which have been bound together by a mortar either of the same constitution as the stone or differing from it.

False urinary stones also occur and are of particular importance to the physician when a hypochondriacal patient has, in consequence, got a notion that he is suffering from stone or gravel; they are generally sand or small stones which have accidentally got into the utensil. They usually consist of silicates, and may be readily distinguished by their appearance and hardness, which is greater than that of the calculi; greater certainty is obtained by mixing it with an excess of chemically pure Carbonate of soda, and submitting it to a red heat in a platina crucible, the whole is then dissolved in water acidulated

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with Muriatic acid, and evaporated to dryness in a platina saucer over a water butt—if the residuum be now treated with water, pure Silica will remain undissolved. It is white, pulverulent, without taste or smell, gritty between the teeth, insoluble in water or acids, but completely soluble after boiling in a solution of Carbonate of soda. The presence of any considerable amount of Silicic acid proves that the stone could not be an urinary calculus, for the last never contains Silica, or at any rate only in very minute quantities.

(To be continued.)

LACTAGOGUE MEDICINES.

In a paper recently published in the *Medical Times and Gazette*, by Dr. Routh, "on Defective Lactation and its Remedy," are some interesting observations respecting the power possessed by some medicinal substances in promoting the secretion of milk. We extract a few of those:—

"*Saponaria Vaccaria.*—Cow basil, vaccaria. Seed heating, diuretic; this plant is said to increase lacteal secretion in cows fed upon it. (Redwood.) Galen speaks very favourably of it.

"I have tried this remedy in a few cases only and as a strong infusion, and I think I can speak favourably of its effects. In my hands the patients seem to have remarked that the quantity of milk produced in their breasts was increased materially."

"*Euphorbiaceæ.*—Ricinus communis, oil bush. Castor-oil plant. India. Seeds are purgative, yield oil by boiling and expression. Root in decoction diuretic; leaves with lard used externally as an emollient poultice.

"The lactagogue properties of castor-oil leaves were known to the Spaniards of Peru and Chili. M. Frezier, Engineer in ordinary to the French king, in his narrative of a voyage to those parts, performed during the years 1712-13-14, stopped for some days at San Vincente in the Cap de Vert. In his description of that island, he states that among other plants he saw there, the *palma christi* or *ricinus Americanus*, by the

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Spaniards in Peru called *Poterilla;* and they affirm that the leaf of it applied to the breasts of the nurses brings milk into them, and applied to the loins draws it away. (Dr. McWilliam's Letter, p. 488, vol. ii. 1850.)

"The employment of castor-oil leaves as a lactagogue in this country dates since 1850. In a paper read before the British Association, at Edinburgh, in 1850, and afterwards published in the *Lancet* of same year (vol. ii. 1850, p. 294), Dr. McWilliam brought the effects of this plant before the profession. The leaves of this plant in Boavista in the Cape de Verde Islands are known as the *bofareira,* which is in reality the ricinus communis of botanists, and occasionally the leaves of the Jatropha curcas, both belonging to the natural order of Euphorbiaceæ. Two kinds are known in these islands, the red and the white. They are both varieties of the same plant, but the red is avoided by the natives, the former being said to be lactagogue in its properties, the latter eminently emmenagogue. In cases of child-birth, where the appearance of the milk is delayed (a circumstance of not unfrequent occurrence in those islands), a decoction is made by boiling well a handful of the white Bofareira in six or eight pints of spring water. The breasts are bathed with this decoction for fifteen or twenty minutes. Part of the boiled leaves are then thinly spread over the breast, and allowed to remain until all moisture has been removed from them by evaporation, and probably, in some measure, by absorption. This operation of fomenting with the decoction and applying the leaves, is repeated at short intervals until the milk flows upon suction by the child, which it usually does in the course of a few hours. On occasions where milk is required to be produced in the breasts of women who have not given birth to or suckled a child for years, the mode of treatment adopted is as follows:—Two or three handfuls of the leaves of the ricinus are taken, and treated as before. The decoction is poured, while yet boiling, into a large vessel, over which the woman sits, so as to receive the vapour over her thighs and generative organs, cloths being carefully tucked around her, so as to prevent the escape of the steam. In this position, she remains for ten or twelve minutes, or until the

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decoction cooling a little, she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed, and gently rubbed with the hands; and the leaves are afterwards applied to them in the manner already described. These several operations are repeated three times during the first day; on the second day, the woman has her breasts bathed, the leaves applied, and the rubbing repeated three or four times. On the third day, the sitting over the steam, the rubbing, and the application of the leaves to with the fomentation of the breasts, are again had recourse to. A child is now put to the nipple; and in the majority of instances, it finds an abundant supply of milk. In the event of milk not being secreted on the third day, the same treatment is continued for another day; and if then there still be want of success, the case is abandoned, as the person is supposed not to be susceptible to the influence of the Bofareira.

"Women with well-developed breasts are most easily affected by the Bofareira. When the breasts are small and shrivelled, the plant then is said to act more on the uterine system, bringing on the menses, if their period be distant, or causing their immoderate flow, if their advent be near.

"Dr. McWilliam gives the cases of three women (occurring under the notice of Drs. Almuda, Sir George Miller, and Consul General Rendall), in whose breasts milk was induced by the employment of the Bofareira. In all these cases pregnancy had occurred some years previously.

"Dr. Tyler Smith has made some experiments upon the use of this plant. He tried the effects of the leaves in five cases, in three of which it proved successful. In one it produced a copious flow of the catamenia, in another of leucorrhœa. From his experiments he believes that the castor-oil leaves, applied externally, have distinct lactagogue effects. He followed out in his experiments the description given and quoted above from Dr. McWilliam's paper, but did not apply the steam of the decoction to the generative organs; nor does he appear to have given it internally.—*London Journal of Medicine*, vol. ii. 1850, p. 951.

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"I believe I am the first who has used castor-oil leaves and stalks internally as a decoction in this country. I was led to do so from having frequently observed that suckling women, after taking a dose of castor-oil, usually noticed that they secreted a larger quantity of milk—a result which I certainly cannot entirely attribute to the removal of accumulated fecal matters; because I have not seen the same full effect from the use of other purgatives. Dr. Tyler Smith (Ib. p. 954) alludes to this effect having been noticed by others, although, he adds, it may do this by moderating febrile excitement. It occurred to me, therefore, that in defective lactation, the exhibition of castor-oil leaves and stalks in a decoction might produce, or more directly cause, a flow of milk. I have now given the remedy in several cases, and I must say I have not been disappointed. The flow has been remarkably increased. Three objections, in practice, against its use, however, should be mentioned. 1st. Some patients complain while taking it of a sensation in the eyes, not exactly amounting to pain, but accompanied with dimness of sight. I do not think this effect, however, is due to any peculiar effect of the castor-oil plant. I have only noticed this symptom in weak women; and I rather attribute it to the forced flow of the secretion, an effect exactly analogous to that which is observed in nurses that have suckled too long when the child takes the breast. 2nd. A second is that the dose after a time requires to be much increased, as the remedy appears to lose its effect. A temporary suspension, and the substitution of another lactagogue, remedies this inconvenience. 3rd. The last objection is a more serious one, but one which I hope in time will be remedied—the difficulty of procuring the leaves or stalks in sufficient quantity. It appears that they are not imported into the country, and all those that can be obtained, are produced in the Kitchen Gardens of Mr. Butler; and the number of plants grown here is but small. I have, however, found this remedy so important as a lactagogue, that I hope ere long it will either be imported or grown in larger quantities, so as to be used much more extensively."

"*Coronilla Juncia.*—Syr. polygala vera. Milk vetch. This herb in decoction increases milk.

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"I believe this to be the same plant which is known and sought for in London by many suckling mothers, indeed, kept for that purpose by herbalists. It is usually obtained from Gravesend, and known more popularly as the *milk weed*. I have used it largely, and I must also speak very favourably of it. Second only to castor-oil, and of about the same efficacy as the fennel, it is more readily available for most persons. I have also used the leaves of this remedy as a decoction, and have found it very efficacious. I have not tried the roots or the seeds. Probably the medicinal effects of these parts of the plant would be even more marked; and in winter be more readily procurable than the fresh leaves."

"*Umbelliferæ*.—Five plants in this order are commonly recommended—the Pimpinella Anisum; Anethum Fœniculum, or fennel; Anethum dulce, or graveolens, dill; Apium Sativum, or parsley; and Daucus Carota.

"All these plants are too well known to require description. All older authors, from Hippocrates downwards, speak of them. The fennel (marathon of the Greek), indeed, seems to be the staple ingredient of most of the remedies employed to promote secretion of milk. Æginета recommends the root and fruit of the fennel boiled in ptisan. Aetius recommends the leaves of the dill. Æginета directs that the fruit of the carrot should be given in such cases. My experience of these several plants has been confined, in a medicinal point of view, to the fennel. I have used pretty extensively the infusion of fennel seeds, and of all those plants which I have tried, I consider it as second only to castor oil. It is remarkable how materially it increases the flow of milk in those who take it, producing sensibly the draft in many women who have been strangers to this sensation to any extent for weeks. In one respect, it does not seem to produce the same amount of dimness of sight which the castor-oil leaves do; at least, patients have not complained to me of this effect when taking it. The appearance of the children has been also particularly good under its influence."

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FRAGMENTARY PROVINGS.

By Doctor Norton.

QUININE.

July 9th.—At 8 A.M. took ¼ gr. of quinine, do. at 12 noon and at 8 P.M.

10th.—An unusually good appetite at breakfast time. Took ¼ gr. at 1½ o'clock, do. at 4½ P.M., and at 9 P.M. I took 1 gr.

11th—In the course of the morning felt a nausea at epigastrium. Took 1½ grs. at 9 A.M., and 2 grs. at 7 P.M.

12th.—At 9 A.M. 2 grs., at 5 P.M. 3 grs. Scarcely any nausea during the day.

13th.—Nausea and tenderness on pressure at the epigastrium during this day. At 5 P.M. took 4 grs.

14th.—Defæcation attended with much wind, fæces indolent (slow at coming away) and inclined to be relaxed. Appetite as good as usual. At 9 A.M. took 4 grs., at 12 noon 4 grs., at 6 P.M. 6 grs., at 6-30 P.M. felt a painful or at least an uneasy sensation at the anus, somewhat relieved by gently forcing down the rectum. At 8 P.M. after taking coffee a buzzing in the right ear which seems to extend over the head.

15th.—Slept well; noise in the ear gone; soreness at anus still there, though not so severe; 11 A.M. took 5 grs. When out walking had some slight febrile heats with tingling or stinging on the front of both thighs (the febrile sensation is a most unusual circumstance with me.) About 3 P.M. a motion. The first part mixed with much wind, looked jelly-like, the other half was natural; at 5 P.M. took 6 grs., in an hour afterwards had some tea, when soon after the ringing in the right ear again returned; it had been almost imperceptible throughout the day. The uneasiness at the rectum has been better, although still present ever since the evacuation of the bowels.

16th and 17th.—State of health about the same.

18th.—Took 12 grs. in the course of this day. Nausea, ringing noise in both ears, but especially in the right. Trembling and weakness. The ringing continued until I went to sleep. More than usual perspiration during sleep. Also cough

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with expectoration of a little mucus. Urine increased in quantity. The face has become pale and sickly looking.

21st.—Immediately after rising from bed spat up a few lumps of thick sea-green mucus, which sank in water, followed by a soreness of the chest for some hours. At 11 A.M. took 40 grs., soon after was seized with a swinging in the head and ringing in the ears; fell forward upon a table in the room; recovered in a few minutes with the head feeling full and heavy. Bowels moved three times during the day; fæces pappy and frothy with emission of wind at same time. (This frothy barm-like or windy state of fæces I have never failed to cure by China.) The above mentioned 2 scruple dose was the last I took. The above symptoms continued a few days and gradually subsided.

It is several years since this proving was made, and I cannot help thinking that the irritation at the anus which formed a prominent part of it was succeeded by a disposition to a recurrence of a like malady on any slight provocation.

LOBELIA.

March 22nd.—About an hour after breakfast took ½ drachm of Tr. of Lobelia. A slight nausea in an hour or two afterwards was the only symptom.

23rd.—Took 1 dr. Slight nausea only.

24th.—Took 2 drs. after breakfast. Nausea all the morning; uneasiness or feeling of a lump or weight in the stomach for a few moments; about noon a burning pain in the back, as if in the posterior wall of the stomach; nearly all the symptoms disappear towards evening.

25th.—Took 2½ drs. Eructation immediately after and repeated several times during the day. Nausea or sensation of a lump or weight, as if caused by undigested food. A sensation of warmth or burning all over the stomach. Rumbling in the bowels and passage of flatus downwards. No appetite for dinner; dryness of the fauces; spitting at intervals—amelioration of all symptoms towards evening: enjoyed tea.

26th.—Took ½ oz. of Tr. Lobelia. A loud eructation immediately after. The manuscript does not contain any further records.

CAMPHOR.

March 6th, 1851.—Ten drops of Tr. Camphor were taken at

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bedtime. In the night experienced unusual sexual ardor, with continued delusions respecting the object of embrace.

7th.—At 7-30 A.M. and 2 hours before breakfast took 20 drops. Two hours after felt a calm opiate effect on the mind and brain. At 10 P.M. took another 20 drops. No immediate effects.

8th.—At 7-30 A.M. took 20 drops, in about 2 hours afterwards a slight confusion of the head. Once, for a few minutes, a hot burning in the urethra like the effects of Cantharides. Did not take the night dose.

9th.—Nine A.M. 20 drops on sugar; in 2 hours a stupifying feeling in the head like the effects of laudanum; also an indifference whether the world uses one well or ill. The effects went off in two or three hours. N.B. Camphor must be a good remedy for opium eating.

10th.—At 8 A.M. took 40 drops. No perceptible effects except intellectual dulness, also a soreness or tense, stiff feeling in the eyes and eyelids all day.

INDIAN HEMP.

April 15th, 1851.—At 7 A.M. I took 15 drops of the pure tincture of Indian Hemp. At 8 A.M. felt an opium-like dulness in the head.

10 A.M.—Am feeling as if under the sedative influence of an opiate. Every now and then I speak uncontrolably loud and then correct myself. My expression must be altered as people look at me more than usual.

11 A.M.—While visiting patients have great difficulty to refrain from saying or doing unusual things.

2 P.M.—Much as in the morning—ate a good luncheon—aphrodisiac feelings to a very unusual degree. Indifference to the world: the mind seems blunted: a reckless indifference to the dictates of conscience.

3 P.M.—On looking at myself in the mirror am struck with the small drunken appearance of the eyes: cannot say I have felt any decidedly elated feelings, but only a tendency that way which I repressed.

4 P.M.—Am feeling better, more myself again. Still feel the opiate-like sensation in the brain.

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6 P.M.—Much as last reported.

9 P.M.—Still the opiate sensation—more than usually sleepy.

10 P.M.—To bed—slept profoundly—no dreams.

April 16th.—Feel idle this morning. Tongue is white and sickly looking—face a little pale—not much disposed to work, but intellect clear.

Second Proving.

May 9th.—At 4 P.M. took 20 drops of pure tincture of Cannabis Indica. No effects until about 8 P.M., when became sleepy without any previous excitement or exhilaration; it is a muddled state. There is slight nausea. When repeating some French sentences I forgot the beginnings before I came to the endings. At last was obliged to yield myself to sleep. Before falling asleep the lower jaw was very stiff and immovable. N.B. My wife says when I was asleep that I looked stiff as if dead, with the lower jaw down.

10th.—Have slept well with the exception of an ugly dream. This morning tongue is white and foul, with a bad taste as if had been intoxicated over night. Head feels achy and confused.*

11th.—Headache continued all day. Last night during coitus little or no sensation. Scarcely any emission or sensation, but soon after a rather acute pain in the loins which lasted a short time (quite unusual).

* On ascending some steps quickly felt a constricted pain across the chest on a line with the heart; it only lasted a moment or two, never felt such a pain before.

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REVIEWS.

Proceedings of the Fifteenth Annual Meeting of the American Institute of Homœopathy, held in Brooklyn, N.Y., June 2nd and 3rd. Bath, Maine. 1858.

THIS volume gives us a very fair idea of the progress of homœopathy on the other side of the Atlantic. With its unpretending title it contains a vast amount of valuable material, and testifies to the zeal and energy of our American colleagues. When shall we see such a volume of the proceedings of one of our Societies? When shall we see any of them reckoning, like this American Society, three hundred and eighty members?—upwards of one hundred more than all our homœopathic practitioners in these islands!

However, to drop comparisons, which being in every way so disadvantageous to us, must consequently be odious to us all, let us endeavour to convey to our readers some notion of the contents of this very creditable performance.

It is pleasant to observe how things are managed by our consanguineous fellow-men of another hemisphere, to note wherein they resemble and wherein they differ from the old-world models. We find the inevitable dinner of John Bull on the occasion of any assemblage, duly reproduced by Jonathan, only whereas we should have deferred it until the termination of the work in accordance with our saying, "business first, pleasure afterwards," our New York friends sat down to their "sumptuous repast" at the end of the first day's proceedings. "Sentiment, response and music," we are told, "followed the removal of the cloth,"—just as with us. Most of the toasts are identical with those usual at our own festivals. Notwithstanding their superior reputation for gallantry and devotion to the fair sex, we find that Americans, like Englishmen, relegate the toast of the ladies to the very end of the evening; but then they do it in such a complimentary manner as almost to compensate for the delay. "The sweetest morsel came last," said

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the proposer, "Woman—the heart of humanity." The Rev. Eldred S. Porter gave a toast with a pun, the point of which is lost upon us, "The American Institute of Homœopathy: may it triturate opposing errors into nothing, and furnish a *Wright* for every wrong." Who or what this *Wright* may be, whether a doctor or a carpenter we do not know; but doubtless the guests did, and enjoyed the joke in proportion to its badness. One of the toasts, "The Clergy—we look to them to be foremost in all true reforms," speaks well for the liberal tendencies of American clergymen: in the old country we are usually inclined rather to rate them for their conservative than to praise them for their liberal leanings. The toast of "The Press—the tongue of the world," elicited a jocose speech from a real live newspaper editor, who thought that the toast would have been more appropriately responded to by a woman—whether because newspapers in America are chiefly edited by women, or because women might more aptly claim to be "the tongue of the world," from their talking propensities, we know not. The speaker said that newspaper editing was not favourable to longevity; indeed he stated that "nothing killed men off so fast as the press, except it might be the medical faculty." His hearers would be able thoroughly to appreciate the terribly destructive character of that engine.

But leaving the dinner, music and toasts, let us turn to the homœopathic business of this annual meeting. And here assuredly we shall find much to praise; nor can we do better than make a few extracts to show the spirit with which the cultivation of homœopathy goes on in America, and the eminently practical character of its partisans.

As the treatment of intermittent fever by homœopathic means has occupied a good deal of the attention of our brethren, especially on the continent, and as our adversaries always think to obtain an easy triumph over us in a comparison of our respective methods of treatment in this disease, speaking in a *veni-vidi-vici* sort of way of their prompt cure of the disease by enormous doses of Quinine, we were anxious to see how our American brethren, who in many districts have much greater

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opportunities of treating this disease, regarded the boasts of allopathic practitioners, and how they combated the disease. We were gratified therefore to find a report upon intermittents, followed by a *vivâ voce* discussion on the same subject. We subjoin both.

"REPORT OF A. R. BARTLETTE, M.D., ON INTERMITTENTS.

"*Gentlemen of the American Institute of Homœopathy*:—Your committee desire to make the following brief report, on the subject of intermittents.

"When the appointment was made, at the last annual session of your body, it was advised that the committee should solicit and embody in this report, information from our fraternal practitioners in different localities, involving the results of their experience and observation on the theme assigned to him. He therefore, soon after, addressed letters to some thirty different brethren, hoping thereby to transmit to the Association *memorabilia* of opinions and experiences from distinguished and successful physicians, which would not fail to add to our common stock of knowledge in an important department. The plan seemed to be a practicable one, and one that *ought* to command the co-operation of our entire medical fraternity. The success of this correspondence consisted of two brief yet encouraging communications, which will be herein transcribed.

"It should be stated that so far as the writer's observation has extended throughout the West, the past year has been one of remarkable immunity from intermittents, as it has also from all diseases; and this may account for the difficulty of obtaining communications on this particular subject.

"It will be an interesting enquiry, which the plan above indicated might have favoured greatly—whether the intermittents of noted malarious regions are steadily declining; and what forms of disease are taking their place—and what circumstances or conditions have favoured such a state of things. It has appeared to the writer that for the past two years, accounts from the Eastern States, particularly along their great valleys,

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and even quite approximate to the sea coast, indicate a strange increase of intermittents in localities where, often, such diseases were never known before. What were the causes of this phenomenon, or whether the accounts were rightly interpreted, he has not been able satisfactorily to ascertain. Can it be that intermittents will some day be seen only as epidemics?

"In relation to the eastern and northern tier of counties in the State of Illinois, the writer will state, as the result of information, which has been confirmed by personal observation, that there has been for ten years past a pretty constant decrease of intermittent fevers, neuralgias, and periodical rheumatisms, largely corresponding to the physical changes which agricultural modifications of soil and vegetation, and railroad and other drainage have made around us.

"Along the valley of the Fox River, many can remember the ague faces, yellow with bile as it was called, or ghastly with wan emaciation, which peered at us—can call to mind the enlarged spleen and liver (ague cakes) which were complained of, and the terrible attacks of pernicious fever (congestive chill) which appalled the old calomel-armed doctors, all over this region. And now the contrast is so grateful as to excuse the opinion that the time is approaching when these torments will scarcely be known here: unless, indeed, the intermittent is to take its place alongside of the typhus which not unfrequently visits us as an epidemic. A large share of those who now come down with intermittent fever here, are recent settlers—the unacclimated—who, unwarned, think to brave our sudden atmospheric changes, and our night air, as carelessly as at the east; or who, tempted by the supposed hunger induced by the process of acclimation, think they can enjoy without stint an 'Illinois appetite.' These facts, if correctly estimated, prove two points, viz.

"First. That a change of vegetable productions, turning up the soil to the light and atmosphere, drainage of the sloughs, and freedom of the streams from their former large accumulations of drift wood, modify the prevalence of intermittents.

"Second. That subjection to the *external* morbid causes of intermittents gradually comes to act as a prophylactic against

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future active attacks, and explains the phrase so often heard in these days and regions—'wearing out the ague.'

"As to treatment, your committee can speak positively. He has no sympathy for those homœopathic physicians who fear the ague, or other forms of intermittent disease, and look longingly towards secret nostrums, allopathic speculations, stupifying doses of brandy, lager beer, or anything to 'get rid' of the patient. He is not ashamed to compare notes with all other systems of treatment in these cases. His remedies are used in various potencies, from the second decimal to the two hundredth. The remedies most commonly indicated and successful have been *arsenicum*, *china*, *bryonia*, *rhus t.*, *nux v.*, *ipecac*. Other remedies have been brought in, of course, when *well* indicated; but if the choice was embarrassed, those named have furnished abundant success when chosen homœopathically to the ruling symptoms. Nor should *chinoidine* and *quinine* be excluded from the list. They *belong* to homœopathy. And everywhere allopathy should be made to understand that we are not ashamed of the drug, which in Hahnemann's hands *demonstrated* the dawning truth of the law of 'similia similibus curantur.' The writer's use of *quinine* has been *very* limited. His principal symptoms for its selection have been old chronic, or badly treated cases, with the following traits: all the stages quite distinct from each other; much addiction to salt food, tea, coffee or tobacco; sleepless nights, and drowsy, weary days; morning headache, dimness of vision, roaring in the ears; chill strongly marked and fever variable; sense of burning on the heavily coated (brown) tongue during the hot stage, sometimes with much thirst, but not invariably; sense of weight or enlargement in the hypochondria; constipations. He has scarcely ever used the crude drug, but finds a trituration of one to five, or one to ten to succeed perfectly, in two hourly doses of half a grain, till the paroxysm is broken, and then lengthen the intervals. He has thus *effectually cured* cases which had long defied allopathic fifteen and twenty grain doses of the same drug. And he is quite confident that doses repeated as above, of from one-tenth to one-twentieth of a grain in *trituration*, will avail wherever the patient can be

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kept under the proper regimen, if *quinine* is suitable at all. Yet, as before remarked, this drug is seldom called for in his treatment. And your committee wishes to again utter his conviction that no single potency of *any* drug will succeed in the best management of all intermittents. Some cases will demand *low* potencies; others will be managed best, and almost as if by magic with the high potencies. How shall the selection be made? It would not be commendable that this communication attempt a decision of a question which has divided so many eminent minds. A suggestion may be pardoned.

"Quite satisfactory results have, in the writer's practice, succeeded the selection of the potency inversely to the *susceptibilities* of the patient, and the activity of his symptoms. When these were acute, excitable, rapidly destructive, the high potencies have been first selected. When the opposite condition characterized the patient and his disease, and he was much more likely to struggle long with disease, the low potencies have been at once resorted to. A detailed statement of a few cases may illustrate this idea.

"CASE I.—A child, aged fifteen months; very irritable dentition; exceedingly peevish; restless nights, with much crying; been quite sick two days; red eyes; tongue coated white; when asleep wakes often with appearance of fright; frequent green diarrhœic discharges; daily sinking; chills followed by high fever, which lasts till nearly the next chill, with very short period of sweating; continued intense thirst. Cured in four days with a few doses of *merc. sol.* 6, and hourly intercurrent single drop doses of *arsenicum*, 15th dilution.

"CASE II.—A boy, aged four years; inherited a syphilitic taint which his father called salt rheum. Symptoms: chills and fever mixed, and sometimes chills and hot perspiration at the same time; no appetite; mouth dry, but not much disposition to drink; dull, constant drowsiness; aversion to being moved; pulse heavy and slow; partial retention of urine; three or four loose stools daily, which were sometimes greenish, sometimes yellowish; he had during a considerable time previous to this sickness, been troubled with a copper-coloured thinly laminated eruption on the arms, cheeks and forehead,

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sometimes exuding an ichorous watery serum, and very irritable, apparently from burning—this on the advent of the fever had become suppressed. He was placed under the influence of *arsenicum* 2, a small dose every two hours, in alternation with *arsenicum* 3, and this was continued for five days, omitting the doses after bed-time during the night. It is desirable to notice the low dose and frequent repetitions in this case. No aggravation followed. On the contrary the boy's symptoms gradually yielded, and on the fifth day he was so well, *without* any return of the eruption, as to be discharged. And he has had no attack of fever since, now three months past.

"Several analogous cases, under high, and also under low potencies might be cited; but these may suffice. The demonstration is that we can infallibly cure intermittents, where there is anything in the constitution to build upon, by a careful homœopathic choice of remedies and potencies. Your committee has seen it succeed in a case of intermittent Panama fever after allopathy had given up in despair. In this case low potencies were given, and a cure resulted in ten days. On the contrary, another case came to hand of a lady past middle age, who had been at times subject to slight mental hallucinations, during which she fancied some serious disease was about to burst upon her and suddenly destroy her life. When she came under treatment she had been aguish for several days, which doubtless aggravated her mental disturbance, although it was difficult to decide how far her mental state operated in the production of her objective symptoms. Having mislaid the notes of this case, memory only can furnish the outlines. She was able—nay felt a necessity—to be about most of the time, and complained of irregular successions of chills and fever, dread of some fearful sickness, and constantly inquiring what were the symptoms of apoplexy, aneurism, &c.; asked if there was no danger of the heart or the skull bursting open; was hurried in her motions, and forgetful, and would ask the same question repeatedly during the same interview; break off the conversation suddenly, and go into the pantry as if to perform some household duty which she had forgotten, then return in a

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minute and renew her anxious inquiries—thought she could feel two openings or fissures in the skull, commencing just above the middle of each supra-orbital ridge, and extending upward across the os frontis to the coronal suture; sight dim, and objects looked strange, sometimes fiery red, sclerotica slightly injected, waxy complexion. The chills and fever paroxysms had been upon her several days; sometimes sufficiently severe to cause her to take the bed for an hour or two. Yet in the midst of these, she watched with a sick friend one night, and during that night seemed to have forgotten her own illness, nor did the next day display any evil results. She was a lover of strong tea, which was of course taken away from her. She was put upon *sulphur* 900, three drops in a tablespoonful of water every thirty-six hours. Twelve hours afterwards she sent for the writer in some alarm, believing her medicine was too powerful. She had either taken a severe cold, or else she was under the exacerbations of sulphur: showing severe frontal headache, tension in the nape of the neck, little red-looking smarting pimples on the scalp and eyelids; profuse watery discharge from eyes and nose; numbness of left arm; pupil of left eye dilated, and twitching of left corner of mouth; great weariness and prostration; increase of general coldness; inclined to weep. Gave *belladonna* 200, one drop every four hours for two days; passed two days without medicine, and then returned to the *sulphur* 900, one drop every thirty-six hours, which she continued two weeks; at which time she reported herself well, and feeling better than she had done for two years.

"This is an interesting case, as a contrast to the last. Whether her ague symptoms were idiopathic or symptomatic, the objective symptoms were certainly controlled either spontaneously or by the high potencies; and her mental state was much improved, although it is not probable she will be free from future attacks of hallucination. An extended comparison of analogous cases would be beneficial to our profession.

"The following papers were prepared at the solicitation of your committee to be embodied in this report. They are sub-

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mitted with much pleasure, both in view of the professional success of their authors, and of their well known zeal in behalf of the American Institute of Homœopathy.

"PAPER BY J. S. DOUGLAS, M.D., Milwaukie, Wis.—I propose to occupy but very little of the time of the Institute—to enter into no details of the treatment or the pathology of intermittent fever. All I propose is to express a single thought, or rather to propound a single principle as applicable to intermittent fever in common with all other diseases, which principle seems to me not only to be often violated in practice, but its violation taught and defended by some in high standing in our profession.

"I refer, especially, to the practice of giving *large* doses of *quinine* in all cases of intermittent fever, which do not yield to the curative effects of *infinitesimal* doses of other drugs which have first been tried as being homœopathically indicated. If these fail, then many practitioners resort, not to *infinitesimal*, but to *large* doses of *quinine*. On what principle can this practice be defended, without abandoning the great homœopathic law of cure which lies at the basis, and constitutes the foundation of our therapeutics? Is *quinine* homœopathic to every obstinate case of intermittent fever, and is it required in from three to ten grain doses? If so, why not give it at first, as a panacea, without delaying the cure by other drugs? If it is not more clearly indicated homœopathically than other drugs, why select this as the only one which is to be given in *large* doses? If large doses are required to cure some cases of intermittents, why not select that one which is most clearly indicated by the symptoms according to the law, *similia*, and give that in *sufficient* doses to effect the cure. What is the possible defence for rejecting a drug clearly indicated in a given case because it fails to cure in infinitesimal doses, and selecting one not thus indicated and giving it in large doses? It seems to me that the only defence is, that the homœopathic law is not of universal applicability—that intermittent fever constitutes an exception.

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"I will simply express my own view of the matter without, now, entering upon any defence of it.

"The great homœopathic law of cure is a universal, not a partial law. In the treatment of intermittents, as well as all other diseases, that law should guide us in the selection of remedies. When the remedy is thus selected and administered in the usual homœopathic doses, and it fails to produce either a curative or a pathogenetic effect, it should be increased till one of these two effects is produced, or the disease is changed in character. If the pathogenetic, instead of the curative effects, result, or the disease is only changed, then, and not till then, it should be abandoned and another selected in accordance with law, and similarly administered, and so on, till the desired result is obtained. The law should never be abandoned and a remedy chosen empirically. For if a drug, in large doses, but slightly indicated by the symptoms will *cure* an intermittent, then certainly, one corresponding better with the symptoms, and therefore more homœopathic, would effect that object more effectually in adequate doses, or the law of *similia* is a delusion.

"For some reason (I will not stop to discuss the reason now), there are, according to my experience, many cases of intermittent fever in which patients are remarkably unsusceptible, or the disease is remarkably rebellious, to small doses of the most carefully selected remedies. Many cases will be promptly cured by the highest attenuations. But in many others I have obtained curative results from one or several drop doses of *nux*, *puls.*, *ipecac.*, &c., &c., when I failed to obtain any perceptible results from smaller doses.

"It is quite probable that our Materia Medica is deficient in specific or truly homœopathic remedies for many forms of intermittent fever. There are many drugs indigenous to this country which domestic and empirical use has demonstrated to be successful in the treatment of this disease which have had no provings. Our want of really adapted remedies may be the reason why larger doses are often required. But when we cannot find a remedy, in a given case strictly homœopathic to it, our only scientific resource is to approach as near to it as possible, and

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employ the remedy thus chosen in adequate doses, instead of resorting to any one remedy empirically, and without regard to its systematic relations to the case.

"PAPER BY D. S. SMITH, M.D., Waukegan, Ill.—In the treatment of intermittent fever I have observed that most cases have yielded to a few remedies selected according to their indications, and mainly given during the apyrexia; and but few indications govern the selections. A large majority of the cases treated by me have been cured by the administration of *arsenicum* 6, at night, and the same *attenuation* of *bryonia* in the morning. I have frequently succeeded in arresting the paroxysm as follows:—when it has been attended with pain in the head, I exhibit *bryonia;* if pains in bones are a prominent symptom, *mercurius;* when *quinine* in substance has been previously used, *arsenicum,* or when derangement of the stomach and bowels has been a common attendant, *pulsatilla* was employed. My common practice has been to administer four or five doses of the selected remedy, repeated at intervals of from ten to fifteen minutes, commencing with the invasion of the cold stage.

"Some cases of long standing which resisted heroic treatment, yielded to a single dose of *carbo v.* 30, or *ars.* 30, and some to a single dose of *arsenicum* 1000. One case I will detail, on account of its bearing upon the subject of potencies.

"Mr. H——, a clergyman, suffering from a tertian type of fever, had been treated by allopathists, who sometimes succeeded in arresting the paroxysms for a few days with large doses of *quinine,* after which they would recur. This course had been continued for some months without success, when I was called upon to take charge of the case. *Arsenicum, carbo v., belladonna,* &c., in the lower attenuations, were given, but without effect. I now suspended medication for a few days, but the chills and fever continued, without perceptible change. One globule of *arsenicum* 1000 was then given, and the patient informed of the attenuation. On the next regular paroxysmal day he escaped the chill and fever, but complained of feeling as much indisposed as when under the influence of his accustomed

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chill; and the next period brought him such severe sufferings that he desired me to antidote the medicine, saying he suffered more than from the regular ague paroxysm, attributing it all to the little dose of medicine. This aggravation, however, was soon over, and he began to improve; and in a few days so far recovered his health as to be able to undertake a journey around the country, in an open carriage, which was performed during an inclement season of the year, and lasted two or three weeks. Notwithstanding all this he had no return of his malady, and his health was well established. I gave him no medicine after the single globule of *arsenicum*.

"In the treatment of young children, *ipecac.* 3, and *arsenicum* 6, singly or in alternation, have rarely failed in my practice, to arrest and cure the disease.

"The rules of diet should be observed by the patient several weeks after the arrest of the paroxysm; and especially should the use of coffee be abstained from during the time named.

"In conclusion, your committee would add a few words to the important suggestions of Dr. Smith on the subject of diet. It is to be feared that as many are predisposed to intermittents, by a most villanous diet; so, many cases which perplex and discourage both patient and physician, are instances of the effect of glaring dietetic transgressions. It is often very difficult to keep the patient from sly and wilful indulgence of a perverted or diseased appetite. If the appetite is strong, the popular fallacy will surely be remembered—that nature is the best guide in sickness—a fallacy so deep as to co-operate with nature's worst efforts to carry its victim to the winding-sheet. If the appetite is wanting, behold the fallacious rule is changed. The patient must have a spiced and rich diet presented, so that he can 'worry it down.' Or, the patient craves so much drink that pure *water* is thought to be injudicious if not dangerous. So it must be eschewed, and artificial drinks substituted. Self-denial, abstinence, the patient rebels against. We must watch these cases with sleepless vigilance, and firmly prohibit everything which can injure the patient or complicate the disease, or detract from the energy of the medicine. In bad cases a restriction to simple nutritive drinks will be available.

"Your committee regrets that he has been unable to enter

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more deeply into this vast subject, and especially feels it to be a misfortune that he cannot attend (as he intended to do) the coming session of the Institute: and he hopes that your future committee hereon will be enabled to bring to its investigation that time and talent which shall be commensurate with the importance of the theme."

After the reading of this report the following discussion took place upon the homœopathic treatment of intermittent fever, which we now reproduce.

"Dr. BOWERS, in opening the discussion, said there seemed to be a peculiar propriety in discussing this subject at this time, in this place, by this body. Circumstances, he said, of a public nature had occurred in this city, which made it proper that there should be an expression of opinion by the Institute on the treatment of intermittent fever.

"Gentlemen standing high in the profession in the other school of medicine, in the adjoining city, have expressed opinions on this subject here, under oath—I will not say intended to deceive—but certainly calculated to mislead the public mind. They say in substance, continued the doctor, that intermittent fever is easily and certainly cured by a few doses of *quinine*; and that any physician who fails thus to cure it in about a week or ten days, at farthest, is guilty of malpractice. This, said Dr. B., is not in accordance with the instructions I received as a student—it is not in accordance with my reading in the profession—it is not in accordance with my experience—it is not in accordance with the facts of the case. When the magnates of the profession, in the character of experts, advance such opinions, they should not be allowed to pass unnoticed. He said the injudicious indiscriminate employment of *quinine* produced almost an unimaginable amount of evil—the remedy is often worse than the disease. Patients linger out a miserable existence; or suffer and die from various affections thus produced. He knew a physician in the West, who, feeling impatient at the inconvenience attending a few paroxysms, determined to make short work of it, and took a large dose of *quinine*; in the very next paroxysm coma ensued,

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and death ended the disease. Dr. B. knew of an eminent physician and surgeon in the city of New York, who was hurried to his grave by *quinine*, given to break his chills. Innumerable instances might be cited where disastrous consequences unmistakably followed the employment of this drug.

"Dr. HEMPEL coincided with the opinion of Dr. Bowers, that *quinine* is not adapted to all cases of intermittent fever. He found many cases of intermittent fever in the northwestern part of Michigan, where *quinine* seemed to be indicated, but could be cured only by *arsenicum*; and this he found it necessary to give in doses of one-tenth, or one-fifth of a grain, to be repeated every two or three hours during the apyrexia. These cases were characterized by great prostration; loss of appetite; sallow complexion; excessive headache; violent chills, followed by burning fever, and drenching perspiration; violent retching, and often vomiting of bile, attended with oppression and anxiety; there was either very little thirst during the chill, or else the thirst was burning and unquenchable, in which case drinking freely of cold water would excite vomiting of bile. Some severe cases of this character yielded to *arsenicum* 18; but as a general rule, he found large doses more reliable. In the course of the disease, after giving *arsenicum*, he sometimes observed that œdema of the lower extremities would make its appearance instead of the expected paroxysm. He regarded this as simply a feature of the disease, and not a medicinal aggravation; and this opinion was confirmed by the fact that the œdema yielded to a few more doses of the same remedy. He had often cured fever and ague, with *arsenicum* 12 or 18, when the paroxysms had been suppressed for a time by massive doses of *quinine*, but had reappeared, as it often does, from very trifling causes. *Ipecac.* 18 or 24 he had found efficient, when the paroxysms commenced with stretching and yawning; violent thirst during the chill; fever and sweat not corresponding with the violence of the chill; and when, during the chill, there was retching and sometimes vomiting. He always used *china* or *quinine* where the chill was attended with symptoms of congestion of the larger organs—the head, chest, abdomen—causing headache; oppressive palpitation of the heart; violent cough, sometimes

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with spitting of blood; colic; backache, &c. In such cases the continued use of the first decimal trituration of *quinine*, during two or three paroxysms, would often cure the disease. In some such cases, however, he had been obliged to use from five to ten grains, dissolved in four ounces of water, giving the whole during one period of apyrexia. In a few cases only had he succeeded in arresting the disease by *china* in attenuated doses. But he had found five or ten drops of the tincture sufficient to accomplish the purpose. Patients who had been treated unsuccessfully by other physicians, with attenuated *china*, he had cured with a few grains of *quinine*, dissolved in four ounces of water. He had also derived great benefit from the alternate employment of *aconite* and *bryonia*, in both the middle and lower attenuations, where, during the chilly stage, painful and alarming congestions were present.

"Dr. DONOVAN agreed with the gentleman who preceded him, that *quinine* could not be relied on, as curative, in the treatment of intermittent fevers. He thought homœopathists committed a very great mistake in going back to this treatment. He did not believe a disease so protean in its character, could be controlled by any one remedy, in all its manifestations; and he therefore regarded the administration of *quinine* for all varieties of intermittent fever, as not only irrational, but as highly empirical. He admitted that *quinine* given in sufficiently massive doses would usually break the chill; but there was no end to the list of drugs which had the same power. Strong coffee; spirits of turpentine; cayenne pepper; in fact he believed all agents capable of producing a strong impression on the centres of organic life, even strong mental impressions, would for the moment enable the vital forces to rally, and shake off the load that was upon them; and while this condition could be maintained, so long would the patient escape the recurrence of his chills. But could this impression be maintained by any course of mere stimulation? He thought not. Action was always followed by reaction; and every effort to goad the vital forces into a state of preternatural activity, was always followed by a corresponding state of depression. A proof of this was found in the *quinine* practice itself. No

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remedy stood so high in public estimation, as a means of breaking the chills, yet he believed it was equally notorious that no remedy was less confided in for breaking up the entire disease. Were it otherwise — were *quinine* the panacea which some physicians, even of our own school, supposed, we should find it quietly enjoying its supremacy instead of yielding the palm to Deshla pills, and other nostrums which are now so generally resorted to. Dr. D. objected to *quinine*, not because it ceased to control the chills, as the system became accustomed to its stimulus; this he thought a matter of comparatively little consequence; but it was because the effects which it produced on the system, especially when given in large doses, were often of a serious character, involving organic lesions from which the patient never recovered. Some time since he had noticed an article in one of the old school journals, on the 'abuse of *quinine*,' in which were detailed several cases of fatal poisoning by the administration of this drug in large doses. He cited a case of his own, in which he had seen unequivocal mischief follow its employment. He was called to attend to a gentleman, who, after the recurrence of the third or fourth chill, became dissatisfied, and insisted on having *quinine*, which, as a matter of course, the doctor refused to prescribe. Indeed, as a conscientious physician, he could not give it, in view of the evident constitutional tendency to disease of the chest. An old school physician was called, who prescribed *quinine* in large doses. The chill did not recur; but during the night the patient was seized with pains of a violent and tensive character near the *anus*. In due time a tumour appeared, attended by all the symptoms characteristic of a fistulous suppurative process. The pus at length was discharged, leaving a fistulous opening, which he was called upon to treat; and which, after several months, he succeeded in mastering without an operation. Dr. D. believed the fistula averted more serious consequences, perhaps a fatal result. Another case came within his knowledge, where a gentleman continued the use of *quinine* for two years, without any other influence upon his disease than a temporary arrest of his chills; but his sight was seriously impaired by this long continued use of *quinine*. His friend, Dr. Bayard,

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had referred him to a similar case in his own practice, where the result was still more unfortunate: his patient, a lieutenant in the navy, having nearly lost his sight from the use of the drug. Engorgement and chronic enlargement of the liver and spleen were, Dr. D. observed, frequently induced by the excessive use of this drug. He attended a clergyman eighteen months since, who suffered from violent colic, accompanied by swelling and tenderness of the spleen, for which the 6th and 12th dilutions of *china* were successfully prescribed. This gentleman was some months afterwards seized with vomiting of blood, and violent pain in the left hypochondriac region, where, on examination, the spleen was found again swollen and tender to touch: *china* was once more given, but in a higher attenuation than before, and with a like success. The pain and vomiting ceased, but were followed by severe chills and fever; for which the 100th and 200th attenuations of *arsenicum* were successfully prescribed. This patient had suffered some months subsequently with what was called mucous fever, for which he underwent the whole routine of allopathic drugging. Dr. D. had no doubt that the patient was indebted to excessive drugging for this latter disease.

"In the treatment of intermittents, Dr. D. stated that he had been most successful with the high potencies. To insure this result, however, he thought it highly necessary that a careful analysis of the symptoms should be made, so as to be sure of the remedy; and then not to repeat it as long as signs of improvement were obvious. In the commencement of his practice, he used the lower attenuations, but had not found them to answer so well. He had frequently seen the chill arrested by the crude medicine, or the first attenuation, as by *quinine;* but in such cases he had always found the same tendency to a recurrence, as in the *quinine* treatment. In such cases he thought the drug did not act homœopathically, but as a revulsive; and he suggested whether a revulsive effect was not the more common operation of all crude drugs. He had found *arsenicum* of the 100th and 200th potencies, to be most invaluable in those cases where a long course of *quinine* drugging has been employed. *Natrum muriaticum* of the 30th attenua-

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tion was another admirable remedy. He had used it successfully where there were severe pains in the head and limbs, with eruptions about the mouth;—the symptoms requiring its employment resembling, in many respects, those indicating both *arsenicum* and *mercurius*. *Lachesis* also he had found efficient in intermittents of females, where ovarian and uterine complications were present. Its sphere of action seemed to be between *belladonna* and *nux vomica*. There was another form of intermittent fever, of children, requiring other remedies. He had used *arsenicum* and *rhus tox.*, and sometimes *ignatia* and *china* successfully. But he relied mainly on *rhus*; and generally gave it in the 100th attenuation. It proved most efficient. This form of intermittent he had found to be tedious and baffling, and liable to run into serious organic changes. He thought it important to recognize it early, and treat it promptly and efficiently. Miasmatic intermittents, Dr. D. continued, could not be always so promply cured as one could wish. He believed these cases depended upon a poison in the blood, which it was necessary for the system to expel, or become accustomed to. When a patient was immersed in a malarious atmosphere, imbibing the poison at every pore, it was evident that fresh doses of the poison must be operating continually, to reproduce or continue the disease.

"He thought, in malarious intermittents, the most that could be done was to aid the organism in maintaining its ground against the enemy. We could control the gastric symptoms, relieve the pains in the head and limbs, prescribe for any cerebral, pulmonary and abdominal complications that might arise, and at the same time moderate and shorten the febrile paroxysm, until the patient became accustomed to the malarious influences about him, when the morbid manifestations would cease to be developed. In the case above referred to, a single dose effected the end, which could rarely be accomplished without many. Why this result was arrived at in some cases, and not in others, he was unable to explain. If this view of the case was correct, Dr. D. continued, it was evident that no suppression of it was possible for any length of time in vigorous constitutions. We might so oppress the vital powers with our

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drugs, as to prevent it from reacting against its assailant, but the enemy would be still in the citadel, and when the drug had exhausted its action, the hostile forces would be again in the field contending for the mastery. By continuing these suppressions, we so overwhelmed the vitality of the system, that at length the only manifestations were, what is commonly known as *dumb agues*. It was for the profession, and the public, Dr. D. observed, in conclusion, to determine which was the safer and more rational mode of procedure, to suppress by *quinine*, or follow the indications of nature, and give such remedies as would aid her efforts to conquer, or expel the enemy from her borders.

"Dr. WATSON said that he had heard the remarks of the gentleman who had preceded him (Dr. Donovan), with the greatest pleasure, from the fact that his own experience in the treatment of this disease had been entirely at variance with that just related. When he first commenced practice he had used the high attenuations, but they entirely failed him. The only remedies on which he now relied in the treatment of fever and ague were *arsenicum, carbo vegetabilis, cedron, ipecacuanha, nux vomica, quinine, nitric acid, sabadilla, tartar-emetic,* and *veratrum.* He administered *belladonna, opium,* or other remedies, whenever they seemed indicated as intercurrent remedies for any complications of disease. He also employed the above remedies in different attenuations, from the first to the third, and prepared on the decimal scale. He would here call the attention of his colleagues of the Institute to the fact that intermittents occasionally cease spontaneously after the third paroxysm, and still more frequently after the seventh or eighth, from which fact he thought we should learn that the *post hoc,* in medicine at least, does not necessarily always imply the *propter hoc;* and that therefore it became us to be very sceptical whenever the paroxysms cease, after the administration of the high attenuations, especially if such cessation happens at any time previous to the occurrence of the eighth paroxysm; otherwise we may deceive ourselves, and attribute the cure of the disease to circumstances which bear no necessary relation to the arrest of the paroxysms.

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"As most of the remedies above mentioned are well known to the profession, and the indications for their use are accurately defined, he would only speak in closing of the *acidum nitricum*. The preparation of this remedy which he uses is the first decimal dilution prepared from the *acidum nitricum purum*, or commercial *nitric acid*. He gives the patient a half-ounce vial of this medicine, with directions to take six drops in a tumbler half full of cold water, and to repeat the dose every four hours, when not sleeping, without any reference to the occurrence of the paroxysms. It may be sweetened with loaf sugar, if desirable, and thus made very palatable, even for children, as it tastes almost precisely like lemonade. It has *never* failed, in his hands, to break the paroxysms in those cases to which it is adapted;—in most instances, there being no return of the chills, and in no case would the patient suffer from a third attack after commencing its use. The circumstances in which the remedy seems particularly adapted, are, when the disease occurs in individuals with *sallow* complexion, *dark hair* and of the bilious and lymphatic temperament, who are subject to *diarrhœa* and to derangements of the liver, and upon whose skins are frequently seen those *dark brown* discolorations, or *maculæ hepaticæ*, popularly known as liver spots. The patient often, also, exhibits a merry delirium, during the paroxysm. It is still more appropriate if *mercury* has been previously administered to the patient in allopathic doses.

"In treating intermittent fever, Dr. W. remarked, it should also be remembered that the paroxysms are very liable to recur; and it is from inattention to this circumstance, he thought, that physicians often fail to permanently cure the disease. In most cases, the first recurring chill shows itself at the end of one of the septenary periods, either seven or fourteen days from the occurrence of the last paroxysm. This tendency is usually very regular in each case. All therefore that is necessary is to commence administering the *acidum nitricum*, or other appropriate remedies, about two days before the period of expected relapse, and use it for three days, in the manner which is found necessary to arrest the disease when fully formed. This system

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of anticipation, Dr. W. thinks, should be perseveringly continued at each septenary period, for two months, after which time there will be no further danger of relapse.

"By the aid of the above remedies administered in the lowest attenuations, Dr. W. has never failed in curing intermittent fever, and feels confident that were it adopted by the profession, this disease would soon cease to be the opprobrium of our school.

"Dr. WARD wanted to hear all views of the question; he was glad to learn from those who lived in miasmatic regions. He had some experience himself, and had often failed in these cases. He at one time used *quinine*, but from failures and disastrous consequences arising therefrom, he had abandoned its use altogether. He now used *arsenicum* with the best effects—it is now his main remedy. But in some cases he found unequivocal advantage in the use of *natrum muriaticum*.

"Dr. CLARY had found fever and ague difficult to treat. He did not succeed with them as he wished. Had cured many cases with the remedies generally employed in homœopathic practice; but in other cases the results were unsatisfactory. He hoped the subject would be thoroughly discussed by the gentlemen present. He, for one, wanted more light. It seemed to him that we need a wider range for the selection of remedies. If any new remedies are known to individual members of the profession, he would like to know what they are.

Dr. MCMANUS said he considered intermittent fever to be *primarily* a neuralgic condition; and *secondarily*, an organic one. While the disease was assuming the chronic form, the alternate action and reaction in chill and fever, gave rise to internal organic congestion, particularly of the liver and spleen; and indeed in all the internal organs, but particularly those which were highly vascular. Where such organic congestions occurred, it was necessary to continue a proper treatment to remove or cure such conditions after the chills and fevers had been arrested. He considered intermittent fever one of the easiest of cure which we had to contend with, but the most difficult to select a remedy for. The great secret of cure was to be found in the applicability of the remedy selected. The

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matter of the *attenuation* of the remedy was not, in his opinion, one of so much importance as its specific applicability. This has been satisfactorily established by the testimony of several members, some of whom report cures from the lowest, and some from the highest potencies.

"Dr. McManus then referred to a case in which he had given a series of remedies, and which had resisted them all; and was cured by his son, with six doses of *ignatia* 30, given at intervals of two hours, in the apyrexial condition, and was cured thoroughly, no recurrence having taken place. *Natrum muriaticum* he considered one of the most valuable remedies in intermittent fever. It applies to cases where the paroxysm comes on generally about ten o'clock A.M., the chill attended by violent headache and great sleepiness, and the fever attended by great headache;—epigastrium very sensitive to the slightest touch.

"Dr. J. P. DAKE did not live in a district where the peculiar causes of intermittent fever prevailed. He was anxious to hear the views of those members who practice in miasmatic regions.

"Possessing, he said, as we do, by far the greater portions of the earth over which this disease has range, it seemed to him peculiarly a duty of the Institute to furnish the world with the fruits of its experience in the treatment of this disease. He was happy to hear an interchange of views, not only upon the remedies employed, but likewise upon the size of doses.

"For his own part, he would say, that the lowest attenuations had proved themselves in his practice less efficient than the higher.

"One case he would mention, in which the symptoms indicated *arsenicum*. He gave that remedy at the sixth, third, and even thirtieth degree, and all without apparent improvement. He then gave *arsenicum* at the 200th degree—one dose, and there was not another chill for two weeks. The dose repeated removed finally all traces of the disease. Generally, he had found the 6th, 12th and 30th degrees of remedies the best in chills and fever. While, in his own mind, there was no doubt of the superiority of these degrees for cases occurring,

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or rather under treatment, in districts where the peculiar causes of the disease do not exist, he was not prepared to say that more massive doses were never needed in other and less healthful regions. But he was fully satisfied that he who employed *arsenicum* at a lower degree than the third decimal, did so at the risk of doing much harm, and without a reasonable prospect of traversing, with his remedy, the fine recesses of the organism occupied by the attenuated, yet potent marsh *miasma.*

"There was another point to which he wished to call attention; that was the too great, or rather too exclusive attention usually given to the *paroxysms* in intermittent fever. There are other features of the disease as important as the chill, fever and sweat, which the physician must observe in selecting his remedy. He never allows his patients to suppose that he is seeking simply to '*break the chills;*' but takes especial pains to show them the importance of having the stomach, liver and nervous system in an improved condition also. The chills are often suppressed, and the parts named left in a very unhealthy condition, by massive doses of drugs.

"He would also like to hear from the members some account of their observations and treatment in affections which are characterized only by periodicity; having their origin in common with intermittent fever, but yet attended with no chills or fever. Our country, he said, seems full of such affections, and they are not always easy of removal. He had spoken, not to give, but rather to elicit information upon the important subject under consideration.

"Dr. WARNER said he had had a good deal of practice with this disease. Had treated it allopathically for nine years: since that time, however, he had found homœopathy sufficient to cure all cases that came into his hands. He relied wholly upon the high dilutions. He used *quinine* when the chills and fever came together. *Natrum muriaticum* and *arsenicum* had proved very successful in his hands.

"Dr. MCMANUS' experience agreed very much with that of Dr. Warner, except so far as the high attenuations are concerned. He thought there was no disease easier to cure, if the remedy was selected with care, and strictly in accordance with

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the homœopathic law. He did not think that physicians were careful enough in the selection of remedies, or in their adherence to the rules laid down by Hahnemann. The degree of attenuation he did not think of much importance, provided the remedy was well selected.

"Dr. Ward inquired of Dr. McManus why *ignatia* was selected in the case to which he referred.

"Dr. McManus replied that thirst during the cold stage, and absence of thirst during the fever, were the indications followed in its selection. He would regard the presence or absence of thirst, during the several stages of intermittent fever, an important, if not an infallible guide, in the selection of remedies."

It will be observed from the report and discussion above given, that considerable diversity of opinion existed among the speakers with regard to the treatment of intermittents, but all who had experienced both symptoms agreed in giving the preference to the homœopathic over the allopathic method. The chief differences existed in respect to the attenuations of the medicines which each had found most efficacious. We are unable from our own experience to adduce any evidence in elucidation of this much contested point. In our own practice intermittent fever is not a disease of very frequent occurrence, and still more rarely have we been called to treat the disease on its first occurrence. Most of the cases have already been treated on the old system with massive doses of *quinine*, and only after the frequent recurrence of the disease, notwithstanding such treatment, has homœopathic assistance been resorted to. Some of these cases have yielded rapidly to the ordinary homœopathic remedies, such as *arsenicum*, *pulsatilla* and *ipecacuanha*. Others have proved much more obstinate, and in more than one we have deemed it expedient to give *quinine* in one grain doses frequently repeated. One of the most troublesome forms of intermittent we have had to deal with has been that contracted in East India, the peculiarity of which was that the attacks set in with extreme violence at the periods of the new and full moon. In one case of this sort *silica*

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acted very favourably. This might have been a mere coincidence, and we should require further experience before pronouncing with certainty on the ague-curing virtues of this medicine. We shall be very happy to open our columns to the communications of those of our colleagues who have had much experience in the treatment of fever and ague.

Some fragmentary provings of *rumex crispus* and *calcarea phosporica*, which appear among the proceedings, are instructive and suggestive; but these medicines must be much more extensively proved ere we can obtain a thorough knowledge of their sphere of action.

Many other papers are given in this volume which we can only cursorily allude to.

A very interesting and learned report on "Small-pox" is contributed by Dr. Gardiner. He has collected a wonderful deal of information respecting not only variola and vaccinia, but other eruptive febrile diseases, as measles, scarlatina, varicella and erysipelas.

Dr. Warner furnishes a paper on Epidemic Cholera, illustrated by cases. He endeavours to give precise instructions for the treatment of the different varieties and stages of cholera.

Dr. Payne makes a report "on the alternation of remedies," and makes some sensible observations on the necessity of occasionally alternating remedies in cases where a complication of diseases or morbid states exist.

Dr. Ellis gives a paper "on the scale for preparing medicine," wherein he pronounces an unqualified condemnation of the decimal scale which has recently come so much into vogue, not only in this country but throughout Germany. Dr. Ellis is evidently a zealous partisan of the high attenuations, and would therefore naturally disapprove of the decimal preparations; which, however, all who adopt more the lower dilutions in their practice find to be extremely useful. The objections he brings forward in respect to technical difficulties in their preparation are not worth consideration; for if the decimal preparations be, as their employers contend, more efficacious than the dilutions on the centesimal scale, a little extra trouble

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and labour in their manipulation would prove no serious obstacle to their employment.

Dr. Dake contributes a paper "on evacuants," in which he points out the irrationality of their employment. This subject has been often enough discussed, so we need not dwell on it.

An excellent paper "on scarlet fever," by Dr. Cabe, follows. The author enters into the pathology of the disease in a very creditable manner, and has some excellent observations on the dropsical sequelæ. He has found *apocynum* of excellent service in such affections.

Dr. Joslin furnishes an essay "on the effect of impurities in an attenuating liquid."

A paper "on the Endemics of Illinois and the North West," by Dr. Ludlam, is followed by one or two "cases of Epilepsy," by Dr. Gallupe, with which the volume concludes.

In conclusion, we must again express the gratification we have derived from the perusal of this volume, the Proceedings of the American Institute. We understand one of our English Societies expects soon to issue a volume of Transactions, and we trust we shall be able to show our American brethren that though very much inferior to them in numbers, our Societies are not behind them in their endeavours to advance the scientific development of our common system.

What is Homœopathy? and is there any, and what amount of truth in it? By J. T. Conquest, M.D., F.L.S., &c. &c. London: Longman. 1859.

Harvey acknowledged that no physician above the age of forty adopted his views respecting the circulation of the blood. Homœopathy has been more fortunate in this respect than the theory of the circulation. Even during the lifetime of Hahnemann many physicians of matured experience and advanced age had given in their adhesion to his doctrines. In the country of Harvey, however, it must be confessed, that with rare exceptions, the ranks of the new school have hitherto been entirely increased from the rising generation of medical men.

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If a theory so rational, so easily tested, as that of Harvey, was acceptable only to the younger race of British physicians, we can scarcely wonder that the older members of the profession should have held aloof from a therapeutical theory which required for its proof a very difficult and a far more intricate series of experiments than are needed to determine the circulation of the blood. A cat or a dog, a scalpel guided by the hand of an experienced anatomist, and an unprejudiced eye, were all that was needed for the convincing demonstration of Harvey's theory. For the proof of Hahnemann's doctrines, however, a patient and continued observation of many hundreds of cases, an accurate knowledge of the natural course of diseases, and a nice discrimination of the relative powers over morbid action of all the different agencies that could in any way influence the course and termination of maladies, were indispensably requisite, in order to convince the first adherents to homœopathy.

Who were the men most likely to give the time and attention requisite to make the first convincing trials of the new system? Not certainly the practitioners engaged from morning till night in the ordinary routine of patient-visiting. Those already engaged in extensive practice must, in spite of themselves, become engaged in certain grooves of thought and action, out of which it is next to impossible to move them. Homœopathy in its early days must to them have appeared merely as insignificant and as unworthy of attention as any other of the thousand and one theories and speculations that rose around them on all sides. They would pursue their ancient course, with scarce a passing thought about this new system, which they believed would soon fall into merited contempt and oblivion. But as homœopathy did not run the course of the ordinary systems and methods; as, in place of proving a nine days' wonder, it continued to gain in favour with medical men and the public, the busy practitioner, whose prejudices against it only grew the stronger as he grew older, began to regard it as a troublesome nuisance; and the older he grew the more fixed he became in his original feeling of contempt and detestation of the obtrusive novelty.

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In the meantime, however, the ever increasing adherents of homœopathy were collecting heaps of evidence in favour of the truth. Hospitals were opened for the public practice of homœopathy on a large scale; and the published statistics of these, together with the reports of private practice, made it much easier for any practitioner on whose attention the progress of homœopathy was forced by the compulsory observation of remarkable cases, the entreaties of friends, or the defection of patients, to convince himself of the truth of the new system, than it had been for the earlier convertites.

Thrown off the rails of ancient routine, as it were, by the formidable array of insuperable facts thus forced on his unwilling attention, he is compelled to enquire if the new path opened up to him leads to the true goal of successful treatment; and in these latter days this enquiry is enormously facilitated by the statistics above alluded to, by the numerous theoretical and practical works published on the subject, and above all, by the example of men of no mean eminence, in and out of his profession, who have already expressed their lack of confidence in the old system, and given in their adhesion to the new.

The old question, "Have any of the Scribes and Pharisees," *i.e.*, the well known men of our school, "believed?" can now be answered in the affirmative; and accordingly each new convertite has a marked satisfaction in parading the names of the professors of universities, the court physicians, the kings, princes, nobles, bishops and learned men who practise or employ homœopathy. Mayhap, in some cases, this copious list of high-sounding names has been the prime moving cause of an enquiry into the truth of homœopathy. The Scribes and Pharisees are sure to have a considerable following; but we will not ascribe to any of our brethren so debasing a spirit of flunkeyism as to suppose that they would be content to take the truth of homœpathy on trust from big-wigs, lay or professional. Sufficient is it if the example of these illustrious individuals rouses a spirit of enquiry, together with a willingness to believe on the part of enquirers.

Homœopathy has now attained such a growth and vitality, that we may expect to see its ranks recruited from men who

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have already attained the highest eminence in the profession. Homœopathy, if not in the number of its practitioners, still in the number and eminence of its adherents, has nothing now to fear from a comparison with its rival. Its literature forms now a large library; its advocates are to be found in every society; the highest scientific authorities, as well as the highest titles of the land, employ it to the exclusion of all other methods. No college or university is without professors who adhere to it; no corporation, board of guardians or hospital committee but numbers among its members some partisans of homœopathy.

Now-a-days the physician who comes over to us does not incur half the odium he did a few years back. He finds himself in such very good and very influential company, that he is sensible of no loss from the change. The old comrades he has forsaken may shriek and clamour as they like, he no longer dreads their frowns and invectives, which are more than neutralized by the smiles and approval of his new companions, and the approbation of his conscience.

Not now-a-days can the clamour of the allopathic journals, and the taunts and reproaches of colleagues induce an enquirer and believer to drop homœopathy for ever, as formerly in the case of Mr. Kingdon. Homœopathists can, in their journals or their pamphlets, give their opponents a Rowland for an Oliver; and indeed it is apparent to all men, that the homœopaths have always hitherto had the best of the polemical warfare.

When homœopathy was yet weak and unprepared, the allopathic enemy marched boldly across the Ticino, and attacked us on our own terrain. But as our little army became reinforced by fresh adherents, and got its weapons, in the shape of monthly, quarterly and weekly organs, in order, the allopathic Austrians have gradually been driven back, not without several obstinate fights, in which they were always worsted, and now they have slunk into their fortresses, and sulkily refuse to come out and give us battle on the fair open field. So we in our turn become the aggressors, and lay painful siege to their strong places. Already we have destroyed many of their outworks; their favourite weapons, the lancets, are almost destroyed or rendered useless; much of their ammunition, in the shape of purgatives,

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emetics and blisters, has been completely spoilt. Rarely do they fire an open shot at us. The last notable thing they attempted was their famous mine, the Medical Bill, with which they thought to blow us into the air. They had almost taken us by surprise, but warned in time, we countermined them to such purpose, that we were enabled to turn their mine against them; and it now forms part of our own defensive works. Meanwhile they sit in sullen silence in their stronghold, and not even the open desertion of one of their chiefs to our ranks can elicit from them a sound.

This has been very apparent in the case of Dr. Conquest's recent avowal of his belief in homœopathy. Dr. Conquest has been long known to the profession, and enjoyed the confidence of the public as a great authority in obstetrical science. He was formerly lecturer on midwifery at St. Bartholomew's, and he is actually physician and consulting physician to several hospitals and institutions. His *Outlines of Midwifery* has been the text book of students for many years past, and he is well known, both here and on the continent, for his successful operations of tapping in hydrocephalus. One would have thought that the defection of such an eminent man would have called forth some of the ancient Wakleyan thunder from the *Lancet*. But up to the time we write, the observations of that journal on the defection of Dr. Conquest have been "conspicuous by their absence." And yet we can see that the defection is not the less keenly felt, though little is said. That little will be found in the *Lancet* of June 11th, in the smallest of type, among the "Notices to Correspondents." Here is the passage:—

"*Orthodoxus, Anti-humbug*, &c.—There may be some truth in the paragraph concerning Dr. Conquest which appeared in the *Morning Star*; but it surely can be a matter of little moment, what views Dr. Conquest entertains respecting either legitimate medicine or quackery."

A week previous to the appearance of his pamphlet, Dr. Conquest would certainly have been spoken of by the *Lancet* as "a distinguished and venerable physician, whose opinion on the subject—say of calomel and opium in typhus—was entitled to the highest respect;" now that he has publicly declared his

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favourable opinion of homœopathy, his views are "a matter of little moment."

We should like to see what the *Lancet* would have said of Dr. Conquest had he written *against* in place of *for* homœopathy. We warrant his book would not have been contemptuously dismissed in a few words to correspondents. The columns of our trenchant contemporary would have been garnished with copious extracts from "the masterly exposure of the globulistic imposture;" the author would have been belauded in the most fulsome manner, and homœopathy would have been declared (for the fiftieth time) completely annihilated by the doughty champion.

But Dr. Conquest having made a confession of faith in homœopathy, and correspondents enquiring if such is actually the case, the *Lancet*, with assumed indifference, says "who cares?" We believe if Wakley junior were to turn homœopathist, Wakley senior would jauntily exclaim "what does it matter?" and go on his allopathic way rejoicing. The progress of homœopathy in spite of the denunciations, in spite of the predictions of the *Lancet*, has made that amiable periodical quite reckless. What indeed does it matter to it, if a host of allopathic spirits distil over into our alembic? there will ever remain in the allopathic retort a sufficiently large *caput mortuum* of the idle, the prejudiced, and the obscure, to buy the *Lancet*, as long as they find in its pages a reflex of their own narrow views.

But let us forget the *Lancet** for a while, and turn to the pamphlet of Dr. Conquest.

The author begins by saying that the contents of his monograph will be condemned by both homœopaths and allopaths. But he is mistaken. No homœopath could look upon it other-

* Since the above was written a virulent article upon the defection of Dr. Conquest has appeared in the *Medical Times and Gazette*. As the chief argument of that journal is with great good taste made to turn on the fact of Dr. Conquest being an old man, and as that is an undeniable fact, the article is of course unanswerable, even by the "retort courteous" of "you're another,"—for no one would contend that the articles in the *Medical Times* savour of mature, not to say, old age. On the contrary, they generally bear the stamp of the most verdant juvenility.

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wise than as an acceptable addition to our literature. It does not go the full length of many homœopathists, in contending that homœopathy alone is competent to cure diseases, and that all the appliances of the allopathic school are hurtful in every case. But it gives homœopathy an infinite preference over every other method, and concedes to it as much as could be expected from any recent convert, far more than could have been expected from one who, like Dr. Conquest, has been actively engaged in allopathic practice for half a century.

Dr. Conquest anticipates the accusation that might be brought against him in consequence of his age, viz. that his adoption of homœopathic views is a sign of dotage; and he good-humouredly remarks that he believes his intellectual powers to be still in full vigour, and his judgment only matured by lengthened observation and experience.

He quotes Sydenham and John Hunter, to show that the necessity of a general therapeutic law was strongly felt; and he gives examples of the antiquity of the homœopathic law from some of the fathers of medicine.

He draws a melancholy picture of the past and present state of medicine, owing to the want of fixed principles, and cites several instances of directly contrary treatment of the same disease by eminent medical authorities.

He alludes to the absurd and hurtful character of many of the ordinary prescriptions, and gives several examples of the unconscious homœopathic practice of many old-school physicians.

He alludes to the infinite divisibility of matter, and cites instances of the production of serious symptoms and great curative effects by almost infinitesimal doses of medicinal substances. He shows that some of the most eminent medical men have reduced their doses to very minute quantities with advantage to their patients.

He gives the opinions of various celebrities with respect to the more hurtful than beneficial character of ordinary physic.

He then alludes to the published statistics of homœopathy, and their vastly more successful character than those of allopathy. He defends homœopathic practitioners from the charges

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of ignorance, incapacity and dishonesty; and cites some allopathic authorities as witnesses to their talents and honour, and the success of their treatment.

He gives some familiar examples of homœopathic treatment, and concludes with the following strong statement in its favour:—

"That homœopathic principles and practice will eventually overcome all that ignorance, prejudice and pride oppose to their universal adoption, and effect that mighty revolution in medical practice, which will be attended by prolongation of life and increased comfort of existence, I have no more doubt, than that I now pen this prediction."

As a contrast to the contemptuous silence of the *Lancet* and the ravings of the *Medical Times* on the subject of Dr. Conquest and Homœopathy, we may quote a few extracts from an article (one of several) that lately appeared in a well-known liberal newspaper (*The British Standard*), the organ of an influential party among the Dissenters:—

"The more we examine and reflect on the subject of allopathy and homœopathy, the more we are convinced of the transcendent importance of the discussion on which we have entered. The subject is regularly and peremptorily excluded from every species of allopathic journal, whether in the way of advertisement or of review, unless, as we said last week, to be misrepresented, murdered and mangled. Necessity, therefore, is laid on secular and religious journalists to take the matter up, if the public are to be disabused, and if justice is to be done either to principles or to persons. Our sole concern is, first, to ascertain the truth, and then to proclaim it; and in this we find we are at one with Dr. Conquest.

"Within the whole range of homœopathic literature we have met with nothing in so narrow a compass so fitted to arrest the attention even of thoughtless men as the last extract in our notice of to-day (the evidence cited in favour of homœopathy). In whatever light we view the general subject, there are in that extract facts and statements which bear upon it. Most men, if we mistake not, will feel themselves shut up to the adoption of the homœopathic principle. They will find it very difficult, indeed, to resist the force of the evidence by which it is supported. We even question whether they will

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not be inclined to differ from Dr. Conquest, and refuse to concede any merit whatever to allopathy. This, of course, would be a serious error; but most people, we think, will be apt to fall into it. They will probably claim for homœopathy exclusively the throne, the crown, and the sceptre, rejecting allopathy as a pretender, an impostor, and a homicide!

"Are such people to be blamed for this extreme? Is it not a very natural conclusion? We confess to sympathy with them. Assuming the substantial truth of the said statements, we shudder to think of the havoc which, for countless ages, has been made of human life by allopathy! Well may Dr. Conquest exclaim, 'The wonder is that the entire medical body have not been startled by them!' How to reconcile with integrity or humanity their settled apathy, their resolute adhesion to a system which renders the allopathic faculty, virtually, a corporation of homicides, we cannot comprehend!

"Is this language deemed strong? It comes infinitely short of adequately describing the case. Only let the facts be pondered. To whatever section of society our attention may be directed, we behold death—death, the baleful fruit of physic! Above, below, behind, before, on the right hand and on the left, everywhere, the eye rests on—death! The most distinguished allopathic practitioners, of past and present times, driven by the resistless force of conviction, have happily been led to turn People's Evidence against their own class. We offer a few samples:—

"Boerhaave said: 'If we compare the good which half-a-dozen true disciples of Æsculapius have done, since their art began, with the evil that the immense number of doctors have inflicted on mankind, we must be satisfied that *it would have been infinitely better if medical men had never existed.*'

"Hufeland said: 'My opinion is, that more harm than good is done by physicians.'

"Keiser said: 'In most cases the proverb is true, that the remedy is worse than the disease, and the doctor more dangerous than the disorder.'

"Sir John Forbes says: 'I have, indeed, no doubt that a portion of the deaths supervening to disease treated by art are the direct produce of that art.'—*Nat. and Art*, p. 118.

"Dr. Dickson says: 'So far as my experience of medical matters goes, few people are permitted to die of disease. The orthodox fashion is to die of the doctor.'

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"Addison, in the *Spectator*, said: 'We may lay it down as a maxim, that, when a nation abounds in physicians, *it grows thin of people.* . . . This body of men in our country may be described like the British army in Cæsar's time: *some of them slay in chariots and some on foot.*'

"Dr. Reid said: 'More infantile subjects are perhaps daily destroyed by the pestle and mortar, than in ancient Bethlehem fell victims in one day to the Herodean massacre.'

"Sir Astley Cooper said: 'The science of medicine was founded on conjecture, and improved by murder.'

"Frank said: 'The medical police is restricted to public business, and directed against contagion, epidemics, quacks, &c. But it is not considered *that thousands are slaughtered in the quiet sick room.* Government should at once either banish medical men and their art, or they should take proper measures that the lives of people be safer than at present, when they look far less after the practice of this dangerous art, and the murders committed in it, than after the lowest trades.'—*System der Mediz. Poliz.*, vol. i. p. 6.

"Astounding, terrific, horrible! What say our readers to this tremendous indictment? Are they not prepared to exclaim with Dr. Conquest, 'It is strange that *the whole civilised world have not been roused into the most intense solicitude in a matter which so intimately concerns them?*'

"As things now stand, the allopathic body,—we allow, of course, for many noble, humane, and high-principled exceptions, among whom have ever been, and still are, our own personal friends and family attendants,—the allopathic body, judged by appearances, are open to a charge of a virtual conspiracy against the life of the human race!

"What, then, is to be done? The course is clear: till the public resolutely take the matter into their own hands and compel investigation into the homœopathic principle, there is no hope of reform. From sire to son the allopathic world will go on upon system to poison, kill, and slay all classes and conditions of men, from the king on the throne to the captive in the dungeon!"

When the non-medical journals begin to take the question of homœopathy into their own hands in this fashion, we can well afford to smile at the *Lancet* and its fellows pretending to ignore the existence of the mighty reform in medicine, and the converts it makes.

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Art versus Nature in Disease. A Refutation of Naturalism. By A. HENRIQUES, B.L.P., &c. London. Leath and Ross, 1859.

WHEN Sir John Forbes wrote his book entitled *Nature and Art in the Cure of Disease,* he laid himself open to the attacks of any one who would take the trouble to search through his volume for discrepancies and inconsistencies. In spite of the solemn manner in which he dedicates it as a "LEGACY TO MY YOUNGER BRETHREN," and the impression that he seeks to convey that it is the result of many years of thought and observation, we cannot divest ourselves of the belief that it was hastily written at last, and that it was mainly intended to be an antidote to his celebrated article in the *British and Foreign Medical Review* on *Homœopathy and Young Physic.* The admissions he had made in that article in favour of homœopathy and against so-called "legitimate medicine," had brought down upon him the wrath of his allopathic brethren, and in a manner forced him into an unmerited obscurity, against which he, the whilhom powerful editor of an influential journal, naturally chafed. Hence he sought an opportunity of rehabilitating himself in the eyes of his incensed brethren, by inveighing against the unpopular system, and of reconciling, as best he might, his profound scepticism in the power of drugs, with a reverence for traditional physic. How he has succeeded we endeavoured to show in the review of his last work in a former volume of this journal.

Mr. Henriques has endeavoured in the work at the head of this article to refute more in detail than we could afford to do, the various arguments and statements of Sir John Forbes relative to the powers of nature to cure disease, and this he has done in a work nearly double the length of the original.

Mr. Henriques dedicates his work to Lord Rokeby, "to show," he says, "how highly I, in common with the whole of that profession of which I am a humble member, appreciate the services your lordship has rendered to that great cause which concerns the interests of the world." What that "great cause" may be to which the gallant and noble Major-General

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has rendered such services, we are at a loss to guess. It can scarcely be, we should think, homœopathy, for we are not aware that Lord Rokeby has rendered other services to it, than allowing himself to be cured by it when he happened to be ill, whereby his lordship is rather the recipient than the renderer of services. Perhaps the "great cause" is checking the ambitious designs of the barbaric power Russia, in which his lordship assisted at the head of his brigade in the Crimea. But then what especial interest the medical profession had in the late war we know not. We fear therefore that this, like many other dedications, is a mystery, the solution of which it were vain to attempt.

Sir John Forbes, it will be remembered by those who have read his book, revives the ancient doctrine of the *vis medicatrix naturæ*, and seeks to arrogate for this imaginary power almost all the cures that are performed under all circumstances. Mr. Henriques, on the other hand, denies *in toto* the existence of any such power, and ascribes to art almost all those cases of cure which Sir John had included under the head of do-nothing or expectant treatment. Now there is little doubt that from Mr. Henriques' point of view those agencies which Sir John includes among the instruments of nature's cures, such as fresh air, regimen, appropriate diet, moral agencies, &c., may be said to be the weapons of art, but so in like manner may many of the disease-producing agencies. Thus diseases, caused by improper diet, unwholesome occupations, unhealthy residences, and accidents, may be said to be the work of art, and hence the great majority of diseases and of cures may equally be ascribed to art. Mr. Henriques does not go this length; but we think that his principles, fairly worked out to their legitimate conclusions, would give this result—a result which it would be as disagreeable to the champion of art to admit as it is for him to allow Sir John Forbes' proposition that nature is the sole agent in the vast majority of the terminations of disease.

The controversy as between Mr. Henriques and Sir John Forbes with respect to the relative powers of nature and of art, to our mind savours very much of the character of a logomachy, or war of words.

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In order to avoid such a useless strife, it would have been necessary for the disputants to come to a preliminary understanding as to the definition of the terms "nature" and "art"—for it is evident to us that most of what Sir John Forbes designates "nature," Mr. Henriques calls "art," and *vice versâ*.

With this exception, we think that our two authors do not differ so widely as at first sight it may seem. What Mr. Henriques terms the "natural termination of disease," Sir John Forbes calls the "curative power of nature," and they both mean the same thing by these different expressions, though we admit that the expression of Mr. Henriques is the most correct of the two.

Excepting that, in our opinion, Mr. Henriques has made rather too much of Sir John Forbes' unfortunate expression, we can heartily commend his book as a very masterly and philosophical treatise, and by far the most creditable production that we have had the pleasure of perusing from the pen of a homœopathist for a very long time.

We will not attempt to give a lengthened review of the volume. We doubt not it will be carefully read by every homœopathist in England, and we can only say that it will amply repay the trouble required to master its contents. It will at once be seen that it is the performance of a profound and philosophical thinker, and one well read in ancient and modern medical literature. Though the style is occasionally obscure, the work is replete with information of the most varied description, showing its author to be an accurate observer as well as an original thinker.

MISCELLANEOUS.

The Ninth Annual Report of the Board of Management of the London Homœopathic Hospital, submitted to the General Meeting on the 29th April, 1859.

From the last Annual Report the Governors and Subscribers will be prepared to learn that during the last twelve months the operations

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of the Hospital have been confined to the reception of Out-patients. At the close of 1857, 464 Out-patients were under treatment, and during the year ending 31st December 1858, 1809 new cases were registered. Of these 664 were cured, 374 relieved, 6 died, and 764 result unknown or remaining under treatment.

On referring to the Balance Sheet, appended to this Report, it will be seen that the total receipts on account of the General Fund, amounted during 1858 to £891 15s. 10d., and that the balance belonging to the same Fund on the first January last was £652 6s. 5d.

The total amount received on account of the Building Fund during 1858 was £3090 19s. 11d., and the balance on this account remaining in the hands of the Bankers, on the 1st January last was £1381 8s. 0d.

It was proposed to open the wards for the reception of In-patients immediately after the annual meeting, but as a delay of a few weeks is required to obviate any risk to the inmates from the smell of paint, &c., the Board must claim the further indulgence of the Governors and Subscribers for this unavoidable and necessary postponement.

Nine years have now elapsed since the opening of the London Homœopathic Hospital in Golden Square, and now that we are on the eve of entering upon a sphere of action for which these nine years have been in a measure but the preparation, it may be neither uninteresting nor unprofitable to glance at the past condition and present prospects of the Institution. But the Board feel that such a review should not be attempted without an expression of humble gratitude to Almighty God, by whose blessing this Institution has prospered to a degree far exceeding the most sanguine expectations of its founders and supporters.

To found the Hospital, and to maintain it during the first year of its existence, a sum of £1724 was received; during the twelve months ended the 31st December 1858, the total receipts amounted to £3982 15s. 3d. On the 1st March 1850, the investment of Stock in the public Funds by the Trustees of the Hospital amounted to £494; the amount of Stock at the present date belonging to the Reserve or Endowment Fund is £802 0s. 0d.

At its opening and during the seven succeeding years, the work of the Hospital was carried on in a hired house in Golden Square, with bare accommodation for 25 In-patients. The Trustees are now in possession of a freehold building, unencumbered by a single debt, with space for from 150 to 200 beds, besides the requisite waiting

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and consulting rooms for Out-patients, a Lecture Hall, and an Operating Theatre.

At the close of the first year, 1703 Patients were received; we have now, notwithstanding two years' suspension of the more active work of the Hospital, a register of about 25,000 cases treated between 10th April 1850, and 31st December, 1858.

These facts speak for themselves, but it is not from these alone that the Board venture to look with confidence to the future. We are strong in that union and harmony which up to the present hour have so happily prevailed amongst the medical and non-medical members of the executive of the Hospital, without which no management, however faultless, and no resources or numbers, however great, would have been of much avail. Moreover, in carrying on the work of instruction in the Medical School attached to our Hospital, we have now, thanks to the zeal and untiring exertions of the noble Chairman, a guarantee in the new Medical Registration Act, that Students will no longer be hindered from prosecuting their enquiries into Homœopathy, by those threats and restrictive measures, to which certain licensing bodies were known to have had recourse.

The Board of Management have resolved to open the New Hospital with fifty beds, in the confident expectation that, although the income of the Hospital is at present barely sufficient for half that number, the funds will be forthcoming to meet the requirements of the Institution in its enlarged sphere of labour. It is for the Governors and Subscribers as well as for the friends of Homœopathy generally, to determine whether this expectation shall be realised, and by their liberality and hearty co-operation to encourage the Board in their endeavours, in reliance upon the Divine blessing, to render this Hospital a model, not only of economy, but of completeness and efficiency in all the details of its internal management.

The Board regret to have to announce decease of Mr. William Pritchard, late High Bailiff of Southwark, whose active exertions in the cause of the Hospital, both as a Member of the Board of Management, and of the Building Committee, entitle him to the grateful remembrance of the Governors and Subscribers. A joint Committee composed of the Members of the Board of Management, and of the Medical Council, was lately appointed to revise the Laws of the Hospital, and the result of their deliberations having been approved by the Board, will now be submitted for confirmation.

The Board have also to submit that a day be appointed by the

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present meeting for the election of the Honorary Medical Officers, and that the cordial thanks of the Governors and Subscribers be tendered to the officers of the late Medical Staff for their valuable services in connection with the Hospital, during their tenure of office.

Address of the Building Committee of the London Homœopathic Hospital to the Right Hon. Lord Ebury, at the opening of the Hospital on the 12th May, 1859.

My Lord,—With the proceedings of this day, the task assigned to the Building Committee may be considered as accomplished. It will be in the recollection of many now present, that at a General Meeting, held at Willis's Rooms on the 15th February, 1853, it was unanimously resolved:—

"That the evidence received from all parts of Great Britain, as well as from foreign countries, demonstrates the rapid and general growth of conviction regarding the truth of Homœopathy; and that the success which has attended the founding of the first Homœopathic Hospital in the metropolis, warrants the conclusion that the support of the public may now be relied upon, and that steps should accordingly be taken to establish the London Homœopathic Hospital in a building worthy of the present position of Homœopathy, and capable of enlargement in proportion to the future progress of the science."

To give effect to that resolution, the Building Committee was appointed at the Annual Meeting of the Governors and Subscribers, in the month of April of the same year. And, if for four years the efforts of the Committee appeared to be fruitless, the delay was owing partly to the difficulties of their task, but chiefly from a fixed determination to act up to the very letter and spirit of their instructions, and to be satisfied with no building which was not "worthy of the present position of Homœopathy, and capable of enlargement in proportion to the future progress of the science."

The Governors and Subscribers were informed in the last Annual Report, that the freehold premises now about to be opened, were purchased by the Committee for a sum of £5,600. In the month of November last, a contract was entered into for the execution of the

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requisite alterations and works, at a cost of £1,774. To this amount a further estimated sum of £990 is to be added for warming and ventilating the several Wards, for fitting up Baths and laying on a supply of hot and cold water for the use of patients, and for other works not comprised in the Builder's Contract. As, however, no account certified by the Architect has yet been delivered, this is but an approximate estimate of the outside probable cost of these additional works, and is, of course, subject to future deductions when the works have been accurately surveyed.

If to these sums of £1,774 and £990 a further sum of £1,975 is added, for the purchase of Fixtures, Furniture, the Architect's Commission, and for Law and sundry additional charges, the total expenditnre incurred by the Building Committee will probably amount to £10,340.

To meet this outlay, the total sum received and subscribed to the Building Fund to the 1st instant, amounts to £9,905, so that there will be, according to the above Estimate, a Balance of about £435 remaining to be provided.

The Balance at the Bankers, belonging to the General Fund, amounting to £758 10s. 5d., exclusive of £801 8s. 9d. Stock in the names of the Trustees of the Hospital, is, of course, sufficient to cover the excess of £435, but it is hoped that the liberality of the friends of the Hospital will not render it necessary for the Building Committee to apply to the Board of Management for an appropriation of any portion of the moneys under their control for the current expenses of the Institution.

The Committee cannot conclude this Statement without again reiterating their thanks to the Ladies who presided at the Stalls on the occasion of the Bazaar, held in June last, for the benefit of the Building Fund, to Dr. Quin and his generous but anonymous friends, and to the many kind supporters of the Hospital, whose exertions and liberality have enabled the Committee to finish their labours in a manner which they trust will be satisfactory to your Lordship, and to the Governors and Subscribers.

Report of the Proceedings at the Opening of the London Homœopathic Hospital, Great Ormond Street, W.C.

THURSDAY, the 12th May, 1859, having been appointed for the public opening of the new Hospital in Great Ormond Street, there

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was a large assemblage of the friends and supporters of the Institution present on the occasion. Besides the several Members of the Board of Management of the Building Committee, and the Officers of the Honorary Medical Staff, there were also present the Earl of Wilton, President; Lord Ebury, the Chairman of the Hospital; the Rev. J. Back, M.A., Rector, and the Rev. W. Haines, Curate of the Parish of St. George the Martyr; the Rev. W. Brock, Minister of Bloomsbury Chapel, and Dr. Quin, one of the Vice-Presidents and Consulting Physician to the Hospital.

Lord EBURY, on taking the chair, observed that it having been determined to open the new Hospital with a religious service, the rector of the parish (Mr. Back), and his (Lord Ebury's) excellent friend, Mr. Brock, had kindly consented to be present and take part in the proceedings. He need hardly say that in thus desiring to commend the new Hospital and their work to the Divine care, they were but acting in conformity with the declaration, that "Except the Lord build the House, they labour in vain who build it;" and he would not, therefore, detain the meeting with any remarks, but request Mr. Brock to give out the 100th Psalm, with which the service would commence.

The 100th Psalm having been sung, the Chairman called upon the Honorary Secretary to read the report of the Building Committee, which although set down in the programme as to be addressed to him (the Chairman), he would request Mr. Buchan to address himself to the meeting. On the conclusion of the report of the Building Committee (for which see page 507), the 103rd Psalm was read by the Rev. W. Haines, and those present, and a prayer commending the Hospital and its future work to the care and blessing of God having been offered by the Rev. J. Back, a portion of the Gospel according to St. Matthew (chaps. ix. v. 35—x. v. 1—8 was read. After the singing of a hymn and the reading of a second lesson from 2nd Corinthians, ix. chapter,

Lord EBURY addressed the meeting as follows:—It was unquestionably a great occasion on which they were then assembled, and one which had been anxiously looked forward to, not only with undiminished, but with increasing interest by the friends of Homœopathy in the metropolis and throughout the provinces. After many years of protracted labour and much patient waiting, they were now no longer the mere possessors of a name, but of a habitation, which, from the healthiness of the locality, its central position, its architec-

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tural appearance, and its capability of future enlargement, they had good reason to be proud of. Of the healthiness of the locality they had abundant proof, from its having been for upwards of a century, and until fashion led to a movement westward, the favourite town-quarter of men of rank and eminence in the country, and formerly abounding in schools to which it was usual for young ladies belonging to the highest families to be sent for their education. Writing in 1708, Hutton describes Great Ormond Street as a street of fine new "buildings;" and Ralph, in 1734, says "that side of it next the fields is beyond question one of the most charming situations about town." But it was not merely remarkable for its healthiness—a point of the utmost importance in a hospital—he (the Chairman) might speak of it as a classical spot. Here resided the non-juring Dr. Hickes, the author of the "Thesaurus," whose reputation as a Saxon scholar is still unrivalled. The eminent physician, Dr. Richard Mead, occupied the house No. 49, at the corner of Powis Place, now the Childrens' Hospital. Dr. Mead interested himself much in the introduction of inoculation for the small-pox; and from certain observations which occur in his well known work "A Mechanical Account of Poisons, and a Discourse concerning Pestilential Contagion," he (Lord Ebury) was inclined to believe that had Dr. Mead lived now, he would have given in his adhesion to the doctrine and practice of Homœopathy. But law too had its representatives as well as medicine, theology, and literature, amongst the old inhabitants of the street; for, at No. 35, Lord Chancellor Thurlow resided, and it was from this house that the Great Seal was stolen the day before a general election in March, 1784. Lord Chancellor Hardwicke lived for upwards of twenty years in the second Powis House, which occupied the site where they were now met. The first Powis House was built in the latter part of the reign of William III., on the site of the present Powis Place, by William Herbert, Marquis of Powis, who was outlawed for his adherence to the Stuart family. During its occupation by the Duc d'Aumont, ambassador to Louis XIV., Powis House was burnt down in 1713, and it is related that although insured, the King's dignity would not permit him to suffer a fire office to pay for the neglect of the domestics of his representative. The house was rebuilt and had a large reservoir of water at the top full of fish, that the Duc d'Aumont might in his leisure hours amuse himself with angling. So much for the antecedents of the street and the site where the London Homœopathic Hospital was situated; and now

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he (Lord Ebury) would direct their attention to a few points connected with the past efforts to found an institution for the treatment of the poor on the principles laid down by Samuel Hahnemann. First, there was the Institution opened some years ago in Hanover Square, which, after awhile was closed. In 1849, the London Homœopathic Hospital was founded, but, as the fundamental rule limiting the selection of the medical officers to the members of the British Homœopathic Society was objected to by many of the friends of Homœopathy, another Hospital was opened during 1850, in Bloomsbury Square, with which, from a decided preference for the principles on which it was based, he was himself intimately and actively connected during the whole period of its career. But whatever might have been his objections to the fundamental law of the London Homœopathic Hospital, he was bound to admit that having witnessed the practical working of the two rival institutions, whilst that in Bloomsbury Square, *without* such a law had failed, that in Golden Square had prospered *with* it. The Hahnemann Hospital had failed not from the strength of any hostile force arrayed against it, nor from a want of support, but solely from the discord and want of harmony which prevailed within the garrison itself. On the other hand, the London Homœopathic Hospital had steadily advanced in a career of usefulness and prosperity, and in spite of that law which was so much objected to, had maintained itself free from the discord which had caused the dissolution of the others. The fundamental law had certainly much value in the eyes of some of the supporters of Homœopathy, because large sums of money had been contributed to the Building Fund of the new Hospital in which they were now assembled, on the express condition that that law should be faithfully and fully maintained. All this he could not quite account for, but as no one could gainsay the facts of the case, he could not but admit that under the circumstances, the founders and supporters of the London Homœopathic Hospital were right; he, however, should be glad if hereafter some modification could be introduced or some concession made; for himself, being sincerely desirous of promoting the best interests of Homœopathy irrespective of sectional differences on abstract points, he in concert with his noble relative (the Earl of Wilton), had felt it to be his bounden duty, upon the failure of the Hahnemann Hospital, to tender his services and contribute his support to the London Homœopathic Hospital. For the good of the common cause he had not hesitated to lay aside his scruples, and in

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thus waiving his own strongly felt objections, he would now earnestly call upon those, more especially the medical supporters of Homœopathy, who still retained the same opinions in regard to the fundamental law of this Hospital he had himself entertained, no longer to stand aloof, but to follow his example and join heart and hand in assisting the London Homœopathic Hospital, in order that it might, as years rolled on yield still more abundant harvests of blessing to the sick and dying around them. He regretted that circumstances had prevented him from being a more frequent sharer in the labours of the Board of Management, but from the opportunities he had had, he could bear testimony to the diligence and prudence with which the affairs of this Hospital were so unostentatiously conducted. It had never been his lot to witness a greater amount of work done with such slender means by any public body, than that performed by their Board of Management, who, not only deserved the warmest thanks of the supporters of the Hospital, but fully merited their entire confidence. That the Building Committee were also entitled to their gratitude, he need hardly say in the presence of those who were this day enjoying the results of the Committee's most indefatigable, but successful labours. It was quite astonishing to consider how much had been done during the short eleven months which had elapsed since the bazaar at the Knightsbridge barracks, and he was sure that those ladies who had been so devoted to their cause on that occasion, would look with satisfaction and a feeling of pride at the building which their labours had assisted the Committee in obtaining and adapting for the uses of the charity. There was one gentleman, Mr. Ralph Buchan, their Honorary Secretary, who was particularly entitled to their thanks, for they were greatly indebted to him, and he (Lord Ebury) believed it would be quite impossible to say too much in his (Mr. Buchan's) favour; for they could never have gone on so favorably, but for the exertions he had made. He (Lord Ebury) feared that he had trespassed too long upon their time and attention, but he could not conclude this address without appealing to those present, and to the friends of Homœopathy generally, to assist by their increased liberality, the good work on which they had this day entered. Efficiently to maintain the fifty beds with which they were now about to open the Hospital, at least double the income they at present possessed would be required. Money there was wanted, most urgently wanted, and if enough money was given, he would undertake that not those fifty beds only, but three times or four times

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the number would be placed at the disposal of the poor in the metropolis and throughout the country. He would now call upon his friend and fellow-worker in many a good cause (Mr. Brock) who was also a great patron of Homœopathy, to address the meeting.

Mr. BROCK said, that as he had made a long journey that morning and been engaged in preaching, he was not in a condition to address the meeting at any length. He begged, however, to remark with reference to his Lordship's observation, that he (Mr. Brock) was a great patron of Homœopathy, that it would have been more correct to have said that Homœopathy had greatly patronised him, seeing that, under God, he owed to it that measure of health and strength he now possessed. Knowing, therefore, from his own experience what blessings Homœopathy had to bestow, he could not but heartily rejoice with them that by the opening of this Hospital their poorer brethren would, in the hour of sickness and pain, have access to the same benefits as he and others had enjoyed.

A doxology having been sung, and the blessing pronounced by Mr. Back, the proceedings were terminated by a collection, which was made at the doors, and which realised the sum of £51 11s. 4d. in aid of the Building Fund.

At a Special General Meeting of the Governors and Subscribers of the London Homœopathic Hospital, held in the Board Room of the Hospital on the 3d June, at 3 o'clock, the Right. Hon. Lord EBURY in the Chair—the following gentlemen were elected to the offices of Physicians and Surgeons to the Institution :—

Physicians ..... { Dr. E. HAMILTON. / Dr. RUTHERFURD RUSSELL.

Physician Accoucheur.. Dr. DRURY.

Surgeons ..... { Mr. YELDHAM. / Mr. AYERST.

Surgeon Accoucheur.... Mr. LEADAM.

The Board of Management have re-appointed Dr. QUIN, Consulting Physician to the Hospital, and on the recommendation of the Physicians and Surgeons, Dr. GEORGE FENTON CAMERON has been appointed Assistant Medical Officer. It will be observed from the notice which appears in our pages of advertisements that arrangements have been made for the delivery of regular courses of Clinical and Systematic Lectures at the Hospital during the winter Session of 1859—60.

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A Royal Example.

We read in the Augsburg Gazette that her Majesty the Queen of Bavaria, lately honoured the Homœopathic hospital of Munich with a visit. She examined attentively and with evident interest and knowledge, all the wards, the beds, kitchen, library and garden, and expressed herself highly satisfied with all the medical and economical arrangements of the hospital, as also with the appropriateness of the undertaking, the healthy, sunny aspect of the building, the simplicity and beauty of the arrangements, and the size of the garden. She was pleased to promise a speedy renewal of her visit.

Shall we ever see in our Court Circular a corresponding announcement, something in this style?

"Her Majesty the Queen, and his Royal Highness the Prince Consort, accompanied by—no matter whom—and attended by—&c., &c., &c.—graciously condescended to honour the London Homœopathic Hospital with her presence. Her Majesty was received at the door of the hospital by—somebody—and conducted through the wards, the kitchen, and the cellar. Her Majesty was pleased to express her great satisfaction with all the arrangements."

We fear it will be long before we see any thing of the sort. Her Majesty has not, we believe, commenced visiting the Allopathic hospitals, and she is far too good a constitutional sovereign, to begin with the unorthodox, as long as the orthodox establishments remain unhonoured by her presence.

Homœopathy in Canada.

Homœopathy in the United States has long kept up a formidable rivalry with the old school,—in the number of its practitioners, its schools, hospitals and colleges for granting degrees. The pleasant infection is spreading rapidly through British America, as the following extract from the parliamentary proceedings of the Canadian Legislature, and the Act passed by that august body, sufficiently shew:—

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"SECOND SESSION OF THE SIXTH PARLIAMENT OF UNITED CANADA.

"LEGISLATIVE COUNCIL.

"Thursday, April 28.

"The Speaker took the chair at 12 o'clock.

"HOMŒOPATHY.

"Hon. Mr. Allan presented the report of the committee on the homœopathy bill.

"Hon. Mr. De Blaquiere opposed the bill, contending in his remarks that wholesale murder was often committed by parties who had not a medical education—an education which this bill did not propose to give to the followers of homœopathy. He did not oppose the bill because it gave the homœopathists certain privileges—but because it gave no guarantee that before a man received a license to practise, sufficient care should be taken to see that he was properly qualified. The hon. gentleman then adverted to the suppression of the faculties of law and medicine in the University of Toronto. He considered this act a disgrace to the Province, and said that it was effected for party purposes. Before those important faculties had been suppressed, he had the honour of holding the office of Chancellor of the University. But, after the perpetration of this act, he had resigned his post, and refused to resume it, at the request of the late Governor General, and the then ministry, and also with request of Hon. Mr. Hincks. If those important faculties were restored, he would at once be willing to resume the honourable post he had once held—but not otherwise. The hon. gentleman then spoke of the injury which society suffered from the introduction into this Province of men who were qualified to act as practitioners in the United States, but who had not at all the qualification which we in Canada should require for medical men. In conclusion, he moved the House into committee of the whole, to amend the bill.

"Hon. Mr. Fergusson hoped that no one would be found to second this motion; and supported the bill at some length.

"Hon. Mr. Vankoughnet thought that a man should be a good allopathist before he could become a good homœopathist. He therefore wished to see it provided that all homœopathists should have this good and requisite education. He had every confidence in the ability of Dr. Campbell of this city, who took a great interest in the bill, but he had not given the necessary guarantee in the bill that the students should receive the required education in allopathy. He (Mr. V.)

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feared that when the bill came into force, the homœopathic students would be educated exclusively in homœopathy, and would receive no education in the other branches requisite to qualify a medical practitioner under the allopathic system.

"Hon. Mr. Alexander had lived in Germany some time, and knew from experience the successful working of the homœopathic system.

"The House then went into Committee of the Whole, Hon. M. Dessaulles in the chair.

"Hon. Mr. Vankoughnet moved in amendment to the fifth clause, to the effect that 'every person who desires to be examined by the said Board touching his qualification to practise physic, according to the doctrines of homœpathy should, among other things, show that he has followed uninterruptedly the medical profession for not less that *four* years, under the care of one or more duly qualified Medical practitioners.' The amendment consisted in striking the word 'three' out of the bill, and inserting 'four.'

"The bill was reported with this amendment. The amendment was carried on a division of 24 to 16; and the bill was read a third time and passed."

The following is the Bill as passed:—

"An Act respecting Homœopathy.

"Whereas the system of Medicine called Homœopathy is much approved and extensively practised in many countries of Europe, in the United States and also in Canada; And whereas it is expedient to extend to duly qualified practitioners of this system privileges similar to those enjoyed by licentiates of medicine under the laws now in force in this Province: Therefore, Her Majesty, by and with the advice and consent of the Legislative Council and Assembly of Canada enacts as follows:—

"1. Until other persons are appointed, as hereinbefore provided, Duncan Campbell, of the City of Toronto, M.D.; Joseph J. Lancaster, of the Town of Galt, M.D.: Alexander Thompson Bull, of the City of London, M.D.; William A. Greenleaf, of the City of Hamilton, M.D., and John Hall, of the City of Toronto, M.D., shall be a Board (of whom three shall be a quorum) to examine all persons who may desire to obtain a licence to practise medicine, according to the doctrines and teachings of Homœopathy, within this Province.

"2. The Board may appoint a Secretary and Treasurer, who

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shall attend all the meetings, and keep a record of all the proceedings of the Board, in a book to be provided for the purpose.

"3. The Board shall hold two meetings in the City of Toronto in each year, viz.—on the first Tuesday in January and July respectively, which may be continued by adjournment from day to day until the business before the Board be finished, but no session shall exceed one week.

"4. The Secretary may at any time, on the requisition of two members of the Board, call an extraordinary meeting of the Board for the purpose of examining candidates, and for the transaction of such other business as may come before it.

"5. Every person who desires to be examined by the said Board, touching his qualifications to practise Physic, Surgery and Midwifery, or either of them, according to the doctrines and teachings of homœopathy, shall give at least one month's notice in writing to the Secretary of the Board; and must show that he is not less than twenty-one years of age, that he has followed medical study uninterruptedly for not less than four years under the care of one or more duly qualified Medical Practitioners, and that he has attended at some University or Incorporated School of Medicine not less than two six months' courses of Anatomy, Physiology, Surgery, Theory and Practice of Medicine, Midwifery, Chemistry, Materia Medica and Therapeutics, respectively, and not less than one six months' course of Clinical Medicine and Medical Jurisprudence respectively.

"6. If the Board be satisfied by such examination that the person is duly qualified to practise either or all the said branches of Medicine, as they are understood and practised by Homœopathists, they shall certify the same under the hands and seals of two or more of such Board.

"7. The Governor, on the receipt of such certificate, may, if satisfied of the loyalty, integrity and good morals of the applicant, grant to him a license to practise Physic, Surgery and Midwifery, or either of them, in Upper Canada, conformably to the certificate.

"8. The Governor may, without any special certificate, grant the Provincial License to practise to such of the above named members of the Board as have not yet obtained it.

"9. The Board shall have power to make By-laws for the regulation of its own affairs, which, however, shall not take effect until they have been published in the "Canada Gazette."

"10. At the meeting in July, one thousand eight hundred and

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sixty, the Board shall determine by lot which three of its members shall retire, and shall immediately publish their names in one of the Toronto newspapers, and such retiring members shall then only hold office until their succesors are appointed; the other members of the Board shall vacate their seats (if successors are appointed) from and after the meeting in January, one thousand eight hundred and sixty-two.

"11. The Practitioners licensed under this Act and resident in this Province may meet at Toronto, on any day during the January session of the Board in one thousand eight hundred and sixty-one, and on any day during such January session in each year thereafter, and may at such meeting elect, by a majority of votes, either two or three fit and proper persons to be members of the said Board in the place of the retiring members (who shall be eligible for re-election), and the members so elected shall hold office for two years only, or until successors are elected as aforesaid.

"This Act shall be deemed a Public Act."

Homœopathy may, in consequence of this Act, be said to be placed on an equal footing with allopathy in Canada.

On the Poison of the Common Adder (*Coluber Berus*). By PHILIP WESTON, Esq., M.R.C.S., Stirling, Southampton. From *Lancet* of 21st May, 1859.

ON August 19th, 1858, about mid-day, I was bitten in the last joint of the forefinger of the right hand. I bound my handkerchief tightly round the base of the finger, and forcibly sucked the wound; very little blood flowed, but the pain was acute.

In about ten or fifteen minutes the finger became swollen and painful; a sense of numbness and rigidity gradually extended up the hand and arm, succeeded by giddiness and confusion in the head, with an acrid burning sensation in the lips, mouth and throat.

After walking half a mile, the power of locomotion began to fail me, my speech became thick and inarticulate, and giddiness increased to loss of vision; violent retching came on, and I was led, or rather dragged like a drunken man staggering home.

By the time I got home, all the previous symptoms were greatly increased in intensity; the lips and tongue were livid, swollen and protruding; the mouth and throat so parched and swollen, that to swallow any liquid was impossible. I made one or two ineffectual

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efforts to take a little brandy. The pain at the pit of the stomach and in the bowels was excruciating, and was accompanied by severe cramps in the lower extremities, profuse cold clammy perspiration, faintness and extreme prostration. I felt as if I were dying, and was quite unable to direct those around me what to do. Incessant vomiting continued of a viscid greenish fluid, in color and taste like inspissated bile, followed by a severe attack of bilious character (about two hours after the bite), which greatly relieved my sufferings. I was now able to take repeated draughts of sal volatile in rose-water.

In the evening the hand and arm became fearfully inflamed and swollen to three or four times their natural size. Spots of purpura hæmorrhagica appeared the next day in various parts of the body and limbs. The inflammation, which was of an erysipelatous character, gradually spread from the arm to the shoulder, integuments of the neck, chest, abdomen and back, on the right side, as low down as the hip.

For three or four nights I suffered much from sleeplessness, thirst and exhaustion, requiring the frequent administration of wine and soda-water and strong beef-tea.

After the fourth day the bright red hue of the skin began to fade, leaving it a mottled livid color, with patches of ecchymosis. The œdema of the limb was relieved by finely puncturing with a lancet. At the end of a week I was able to leave my bed, but the hand and arm were quite useless, and did not recover their former powers until six or eight weeks after the accident; the right leg also remained weak for some time, causing me to drag it in walking.

A fortnight after the bite, collections of matter formed successively in the finger, hand, forearm and axilla, requiring evacuation by the lancet. No treatment of any kind was employed for the first two hours.

Subsequently I took salines with an excess of ammonia by day, blue pill with hyoscyamus at night.

The local treatment consisted of leeches, evaporating lotions, and subsequently flour; the last affording most relief.

The extension of the erysipelas was finally effectually arrested by full doses of sesquichloride of iron in camphor mixture.

At a later period I derived much benefit from arsenic, Fowler's solution, three times a day.

For the numbness, lividity and ecchymosis, I used with advantage

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a liniment composed of equal parts of Tincture of Arnica and Glycerine.

Mr. Weston concludes with the following suggestions for the treatment of the bites of poisonous reptiles:—

1. The application of a ligature round the limb close to the wound, between it and the heart, to arrest the return of the venous blood.

2. Excision of the bitten part, or free incision through the wounds made by the poison teeth, encouraging the bleeding by warm ablutions.

3. Cauterization widely round the limb, above the bite, with a strong solution of nitrate of silver, to prevent the introduction of the poison into the system of the lymphatics.

5. As soon as the indications of the absorption of the poison manifest themselves, the internal administration of ammonia in soda-water every quarter of an hour.

But there is still wanting some remedy that will counteract the poison introduced into the blood, and assist in expelling it from the system. The well authenticated accounts of the success attending the internal use of arsenic in injuries arising from the bites of venomous reptiles in the East and West Indies, and also in Africa, the successful treatment by arsenic of several cases of malignant or Asiatic cholera, by Dr. Black of Chesterfield, would lead me to include this agent in the treatment already mentioned.

The treatment of a case of snake bite detailed in the last number of the *Journal*, page 350, contrasts most favorably with this. In the former, under homœopathic treatment, the patient was so far recovered as to be able to ride within thirty hours of the accident; while in this latter, a week elapsed before he was able to leave his bed. The symptoms produced by the bite are carefully detailed, and corroborate the provings of the various snake poisons in our Materia Medica. If Mr. Weston will take the trouble of consulting our Materia Medica and repertories, he will find not only that we have long employed Arsenic in the treatment of snake bites and cholera, but also the reason why we use them; and he will see how deeply Dr. Black of Chesterfield is indebted to us for his plan of treating cholera. As few of our opponents are acquainted with our literature, a reputation among them may be easily established, by palming off as original observations facts purloined from us, and with which every tyro in homœopathy is familiar.

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Chemists and Globules.

"Dr. ALFRED TAYLOR, the celebrated analytical chemist, in the course of the examination before the coroner on the inquest in the alleged poisoning case at Richmond, described the results of an analysis of parts of the body of the deceased. He then went on to say,—'He had also received sixty-four tubes of homœopathic medicine, which he had analysed. He found the contents to consist of sugar, starch, and gum. He had examined about sixteen thousand globules of this kind, and always found them to consist of sugar, and starch, and a little gum—(laughter). If a person had taken the whole sixty-four tubes full which had been handed to him, they would have done nothing to cause death, nor could they have done any good.' This is rather a startling *exposé* of homœopathic medicines, which appear to resemble, so far, the Highland doctor's prescription, of which the Celtic disciple of Esculapius said,—'If it would do no harm, it would do no good.'"

The above paragraph has been going the round of the papers, and though no one who knows anything of the mode of preparation of homœopathic medicines requires to be told how it was that Dr. Taylor failed to discover anything in the globules he analysed, yet as many even of those who have long employed homœopathic treatment know nothing about our pharmaceutic process, and are rather shocked by the statements of Dr. Taylor, we feel called upon to allude to this paragraph for their benefit.

The globules usually contained in one of the ordinary domestic cases of homœopathic medicines, such as the one analysed was in all probability, are ordinarily saturated with the medicines in the higher dilutions, such as 6, 12, or 30. Such dilutions would contain, respectively, in a drop, the billionth, quadrillionth, and decillionth of a grain of the crude medicinal substance, quantities so small as to be utterly inappreciable by any chemical tests yet discovered. Even supposing some of the globules in the chest examined were saturated with the 3rd dilution; as a drop of this preparation contains but a millionth part of a grain of the original substance, it would require much more delicate tests than are yet known to Chemistry to detect even arsenic in globules saturated with it. And certainly Dr. Taylor, with the capabilities he exhibited in the celebrated Palmer case, where he failed to detect strychnia in the body of Cook, would

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not be the chemist from whom we should expect any very remarkable discoveries in the field of infinitesimal analysis. And yet all men remember how decidedly he expressed his conviction that Palmer's victim had met his death by strychnia, though he had found none in the body. This episode in Dr. Taylor's career would make us very doubtful as to the value of Dr. Taylor's opinion in reference to the power to do good or harm of any substance submitted to his analysis.

Of course we know not whether the globules examined in this case even contained the infinitesimal quantities of medicine they were supposed to have. We have no knowledge of the owner of them as a homœopathic practitioner, and his medicine might have been as false as his title.

But we would readily submit to any chemist alive globules, or tinctures of medicines, in the third and sixth dilutions, prepared under his own eyes, whereby he could be assured that the strength of the medicine was such as the number intimated, and still we would defy him to detect any one of them by the most subtle chemical reagents. We have other than chemical tests for our preparations, viz.: the bodies of our patients. These will respond readily to still minuter doses than those we have indicated, provided these doses are administered in the circumstances suitable for displaying their power, to wit, where a morbid action is going on, similar to that capable of being produced by large doses of the medicines on the healthy individual.

It is altogether a mistaken notion to suppose that substances capable of acting—of even powerfully acting—on the human frame, must, necessarily, be equally evident to chemical tests. Chemistry can only detect substances capable of chemical action, but it is utterly powerless to reveal anything respecting true medicinal action.

Many of the most energetic agents—as regards the human organism—are absolutely without any special chemical action whatsoever. Can anything be more energetic in its effects on man than the action of snake-poisons, or of variolous, syphilitic and glanderous matter; yet where is the chemist who could detect ought but mucus, pus or serum in such viruses? If, then, the chemist cannot find any peculiar chemical substance in the serpent-venoms or any of the many virulent miasmata, we may be excused from referring to him for the detection of the medicinal power of the mild agencies we employ.

It should be remembered, that Homœopathists do not seek to produce chemical, but only physiological effects. Beyond the region of chemistry, and utterly apart from it, are the therapeutic and pathogenetic actions we endeavour to develope; and to refer to the chemist for the value of our remedial agents would be as absurd as to constitute the paper maker the supreme authority upon the literary merits of a book.

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Homœopathy at the Antipodes.

We have received a copy of the *Melbourne Argus*, giving an account of a meeting held in that rising city for the purpose of establishing a Homœopathic Dispensary. Among those who spoke in praise of the scheme was the Dean of Melbourne, and Mr. T. Mackern. The last named gentleman lately practised in London. He was one of the surgeons of the London Homœopathic Hospital, and is well known to the literary world by a novel he published a year or two ago.

The meeting was unanimous respecting the propriety of establishing the Homœopathic Dispensary, and a committee was appointed to carry out the scheme.

CLINICAL RECORD.

Hypericum perfoliatum in lesions in the Spinal cord.

(*a*) Mrs. Y., æt. 45, English, of strong, healthy frame and good habits, the mother of five children, had suffered for *ten* years with repeated and violent attacks of Spasmodic Asthma. The paroxysms originated in a diminished density of the atmosphere, marked by a change in the weather, from clear to cloudy and damp. If she remained in this city in the immediate vicinity of Lake Michigan, our capricious climate would subject her to more frequent attacks; or if in the interior, any barometric change foretelling a storm would surely bring them on. This was the only marked peculiarity of her case:—the severity and duration of the paroxysms, being inversely to the duration and severity of the storm. They did not always come on at night, but were always relieved by a critical and most copious expectoration—*blennorrhœa*—from the bronchial tubes. Her general health suffered but little until, subsequent to an attack of double Pneumonia in April last, she seemed entirely prostrate, and experienced as a consequence an increased susceptibility to atmospheric changes. Her asthmatic attacks became very frequent and distressing, threatening at times to destroy her life.

After prescribing various remedies without any considerable relief, I discovered upon inquiring more carefully into the history of the case, that when a girl, thirty years since, she had fallen down the cellar stairs and injured her spine at a point corresponding to the superior dorsal vertebræ. She was ill but a day or two at that time, and had suffered so little local inconvenience since the occurrence as to have quite forgotten it, until inquired of by me if she had ever experienced any accident of the kind. There is no tenderness on pressure, though she reports herself as better able, at intervals, to lie

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upon either side than upon her back, for the reason that the latter decubitus increases the dyspnœa.

I withdrew my other remedies and prescribed *Hypericum perf.* 2 (dec.) ten drops in half glass of water, a tablespoonful every two hours. Under this remedy, with prolonged intervals, she recovered entirely; and the cure seems a radical one, as she has for several months escaped any repetition of her old infirmity.

(*b*) Mary, æt. 6, daughter of Mr. C.—had been in poor health for three years. As often as once in a month she suffered an illness of from four days to a week's duration, of which the following were the most characteristic symptoms:—A chill, followed by more or less fever of a continued type, with dry, parched skin, occasional headache—especially toward evening, restlessness, jactitation, with a supersensibility of the surface of the neck, and of the superior extremities, great dread of motion, would not walk, and screamed outright when her mother or any person proposed to lift her from one place to another, insisting all the while that she should be held in the lap. Face pale and anxious, white around the mouth, and generally expressive of suffering and uneasiness. Anorexia, slight thirst for warm drinks, and a hacking cough, which she referred to irritation in the throat, and which was without expectoration, and apt to be greatly aggravated by exposure to the least breath of cold air. Tongue whitish, taste insipid, bowels natural, and urine normal in quantity and quality.

After running their course as aforesaid, these symptoms would gradually decline into an interim of three weeks more or less, to recur again with almost as much regularity as the paroxysm of an intermittent.

She had been variously treated, and for various infirmities. Her first physician diagnosed *Worms*, and prescribed accordingly, *i. e.* Anthelmintics *ad nauseam* for patient and parasite, but without the least benefit. The second thought the disorder sufficiently intermittent to call for anti-periodics, and he gave *Sulphate of Quinine*, and other drugs, but with the effect to augment rather than to relieve the symptoms. Two others had been equally unsuccessful.

On examination I found there existed a decided sensitiveness to pressure upon the spinous processes of the two inferior cervical and the superior dorsal vertrebræ. Inquiring if she had ever fallen upon the part, her mother said she had, but that she was not sick at the time and had never suffered from it. She had fallen down a stairway when but three years of age, and this was my key to the pathology of the case. I ordered a "batch" of simple, dry, uncarded cotton to be applied over the tender locality, and prescribed *Hypericum perf.* 2 (dec.) to be given internally, once in three hours during the paroxysm. This plan had the effect of shortening the first paroxysm very considerably, and she never had another. In anticipation of its recurrence the remedy was for a time repeated daily; but it never came, and, after an interval of twelve months, I am

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happy to report that the child remains, to all appearance, entirely well.

My choice of the *Hypericum* in the above cases in preference to other remedies apparently better indicated, was based upon the idea that "Hypericum is to injuries of the Nervous, what Arnica is to those of the Muscular system." If, in the experience of others, this proposition be as satisfactorily confirmed, the fact is worth recording. —(Dr. LUDLAM, *in Trans. of Chicago Society.*)

Special Therapeutics of Dysentery.

I have found this season that *Mercurius Iodatus*, 3rd trituration, is more active and better indicated in Dysenteries than the other Mercurial preparations. In *seven* cases nothing else was given, and the result was most successful. This remedy is particularly indicated in cases of frequent evacuations of *green mucus*, with *but little or no blood.* Even *grass green* evacuations have been arrested after twelve hours administration, but I have seen no effect whatever in case of a mere diarrhœa with *green* stools. If much pain, colic-like, accompanied the attack, I gave a few pellets of *Coloc.* 3; but in the other cases gave nothing in alternation, or even as an "intercurrent." I have never witnessed such speedy and satisfactory results from any of the Mercurial preparations, and I hope you may be induced to try it so soon as an appropriate case offers.—(Dr. JÆGER *in Trans. of Chic. Soc.*)

PHRENITIS; *Allopathic Prognosis and Homœopathic Practice.*

Mr. A. W—, of this city, called for me at 8 P.M., Sept. 15th, 1858, to visit his wife, who he said was worn out with care and anxiety, having had little or no rest for three weeks, on account of a sick child, a little boy twenty-two months old. On the way to his house he remarked that the child was still alive, but that no hopes were entertained of his recovery; the attending Physician had given him up, and he supposed he could not live many hours longer.

After prescribing for the mother, I was requested to see the child and informed that the Family Physician (Allopathic) had been in attendance for about three weeks; the first few days assuring the parents the illness was so slight that the child would be all right very soon; but the prognosis proved deceptive. The illness daily assumed a more serious and alarming character, till it was pronounced a congestion or inflammation of the brain. The day on which I was called a consultation had been held, consisting of the attending and two other Physicians, the result of which was a very unfavourable prognosis, so much so as to deprive the parents of all hope of the recovery of their darling and only child, especially under the present mode of treatment. I hesitated on the principle of non-interference with other physicians' patients in their absence, and suggested the propriety of first sending for the attending physician, but was assured

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it was unnecessary, inasmuch as he had told them to do *what* they pleased and call for *whom* they pleased; and more than this, they had known him for years to be a most kind and considerate man; therefore it was finally dispensed with, with the understanding that he should be notified early the next morning of the change of Medical treatment.

On examining the child I found one of the most distressing little objects I ever saw—a mere living skeleton covered with a shrivelled colourless skin—all the flexor muscles and tendons of the body, (excepting the left arm—which was constantly in motion, sometimes passing in a circular manner on the left side of the head and face, and then picking and grasping at the bed-clothes and at vacancy,) were in a state of tonic spasm or rigidity, which could not be resisted without greatly aggravating the suffering already too painful to behold—although the doctor had declared the child unconscious of suffering. He was taking large doses of anodynes, oft-repeated, which instead of mitigating, only seemed to aggravate the suffering. Great dilatation of the pupils and considerable strabismus were present. Head hot, while other parts of the body were cold; constant nausea and retching; bilious diarrhœa; and sleeplessness, which had existed for a week or ten days past. The above were the most prominent features of the case. The afflicted parents most beseechingly requested me to give *something* to allay the suffering and procure sleep. *Belladonna* and *Chamomilla* in hourly alternation, and warm baths were prescribed.

16th, 5 A.M. Found the patient in a quiet sleep, having fallen asleep within an hour after the first dose of the *Bell.*, and rested well all night. Bowels moved less frequently and character of the evacuations much improved. Same remedies continued, but less frequently repeated.

Dr. M—, called earlier than usual this morning, before he was notified of the change of treatment, and on being informed manifested much dissatisfaction, and to the surprise of the parents, much less amiability of temper than they expected. He said the child *was no better*, that the more comfortable night *was not* attributable to Homœopathic remedies—they were deceived, he would be no better; he might live several days but they need not expect his ultimate recovery; the brain was too much affected to warrant any such prognosis, etc.

17th, 6 P.M. Has had a comfortable day and night, dilatation of the pupils less, strabismus about the same, stomach and bowels much better, rigidity of the muscles somewhat less, less picking at the bed-clothes, and left arm lying most of the time still across the chest. *Belladonna* and *Cuprum* alternately every third hour. Warm bath once a day.

18th. About the same. Same remedies continued.

19th. All the symptoms better. *Cuprum* every 4 hours.

20th. 8 A.M. Passed a very comfortable night, slept well, little

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or no rolling of the head on the pillow, slight dilatation of the pupils, strabismus less and bowels natural.

21st. Invited my friend Dr. Ludlam to visit the patient with me, and found him decidedly improving. Having occasion to be absent from the city a few days, Dr. L. kindly consented to take charge of my patient.

Returning home on the 25th, I was much gratified to find the little boy doing well. Pretty much the same course of treatment had been pursued most satisfactorily. A little strabismus still remained, but the spasmodic rigidity had all disappeared, and but little medicine was required afterwards; now and then a dose of *Coffea* for sleeplessness, and *Cina* occasionally on account of worm symptoms were administered, with happy effects.

For the last two weeks (now Nov. 6,) no medicine has been given, and nothing remains but the debility consequent upon his long sickness and the violent Allopathic treatment. In short, the child is now "all right," as talkative, bright, cheerful and happy as need be.

Although I do not view the case and its results as very extraordinary under Homœopathic treatment, still it is by the parents and friends considered a miraculous cure, almost equal to a resurrection from the grave. I report the case merely to encourage the practice of presenting something from our clinical records at each meeting, expecting for myself to reap more than I shall sow.—(Dr. SEYMOUR, *in Trans. of Chic. Soc.)*

The Hammamelis Virg. in Intestinal Hæmorrhage.

I was called last March to visit the case referred to—a young man æt. 19. Some six months before the present sickness he had Intermittent fever, which was treated with Quinine. Had not enjoyed good health since that time—could endure little exercise—easily affected by changes of weather which frequently produced slight chills, and occasionally diarrhœa—had a poor appetite and a feeling of general weakness most of the time. For two weeks before I saw him he appeared dull and inactive—had frequent chills and flushes of heat, was restless and slightly delirious at night. For three nights before the first visit he had had a watery diarrhœa. Also, he complained of pains in the back, limbs, and head. His tongue was coated with a dark yellow fur, with a portion through the centre almost black, very dry and cracked, pulse small and frequent, great prostration of strength, trembling of the hands and subsultus. Very little urine secreted, and that of a dark brandy colour. Gurgling sound after or while drinking—sordes on the teeth, continued heat of the body with cold feet, intense thirst for cold water and internally feeling of heat in the bowels.

Prescribed *Rhus tox.* and *Arsenicum* alternately every three hours. The patient seemed to improve a little until the third day, when I was suddenly called to see him again in consequence of Hæmorrhage from the bowels. The blood passed by the rectum amounted to at

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least two quarts before I saw him. He had stools of blood about once in fifteen minutes. Prescribed four drops of the Mother Tincture of *Hammamelis virg.* in a tumbler of water, a desert-spoonful to be taken every ten minutes until the discharges were arrested for an hour—omit for an hour, then to take one more dose. Afterwards omit until a relapse occurred. I was not able to see the patient again until twenty-four hours later. Ordered the dose to be repeated immediately after each passage of blood. Found the next day that it had twice returned, but was at once arrested by a single dose each time.

This patient took for the week following *Arsenicum* 3 and *China* 12, alternately every three to six hours. Afterwards for three days took the Arsenicum at night only, for diarrhœa, and a dose of China at 9 A.M. and 3 P.M. daily. Discharged, and has since enjoyed good health.

In the above case the blood discharged was of a dark grumous nature. The prompt suppression of these stools is one of the many proofs of the efficacy of *Hammamelis* in passive Hæmorrhages. Its use is of course empirical, having been recommended by different authorities as of service in Hæmoptysis and in Hæmatemesis.

In order to decide intelligently, whether or not it is adapted to any given case with or without hæmorrhage, we should know its pathogenesis more fully. It is probable we shall then learn that the cases where its action has been so marked, are those where the totality of the symptoms corresponds with those of the remedy. And this knowledge can only come by a careful proving of the drug itself.—(Dr. PRATT, *in Trans. of Chic. Soc.)*

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Portrait of Hahnemann, after the painting of G. HERING.

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HOMŒOPATHY.

NOTES ON THE SYMPTOMATOLOGY OF LYCOPODIUM.

By Alfred C. Pope, M.R.C.S.E., Blackburn.

The articles on each drug in the Materia Medica Pura, and the Chronic Diseases, consist of two parts,—first, a list of the diseases in which the drug under discussion either has been, or may be supposed likely to be found useful; and secondly, a detail of the symptoms produced by it, not in the order of their occurrence, or in the groups in which they appeared, but all that at one time or other were present in one organ are arranged together under it. This highly artificial method of catalogueing the symptoms has been frequently regarded as a difficulty in arriving at a just notion of the powers of a medicine. In the following observations on Lycopodium, my endeavour has been so to combine the symptoms produced in the prover with the forms of disease in which, taking these as our guide, we may reasonably trust to the curative powers of our drug, as to render our knowledge of its action more available in practice.

Lycopodium is a drug whose virtues have been frequently called in question; but the proving is too positive, its sphere of action too well defined, and above all, the *experimentum crucis* —clinical observation—has been too widely applied to it to admit of any more doubt on this question.

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The plant is the Lycopodium clavatum—one of a family intermediate between the mosses and ferns. It is found chiefly in Great Britain, Finland, and the northern parts of Russia. The part used in medicine is the powder contained in the capsules. In preparing a tincture, these capsules require to be well broken. It is usual, however, to obtain the first three attenuations by trituration.

"In its gross natural state," says Hahnemann, "Lycopodium has scarcely any medicinal effect on man." Several authors, however, quoted by Teste in his work on the *Homœopathic Materia Medica*, would seem to afford evidence of its having a slightly irritant action. A few experiments with the pure tincture, and the lower triturations, made by Drs. Arnold and Segin, of Heidelberg, and recorded in the second volume of this Journal, tend, so far as they go, to confirm this view. But undoubtedly its action is slow in making itself perceived, though its impression is ultimately none the less decided upon the constitution. Nearly all the symptoms produced by it resemble those of gradually advancing chronic disease,—the only acute affection which it at all simulates being catarrhal influenza. Of this it presents a very complete picture, in various aspects; still it is rather in some epidemics, and to avert the consequences of an acute attack, that it has been found useful, than in the treatment of its early stages.

The mucous surface of the stomach and bowels, and the parenchyma of the liver, are the parts of the organism on which the action of this drug is most perfectly developed. Next in order may be mentioned the skin, on which its irritant power is distinctly seen. The mucous membrane of the bronchial tubes is diseased by Lycopodium in a very decided manner; and the derangement produced is apparently of a deeply-seated character. The symptoms would further lead us to rely upon it in some forms of protracted rheumatism and rheumatic gout, in dull, heavy, and phlegmatic subjects.

In entering more into the detail of the action of Lycopodium, I will consider first its general effects on the constitution.

Mental depression and a desire for solitude, together with irritability and great susceptibility to slight causes of vexation, occasionally finding vent in hysterical-like laughing and weep-

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ing, more or less attend all the local derangements produced by it. We likewise find the memory to be weakened, a feebleness in collecting the thoughts, and a general confusion of ideas. This lack of nervous power pervades the whole organism. The face is pale, eyes sunken, complexion sallow, countenance indicative of great weakness and depression; the arms feel weak when at work, and the hands are continually cold. There is unusual lassitude about the knees; the limbs feel heavy; perspiration is easily excited; the genital organs are weakened; the sexual instinct diminished; nocturnal emissions of semen are frequent, and followed by great debility. This state of general weakness may be held to be mainly connected with the condition of the great function of nutrition, and with that of the organs of respiration; though it is more or less associated with all the disturbances met with as the result of the action of this drug. It is its chief feature, and points to the large class of chronic disease as that in which Lycopodium is most indicated; and at the same time it suggests to us, that in the melancholic and bilious temperaments, we shall find its action to be most satisfactory.

The disordered state of the organs of nutrition is first perceived in the condition of the buccal cavity. The taste is bitter, dry, and sour; there is a continual accumulation of a sourish watery fluid in the mouth; a secretion of a salt-tasting saliva; the tongue is coated; and a fœtid smell is perceived in the mouth early in the morning. The bitter taste is perceived especially in the morning, but is also felt on going to bed, at which time there is considerable nausea, and frequent vomiting of bile. The appetite is affected in two directly opposite ways: in one class of cases it is inordinately increased; in another it is diminished and depraved. In the latter, I apprehend the stomach is more or less congested—an opinion in which many of the symptoms bear me out. In these, besides loss of appetite, there is great thirst; burning redness of the face after dinner; imperfect burning eructations, reaching only to the pharynx, where a burning sensation remains for several hours; heartburn, with sour eructations, and burning at the pit of the stomach, enduring for several hours, and leaving great

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the hypogastrium at night. Pinching below the umbilicus at night. Drawing pain in the left side of the abdomen at night. Nightly cramps of the abdominal muscles; they are very hard and extremely painful.

This form of colic is attended by constipation, which is indeed an almost uniform result of Lycopodium.

Upon the structure of the liver Lycopodium has a most decided influence; the chief of the symptoms indicating its nature are as follows: pain over the surface of the organ described as a sense of pressure, and of tension, both sharp and dull; as pinching, stitch-like, grasping, and raw. The pain is aggravated by touch, by taking a deep inspiration, or by bending to one side.

Taken by themselves, or, as they more properly should be, in connection with the indications of biliary derangement afforded by the stomach, these symptoms may be justly regarded as evidence of the liver being congested in its parenchyma, and of its peritoneal surface being also more or less involved in a similar process. The general symptoms before referred to, especially the gray sallow and earthy like complexion, the melancholy and debility, and also constipation, with intestinal weakness, are symptoms all more frequently present than absent in old hepatic congestions, and in these cases I have found Lycopodium more useful than any other medicine, Sulphur, perhaps, excepted.

Constipation is the direct result of Lycopodium, and by it many obstinate cases are most efficiently cured. The form of this troublesome malady in which it is indicated is, that which appears to arise from a want of motor power in the muscular structure of the large intestine; whether this has arisen from long continued over distension, from the irritant action of frequent "mild aperients," or from some form of diarrhœa. When the bowel has lost tone and cannot act, Lycopodium is one of the best medicines we possess to restore it; especially when the exhaustion of the gut is sympathised with by the constitution.

The kidneys shew some signs of having been congested under the influence of Lycopodium. Pressure, together with tearing and stitch-like pains, are felt in the region of both organs. The

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secretion of urine is increased in quantity, and is frequently voided; it is generally dark in colour. As before remarked, there would seem some reason to believe it useful in diabetes insipidus, but I am not aware that it is of much value in any other form of renal disease.

General Catarrh, by which may be understood a febrile disturbance of a low type, somewhat imperfectly developed, attended with considerable lassitude, and exciting irritation in the mucous surfaces of the eyes, nose, throat, and bronchiæ, is, as has been already observed, closely resembled by the action of Lycopodium on the healthy subject.

Chilliness, occurring at all periods of the day, but most marked towards evening, attended with great weakness, and followed in some cases by burning heat, especially marked in the lumbar region, and continuing several days, constitute the predominant febrile effects noted in the proving, and accurately enough depict the onset of catarrhal influenza. This condition is further evinced by the following symptoms: the limbs feel painful when touched, or pressing on anything; bruised feeling in the whole body, especially in the evening; irritability of temper; a good deal of burning heat rises to the face; at night there is much febrile excitement, and irritability, described as internal restlessness; frequent attacks of a very painful sensation, "as if he became quite cold internally." There is great susceptibility to the influence of the atmosphere; all the symptoms being aggravated by cold air. One form of headache produced by Lycopodium is very catarrhal-like;—stitching headache, with pressing and pushing in the eyes, and violent coryza. Headache as if the bones of the skull were being driven asunder, and as if the brain were vacillating to and fro, especially when walking, going up-stairs, and raising oneself after stooping.

On the mucous surface of the eyeball, the catarrhal influence of Lycopodium is particularly marked. The chief characteristics are pressure, stitches, pricking, itching in the canthi, and around the eye. Burning in the eyeball, with itching redness of the conjunctiva; inflammation and aching of the conjunctiva palpebrarum, with nightly agglutination of the eyelids. In-

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flammation of the eyes, with redness of the conjunctiva oculi, swelling of the lids, stitches, photophobia, profuse lachrymation, and nightly agglutination. Inflammation of the eyes with itching in both canthi; redness and swelling of the lids in the right eye, tensive pain when they become dry, and nightly agglutination. Swelling and painfulness of the eyelids, with nightly agglutination in the canthi. The purulent form of catarrhal ophthalmia is also somewhat marked.

The whole of the above symptoms depict very closely catarrhal ophthalmia, which, like all the other inflammatory results of Lycopodium, is of a comparatively low type, and resembles not a little an ophthalmia whose basis is struma.

A similar kind of action is met with in the ear.—Otalgia in the open air. Tearing in both external and internal ear. stitches in the ear, when blowing the nose, speech being difficult. Continuous tearing, pinching stitches in the ear, which feels as if it were too narrow, and would burst. His ears become closed with whizzing and deafness. Various noises such as roaring, humming, and whizzing are remarked. These symptoms seem to indicate a congestion of the mucous surface in the internal ear, which taken in connection with the general state is probably catarrhal. The symptoms of the nose shew considerable sneezing, and obstruction of the organ, so much so as to render breathing difficult. The discharge from the nose is acrid, and in one instance described as fetid, and excoriating the left nostril. Dry coryza, with burning in the forehead, dullness and heaviness of the eyes, they become closed; there are with these symptoms much heat, thirst, and sleeplessness. They are aggravated at night; and in one or two instances the coryza is profuse and fluent, and attended with pressure upon the chest. Besides these indications of irritation in the Schneiderian membrane, we find others pointing to its congestion; corrosive pain, burning, itching, and pressure; epistaxis, continuing for several days in the same prover.

From the review of the symptoms suggesting general and local catarrh as one of the morbid states produced by Lycopodium, we pass to the consideration of its influence on the organs of respiration; where we shall find that, besides the simple

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irritation of catarrh, we have evidence of disease of a more active and deeply rooted nature presented to us. The general action of Lycopodium we have seen to be of a depressing and exhausting nature, one lowering vital power. And in studying this, as well as all other local manifestations of its influence, its constitutional characteristics must especially be borne in mind.

The mouth and throat are very dry, a feeling which is worse morning and evening. The larynx is dry and irritable, with tickling cough, and hoarseness. The chest is at the same time oppressed and sore; the respiration wheezing, and some mucous rattling is observed in the chest, and is attended with cough. The cough connected with the laryngeal irritation is short, hacking, and exhausting; it appears to arise from, and be excited by, excessive titillation in the throat. In one case this is described as being like the tickling of a feather, and in another as though it were caused by the fumes of Sulphur. The expectoration is grey in colour, and saltish in taste. The cough is always worse at night. The condition which gives rise to these symptoms is evidently one of irritation, and slight congestion of the laryngeal mucus membrane.

The chest is loaded and oppressed. Stitch-like pains, almost always in the left side, are frequently felt, and are increased during a deep inspiration. Respiration is short and difficult, especially at night, and accompanied by burning heat, slight thirst, pale countenance, and starting while asleep. The cough, which results from the condition of the lungs, giving rise to these symptoms, is of three distinct kinds:—1, it is short and hacking, with little or no expectoration, but great wheezing and hoarseness, and dryness of the throat; 2, the expectoration is, with the cough, increased in quantity, of a salt taste, and grey colour; 3, when the chest is especially sore and oppressed, the cough is severe and racking, and the expectoration of a green colour, subsequently becoming of a purulent character; and in one instance observed to be tinged with blood. This cough is particularly violent, rendering the respiration short and hurried, and giving rise to headache and pains in the abdomen. All the symptoms are aggravated at night, preventing sleep during the early part of it.

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Bronchial congestion, advancing to a low type of widely-spread inflammation in the tubes, is clearly the cause of the above symptoms. Pleuritis is also indicated. Taken together with the general exhaustion so frequently remarked before, and the nocturnal perspirations,—"sweat every night, especially on the chest," "profuse sweat at night, with coldness of the forehead and neck," "morning sweats after a restless night,"—we find a very complete picture of many cases of advanced phthisis. In this disease few medicines, when perseveringly used, are so valuable. The cough, the gastric irritation, the exhaustion, and intercurrent attacks of pleurisy, are wonderfully mitigated by it. In cases of phthisis, where the disease is supposed to have been arrested, Lycopodium has generally played an important part. Teste does not believe in the existence of such cases, but considers them to have been instances of chronic pneumonia, in which, he says, he has frequently found this remedy of great service. Evidence is, however, now too greatly multiplied to allow us to doubt that, under some very favourable circumstances, tubercular phthisis pulmonalis has been cured; and to the attainment of so desirable an end, Lycopodium is one of the most available remedies we possess.

In some forms of bronchitis, in cachectic and debilitated subjects, Lycopodium will also be seen to be indicated; as it is likewise in simple catarrhal irritation of the larynx and bronchi.

As a remedy in some forms of skin disease, particularly the intertrigo of children, Lycopodium has long enjoyed a reputation; but it remained for Hahnemann clearly to point out, by a proving of the drug, what were the peculiar features of those to which it was adapted.

The basis of Lycopodium skin disease is inflammation of the derma, more or less acute. On the scalp it excites great irritation, causing the hair to fall out in patches, and terminating in an eruption similar to impetigo. The hair bulbs are involved in the irritation, and fall out, producing a kind of alopecia. It is probably useful in ringworm. In plica polonica, which Wilson holds to be analogous to the common ringworm of this country, Vicat (*Mém. sur la plique Polonaise*, 1775, p. 58)

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describes the internal and external use of Lycopodium to be more serviceable than any other plan of treatment.

The hair bulbs of the eyelashes are also inflamed; and we find styes on the eyelids and in the canthi among the symptoms in the proving.

On the skin of the face and lips, the action of Lycopodium is very energetic. The cheeks are swollen, and covered with a papular and pustular itching eruption. Dry itching, scaly herpes, bleeding, covering the face, and particularly the corners of the mouth. These symptoms lead us to regard it as a medicine of value in lichen, ecthyma, and herpes affecting this part of the body. Herpes labialis is very closely simulated, as shown by the following symptoms:—Swelling of the lips, in one instance increasing for several days, and finally accompanied with evening fever, first chilliness, afterwards heat in the face, hands, and feet, followed by restless sleep and night sweats, together with sore places in the corners of the mouth; fine eruption around the mouth; itching pimples on the upper lip; eruption on the vermilion border of the lip, with cutting pain when moving the lips, or when touching them; and itching pimples around the chin.

The exact nature of the eruptions on other parts of the body is less defined. Inflammation of the derma, tending to suppuration, with a good deal of heat, and itching, are the chief indications we have of its influence on the skin of the trunk and extremities. These symptoms are most marked on the arms and hands. On the arm, the inflammation terminates in a boil; on the fingers, in a pustular eruption. A boil is remarked as appearing on the nates, and in another instance above the knee. The feet and ankles are inflamed and swollen. The skin of the tarsal joints itches, and that between the toes feels as if excoriated. A papular eruption, with itching and burning, is observed on the calves. The skin of the back itches a good deal; clusters of red pimples appear around the neck, and are attended with violent itching, much worse towards evening. Over the abdomen the skin is very sensitive, and is the seat of stinging sore pain.

The nervous system, under the influence of Lycopodium, is

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in an irritated condition, in sympathy, doubtless, for the most part, with the local disorders produced by this drug. Still, two forms of nervous disease are tolerably well marked, viz., neuralgic headache and chorea. One symptom points to spinal irritation, or, rather, congestion.

Of the symptoms indicating headache depending solely on the state of the brain, the following are the chief:—Pain in the head moving about, and making the head feel heavy at night, getting no relief in any position; tearing in the occiput; tearing headache at the top and sides of the head, in the evening; tearing in various parts of the head, afterwards in various parts of the body. The pains are all tearing or stitch-like in their character, moving rapidly from one part to another, but chiefly occupying the vertex, temples, occiput, and nape of the neck, and becoming much aggravated in the evening.

Neuralgia is simulated in the following:—Superficial pain above the forehead, on the top of the head, in the region of the malar bones, the ear, and jaw, intermitting in the afternoon, returning in the evening. The pain evidently occupies the whole course of the fifth pair, on both sides of the face.

A very constant symptom of Lycopodium is muscular jactitation, alternate contraction and stretching of the muscles, entirely beyond the control of the will. It is observed in the neck and extremities, especially the forearm and hand. Numbness and coldness of the limbs, and a paralytic-like weakness, is also frequently noted. The muscular jerkings are felt especially at night, and continue during sleep. We have here distinct indications for the employment of Lycopodium in chorea occurring in children of low vitality, whose constitution is weak, cachectic, and strumous, and whose temperament is sullen and irritable.

Hysterical symptoms occasionally arise in the course of the proving. They are associated with slight menorrhagia, great weakness, restlessness, and irritability.

In the depraved state of nutrition, cachectic appearance, and general exhaustion arising from Lycopodium, we see a condition induced very similar to the tubercular. This is further manifested in the congested and enlarged state of the glands in various parts of the body, especially the mammary, the cervical,

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axillary, and inguinal. All are more or less enlarged and hard, and are the seats of pain, chiefly stitch-like.

Lycopodium further produces symptoms similar to those of rheumatism, appearing chiefly in the muscles of the back and extremities. In the posterior part of the body, rheumatic-like pains are most marked in the cervical region; there they are stiff, pressing, and drawing; occur on both sides, but in some instances are confined to one. In the lumbar and right dorsal regions the pains are stiff, aching, drawing, and stitch-like; stitches occurring in paroxysms, and a bruised feeling in the loins. Motion aggravates them severely.

In the upper extremity the pains affect principally the joints, and extend in the course of the muscles attached in their neighbourhood. They are worse when the parts are at rest, during the evening, and throughout the night. When felt in the joints the pain is tearing, violently so, stitch, bruised and sprain-like. When occupying the muscles, it is twitching, drawing, and tearing. In the forearm and hand, it is almost exclusively of the tearing character. The parts most involved are the shoulder, wrist, and carpal joints.

In the lower extremity, the muscles surrounding the hip joint are those chiefly involved; the pain is tearing, especially when pressing upon them, when sitting or lying down. Similar pressing and tearing pains are felt in the hip-joint. In the course of the thigh the pains are bruised, burning, and tearing; they are felt mostly when sitting; stitches in the thigh are very severe when pressing the foot down.

The knee is swollen and covered with sweat. The joints are stiff when rising in the morning, and sprain and bruised-like pains are felt in them. The tibia is painful to the touch. The leg has a sense of tightness. The muscles of the calf are the seat of severely darting, drawing, starting, and lancinating pains. The legs feel swollen and heavy. The muscles below the knee are much more affected than those of the thigh. All the pains are worse in bed.

In the foot and ankle joints the pain resembles that of gout more than rheumatism. The foot and ankle are much swollen; the ankle-joint, ball of the heel, and of the great toe, are very

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tender to the touch; the pain is chiefly tearing, pricking, lancinating, and burning. It is worse at night, and aggravated by pressure, or using the foot. The toes, especially those of the right foot, are full of pressive stitch-like pains.

The state of the genital organs in the male does not call for any especial remark.

In the female, the function of menstruation is performed too early under the influence of Lycopodium. The appearance of the discharge is preceded by dyspeptic symptoms,—chiefly acidity and nausea, chilliness, nervous irritability, restlessness, melancholia, delirium with weeping, pain in the temples, as if they were being screwed towards one another, as if the forehead would burst. There is some pain in the back; and after the menses, stitch-like pains in the head are experienced.

The case to which Lycopodium here appears applicable, is that of hysteria, occurring at the menstrual period, and slightly accelerating its accession.

In the course of this review of the action of Lycopodium, its influence on the tonsils and pharynx has been omitted; I will, therefore, briefly refer to it here.

Congestion, inflammation and ulceration of the mucous membrane of the fauces is well marked, and extensive. The following are the chief symptoms of congestion:—Pain, soreness; sense of swelling in the throat; sense of contraction in the pharynx; a feeling as if a stone were pressing into the throat from without and closing it; painful during deglutition, but not impeding respiration.

Inflammation and ulceration are described in the following:—Inflammation, with soreness and stitches in the throat, making it difficult to swallow liquids for nine days; inflammation, with aching and stinging pains of the whole fauces; suppuration, with stinging pains of the tonsils when swallowing; ulcers resembling chancres, on the tonsils.

From these symptoms, taken in connection with the general action of Lycopodium, we can readily believe it useful in low types of inflammation of the faucial mucous membrane, such as are met with in cases of syphilis and struma, in the persons of very cachectic individuals.

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In conclusion, I will draw attention to some of the peculiarities of Lycopodium. Nearly all the more important symptoms affect principally the left side of the body. In the chest this is especially noteworthy. Again,—most of the symptoms become more painful in the evening, and early part of the night. Such is the case particularly with the symptoms affecting the muscles, with the febrile catarrh, the cough and pains in the chest, and the dyspepsia. Early in the morning, when rising, many of the symptoms are also more distinctly felt, especially the stiffness in the joints. Another source of aggravation is the influence of cold air: the chest and catarrhal symptoms are all rendered more marked by exposure of this kind.

In many forms of disease, other than those I have referred to, will Lycopodium be found useful as an intercurrent remedy, especially in cases where the chest or intestines exhibit symptoms similar to those it produces. But it is a remedy of first-class importance in the chronic influenza, met with in debilitated and dyspeptic patients. In catarrhal bronchitis, in phthisis pulmonalis, of the left side especially—here it is, in the second and third stages, that Lycopodium is most valuable. In old standing hepatic disease, with greater or less atony of the stomach and intestines, and constipation, Lycopodium is one of the most successful remedies we possess. In some forms of skin diseases, such as herpes, lichen, ecthyma, erythema, impetigo, and ringworm of the scalp; in some kinds of dyspepsia, particularly the congestive and nervous; in hysteria, chorea, and neuralgia; in some cases of rheumatism, and of inflammation and ulceration in the fauces;—in the cure of these varied morbid derangements, Lycopodium, in most instances, is capable of playing an important part, and in all deserves a most careful study.

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ON THE CHANGES WHICH THE URINE UNDERGOES IN DISEASE; AND ON THEIR VALUE AND APPLICATION ACCORDING TO HOMŒOPATHIC PRINCIPLES.

By Dr. Cl. Muller.*

(*Continued from p.* 458.)

Having in the preceding pages considered those changes in the urine which are of a diagnostic or pathognomonic character, and especially such as promise characteristic and decided indications in the choice of remedies, I proceed now to the especial object of this paper, viz., to collect together all the effects upon the urine and its composition, which have been observed to follow the administration of certain drugs, whether in provings, cases of poisoning, or clinical or casual experiments, and to make these available as far as possible for therapeutic application according to the law of *similia similibus curantur*.

However little the material thus afforded, (embracing though it does every important fact in the existing literature of the subject), may be considered sufficient at present for practical application, or able to stand a comparison with the otherwise rich symptomatology of our *Materia Medica* with reference to other diseases, yet it cannot be denied that it already contains a considerable number of very important and characteristic symptoms which may not unfrequently afford a hint, or guide the judgment in the choice of a remedy in some diseases in which the homœopathic physician is at present almost at a loss. When however we find, with many agents, that the urinary symptoms are often only approximative, giving slight indications and seldom a fully developed picture answering in all respects in extent and intensity to a diabetes, morbus Brightii, &c., as the case may be, we must not forget that we are generally compelled in homœopathic practice to be content with such tracings, and that we are always able with our medicines to cure more extensive and acute diseases than the drugs when under proof have produced in our own bodies.

* From the *Hom. Vierteljahrschrift.*

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In order to avoid occupying too much space in collecting these materials, and thus endangering the perspicuity of the whole, I must refrain from special reference to each observation, proving, or experiment as I meet with it, and I have decided, after much uncertainty, as to the best mode of arranging my matter, to place the results according to the symptoms in a register similar to our manuals; and, moreover, I have thought it advisable to combine that which is new with that already known, so that it may be at once sufficient for practical application and ready for use. In addition, I have again gone over the various normal constituents of the urine one by one, and have compared with them the characters of the corresponding medicinal actions.

Several drugs, however, have very remarkable and characteristic actions upon the urine, and sometimes produce complete portraits of a disease, at the same time offering unanswerable proof of the truth of the homœopathic law. I therefore could not avoid a more particular notice of at least a few of these, and for others I have given a short sketch of the results of their action.

ARSENIC.

The most important investigations on the action of this substance upon the urinary secretions are undoubtedly those of Dr. Quaglio of Munich, who instituted experiments for the especial purpose. (*All. Hom. Ztg.* bd. 53, pp. 85, &c.)

He administered to six cats Arsenite of potash, (Kali arsenicosum), in doses of one-eighth to half a grain at intervals of one to three days, for periods varying from one to ten months, and in every one he produced more or less completely developed morbus Brightii (from the commencement of the first to the end of the second stage). The following were the post mortem appearances: the kidneys enlarged to double their normal size at least, unusually full of blood, especially in the cortical portion, which was brownish red, and hard, and much increased in thickness; red gelatinous fluid oozed out of the cut surface; the pyramids were congested and striated; the glomeruli distended with blood, Bellini's tubules full of fibrinous clots, amongst which a few blood corpuscles were scattered.

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In another more advanced case of the disease, the kidneys were also considerably enlarged, but less hyperæmic; the capsule easily separable, the cortical substance yellowish and friable, the fibrinous exudations often charged with fat globules, and still more frequently washed out of the canals; these last had for the most part an altered epithelial lining, the cells of the epithelium being larger than natural and charged with fat and granules. The urine, which was diminished in quantity, of a greenish yellow colour and faint odour, contained more or less albumen, numerous fat globules, and, in the sediment, glandular epithelium from the urinary tubules, fibrin casts and blood corpuscles; it was neutral in reaction, the quantities of urea, uric acid, and particularly of salt were below the standard; in one case the urine contained crystals of uric acid and of oxalates.

The most important and characteristic point is the occurrence of cylindrical fibrinous coagula in the urine or even in the tubules, for this in conjunction with albumen are just the characteristic marks of Bright's disease; whereas albumen alone may accompany various diseases of the kidneys and appear in almost all their stages.

In addition to these constant marks of granular degeneration there was present also, in four cases, hypertrophy of the left ventricle. This is also of importance, inasmuch as Frerichs has stated that one-third of those who died of Bright's disease always exhibit enlargement of the left ventricle, and Hescht has observed a remarkable relation between fatty degeneration of the hypertrophied heart without valvular disease and granular renal atrophy.

We must look upon uræmic poisoning as undoubtedly the proximate cause of death in the cats, for the degeneration of the epithelial cells was so far advanced that there must have been considerable hindrance to the separation of the excretory products of the blood, (*i. e.* of the uric acid and urea), which would necessarily be followed by an accumulation of urea in that fluid. We have direct evidence in favour of this opinion in the drowsy, depressed, and indifferent and finally comatose appearance of the animals; their uncertain gait, similar to that in amblyopia, the small amount of urea in the urine, and perhaps also the absence in most cases of any dropsy.

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According to these very faithful and trustworthy experiments we see that Kali arsenicosum will produce in the healthy body granular degeneration of the kidneys, (albumen and fibrinous casts in the urine), uræmia, (remarkably small amount of urea, uric acid, and salt in the urine). The power of Arsenic to produce albuminuria is also shown by a case of poisoning recorded by Dr. Maclagan (*Ed. Monthly Journ.*, 1852).

In another experiment, considerable quantities of hæmatoglobulin were found dissolved in the urine of a rabbit which had respired arseniuretted hydrogen, (*Schmidt's Jaharb.* Bd. 80, p. 4), and in a case of poisoning in a woman, 38 years of age, the urine, which was dark and thick, contained albumen, and scales composed of blood corpuscles and fibrin casts mixed. (*Christison, Ed. Med. J.*, 1856).

Other arsenical symptoms which have been obtained from former provings and poisonings, although devoid of that exactitude and certainty which belongs to the experiments of Quaglio are, nevertheless, of sufficient value to be noticed. They consist of the following symptoms: *Renal colic*, pains in the region of the kidneys during inspiration and sneezing; with tenesmus; dysuria, strangury; painful micturition; burning pain in the bladder, with constant calls to make water; burning in the urinary apparatus with scanty micturition; often, deep-seated tearing pains in the urethra; at the commencement of micturition, burning in the urethra, or dragging pain in the left lumbar region; shivering after micturition, from a sensation of extreme weakness about the epigastrium; involuntary passage of urine, particularly at night; repeated calls to micturition with copious evacuation of urine; frequent and increased excretion of urine, especially at night; diminished excretion; retention of urine as if from paralysis of the bladder; retention of urine and fæces in spite of all calls for evacuation; scanty, scalding urine; scanty, red, bloody urine; red and muddy urine; the passage of blood, yellowish urine, with clayey sediment; highly muddy urine. Congestion of the kidneys; thick, cloudy, purulent urine in the pelvis of the kidney; contracted bladder, empty or containing a few drops of whitish, cloudy urine; inflamed urethra.

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To these results are yet to be added the numerous clinical observations on the use of Arsenic in this class of cases. This remedy has been found specially useful in dropsies, which arise from renal disorder, and therefore often in albuminuria and Bright's kidney; and also in choleraic typhoid fever and choleraic uræmia,* so I may spare myself the trouble of recording individual records, I will merely refer the reader to Pope, (*Brit. J. of Hom.* 1858, p. 212), and Quaglio, (*A. H. Zt.* Bd. 55, p. 93).

CANTHARIS.

Cantharides has a very peculiar action upon the genito-urinary apparatus; this has been known for centuries, and numberless instances vouch for the fact; our provings also give evidence of the same, though it cannot be denied that we are indebted to accidental observations, or to such as have been made in cases of poisoning, for the most numerous and important symptoms, which is indeed quite natural, as voluntary provings can never be carried to such extremes.

As an undoubted effect of Cantharides there has been seen, deep reddening of the medullary substance of the kidney, also of its pelvis, and of the ureters, as well as redness of the vesical mucous membrane; in a few cases also inflammation and suppuration in the kidneys, bladder, and urethra, and dark red extravasations in the bladder. Corresponding with these conditions there was often observed in life all the signs of inflammation and congestion of the kidneys, ureters, bladder, and urethra, with dysuria, strangury, priapism, &c.; and there also existed various and characteristic alterations in the composition of the urine; thus there occurred pale, clouded, dark, bloody, mucous, albuminous or purulent urines with deposits of sand, blood coagula, fibrin, black pellicles or hydatids. These facts are all of them sufficiently known, and will be more particularly

* I may here refer to Witternack's observations, (*Beitr. zur nat. Ther. Berlin. Hirschwald*, 1857), who found Seltzer water (the natural water given of the rate of a bottle daily) of great use in uræmia, whether occurring in cholera, typhus, or puerperal eclampsia, or in the bronchial or intestinal affections of children.

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referred to in the index of symptoms. I will only now refer to a few observations which appear to me particularly important and trustworthy.

As a witness of the power of Cantharides to produce albuminous urine, I bring forward Christison from amongst many others (*Uber die Granularentartung der Nieren, &c. ubersetzt v. Meyer, Wien*, 1841, *s.* 29, 91), who observed after the use of Cantharides that the urine was charged with a considerable quantity of albumen.

An observation of Joh. Howship's (*Prakt. Bemerk. u. d. Krankheiten der Harnwerkzeuge*, 1819) is of still greater interest. A foot soldier suffering from inflammation of the lungs, was attacked after the application of blistering plasters with urinary symptoms, which increased in severity in proportion as the inflammation subsided. He had little pain during micturition, but great difficulty in passing his urine, owing to small particles of a soft gelatinous matter which entered the neck of the bladder, and could then only be got through the urethra by great straining; these coagula were found in the urine, and later the urine itself was highly coagulable. The largest of these coagula formed itself in about one and a half pints of urine; it was flat and round, of a yellowish colour, and semi-transparent, and nearly two ounces in weight; on closer examination it was found to have a different colour in some places, owing to some small red particles which had been separated with the coagulable lymph. This complaint ceased of itself after a week without its having been accompanied by any pain or other abnormal symptoms in the region of the kidneys, or any particular irritation of the neck of the bladder. During the attack the patient passed water every four to six hours without any other inconvenience than that occasioned by the passage of these small plugs of coagulated matter, which occasionally interrupted the flow of urine.

Christison also met with a gelatinous urine after the use of Cantharides, which appeared almost as if it contained hydatids. It is to be regretted that these two observers did not examine the urine and its coagula more minutely, chemically and microscopically, in order to determine the exact nature of this action

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of Cantharides, for it remains doubtful of what this coagulable urine consisted. It is not very probable that the coagula arose from the presence of fluid fibrine in the urine, as fibrinous clots never form until after the urine has stood for some hours, and seldom in such quantity; we must, therefore, suppose the existence of some peculiar metastasis in, and subsequent excretion of the fibrin which had been deposited from the blood, and the inflammatory process going on in the lungs. It may with equal probability be supposed that the gelatinous matter had been formed by the action of Carbonate of ammonia on the pus corpuscles contained in the urine, as not unfrequently occurs in catarrh of the bladder; but the fact that in Howship's case scattered red patches (traces of blood) were found enveloped in the coagulum would lead us to suppose that it really consisted of fibrin. We must add, that in one case, (*Schmidt's Jahrbuch*, Bd. 30, p. 16), a copious sediment of undoubted fibrin appeared in the urine after the use of a fly-blister.

Wibmer mentions a case (Bd. III., s. 252), of a girl, æt. six, in whom fatal diabetes was produced by the application of a blister to the neck. Unfortunately the case is not fully detailed, and no special investigation was made as to the presence of sugar in the urine.

Schroff tried 0·01 gramme of Cantharides upon H. Heinrich. There followed a decided inflammatory attack which commenced with lips and tongue, passed down the œsophagus, stomach, and intestines, and extended along the whole uropoietic system from the kidneys to the orifice of the urethra. The urine was alkaline, containing a considerable quantity of blood, and still more pus corpuscles, mucous globules, fibrin casts, and epithelial cells from the renal tubes; it moreover gave a considerable white coagulum on the addition of strong Nitric acid; it contained an unusual quantity of crystals of triple phosphate.

According to Heller's special investigations, the urine, after the administration of Cantharis, becomes of a dark orange colour, but clear, there is a sediment of free uric acid, to which is added, after longer use of the drug, mucus, fungi, and blood corpuscles; the specific gravity rises to 1025, the urine contains albumen and blood, the uric acid and uroxanthine are always

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increased in quantity, as are generally also the chlorides, sulphates, and phosphates. (*Schmidt's Jahrb.*, Bd. 57, p. 8).

CHINA AND QUININE.

We learn from the urinary symptoms collected by Hahnemann with great care, that this agent has considerable influence on disorders of the urine, and produces considerable changes in its composition. They do not, however, give us much information as to the chemical character of this urine; we may conclude with certainty from the peculiar colour that there is an increase of biliary matter, which is also indicated by its tendency to froth easily, as well as by other symptoms.

Noack was the first to pay particular attention to the urinary symptoms in proving the Chininum sulph., but he attended more to the sediments than to the fluid constituents, and specially to the crystalline substances. He describes the crystals as sometimes colourless and transparent, or opaque, clear, or cloudy, at other times yellowish, clayey, orange, or coffee coloured, in the form of three or four-sided prisms, rectangular or flat rhomboidal parallelopipeds, flat, single or double pyramids, cubes with numerous facets on each side, crystalline masses of an irregular, mulberry, or stellate character. Chemically examined they were found to be composed either of Ammonio-magnesian phosphate, or of Urate and purpurate of ammonia. He also detected urinary gravel, in round, oval, or kidney shaped particles, and sometimes formed of separate layers alternately light and dark coloured, or of an outer light envelope and a dark nucleus.

Other observers found that after the use of Quinine, the uric acid in the urine was diminished, and the phosphates increased. (*Schmidt's Jahrb.*, Bd. 95, p. 167; Bd. 97, p. 166).

Redenbacher's investigations are also not without interest (*Ueber den Harnstoff bei Intermittens*, 1858). He found, from very careful experiments, that—1. During the paroxysm of intermittents the urea is almost always above the average quantity in the urine; on the other hand, absolutely diminished during the interval, and is then remarkably less than in the paroxysm. 2. That in a paroxysm lasting twenty-four hours,

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there is on the whole a larger quantity of urine passed than in the interval of the same duration. 3. That the excretion of urea is increased by 3½ times during the cold and hot stages and by ½ during the sweating stage, above the quantity in the interval; whilst, in comparison with the average standard, the increase during the cold and hot stages is equivalent to 3⅕, and during the sweating stage, ⅕; and the decrease during the intermission, ⅕. 4. That the influence of the quinine upon the excretion of urea, bears a certain relation to its effect upon the attack and the whole disease itself, *i.e.*, the slighter the attack, the smaller the excretion of urea.

It is also worthy of remark, that phosphates are always in increased quantity in the urine during intermittents, and that the very same thing has been noticed in healthy persons after taking Quinine. (*Schmidt's Jahrb.* bd. 95, p. 107.)

MERCURY.

The numerous cases of mercurial poisoning and of mercurialism have naturally afforded frequent opportunities of observing the action of this drug upon the kidneys and their function; and it has been determined by most careful observations, that mercury pretty frequently causes a considerable increase in the amount of urine excreted, far surpassing the quantity of fluid imbibed (*Dittrich, die Mercurial Krankh. in allen ihren Formen, Lpzg.*, 1837), which in some cases has reached to an enormous amount, accompanied by great emaciation. Loewenhardt (*Beobachtungen und Erfahrungen*, &c.) first observed a copious excretion of clear urine containing a great deal of albumen; a fact which has since been frequently confirmed by others. Thus, Dr. Reichenbach observed considerable albuminuria follow the application of a mercurial plaster to the epigastrium of a woman, in whose urine there had not previously appeared any traces of albumen. The symptoms in our *Materia Medica* are also numerous and important, although of course they give no more exact information as to the chemical changes of the urine.

OPIUM.

As yet no changes have been observed to take place in the

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urine after the use of this drug, except that it occasionally contains blood. But I must here mention one fact which may become of great importance, whilst at the same time it gives direct proof of the correctness of the homœopathic law. L. Coze (*Gaz. Méd. de Strasbourg*, 1857–9) observed that a good many French physicians administered Opium in diabetes, and occasionally with good effect; he determined therefore to make a special investigation of the subject. He accordingly injected, by means of Anel's syringe, a solution of 0·15 grammes of muriate of morphia, in 5 grammes of water, into one of the external jugular veins of ten rabbits, and then examined the blood of the liver, the veins, and the arteries, for sugar. The following results were obtained:—1. The sugar in the liver was more than double the normal amount, rising from 0·59 to 1·39. 2. That of the arterial blood was also about double the natural quantity, rising from 0·05 to 0·11. 3. The proportion between the amount of sugar in the arterial blood and that in the liver remained normal, and consequently the combustion in the lungs was neither increased nor diminished. Coze accordingly, looking at the subject from his point of view, erroneously concludes that Opium cannot be of any service in diabetes, and explains in this way the general inefficiency of the drug in that disease. Certainly it does not appear whether the urine contained sugar in these experiments, as Coze unfortunately did not test it; it is, however, highly probable, under the circumstances, and with such an unusual increase in the sugar of the arterial and hepatic blood. This much, at any rate, is certain, that in diabetes the sugar of the blood is always increased; and we may therefore very well be allowed to conclude that the inverse is also true! Although Coze thinks himself entitled to conclude, from this increase in the amount of sugar, that Opium in diabetes is useless, we know what conclusion we can draw from it. It is, then, no longer a puzzle to us that Opium has not been more frequently useful in diabetes, as we know that no drug is a specific against every form of a disease; whilst M. Coze must, of course, from his side, look invariably for an increase of the diabetes from the use of Opium.

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PHOSPHORUS.

As yet, very few renal or urinary symptoms have been noticed as following the administration of Phosphorus, in spite of the numerous poisonings which have taken place, especially lately. It is at present uncertain whether this is the result of the little attention which has been paid to the examination of the urine. In one case, however, a very characteristic action was apparent. It was that of a strong soldier, who had poisoned himself with lucifers. On the second day, in addition to the other usual symptoms, albumen and exudation casts were found in the urine. Post-mortem examination brought to light, besides considerable change in the brain and lungs, Bright's degeneration of the kidneys; the cortical substance was slightly granular; the Malpighian bodies highly congested; exudatory casts in the urinary tubules, and the bladder contracted. (*Nitche, Wiener Wochenbl.*, 1856–7.)

The urinary symptoms of Phosphorus in our *Materia Medica* are numerous and full of importance; but they are unfortunately somewhat uncertain and unintelligible, as a minute examination of the urine had been omitted.

ACIDUM PHOSPHORICUM.

The repeated results which have been obtained by the use of Phosphoric acid in diabetes and in dropsy consequent upon Bright's disease, would lead us to expect that the action of this drug upon the kidney and its function would be decided and important; as yet, however, the results have not been by any means sufficient.

In our own provings, the urinary symptoms of the drug are unusually imperfect. We can hardly gather more than the fact that the secretion of urine is much increased, almost to a "diuresis," and that the urine is at first very light in colour, but soon becomes clouded, and deposits a considerable sediment. Böcker found in his experiments that the urea was considerably increased, but the uric acid diminished. Paul Sick (*Archiv für Phys. Heilk. N. F.* 1, p. 482) carried on some very

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elaborate experiments to ascertain the relation of the Phosphoric acid in the urine to the amount of Phosphoric acid taken into the system. For this purpose he took Phosphate of soda, and found, from very careful measurements and examinations, that not only was the whole of the Phosphoric acid taken into the system again passed off, but the normal excretion of Phosphoric acid seemed to increase daily; on the other hand, during the taking of the Phosphoric acid, the earthy phosphates diminished in quantity. But the most remarkable thing was, that the amount of urine increased with the additional consumption of Phosphoric acid, which acted therefore as a diuretic; for by an equal temperature and amount of water consumed, the administration of 1 grain of Phosphoric acid invariably produced 168 cubic centimetres, and 2 grains 336 C.Cent. more urine than the normal quantity. Sick makes no remarks upon any other change in the urine, as the presence of albumen or sugar.

SENNA.

Martins (*Vers. einer Monogr. der Sennesblätter:* Leipzig, 1857) has ascertained, from experiments of his own and of Schmidt's, that even small doses of Senna leaves, taken by a healthy person, invariably cause an increase in the amount of urea, Chloride of sodium, earthy phosphates, and urates in the urine, the specific gravity of which is consequently increased. In addition, the urine acquired a peculiar yellow colour soon after the Senna had been taken, and shewed, both immediately and after twenty-four hours, distinct traces of Chrysophanic acid (colouring matter and purgative principle of Rhubarb and of Senna), as evidenced by the deep red colour following the addition to the urine of Caustic potash.

TEREBINTHINÆ OLEUM.

After an excessive dose of Turpentine, the kidneys exhibited in their cortical portion all the evidences of acute sthenic inflammation, just as it occurs in acute morbus Brightii. Nothing is said of the constituents of the urine. (*Brit. J. of Hom.*, 1858, p. 218.)

Schroff observed, as a consequence of Turpentine, increase in

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the quantity of urine, which had a violet odour, the passage of blood, strangury, and ischuria.

AMMONIUM MURIATICUM

Increases the quantity of the urine generally, and among its constituents the fixed substances—urea, all the salts, and the extractive matter; on the other hand, it diminishes the uric acid. (Böcker.)

ANTIMON. TARTARIZATUM

Diminishes slightly the quantity of solid ingredients, the urea and the volatile salts (Böcker); it increases the quantity of urine, but diminishes its specific gravity and the amount of urea (*Schmidt's Jahrb. Bd.* 92, p. 7).

BELLADONNA

Increases the solid constituents—urea, vesical mucus, volatile salts and extractive; lessens, on the contrary, the uric acid and the non-volatile salts, with the exception of the earthy phosphates. (Böcker.)

CINA

Gives the urine a peculiar yellow colour, owing to the presence of santonin. (Schroff.)

COFFEA

Increases the amount of urine, but diminishes the solid constituents, excepting the earthy phosphates. (Böcker.)

COLCHICUM

Diminishes the solid matters in the urine, especially those rich in nitrogen; the salts and earthy phosphates are alone unaffected. (Böcker.) In one other case, the administration of Colchicum was followed by a muddiness of the urine, from the presence of urate of ammonia, which gave it the appearance of lime water; and the specific gravity was also increased from 1014 to 1034, and from 1009 to 1033–1036.

COLOCYNTHIS

Causes the passage of urine of very offensive odour, and which

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soon becomes thick, gelatinous, and sticky, like coagulating albumen. In another case coarse sand was passed, and when that had ceased the urine was straw-coloured, with strings of mucus like flax. (Wibmer.)

COPAIBA

Gives to the urine a bitter taste; causes bloody urine, strangury, and ischuria. (Schroff.) After repeated and large doses, the urine becomes albuminous.* (Vogel.)

CUBEBS

Makes the urine albuminous and bloody, and increases the uroxanthine. (*Heller, s. Schmidt's Jahrb.* 57, p. 8.)

FERRUM

Makes the urine blood-red, and plentifully charged with blood corpuscles. (Schroff.)

GUMMI AMMONIACUM

Caused, in one case, the appearance in the urine of an immense amount of lactate of urea. (Wibmer.)

KALI ACETICUM

Makes the urine strongly alkaline; diminishes the earthy phosphates—phosphate of lime and phosphate of magnesia; increases the urea. (Böcker.)

KALI NITRICUM

Increases the quantity of urine, but diminishes the urea and the specific gravity. (*Schmidt's Jahrb.*, 92, p. 7.)

KALI CAUSTICUM

Increases the urea, the chlorides, and the sulphuric and phosphoric acids. (*Schmidt's Jahrb.*, 85, p. 7, and 82, p. 149.)

CREOSOTUM.

The inunction of tar causes the urine to become, after three hours, deep yellow, with a deposit of uric acid; at the end of twelve hours, dark brown, with a large amount of uric acid:

* Or at least opalescent by heat, owing probably to the presence of resin rather than albumen.—[Eds.]

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the specific gravity rises from 1·012 to 1·028. At the same time it gets a strong odour of tar, and occasionally becomes so dark and thick that it can scarcely be passed. (*Schmidt's Jahrb.*, 88, p. 158.) The internal administration of Creosote caused, in several cases, a peculiar thick opaque urine, not containing any blood. (*Schmidt's Jahrb.*, 97, p. 20.)

MAGNESIA

Produces a copious white precipitate, consisting principally of triple phosphates. (*Schmidt's Jahrb.*, 86, p. 311.)

NATRUM CARBONICUM

Makes the urine alkaline, and, after continued use, it makes it darker and saturated with urea, but not increased in quantity. (Vogler.) In one case the urine became sour to the smell, and lemon-coloured, and was increasod to two pounds per diem. The use of Vichy water almost always makes the urine alkaline.

RHEUM

Colours the urine orange or lemon yellow, and, in a few cases, dark reddish yellow; it raises its specific gravity to 1024 or 1028, and also increases the quantity of uric acid, the sulphates, and the phosphate of soda. (*Heller, Schmidt's Jahrb.*, 57, p. 8.)

SABINA

Produces urine containing blood corpuscles and fibrinous casts.

SENEGA

Increases the solid constituents generally, and especially the uric acid, earthy phosphates, volatile salts, and the extractive matter. The quantity of urine does not rise. (Böcker.)

SULPHUR

Always increases the uric acid and urea. (Böcker.)

SULPHUR AURATUM

Increases the secretion of urine generally, and of the individual

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constituents, all the solid materials, the urea, uric acid, volatile and fixed salts, and the sulphuric acid. (Böcker.)

TANNIN

Gives the urine a tinge of red, and a strong alkaline reaction. (Schroff.)

Following now exactly the arrangement of my first paper, I will go over shortly the various changes and peculiarities which the urine presents in the course of disease, and compare with them the corresponding actions and symptoms which our present knowledge of medicinal agents has placed at our disposal. This, however, will for the most part be only a general survey, as the more special arrangement will follow in my register of symptoms, at the end.

1. COLOUR OF THE URINE.

To a certain point, the colour of the urine has been carefully and sufficiently attended to in our provings, and we have therefore special information on the subject with nearly all our remedies. It is evidently unnecessary to mention here particularly those agents whose action on the urine is characterised by its pale, its high, or its dark colour, as they will subsequently appear in the register. In most cases there is an absence of any further information, apart from the colour; thus, we scarcely ever find it mentioned that the urine, if pale, was strongly acid or somewhat alkaline. We, however, generally have some account of the amount of the urine, whether it be dark or pale. Again, with dark urines, we miss any information as to whether the abnormal colour depended upon colouring matters from the blood, from biliary, or from urinary matters; but here we may often guess with tolerable certainty from other facts, what was the nature of the pigment. Thus, we know, for example, that the dark colour of urine after the use of Rheum, China, or Senna, does not depend upon blood or bile; we know, on the other hand, that some agents cause the presence of blood in the urine. We may therefore be allowed to conclude, that the dark colour of the urine, which is described as following their use,

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was caused by the presence of colouring matters from the blood: such is the case, *e.g.*, with Arsenic, Asparagus, Belladonna, Cantharis, Colchicum, Mercury, Squilla, Terebinth., &c. The specific action of some agents, as Aconite, Bryonia, and Tartarus emeticus, upon the liver and biliary secretion, enables us to conclude that with them the dark urine depends upon biliary colouring matter, especially in cases where it is mentioned that the urine frothed easily—a property which is known to be particularly indicative of urine containing bile.

Besides the three colours of urine mentioned above, we meet with many others amongst our homœopathic provings. Some of them are very characteristic modifications of colour; and I think it would be as well to refer shortly to them. For if these more minute descriptions of the peculiar colour of the urine do not enable us directly to tell its chemical composition, they at least often afford indirect guides, and sometimes enable us to form a more decided opinion, and are at any rate often of importance in the choice of remedies. They at the same time give evidence that homœopathic provers of drugs have not entirely neglected the examination of the urine, and would doubtless have made valuable observations and discoveries, had they, on the one hand, been furnished with the easy and sure modes of testing urine which exist at the present day, and, on the other hand, been more aware of the importance of urinary symptoms.

These special descriptions of colour comprise, in the first place, more minute modifications of the three chief tints, "pale, natural, and dark," such as "watery, clear, dark yellow, red, dark red, brownish yellow, brownish red, dark brown, fiery, black," &c., and it is here therefore always a question of comparison whether the light or dark colour of the urine is more or less intense. But secondly, there are amongst the symptoms often quite peculiar descriptions of colour, differing entirely from the normal; thus, under some drugs we find mention of "blueish, lemon yellow, yellowish green, green, grey, violet, whitish green, and white" urine. In some of these cases the colour of the urine evidently depends upon the colouring matter of the drug, as, *e.g.*, the blue and violet colour with Indigo; the light red, and greenish, with Rheum, Cina, Senna, &c. In others, however,

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the colour of the urine is characteristic and distinct; thus, it is very probable, for example, that the lemon yellow-coloured urine, which is particularly frequent in cholera and in spinal affections, depends upon an excess of uroxanthine, and that the corresponding medicinal agents, such as Agaricus, Ambra, Bellad., Canth., Cub., Ginseng, Ignatia, Natr. carb., Op., Tobacco, and Zinc, cause the colour, by separating the colouring matter of the urine. In the same way, apparently, the green and violet colours are produced by the colouring matter of urine or of bile (especially uroglaucine); at any rate, such agents as Camphor, Magnesia, and Oleander, certainly cannot cause the green colour by any colouring matter which they contain. Particular stains in the linen and utensils are also often mentioned, which often afford useful assistance in describing the modifications of colour.

On the other hand, numerous descriptions are indistinct and dubious in expression; thus, it is probable, but not quite certain, that the expression, "clear urine," may not refer to the colour at all, but to the clearness and transparency of the fluid; and, on the other hand, "white urine" may be more watery and pale, than possessed of a positive white colour.

2. THE SMELL.

In symptoms of this class, our *Materia Medica* is also tolerably abundant, and many of them are not entirely without value. In many cases, however, we find only the general expression, "stinking urine," which can only in so far be of use as indicating that, in consequence of its containing a large quantity of carbonate of ammonia, the urine had a strong so-called "urinous" smell, or that it had become decomposed with unusual rapidity, from containing large quantities of mucus or colouring matter. On the other hand, special and characteristic expressions sometimes occur; thus, the odour is described as musty, fatty, like cat's urine, like rotten eggs, mouldy, acidulous, like violets, or like garlic. In nine substances the ammoniacal odour is distinctly mentioned, and in nine others a pungent odour is referred to, which can only be supposed to refer to the presence of ammonia in the urine.

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3.—THE CLEAR OR MUDDY APPEARANCE OF THE URINE.

The accounts on this subject are almost as complete as one could desire, and probably contain all that there was to be noticed. The drugs which produce cloudy urine are numerous (54), and this alone diminishes considerably the importance of the symptoms. Although it is not in general mentioned (only in 25 cases) that the muddiness appeared immediately or soon after the passage of the urine, still we may assume that such was the case, because, in the first place, it would hardly have been considered worth mentioning did it not appear until 24 hours after; and secondly, urine is seldom kept for so long a time before examination. Besides this general notice of a cloudiness, we find several more exact descriptions, thus, *e. g.*, "yeast-like, chalky, clay-like, milky, mucous, whitish, whey-like, like buttermilk, the juice of meat or jelly." In some cases it is mentioned that the urine was sometimes muddy, sometimes clear, or that during the day was clearer than that passed during night or in the morning; or that the urine, muddy at first, became gradually clear; or that it contained threads, flakes, or pellicles; in short, there is no lack of special and distinct descriptions in this respect.

We shall refer particularly to the urinary sediments hereafter.

4. THE QUANTITY OF THE URINE.

Although our *Materia Medica* contains innumerable references to the quantity of urine secreted, which has become almost a standard point, we must be particularly careful in accepting these symptoms, as they frequently exhibit the absence of that caution necessary for the determination of the facts. In the first portion of this paper we have fully pointed out that for the purpose of getting a trustworthy estimate of the increase or diminution in the quantity of urine, the normal quantity passed by the individual whose case may be under consideration must have been first obtained. In most cases, indeed, it may be sufficient to take for the basis the ordinary average quantity, which in an adult varies from 1000 to 3000 cub. centim. per diem; but in very few cases have our provers taken

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exact measurements, but have generally been content to estimate with the eye the quantity of urine passed after the administration of a drug as compared with the quantity passed before. Moreover, no special attention has been paid to external influences, and neither has the quantity of fluid taken been ascertained; nor has any notice been taken of sweating, purgation, change of temperature, etc. It follows that the accounts contained in our *Materia Medica* as to the increase or diminution of renal secretion are by no means so exact and trustworthy as one could wish; and probably more than one drug has come to be classed under the diuretics which really possesses no such power. On the other hand, however, it would be very wrong to deny the existence of such an action when numerous provers agree in their statements of its existence. A certain caution is therefore well applied in such cases, and it is especially necessary never to forget that the diuretic action of a drug is only, in a certain restricted sense, possible, or admissible. These considerations apart, we possess very extensive observations on the increase and diminution of quantity, as also on the appearances and modifications of normal characters accompanying the secretion. Thus, for example,—it is generally accurately mentioned whether the whole quantity of urine passed in a given time was increased, or only the quantity passed at each evacuation of the bladder; whether, therefore, the calls to micturition were more or less frequent than natural. The time of day at which these peculiarities occurred is also noticed, and whether they were continuous, occasional, or occurring only for once; and in some cases it is also mentioned whether the thirst was increased or not; but the greatest attention has been paid to the mode of passage, the force or weakness of the stream, and the accompanying variations and disorders present in the urinary organs, as well as in other organs generally, all which are related in a most distinct and trustworthy manner, leaving but little to be wished for.

We must not omit to mention that we possess a few provings in which special attention has been paid to the quantity of urine, and such accurate measurements made that we are able to put implicit confidence in the results given.

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5. THE SOLID MATTER AND THE SPECIFIC GRAVITY.

It is only in the case of one drug in the whole *Materia Medica* that accurate observations have been recorded of the specific gravity: this drug is Colchicum, which causes a considerable rise, the density rising from 1014 to 1034, and from 1009 to 1033-36. As now the specific gravity affords an easy basis for calculating the amount of solid matter in proportion to the water of the urine, we should only be able to form an estimate of this proportion in the case of one drug, had not Böcker, and some few others, as will have been seen above, made special investigation into the quantity of solid matter, and the specific gravity of the urine in relation to several drugs, which to some extent makes up for this otherwise important defect. We must, however, admit that the knowledge of the specific gravity and amount of solid matter in an urine is, for purely practical purposes, of no great value, but is of more importance in diagnosis and prognosis.

6. REACTION OF URINE.

Homœopathic provings are equally deficient in information on this subject. It is positively only in the case of three drugs (Anthrakokali, Kali ac., and Natr. c.) that we are directly informed that they cause alkalinity of fresh urine. True, it is mentioned with numerous articles, that the urine obtained an ammoniacal odour, but this cannot be accepted as a certain proof of alkaline reaction; and moreover, it is not mentioned whether the peculiarity shewed itself in the urine when evacuated, or not until later.

Even recent investigators have paid little attention to the reaction of the urine, so that our knowledge in this respect is by no means sufficient. However, we may assume with tolerable safety, that fresh urine is, with very few exceptions, acid, and that very few drugs, apart from the excessive use of alkalies, can cause an alkaline or neutral reaction to appear in urine at passing.

We now come to the several abnormal constituents of the urine. In attempting, in the following pages, to collect and

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compare what our present knowledge offers, and to mention those drugs which cause similar appearances by the action on the urine of healthy persons, I wish once more to remark that the number of these drugs is probably much greater, only that our present provings are too imperfect, and our knowledge, therefore, incomplete.

1. ALBUMEN.

The number of drugs which cause albumen in the urine is comparatively large. This may be partly because it is really a peculiarity with many medicines, but it is more probably because albumen is more easily recognised than other abnormal constituents, and has, therefore, been more generally noticed by observers and provers. There is therefore much less uncertainty here, since in almost every case the power of causing the presence of albumen has been distinctly shewn. These drugs differ from each other only in so far as in some the property is constant, and very highly marked, whilst in others it is occasional, shewing itself in some individuals, and to a less extent, and in so far as it follows only repeated and large doses of some drugs, whilst it appears after a short use of others. Thus, for instance, we know that albuminous urine occurs only after repeated and strong doses of copaiva, cubebs, and the allopathic diuretics (digitalis and squill), and then only for a time; whilst on the other hand, its occurrence is much less limited in the case of Arsenic, Cantharis, and Mercury.

As the presence of albumen in the urine is generally considered a sign of Bright's disease, I may be allowed to say a few words on the discriminating use of the twelve remedies which come under consideration for the treatment of this disease. I do not believe that all those drugs which can produce albuminuria in health are really and of necessity direct specifics against the morbus Brightii, or that other remedies may not be found for the disease. I would here especially remind the reader that albumen may appear in the urine (less continually or enduringly, it is true) without the existence of Bright's disease at all; that it may depend, for example, upon the presence of blood, pus, or semen in the urine; or may be caused by a slight passing irritation of the kidneys by pressure,

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congestion, etc. This much at least is certain—that the presence of albumen in the urine is not the only or the surest symptom of Bright's disease, and therefore it would be quite improper to bring forward or use any drug as a remedy for this disease merely because it corresponds to it in this symptom. It is absolutely necessary, according to our fundamental laws, that a drug which we would use in morbus Brightii, should also correspond to the other symptoms of the disease; consequently, however important and valuable a symptom albuminuria may be, we can only consider those drugs actually remedies for morbus Brightii which answer also to the other symptoms of the disease, and especially to the local evidences of renal disorder (*i. e.*, pain, aching, swelling, etc.), and it is a fact that several remedies answer to this demand. Moreover, we have in the presence of urinary casts, a much more certain indication of the disease, and we shall consequently again refer to it when speaking of those abnormal constituents of urine.

2. SUGAR.

We are in a much worse plight with respect to this symptom. Several of our brethren have openly asserted that no drug is at present known which will produce saccharine urine; and in spite of great labour, that which I have found in my searching is still but very little and very indistinct. And yet sugar is an unusually important symptom for us in its relation to the treatment of diabetes mellitus—still more so than, for example, albuminuria, in the treatment of Bright's disease; for saccharine urine is a most constant, certain, and important symptom in diabetes, and even, in many cases, the only one besides the increased quantity of the urine, which last can be of little importance to us from its common occurrence. Trinks has, therefore, wisely remarked (*H. V. J. Schrift*, II., 194), "that the specific for diabetes will be that drug which causes, in addition to increased secretion of urine, the excretion of sugar by the kidneys." The regularity of the pathognomonic symptoms of this disease, moreover, leads us to expect that the drug which causes sugar in the urine will also cure every case, as all diseases of determined and unvarying characters are always removed by one single remedy. It is therefore of the greatest importance

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for us to find agents which will produce saccharine urine. Unfortunately, I have as yet only been able to find facts with six drugs giving any indication of such a property, or even leading to a suspicion of its existence. They are Cantharis, Chloroform, Curare, Morphium, Uranium nitricum, and Asclepias vincetoxicum. The importance of the subject renders it necessary to mention here, as shortly as possible, the facts which justify me in considering or suspecting the above substances to have this property.

In speaking of Cantharis (*Wirkung der Arzneimittel und Gifte München*, 1857, III. 252), Wibmer refers to a case of fatal diabetes, which followed the application of a fly-blister to the neck of a girl æt. 6. (*Ephem. nat. cur. dec. II. ann 7, obs.* 86.) Unfortunately, as I mentioned before, the case was not thoroughly investigated; but this is certainly sufficient to draw our attention to the drug, and to experiments which would not be difficult to carry out, more especially as the other effects of Cantharis upon the kidneys, with which we are well acquainted, are such as would lead us to look for the property also of producing sugar in the urine.

It has been proved satisfactorily by direct experiments upon rabbits, that the inhalation of Chloroform will produce saccharine urine, with considerable increase of urinary secretion. (*Schmidt's Jahrb.*, 88, p. 129.)

The same results have been observed from poisoning rabbits with Curare, and dogs with Nitrate of uranium (Uranium nitricum).

The experiments of Coze, referred to above, evidence the action of Morphium as a cause of sugar in the urine. It is true that he only found the amount of sugar in the liver considerably increased (more than two-fold) after injecting Muriate of morphia into the veins, and he did not examine the urine at all; but it is very probable that the urine did contain sugar, as it is known that when we have saccharine urine we almost invariably find an excessive production of sugar in the liver, which has been supposed to be the cause of the sugar in the urine.

Genzke mentions that Asclepias vincetoxicum produces saccharine urine in sheep.

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These are, it is true, unsatisfactory results of my search, all requiring further confirmation; but, at any rate, they hold out a probability that, by more careful and judicious provings and experiments, we shall find other drugs which can effect this characteristic action.

I will here mention that, by mechanical irritation (pricking) of a part of the medulla oblongata, saccharine urine is almost invariably caused; also, that occasionally persons formerly healthy, who have suffered from carbuncular inflammation of the skin, causing symptoms of gangrene and death, have generally suffered for some time from acute diabetes, and, *vice versâ*, inflammatory and sloughing affections of the skin are of frequent occurrence in diabetic patients. (*Archiv für pathol. Anat.*, 1857, Nov.)

Finally, that which is offered by clinical observations on the treatment and cure of diabetes, is not at present very promising, and will at any rate not afford any excuse for diminished zeal in physiological provings to discover or decide upon a true remedy for saccharine urine. Hahnemann himself pointed out as possible remedies Argentum and Scilla; Rummel believes Carbo veg., and Bönninghausen Colocynthis, and Nunez Veratrum to have been each of them of service in one case. The grounds for the special indication of these remedies are not published in full, and therefore I cannot give them; at present, no certain indications can be found for any one of them, based upon their physiological effects. On the other hand, Walker of Manchester gives a full report (*Brit. J. of Hom.*, 1858, p. 456) of three cases which he treated with Acid. phosphoricum, and of which one was considerably relieved and the other two completely cured. He used unattenuated Phosphoric acid (15 grs. to 6 oz. of water, a dessert-spoonful every four hours), and one case at least was allowed an ordinary plain but nourishing diet. These three cases are accurately and specially reported, and the examinations of the urine carefully given, so that there can be no doubt of the facts. Although previous investigations have established the fact that Phosphoric acid causes important modifications in the secretion of urine, and particularly considerable increase in the quantity, experiments have not as yet

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detected any saccharine action: this, however, may very possibly be owing only to imperfect investigations.

I will merely mention that the hydro-sulphuret of Ammonia has been strongly recommended by Rollo in England, and Bals. Peruv. by Neumann, but both without any reasons: Opium has also been occasionally used with advantage, especially by French physicians.

4. BLOOD.

The presence of blood in urine is generally so very evident, that we can hardly suppose that it can have been overlooked in our provings in any case; and we know a considerable number of agents (thirty-five) which possess the property of causing bloody urine. With some of these agents, indeed, the effect is constant, and, as far as quantity is concerned, considerable, when their action is powerful or continued for any length of time. The accounts are naturally less accurate respecting the exact organ whence the blood comes; but concomitant symptoms generally give pretty good indications on that point. For example, we should seldom suspect that the blood comes from the kidneys unless the urine contained also pus corpuscles or fibrinous cylinders, or unless there were pain in the neighbourhood of the kidneys; in the same way bleeding in the bladder or urethra will generally be recognized by the pains in the corresponding part. The question whether bleeding from the kidneys, ureters, bladder or urethra be in consequence of sand or calculus, will also be decided by the appearance of sand or calculi, and the peculiar local pains accompanying it. Without intending now to state what agents cause renal hæmorrhage, and what cause hæmorrhage from the bladder or urethra, I will here mention that it has been established beyond a doubt that the following cause renal hæmorrhage, viz.: Arsen., Canth., Colchicum, Digit., Ferrum, Phosphorus, Scilla and Terebinth.

Hæmatoglobulin dissolved in the urine has only been with certainty detected after the administration of one remedy, viz., Arsenic, or rather after the inhalation of arseniuretted hydrogen; this symptom indicating an excessive destruction of blood-corpuscles—a positive decomposition in fact—entirely corresponds

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to the general action of this drug, offering numerous evidences of a so-called typhoid, septic or scorbutic dyscrasia. It is, however, probable, that more exact provings will lead to the discovery of other drugs capable of producing the same modifications in urine.

Clinical observation offers an extensive series of cures of hæmaturia, embracing hæmorrhage from the kidneys as well as that from the bladder, ureters and urethra. I will only here call to mind the cure by turpentine of certain remarkable cases which were very severe and obstinate, and had resisted all other agents. In one case, that of a man aged 68, the hæmorrhage, which had lasted nine months, appeared to be from the kidneys—at least there was considerable pain in them: Turpentine completely and permanently relieved the hæmorrhage and the pain in two days; no gravel or calculus could be detected. (Dr. Jansen, *Schmidt's Jahrb.*, 99, p. 27.) In another case, although Turpentine rapidly cured an obstinate hæmaturia in a man aged 35, it caused at the same time, given in doses of 10 grains, severe strangury. (Dr. Inman, *Brit. Med. Journ.*, Sept., 1857.)

5. PUS.

The presence of pus-corpuscles has only been specially and undoubtedly determined as following four drugs; probably, however, others may be found amongst the numerous agents which cause mucous urine, which might have been overlooked, owing to the difficult and fine discrimination between pus and mucus. Of course it cannot be determined from what organ the pus comes in these four cases, but here, also, the concomitant symptoms will be the more important, and point out both the situation and character of the disease, and also give the indications for the choice of the proper remedy.

6. MUCUS.

The presence of mucus in the urine has naturally been often observed as a sequence of the administration of numerous drugs, for every cloud and every sediment in urine may be looked upon

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as an admixture of mucus, or at least containing some mucus in it; for we must not forget that urine always contains some mucus, which may easily become evident, after standing, as a cloud, or later even as a sediment at the bottom. Consequently it is only an excessive amount of mucus, or a premature formation of a cloud or a sediment, which can be looked upon as a truly abnormal symptom; strictly speaking, almost all references to mucus as a symptom amongst our drugs are deficient in exactitude on these two points. We may, however, presume that the appearance of mucus was excessive or premature in all those drugs referred to, because the provers would only have mentioned it when particularly striking or different from the previous condition. It is equally impossible to determine with the individual drugs whether the mucus comes from the bladder or urethra, or even the vagina; consequently here, also, the concomitant symptoms must be attended to, and be of the most use, more especially since the determination of what mucus is, and its distinction from pus, lymph, chyle, etc., is very problematical, and the amount of mucus in the urine is in itself a symptom neither pathognomonic nor characteristic, as it merely indicates an increased mucous secretion within the urinary passages, and, in addition, expedites the alkaline fermentation of the urine.

Lastly, although the presence of epithelial cells has only been specially mentioned under two drugs, Arsenic and Cantharis, this is evidently only because the mucous cloud or the sediment had in those cases been examined microscopically—a proceeding omitted in the investigations of other drugs.

7. BILIARY MATTERS.

In our *Materia Medica* the presence of bile in the urine is only specially mentioned under one drug, Valeriana, evidently because the actual detection of bile in the urine by chemical examination was either positively unknown to, or too complicated an undertaking for, the investigators. Nevertheless, we know of a tolerable number of drugs which possess the power of causing an abnormal mixture of bile with the urine, and these we know from certain colorations which they cause, and which

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can only arise from the presence of biliary colouring matter; such are all the green, and probably also many of the brown and brownish-green tints—of course we must except all those drugs such as Indigo, Rheum and Senna, &c., which possess a characteristic colour of their own, by which the urine can be coloured independently of colouring matter from bile. Urine containing colouring matter from bile has, moreover, the property, when shaken, of frothing considerably and of colouring more than other urine, utensils or linen. On the whole, however, urine containing bile is a symptom of no great importance, as jaundice, for which colour it is a diagnostic sign, is as easily and as surely recognized by other means.

Let me remark, moreover, with reference to the colours of urine arising from urinary colouring matter, that they are not distinguished by a green tint, as are those caused by bile, but by a yellow, bluish, or red tinge; however, we know of only two drugs, viz., Cantharis and Cubebs, which cause the urine to be coloured by an increase of its own colouring matter, viz., the uroxanthine.

8. FAT.

We know of only five drugs which are said to have caused fat to appear in the urine, and of these it is only said that after their use the urine exhibited a fatty pellicle, which was not further examined. It has only been determined in one case, by more minute investigation, that fat-globules were actually present—this was with Arsenic. As fat is often very finely divided, and requires very careful investigation for its detection, it is probable that other drugs also have the power of causing fatty urine. As fat in the urine is an indication of fatty degeneration of the kidneys, one of the numerous forms of Bright's disease, and is, consequently, a symptom of some importance, it would well repay the trouble to pay more attention to its detection when proving drugs. It will, however, probably always happen that in cases of this disease the urine contains other abnormal constituents, so that apart from the fat we shall have other symptoms to assist us in our decisions.

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9. URINARY CYLINDERS.

This most important and sure symptom in the prognosis and diagnosis of morbus Brightii has hitherto only been observed after the use of four drugs, namely, Arsenic, Cantharis, Phosphorus, and Sabine, which need not surprise us if we find that a microscopic examination is necessary for the detection and demonstration of these bodies. We may, however, suspect from their other physiological and pathological actions, that other medicines, especially Mercury, Terebinth., Aurum, Iodium and Juniperus would be found capable of causing the same in the urine of healthy persons, if the investigations were carefully and properly conducted.

Although the presence of urinary casts in the urine must be considered the surest sign of morbus Brightii, still, in spite of its importance, homœopathic principles will not allow us to consider this symptom alone in the choice of an appropriate remedy for the disease—all other symptoms of any note *must* be taken into consideration. I have already mentioned that Arsenic and Cantharis have the power of producing all the appearances of an attack of Bright's disease, both as regards the components and abnormal changes in the urine, and the subjective and objective symptoms in the kidneys and other organs, as also even in the physical changes in the kidneys revealed by a post mortem examination. It is, therefore, no longer to be denied, that these two drugs are and must be in the appropriate cases homœopathic remedies for morbus Brightii: but the same may be presumed of other medicines, although it is not as yet so clearly proved—such are Mercurius and Phosphorus; and there are others, again, whose use has been followed by such decided advantage in numerous cases, that a more careful proving would probably bring to light more characteristic indications for the disease—to this class belong Turpentine, Juniperus and Aurum. Several complete and brilliant cures of Bright's disease by these drugs may be pointed out; I willingly refer to the following from Turpentine by Harper (*Homœopathy tested by facts*, p. 21, 22), and by Professor Henderson (*Brit. Journ. of Hom.*, 1856), from

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Juniper berries (*Deutsche Klinik.*, 1857), and from the use of Aurum in the report of the Leopold hospital in Vienna, in *Zeitschrift der Hom. Aerzte Œsterreichs.*

In addition to these drugs, those, at least so far as we at present know, must be taken into consideration, which are characterized by the production of albuminous urine as one of their physiological actions, such as Bals. Peruv., Coloc., Copaiva, Cubeb., Digitalis, Squilla, and lastly, also, Helleborus, Apis and Colchicum, whose physiological actions, although not as yet giving direct appearances of the disease, have, nevertheless, analogies in many respects.

Although the time has, perhaps, hardly arrived for determining the special indications for these several remedies in morbus Brightii, I will briefly mention what Mr. Pope (*Brit. Journ. of Hom.*, 1858) has said upon the subject, as his remarks appear to be founded upon considerable observation and experience. According to this writer Terebinth. is particularly appropriate when the disorder has appeared suddenly, accompanied by pain in the lumbar region, and considerable diminution in the quantity of urine, which contains albumen and fibrin casts mixed with blood corpuscles. Its action has more reference to the acute inflammatory condition of the kidney than to its results (dropsy, &c.), and therefore indirectly limits the watery exudation.

Digitalis has a distinct stimulating action on the cortical substance of the kidneys, and is, consequently, of great service in the dropsy of scarlet fever. It is also indicated in acute cases occurring in weak and lymphatic persons, but does not answer to such highly inflammatory conditions as does Turpentine.

Mercury also produces an inflammatory condition of the cortical substance, with anasarca, and a slight amount of albumen in the urine; the whole condition is, however, less acute and active than that occurring under the use of Turpentine or Digitalis, and the exudation of lymph appears to have a greater tendency to purulent formation. The presence of any considerable amount of blood-corpuscles in the urine would contraindicate Mercury, whilst pus-corpuscles in that

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fluid would, on the other hand, be an additional indication for its use.

Under Arsenic the kidney is surcharged with blood, of which the quality is considerably modified, and the serum exudes in great quantity from the veins into the cellular tissue. The skin is in an irritable condition; the appearance of the patient pale, waxy, exhausted and œdematous.

Helleborus is applicable in cases where there is only simple hyperæmia of the kidneys, not complicated by the presence of any abnormal substance in the blood, and where, consequently, the serous exudation is considerable, but principally into the abdominal cavity and into the cellular tissue of the lower extremities.

Apis appears in all probability to answer the very same conditions as Arsenic does, if we may judge from the cures reported by Drs. Marcy and Munger in American journals.

Colchicum is worthy of notice both on account of its inflammatory action on the kidneys and also of its well-known property of causing the accumulation of urea in the blood (causing uræmia) and of so producing the characteristic action of that substance on the brain (*i.e.*, coma).

Cuprum is particularly applicable in cases of coma caused by the sudden suppression of an acute inflammatory attack, which is often the commencement of acute morbus Brightii. (See also Dr. Schmid, *Brit. J. of Hom.*, vol. I.)

10. FIBRIN.

Solidified fibrin appears, of course, in all urine which contains blood; consequently, we ought, strictly speaking, to mention here all those drugs which cause hæmaturia, but we can only speak here of fibrin as a constituent of the urine, apart from or in addition to any blood which may be present, and which may appear as colourless, solid or gelatinous coagula, or may be in a fluid state, forming the so-called coagulable urine.

It is not fully established that any known agent can produce such a fibrinous urine. The use of Cantharis has, indeed, in one case already fully referred to, been followed by the appearance of urine containing gelatinous lumps; but we are without

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any reliable evidence that these masses were composed of true fibrin. Colocynthis also produced "a very offensive urine, which rapidly became thick, gelatinous and sticky, like coagulating albumen;" but in this case, also, it was not shown whether the urine really contained fibrin, or whether the coagulation was not rather caused by the action of Carbonate of Ammonia on the numerous pus and mucus-corpuscles. Finally, the suspicion of fibrinous urine with Croton, Rhus tox., and Sarsaparilla, is not altogether without foundation, as the first caused a peculiar urine in which threads were formed by stirring, and the two latter drugs produced an urine containing flakes.

The remaining abnormal organic constituents of the urine, such as cancerous and tubercular masses, spermatozoa, fungi and infusoria, may be passed over, as our provings contain no reference to any of them except the spermatozoa. Fungi, it is true, have been noticed after Cantharides, but as the time of their appearance is not mentioned, the symptom is of no value, seeing that similar fungi can develope themselves in any urine (especially if it contains a considerable amount of mucus) after it has stood for some time. In saccharine urine alone these things are developed, as is well known, remarkably early. Spermatozoa are frequently mentioned, but these it can be understood are connected always with circumstances which we cannot here take into consideration.

I can also say very little of the abnormal inorganic constituents of the urine, because our present knowledge of the changes produced in these urinary ingredients by medicines is very imperfect, and, moreover, they are less important and characteristic than the organic constituents, both in relation to diagnosis and to treatment.

Our knowledge at present only tells us that after the use of certain drugs the urine more or less constantly suffers an increase or diminution in the quantity of urea, of uric acid, of certain salts, of phosphoric and sulphuric acids, &c. It will be at once evident that here, where the question is one of quantitative differences, the determination of a normal or abnormal

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state, *i.e.*, of a true diseased condition, will be one of great difficulty, and generally require investigations too complicated for the use of the practical physician. I must, therefore, content myself here with a reference to the index of symptoms in which all the observations and results of this class are contained.

SEDIMENTS.

Difficulties of another sort are offered by our Materia Medica in considering the urinary sediments. There is no absence of numerous and trustworthy observations, but they are almost without exception too inexact and uncertain on the question of the chemical character of the precipitates, because, of course, chemical and microscopical examinations were entirely omitted. Some assistance is afforded us in this strait by the investigations of later experimenters, who have made careful examinations of the sediments resulting from the use of certain drugs, and it is from their statements that I have obtained most of my information on the chemical characters of the inorganic constituents of urinary sediments; but we must acknowledge that the accounts of our homœopathic provers, although confined to statements of the colour and form of the sediments, are nevertheless in many respects highly valuable and sometimes characteristic, and may frequently become of great importance in diagnosis and treatment.

With the exception of Dr. Noack's solitary example in his proving of Chininum Sulphuricum, nobody has as yet given a complete, exact and trustworthy chemical and microscopical examination of the urinary sediments in proving drugs.

Noack detected, in numerous provings on the subject, about ten kinds of urinary crystals, which always consisted principally of phosphates, urate and purpurate of Ammonia, and uric acid. The amorphous sediments contained, for the most part, phosphates and uric acid. (For detailed account see *Journ. für Arzneimittellehre*, 2 Band. 2 H. p. 220.)

One misfortune, which partly diminishes the value of the provings which we possess, consists in the fact that it is rarely mentioned whether the cloud or sediment appeared soon

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after the evacution of the urine, or not until after standing for some time. As it is known that all urine, even from perfectly healthy persons, becomes clouded after standing for a longer or shorter period, and deposits a sediment in consequence of incipient fermentation, it often happens that we can only tell by knowing the time required for the formation of the sediment whether an abnormal and diseased occurrence has really taken place or not.

Our provings afford at present still less material on the subject of gravel and stony concretions; a sandy or gravelly sediment has, it is true, been observed with many drugs, but nothing can be gathered from these remarks as to the chemical character of the concretion. The passage of larger concretions (actual calculi) has as yet only been observed after two drugs, Asparagus and Nux moschata; they appear to have existed previously in the kidneys, as is shown by the pain experienced in those regions before the use of the medicines. We cannot say whether they had anything to do with the formation of the calculi, or whether they merely assisted in expelling them. It remains to be seen whether continued careful provings and experiments on the influence of medicines in the production of concretions will afford any further information; this much is certain, that the supersaturation of urine with certain substances (uric acid, lime, phosphates, etc.) which has been seen to follow very generally the use of certain drugs, will be sufficient to call our attention to those drugs when we meet with concretions consisting principally of such ingredients. At present, however, we must be principally guided in the treatment of such disorders by the objective and subjective symptoms of each case.

ALPHABETICAL REGISTER OF URINARY SYMPTOMS.

A.—The Urine.

I.—*According to its Colour.*

Black.—*Ars.*, Aspar., Colch., *Kreos.*

——, reddish.—*Asr. hydrog.*

——, covered with small black pellicles.—Canth.

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Bluish.—Anthr., Chin. (?), Ind.

Brown.—*Acon.*, *Amb.*, Arn., Camph., Colch., Kreos., Lact. vir., Merc. sol., Nitr. acid., Petrol., Phos., Pb., Serp., Val.

——, beer coloured.—Aspar.

——, dark.—Asa., Calc. c., Caust., Gaph., Phos., Sulph., Val.

——, dark blackish.—Kreos.

——, light.—Col.

——, brownish yellow.—*Asa.*, Nitr., Squill.

——, reddish.—Ant. cr., Hep., Lyc., Merc. sol., Puls., Rhod., Sul. ac.

——, making brown stains.—Nitr. ac.

Like buttermilk.—*Aur.*

Leaving chalky stains.—*Amm. mur.*

Clayey.—Bov., Calc. ac., Canth., Cor., Grat., Junc., Kali c., Natr. m., Ol., Pho., Rat., Sabad., Sass., *Sep.*, Sul. ac., *Zinc.*

Dark, (see also saturated).—Amm. caust., *Ant. cr.*, *Ars.*, *Bel.*, *Calc. c.*, Calc. pho., Canth., Carb. veg., Chi., Cub., Dig., Eug., *Graph.*, Guaj., Hep., Ign., Iod., Nitr., Lach., Lyc., *M. sol.*, Mez., Natr. c., *Nitr. ac.*, Ol., *Op.*, Phos. ac., Poth., Rh. t., Selen., *Staph.*, Thuj.

Fiery, (see also red).—*Al.*, *Ars.*, Colch., Crot., *Kal. c.*, M. sol., Pb. ac., Sass.

Grayish.—Sen.

Green—in the afternoon.—Mag. c.

—— greenish.—Berb., Colch., Cop., Kal. c., Magn. s., Ol., Phell., Rhe., Rhod., Uva., Val.

—— greenish yellow.—Bov., Camph., Chi., Iod., Mang. ac.

—— greenish white.—Camph.

Honey coloured.—*Anthr.*

Like the juice of meat.—Electr.

Light, (see also pale).—Agar., Amm. mur., *Anthr.*, Arn., Ar., *Aspar.*, Bel., Ber., *Bry.*, Calc. c., Carb. v., Caust., *Chin. s.*, Cim., Coff., Col., Dulc., Euphr., Fluor., Gins., Graph., Hel., Ind., Jugl., *Kal. brom.*, c. and nitr., *Kreos.*, Magn. s., Merc., Murex, Natr. m., Nitr. ac., Nx. m., *Ol.*, Pr. sp., Rhod., Sec., Senn., Spong., Stram., Tab., Tax., Tereb.

—— sometimes light and sometimes cloudy.—*Bry.*

—— that passed in the day, lighter than that passed at night or in the morning.—Col.

—— becoming lighter.—Kal. chl.

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Hysterical, (spastic, see also pale, watery).—*Chin. sulph.*

Milky.—Dulc., Iod., Mur. ac., Tereb.

—— the last portion.—Carb. v.

Pale, (see also light).—Aeth., Alum., *Anthr.*, *Arg. nitr.*, Bell., Calc. c., Canth., Chel., Chin. sulph., Coff., Colch., Crot., Hep., Kal. brom., Kal. c., Nitr., *Lauroc.*, Magn. c. and mur., Mez., Mur. ac., Nitr. ac., Nx. v., *Ol.*, Phell., *Pho.*, Pho. ac., Raph., Rat., *Rhod.*, *Sass.*, Sec., Stront., Zinc.

Red, (see also fiery).—Acon., Ant. t., *Ars.*, *Bell.*, Berb., *Camph.*, Canth., Carb. v., *Chin. s.*, Colch., Con., *Hæm.*, Iod., Ip., Nitr., Merc., Pho., Plat., Pb., Puls., Sass., *Sel.*, Staph., Sul., Tereb., Thuj., Tong., Ver.

——, at night.—Sel.

——, blood-red.—Berb., Coff., Crot., Ferr., Hep., Kal. hydroj., Petrol., Sep.

——, brownish.—Ant. cr., Hep., Lyc., Merc., Puls., Rhod., Sul. ac.

——, dark brownish.—Ant. tart.

——, dark.—Ant. cr., Arn., *Carb. v.*, Cupr. ac., Jugl., Merc., Tab., Rhe.

——, flesh.—*Col.*

——, yellowish, (orange coloured).—Ang. v., Arn., Canth., Carb. an., Crotal., Crot., Dulc., Mez., Ol., *Rhe.*, Sen., Tab., Zinc.

——, colouring the utensil red.—Plat., Sep.

——, reddish.—Agar., Amm. c., *Ant. cr.*, Can., Canth., *Carb. v.*, Caust., Chel., Clem., Dulc., Grat., Kreos., Led., Merc. sol., Pb. ac., Squill., Staph., Tab., Tax., Zinc.

Saturated, (see also dark).—*Acon.*, Amm. mur., Anthr., Arn., *Arg. nitr.*, *Bry.*, Camph., *Chin. sulph.*, Cinch. sulph., Cim., Guaj., Nx. m., Morph., Pb., Tongo., Vinc.

Scarlatina, as in the dropsy of.—Col.

Violet.—Chi., Ind.

——, the froth tinged.—Puls.

Watery, (see also pale, hysterical).—Acon., *Alum.*, Anac., *Ant. cr.* and tart., Arn., Ar., Bar. ac., Bell., Bism., *Calc. c.*, Calend., Cann., Canth., Caust., *Cinch. s.*, Cocc., Coff., Colch., Col., Dig., Dros., Grat., Hell., Hydroc. ac., Hyosc., *Ign.*, Iod., Kali hydroj., Nitr., Lact. vir., Lauroc., *Mar.*, Mosch., Mur. ac., Natr. c., Nx. v., Ol., Phell., *Pho.*, *Pho. ac.*, Plat., Pb. ac., Puls., Rat., Rh. t., Sadg., Sass., Sec., Sep., Serp., Spig., Squill., Staph., Stram., Sul., Sul. ac., *Thuj.*, Ver., Zinc.

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Watery in the afternoon.—Plat.
Whey-like.—Berb., *Chin. sulph.*, Hep., Nitr. ac.
White.—Alum., Ang. v., Arn., Calend., Cann., Canth., Cycl., Pho., Stram., Sul.
——, white cloud.—Chi., Lyc., Mur. ac., Natr. m., Nitr. ac., Rh. t.
——, leaving white spots.—Ant. tart.
——, leaving a white ring on the side of the utensil.—Pho.
Yellow, (light yellow, golden yellow, lemon yellow).—Agar., Amb., Amm. mur., Ant. cr., Bell., *Cin.*, Gins., Ign., Creos., Natr. c., Op., *Rhe.*, Senna, Tab., Zinc. (See also straw coloured).
——, brownish.—*Asa.*, Nitr., Squill.
——, dark.—Ang. v., Hell., Hep., Kal. c., Mez., Lach., Petrol., Sab., Senn., *Staph.*, Stront.
——, deep.—Amm. mur.
——, dirty.—Berb., Raph.
——, straw.—Aspar., Berb., Bov., Canth., Carb. v., Chi., Cina, Col., Dig., Iod., Ip., Kal. brom., Natr. c., Ol., Pho., Plat., Rhe., Samb., Sep., Sil., Spong., Thuj.
——, leaving yellow stains.—Lach.

II.—*According to the Smell.*

Stinking, without more exact description.—*Anthr.*, Arg. nitr., Bor., *Calc. c.*, *Chin. sulph.*, Col., Daphn., Dulc., Fluor., Kreos., Lyc., *Murex*, Natr. ac., *Nitr. ac.*, Petrol., *Pho.*, *Rhod.*, Sep., Stan., Sul., Viol. tric.
Ammoniacal.—*Amm. mur.*, *Asa.*, Iod., Mosch., Nitr. ac., Petrol., Pho., Stront., Tab.
Like burnt horn.—Ar.
Like cat's urine.—Aspar., Cic., Viol. tric.
Fatty.—Calc. c.
Like garlic.—Pho.
Like hartshorn.—Aspar.
Like iodine.—Stront.
Mouldy.—Amm. mur.
Musty.—Camph.
Peculiar.—*Aspar.*, *Aur.*, Cop., Cub., Kal. brom.
Penetrating after standing a short time, (see also sharp).—Amb.

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Like rotten eggs.—Daphn.
Like savin.—Kreos.
Sharp.—Amb., *Ant. tart.*, *Asa.*, Bor., Calc. c., Carb. v., Cop., Fluor., Graph., Lach., Mosch., Nitr. ac., *Pho.*, *Rhod.*
Sour.—Calc. c., Graph., Merc., Natr. c., Petrol.
Sulphurous.—Pho.
Like sweating feet.—Sul.
Like tobacco.—Nitr. ac., Tab.
Like violets.—Cop.. Lact. vir., Nx. m., Pho., *Tereb.*

III.—*According to Consistence, and Clear or Thick Condition.*

Like albumen.—Canth., Col.
Like buttermilk.—Aur.
Chalky cloud, (from urate of ammonia).—Colch.
As if mixed with chalk.—Alum.
Clayey.—Bov., Calc. ac., Canth., Cor., Grat., Junc., Kal. c., Natr. m., Ol., Pho., Rat., Sabad., Sass., *Sep.*, Sul. ac., *Zinc.*
Clear.—Agar., Amm. mur., *Anthr.*, Arn., Ar., *Aspar.*, Bell., Berb., *Bry.*, Calc. c., Carb. v., Caust., Chin. s., Cim., Coff., Col., Dulc., Euphr., Fluor., Gins., Graph., Hell., Ind., Jugl., *Kal. brom.*, Kal. c., Nitr., *Kreos.*, Magn. s., Merc., Murex, Natr. m., Nitr. ac., Nx. m., *Ol.*, Pr. sp., Rhod., Sec., Sen., Spong., Stram., Tab., Tax., Tereb.
Sometimes clear, sometimes thick.—*Bry.*
Clearer in the day than during the night and morning.—Col.
Becoming clearer.—Kal. chl.
Coagulated.—Canth., Col.
Decomposing easily.—Berb., *Chin. s.*, Cinch. s., Lob.
Flaky, especially the last drops.—Rh. t.
——, with long flakes.—Sass.
Frothy.—*Chin. s.*, Cop., Crot., Cub., Lauroc., Lach., Lyc., Senn., Spong.
Gelatinous.—Canth., Col.
Apparently containing globular hydatids.—Canth.
Milky.—Dulc., Iod., Mur. ac., Tereb.
—— at the end.—Carb. veg.
Muddy.—*Acon.*, Alum., Amm. c., Anac., *Ant. t.*, *Ars.*, Asp., *Aur.*, Bell., Berb., Bov., *Calc. ac.*, *Camph.*, Cann., Canth., Carb. an., *Carb. v.*, *Chin. s.*, Cin., Cinch. s., Colch., Cop., Crot., Cupr.,

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Daph., *Dulc.*, Graph., Hyosc., Ign., *Ind.*, Iod., Ip., *Kal. c.*, Kal. chl., Nitr., Kreos., Magn. m., Meph., *Merc.*, Natr. c., Nitr. ac., *Morph.*, Petrol., Plat., Pb. ac., Sabad., Sab., Sass., Sec., Sen., *Sep.*, Sul., Val., Ver., Viol. tric.

——, in the morning.—Col., Meph.

——, becoming rapidly muddy.—*Acon.*, Arg. v., Arn., Berb., Cina., Col., Hep., Lauroc., Mang., Merc., Mez., Natr. c., Pho., Pho. ac., Rat., Rhod., Rh. t., Sass., Sen., Sep., Sil., Sul., Sul. ac., Tereb., Val., *Zinc.*

——, like yeast.—Bell., Kreos., Magn. m.

With an iridescent pellicle.—Graph., *Hep.*, Iod., Petr., Pho., Sul. ac.

With fine black pellicles.—Canth.

Purulent.—Cann., Clem.

Depositing a white ring.—Pho.

Ropy.—Dulc.

Forming threads after being shaken.—Crot.

Stringy, apparently from pus.—Cann.

Mixed with strings of mucus.—Sen.

Slimy.—Calc. c., Canth., Carb. v., Caust., Crot., Electr., Grat., Ind., Natr. c., Morph., Rh. t., Sep., Sul., Uva., Val.

—— at the last.—Lyc., Ph. t.

Becoming thick.—Camph., Col., Hep., Merc., Sabad., Sen.

Thickish.—Ars., Camph., *Canth.*, Carb. v., Daphn., Dulc., Iod., *Kreos.*, Mosch., Nx. v., Sul. ac., Ver.

Thin.—Ant. cr., *Kal. brom.*, Stram.

Watery.—Acon., *Alum.*, Anac., *Ant. cr.*, *Ant. tart.*, Arn., Ar., Bov., Bell., *Bism.*, *Calc. c.*, Cal., Cann., *Canth.*, Caust., *Cinch. s.*, *Cocc.*, *Coff.*, Colch., Col., Dig., Dros., Grat., Hell., Hydroc. ac., Hyosc., *Ign.*, Iod., Kal. hydroj., Nitr., *Lact. vir.*, Laur., *Mar.*, Mosch., Mur. ac., Natr. c., Nx. v., Ol., Phell., *Pho.*, *Pho. ac.*, Plat., Pb. ac., Puls., Rat., Rh. t., Sang., Sass., Sel., Sep., Serp., Spig., Squill., Staph., Stram., Sul., Sul. ac., *Thuj.*, Ver., Zinc.

—— in the afternoon.—Plat.

Whey like.—Berb., *Chin. s.*, Hep., Nitr. ac.

A white cloud.—Chi., Lyc., Mur. ac., Natr. mur., Nitr. ac., Rh. t.

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IV.—*According to Quantity.*

Diminished.—*Agar.*, Alum., Amb., *Arg. n.*, *Ars.*, Aspar., Brom., *Cast.*, *Chin. s.*, Cinch. s., Colch., Col., Crot., Cupr., Dig., Fluor., Grat., Iod., Jugl., Kal. brom., *carb.* and nitr., *Kreos.*, Led., Lob., Lyc., Magn. c. and s., Merc., Mezer., Mur. ac., Nic., Nitr. ac., Nx. m., *Ol.*, Morph., Pho., Pb., Raph., Rat., Rhod., *Sabad.*, Sass., Sen., Sep., Squill., Stan., Staph., Stront., Sul. ac., Tereb., Val., Vinc., Viol. tric., Zinc.

—— in the evening.—Fluor., Zinc.

—— accompanied by great thirst.—Caust., *Kreos.*, Mez., Sabad., Sep.

—— in the morning.—Fluor., Sul. ac., Zinc.

——, particularly at night.—Acon., Ol., Stront.

Increased.—*Acon.*, Agn., Al., Aln., *Alum.*, *Amb.*, *Gm. amm.*, *Amm. c.*, *Caust. and mur.*, *Ant. cr.* and *tart.*, *Arg. n.*, Arn., *Ars.*, *Ar.*, *Aspar.*, *Aur.*, *Bar.*, *Bell.*, *Bism.*, *Brom.*, *Bry.*, *Calc. c.*, and ph., *Camph.*, *Cann.*, *Canth.*, *Caps.*, Chi., Clem., *Chin. s.*, Chler., Cin., *Cinch. s.*, Cochl., *Coff.*, Colch., *Col.*, Con., Cop., Crotal., *Crot.*, Cub., *Dig.*, Dros., Ferr. j., Fluor., Gent., *Graph.*, Grat., Guaj., Gutt., Hydroc. ac., Hyosc., Ind., *Iod.*, *Jugl.*, *Kal. brom.*, *carb.*, *hydroj.*, and *nitr.*, *Kreos.*, Lact. sat. and *vir.*, *Lauroc.*, Led., *Lob.*, Lup., Lyc., Mag. c. and s., *Mar.*, M. perenn., *Merc.*, *Mur. ac.*, *Natr. c.* and *mur.*, Nitr. ac., Nx. v., *Ol.*, Op., Morph., Petre., Pho., *Pho. ac.*, *Pb. ac.*, *Puls.*, Raph., Rat., *Rhod.*, Rh. t., Sab., Sang., Sass., Sec., *Sen.*, Sep., Serp., Spig., *Squill.*, *Staph.*, *Stram.*, Stront., Strych., *Sul.*, Sulph. ac., Tab., Tarax., *Tereb.*, Ther., *Thuj.*, Tong., Urt., *Val.*, *Ver.*, Viol. tric., Zinc.

——, particularly in the evening.—*Amm.* c., Fluor., Zinc.

——, during defecation.—Acon., Bell., Fluor.

——, without thirst.—Dig., *Kal. c.*, Jugl., Nitr., Creos., Natr. m., Sab., Sass., Stram.

——, in the morning.—Bell., Leuroc., Natr. c., Nicc., Sul. ac.

——, particularly at night.—Amb., *Amm. c.* and m., Arg. n., *Ars.*, Bell., Coff., Magn. c., Pr. sp., Sass., Spig., Sul.

—— with sweating.—Acon., Bell.

—— every other day.—Cinch. s.

—— in the forenoon.—Stram.

—— sometimes, and sometimes diminished.—Berb.

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Plentiful at each evacuation.—Agar., Ang. v., *Anthr.*, *Arg.*, *Arg. nitr.*, Bell., *Bism.*, Bry., Calc. ph., Camph., Can., *Carb. an.* and veg., *Caust.*, *Chel.*, *Chin. s.*, Clem., Cocc., *Coff.*, *Colch.*, Col., Cop., Cycl., *Daphn.*, *Dig.*, Dros., Fluor., Gins., *Graph.*, Grat., Guaj., Hell., *Hep.*, *Hydroc. ac.*, *Hyosc.*, *Ign.*, Iod., *Kal. brom.* and *hydroj.*, Nitr., *Kreos.*, *Lact. vir.*, Led., Lyc., Magn. c. and s., *Merc.*, Mosch., Mur. ac., *Natr. c.* and m., Nicc., Nitr. ac., Nx. v., Paeon., Pho., Pb., Rat., Rhe., Rhod., Rut., Sab., *Sass.*, Sep., Serp., Sil., Spig., *Staph.*, Stan., Stront., *Sul.*, Tab., Tereb., *Thuj.*, Verb., Viol. tric.

—— in the morning.—Merc.

—— suddenly.—Stram.

Scanty at each evacuation.—Acon., Agar., *Al.*, Amm. caust., Anac., *Ang. v.*, *Arg. nitr.*, Arn., *Ars.*, Aspar., Bar. ac. and c., *Bell.*, Carb. an. and v., Cast., Caust., Chel., Chi., Clem., Colch., Cupr., *Dig.*, *Graph.*, Grat., Gutt., Hæmat., Hep., Iod., Ip., Kal., *Nitr.*, *Kreos.*, *Lauroc.*, Magn. c. and m., Merc. corr., Mosch., Natr. c., Nice., Nitr. ac., *Ol.*, *Petrol.*, *Pho.*, Pho. ac., Pr. sp., Rat., Rut., Sass., Scrof., Sec., Sel., Sen., Serp., Sil., Squill., Stann., *Staph.*, Stront., *Sul.*, Tereb., Thuj., Ver., Vinc., Zinc.

V.—*According to the Mode of Passage.*

In an irregular stream.—Clem., Sass., Sul., Thuj.

In a strong jet.—Cic., Sul.

——, on pressure on the bladder.—Spig.

——, involuntarily when coughing.—Stap.

In a small stream.—*Camph.*, Canth., Chi., Graph., Led., Merc., Nitr. ac., Pr. sp., Puls., Samb., Sass., Spong., Squill., *Staph.*, Sul., Tax., Zinc.

——, as if from contraction of the urethra.—Nitr. ac.

Checked at the glans.—Canth.

In a forked stream.—Arg. nitr., Cann., Canth., Petrol., Rh. *t.*, &c.

Slow.—Arg. n., Camph., Carb. v., Chi., Hep., Kal. c., Merc., Mur. ac., Plat., Raph., Sel., Sep., Stram., Sul., Zinc.

Easily passed.—Arg. n., Electr., *Fluor.*

Frequent.—*Acon.*, *Amm. carb.*, Arg. v., *Arg. n.*, Arn., *Ars.*, Aspar., *Bar.*, Bell., Berb., *Bism.*, Bor., Calc. ph., Calend., Camph., Cann., *Canth.*, Carb. v., Casc., Cast., Caust., *Chel.*,

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Chi., Cic., Clem., Cocc., *Coff.*, *Col.*, Cop., Crot., Cupr., Cycl., *Daphn.*, Dict., Dig., Dros., *Euphr.*, *Fluor.*, *Graph.*, Grat., Guaj., Gutt., Hell., Hydroc. ac., *Hyosc.*, *Ign.*, Iod., Ip., *Jugl.*, *Kal. c.*, *hydroj.* and *nitr.*, *Kreos.*, Lach., *Lact. v.*, Lam., *Lauroc.*, Led., *Lob.*, Lyc., *Magn. c.*, Mang. ac., Meph., *Merc.*, M. perenn., Mezer., Mur. ac., *Natr. c.* and *mur.*, Nicc., *Nitr. ac.*, Nx. v., Oleand., *Ol.*, Pœon., *Petrol.*, Phell., *Pho.*, Pho. ac., Plat., Pb. ac., Rat., Rhe., Rhod., Rh. t., Rut., Sab., Samb., Sang., *Sass.*, Sen., Sep., Serp., Sil., Spig., *Spong.*, Squill., Stann., *Staph.*, *Sul.*, Tab., *Thuj.*, *Val.*, *Viol. tric.*, Zinc.

——, when driving.—Pho.

——, in the morning.—Pho., Pb. ac., Sil.

——, in the afternoon.—Laur., Nicc., Ol., Pb. ac., Sass., Scrof.

——, at night.—Arg. n., Bry., *Jugl.*, Kreos., Pæon., Pr. sp., Rat., Rh. t., Sang., Sass., Sep., Spig., Zinc.

By jerks (see also in a broken stream).—Thuj.

In a weak stream (see also without any stream).—Kreos., Sass.

With difficulty (see note*).

At long intervals.—Acon., *Arg. n.*, Bar., Cupr., Cycl., *Gutt.*, Nitr., Magn. mur., Merc., Nicc., Sass., Sec., Squill., Stann., *Staph.*

In a strong stream.—Agn., Arg. n., Nx. v., Pr. sp., Sul.

Without any force or stream.—*Hell.*, Hep., Mur. ac., Sass., Stram.

Drop by drop. (see note*).

In a broken stream (see also in an irregular stream).—Carb. an., Gutt., Kal. c., Lyc., Magn. c., *Op.*, Petrol., Pb., Pho., Sass., Thuj.

Suppressed (see note*).

Involuntary (see note*).

VI.—*According to Physical and Chemical Characters.*

Alkaline.—*Anthr.*, Canth., *Kal. ac.*, *Natr. c.*

Ammoniacal.—Amm. mur., *Asa*, Iod., Mosch., Nitr. ac., Petrol., Pho., Stront., Tab.

Of bitter taste.—Chin. s., Cop.

* I have not introduced the varieties, "Dysuria, Ischuria, Strangury and Dribbling of urine," here, as I could not add anything of importance to that already contained in our Repertories.

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Bleaching power.—Chlor.
Caustic (see also scalding and acrid).—Iod., Merc., Pho.
Cold on evacuation.—Nitr. ac.
Hot.—Alum., Amm. mur., Bor., Bry., Calend., *Canth.*, Carb. an., *Kreos.*, Lact. vir., Mez., Pr. sp., Rhod., Rh. t., Sil., Squill., Stram.
Neutral in reaction.—Ars.
Acid.—Nitr. ac.
Scalding (see also acrid).—*Ang. v.*, *Asa.*, Calc. c. and ph., Calend., Camph., Carb. an., Dulc., *Hæm.*, *Hep.*, Ip., Lach., Lauroc., Magn. c., Merc., Nitr. ac., Nx. m., Pho., Pr. sp., Sil.
Acrid (see also scalding and caustic).—Anthr., Dig., Kreos., Laur., Merc., *Sen.*, Ver.
Solid constituents increased.—Amm. m., Bell., Colch., Kal. caust., Rhe., Sen., Sulph. aur.
——, diminished.—Ant. tart., Coff.
Specific gravity low.—Ant. tart., Coff., Nitr.
——, high.—Amm. mur., Canth., Bell, *Colch.*, Kal. caust., *Kreos.*, Rhe., Sen., Sulph. aur.

VII.—*According to the Organic and Chemical Constituents.*

Containing albumen.—Ars., Bals. peruv., *Canth.*, Col., Cop., Cub., Dig. (?) Merc., *Pho.*, Sab. (?) Squill (?) Tereb. (?)
——, biliary matter.—Acon., Ant. t., Berb., Bol., Bry., Camph., Chi., Colch., Cop., Iod., Kal. c., Magn. c. and s., Mang. ac., Ol., Nitr. ac., Phell., Rhod., Uva, Val.
—— blood.—*Al.*, Amb., Amm. c., *Ant. cr.*, Arg. n., *Arn.*, *Ars.*, *Aspar.*, *Bell.*, *Canth.*, *Carb. v.*, Cochl., *Colch.*, Con., Croc., Cop., Cub., Dig., Ferr., Ip., Lyc., Merc., Mez., Op., Pho., Pb., Sab., Sep., *Squill.*, Sul., *Tereb.*, Uva, Zinc.
—— blood-corpuscles.—*Ars.*, Canth., Ferr., Sab.
—— blood dissolved (hæmatoglobulin).—*Ars.*
The last drops bloody.—*Ant. t.*, Hep., Sass,
Chlorides increased.—Canth., Kal. caust., Senn.
—— diminished.—Ars.
Containing Chrysophanic acid.—Rhe., Senn.
—— pus-globules.—Ars., Cann., Canth., Clem. (See also mucus.)
—— epithelial scales.—*Ars.*, *Canth.*

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Extractive matter increased.—Amm. m., Bell., Senn.
Containing fibrin.—*Canth.*, Col. (?) Merc.
—— fibrin cylinders (urinary cylinders).—*Ars.*, Canth., *Pho.*, Sab.
—— fungi.—Canth.
—— fat-globules.—Ars.
—— a fatty pellicle.—Calc. c., Crot., *Hep.*, *Sul.*
Charged with globular hydatids.—*Canth.*
Containing oxalate crystals.—Ars.
Phosphates increased.—Canth., Chin., Magn., Sen., Senn.
——, diminished.—Kal. ac., Pho. ac.
Phosphate of Soda increased.—Rhe.
Phosphoric acid increased.—Cinch. s., Kal. caust., Pho. ac.
Salts increased.—Amm. m., Canth., Sul.
——, non-volatile, increased.—Sulph. aur.
——, ——, diminished.—Bell.
——, volatile, increased.—Bell., Sen., Sulph. aur.
——, ——, diminished.—Ant. t.
Containing mucus.—Agn., Ant. cr., Arg. n., Ars., Bell., Calc. c., Canth., Cann., Caps., Carb. v., Caust., Chel., Cop., Con., Crot., Ferr., Grat., Ind., Iod., Lam., Merc., Natr. c. and m., Mez., Morph. ac., Nitr. ac., Nx. v., Pho., Puls., Petrol., Petrosel., Rh. t., Sep., Sul., Thuj., Uva, Val.
——, mucous corpuscles.—Canth.
——, sugar.—Canth. (?), Chlorof., Curare, Morph. (?), Op., Uran. nitr., Vincetox.
Sulphuric acid increased.—Kali caust., Sulph. aur.
Sulphates increased.—Canth., Rhe.
Urea increased.—Amm., Guem, gum. mur., Bell., Kal. ac., Kal. caust., *Natr. c.*, Senna, Sulph., Sulph. aur.
—— diminished.—Ant. t., Ars., Colch., Nitr.
Uric acid increased.—Canth., Creos., Rhe., Sen., Sulph., Sulph. aur.
—— diminished.—Amm. m., Ars., Bell., Chin. s., Colch., Pho. ac.
Urates increased.—Colch., Senna.
Uroxanthine increased.—Canth., Cub.

B.—The Sediment.

(a)—*According to its form.*

Abundant.—Acon., Anthr., Aur., Berb., Camph., *Chin. s.*, Col., Ind., Kal. c., Magnes., Merc., Pho. ac., Sul.

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Bloody.—*Ars.*, Canth., Carb. an., Sul. ac., Tart. em.
Like bran.—Berb., Val.
Chalky.—Led.
Clayey.—Amm. m., Anac., Ars., *Chin. s.*, Cor., Ol., Sass., Sulp. ac., Tong., Zinc.
Cloudy.—Amb., Amm. m., Anthr., Ant. cr., Ar., Bov., Col., Crot., Grat., Kal. c. and nitr., Lach., Laur., Lob., Magn. m., Merc., Ol., Petrol., Pho., Pho. ac., Plat., Rat., Rhod., Sass., Senn., *Thuj.*, Tong., Val., Zinc.
Compact.—Anthr., Col., Daphn., Nitr. ac., Petr., Sec.
Crystalline.—Ant. cr., Ars., Berb., *Chin. s.*, *Col.*, Crot., *Ferr. m.*, Kreos., Lob.
Earthy.—Anthr., Mang. ac.
Fatty.—Aspar., Chin. s.
Filiform.—Ant. t., Canth., Col., Merc., Nitr. ac.
Flaky.—Aspar., Chin. s., *Col.*, Crot., Kal. n., Merc., Mez., Ol., Sen., Zinc.
Gelatinous.—Berb., Canth., Col., Puls.
Gravelly (see also sandy).—Canth., Carb. v., Chin. s., Col., Nitr. ac., Sil., Val.
Loose.—Calc. c., Carb. an., Chi., *Chin. s.*, Lob.
Mealy.—Ant. t., Calc. c., Merc., Sul.
Mucous.—*Aur.*, Berb., Chin. s., Col., Dulc., Nitr., Natr. c., Petrol., Pho., Raph., Sen., Sul. ac., Tereb., Tong., Val.
Powdery.—Calc. c., Chin. s.
Sandy (see also gravelly).—Alum., Canth., Lyc., Natr. m., Nitr. ac., Pho., Petrol., Puls., *Sep.*, Sil.
Slimy.—Tereb.
Sticky.—Dulc.
Stony.—Anthr.

(b).—*According to the Colour.*

Blue.—Anthr.
Sky blue.—Pr. sp.
Brown.—*Amb.*, *Col.*, Dig., Val.
Brownish.—Acon., *Aur.*
Light brown.—Col.
Dirty brown.—Acon.
Brownish crystals.—Crot., Lob.

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Transparent, colourless crystals.—*Chin. s.*
Dark.—Iod.
Dirty.—Acon., Anac.
Green (brownish green).—Cinch. s.
Gray.—Hyosc., Spong.
Muddy.—Alum., Carb. an., Crot.
Red (reddish).—Amb., Bell., Berb., Camph., Carb. v., Daphn., Dulc., Gins., *Graph.*, Grat., Junc., Nitr., Kreos., Lach., Laur., Lyc., Mez., *Natr. m.*, Nitr. ac., Petrol., Puls., Sec., Sen., Sil., Squill., Sul., Tereb., Val.
——, reddish purple.—Fluor.
——, brown.—Cim.
——, yellowish.—Chin. s., Natr. s., Sen.
——, deep.—Berb., Nitr. ac.
——, brick.—Acon., Arn., Aur. mur., Chi., *Chin. s.*, Cinch. s., Gins., Ip., *Natr. m.* and sulph., Op., Pho., Puls., Thuj.
——, brown-red gravel.—Nitr. ac.
——, crystals.—Ant. cr., Berb., *Col.*, *Ferr. m.*,
——, sand.—Alum, Lyc., Natr. m., Petrol., Pho., *Sep.*, Sil.
Rose coloured.—Chin. s., Lob.
Transparent.—Berb., *Col.*
Violet.—Bov., Mang. ac., Puls.
White.—Alum., Bar., Bell., Berb., *Calc. c.*, Camph., Canth., Caps., Chi., Crot., Dulc., Euphorb., Graph., Hep., Ign., Kreos., Led., Magn., Merc., Murex, Nitr. ac., Petrol., Pho., Pr. sp., Rh. t., Sen., *Sep.*, Spig., Sul., Sul. ac., Val.
—— staining white.—Sen.
——, flaky.—Aspar., Zinc.
——, floury.—Sul.
——, cloud.—Pho.
Yellow.—Bar. c., *Chin. s.*, Cupr. ac., Lyc., Pho., Sen., Sil., Spong.
——, reddish.—Cinch. s., Lyc.
——, dirty.—Chi.
——, whitish.—Chin. s., Natr. s., Pho., Tereb.
——, ——, in the morning.—Natr. s.
——, crystals.—*Chin. s.*

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A HOMŒOPATHIST'S VIEW OF THE DEATH OF MISS ISABELLA BANKES.

No trial in the annals of crime has excited more interest than the trial of Dr. Smethurst for the murder of Isabella Bankes has done. Without reference at all to the guilt of the prisoner, and without professing any extraordinary amount of sympathy for him, saving in so far as we regard him as a fellow creature rashly condemned on weak and unscientific evidence, we feel disposed, from a full consideration of the symptoms of the case, to concur with the medical men for the defence in ascribing the poor lady's death to acute dysentery.

We feel also disposed to hope, with many of the medical men who have written on the subject of this trial, that judges will not avail themselves of their position to promulgate scientific errors, which are disastrous to the prisoner at the bar, and equally mischievous to the cause of justice and to the safety of innocent persons.* We further hope that Dr. Letheby's appeal to government on the necessity of rewarding chemical investigators into the causes of murder in a manner that will compensate the investigator for the labour he has to perform, and which will save the country from the terrible results of bungling and heartlessly conducted chemical analysis may be successful.

In another part of this *Journal* the chemical evidence of the prisoner's guilt is fully reviewed; here we have simply to do with the illness and death of Miss Bankes. We shall give the history of her case, the state in which she was found by each of the three medical men who saw her, the treatment followed by each, the effects it produced, the appearances presented by the body at the post mortem examination, and the result of Dr. Taylor's search for arsenic—and following each of these in their order, we shall give the reasons which lead us to believe that death was caused by dysentery.

* The Lord Chief Baron, in his address to the Jury, indicated that the non-detection of Arsenic in the body, and its detection in a mixture where it did not exist, were matters of no great importance in the enquiry, and the result of the present imperfection of science.

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On the 3rd April, 1859, the history of the case so far as is known stood thus. Miss Isabella Bankes, æt. 43, always delicate and subject to what are called bilious attacks, had suffered from some disease of the womb. She was at this date three weeks advanced in pregnancy, and suffering from a relaxed condition of the bowels, with constant and distressing sickness and retching, which, not yielding to the means employed by Smethurst, he sought the advice of the leading practitioner at Richmond.

On this day Dr. Julius first saw Miss Bankes; he found her suffering from what he seems to have regarded as simple diarrhœa and vomiting. He prescribed Chalk mixture and Catechu; these not serving the end in view, Pulv. Ipecac. Comp., Grey powder, Quinine, dilute Sulphuric acid, compound tincture of Camphor, dilute Prussic acid, Chloric Ether, Inf. Gentian, and various Opiate enemeta were each used in succession, without in the smallest degree checking either the sickness or purging. On the 18th of April the evacuations became bloody, and Dr. Julius, vexed at the unyielding nature of the case, cast about for some error or slip in his diagnosis. He can discover no such error or slip; he feels convinced some means or other are employed to prevent the action of his remedies; his mind becomes darkly suspicious; he says nothing, but retires from the case for a few days, and requests his partner, Mr. Bird, to see the patient. Mr. Bird finds the lady, on the 18th, suffering from what he then supposes the case to be—dysentery. There were frequent evacuations; there was incessant sickness, burning pains, and a good deal of prostration. Mr. Bird continues an effervescing mixture containing Prussic acid, which Dr. Julius had prescribed, but, in addition, gives seven grain doses of Bismuth in a little mucilage every four hours. This in no way alters the case. Then four pills are prescribed, each containing one grain of Acetate of Lead and half-a-grain of Opium. These are equally useless. Next come four pills, containing each a quarter-of-a-grain of Nitrate of Silver, made up with bread crumbs, which also are worthless. Mr. Bird had seen many cases of dysentery among our poor starved and naked soldiers in the Crimea, but never a

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case like this. On the 21st Mr. Bird confesses his Crimean experience has availed him nothing in the present case. Again Dr. Julius resumes attendance, and from this 21st day of April on till the 28th we have no very clear statement as to the nature of the treatment followed. We may conclude, however, that the treatment was not less energetic than it had been previously. Dr. Smethurst, seeing the small success of the treatment that had been followed for twenty-two days, urges on Dr. Julius the necessity for an additional opinion. Dr. Todd, of London, is summoned in consultation. It is late at night when Dr. Todd arrives; he learns the most important symptoms from Dr. Julius, and on seeing the patient was much struck with the "abdominal hardness" and the look of terror which was depicted on the patient's countenance. Dr. Todd directs the employment of a sulphate of Copper and Opium pill; this pill seems to have aggravated the symptoms, as the exhaustion becomes greater and the distress of vomiting and purging more intense.

Dr. Todd's visit to the patient being completed, a conference of the medical men is doubtless held. Dr. Todd suggests a strict examination of the intestines. On the 30th Mr. Bird tells the prisoner he would like a portion of a stool to examine under the microscope, with a view to discover whether or no pus was present in the evacuations. This matter, obtained by justifiable duplicity, was at once despatched to Mr. Buzzard, of London; and, in consequence of information obtained from him, Dr. Smethurst was apprehended on a charge of poisoning. On the same day he was set at liberty by the magistrate, and on the next day, the 3rd of May, the poor lady dies, leaving the world without the least shadow of doubt that the man she had so recently married had been to her a kind and loving husband, and that the charges that have since been brought against him could never have been dreamed of by him.

Mr. Barwell, of Charing Cross Hospital, made a post mortem examination of the body on the 4th of May. "The face was of a dull, earthy colour, very emaciated, and the lips drawn in; the brain perfectly healthy; the lungs also healthy; both these viscera engorged posteriorly; heart healthy; liver was firm, of full size, and slightly fatty; the peritoneal coat of the stomach

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and intestines was here and there injected; at the lower part of the ileum there was peritonitis, with effused lymph; the uterus and ovaries were removed; the deceased was between the fifth and seventh week of pregnancy. The liver, spleen, &c., having been sent to Dr. Taylor, the next day Mr. Barwell examined them along with Dr. Taylor. There was a large patch of effused blood at the cardiac end of the stomach; rest of the mucous membrane pale, except near pylorus; no ulcers nor perforation; some inflammation at the commencement of the duodenum; the other parts of intestines slightly injected, but at the lower three feet of the ileum the mucous membrane much thickened by ill-organized granular lymph; that of the cœcum nearly destroyed by inflammation, ulceration and sloughing; there were many black spots of effused blood; these appearances decreased along the colon and rectum."

Next come Dr. Taylor's investigations, and, as we do not criticize the chemistry of the case, we need only mention that Dr. Taylor was very much disappointed at not finding Arsenic in any of the tissues of the body; most certainly he expected to find Arsenic in the liver—the "great criterion"—as the seat of deposit in all cases of poisoning, but especially in cases of slow poisoning, and such is the case from its earliest dawn on the 3rd of April, till its termination with Dr. Taylor's investigations on the 8th of May.

We shall now follow the case in the order we have narrated it. We find from the history of the case that the patient was weak and delicate, and suffered from some affection of the womb. Three weeks after she became pregnant she suffered from distressing vomiting and purging. This not an uncommon accompaniment of pregnancy at any age. It did not yield to the treatment adopted. This also is not an uncommon thing, especially in allopathic treatment, and in cases where uterine disease has been known previously to exist. One of the editors of this Journal related to me a case he saw three months ago, where incessant vomiting and purging occurred in a lady between four and five months advanced in pregnancy, the distressing symptoms of which continued for four months in spite of all the endeavours of a good allopathic physician, and in which my friend checked the vomiting at once by a single dose of Ipec.,

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and where the other symptoms were speedily relieved by the proper homœopathic remedies.

Next as to the medical treatment. Here was a delicate, bilious, womb-diseased lady, pregnant for the first time at forty-three—(and every body knows that pregnancy for the first time at forty-three is a very different thing from pregnancy at twenty-three)—her medical men seemingly neither knowing nor regarding her condition, but pouring into a stomach already excited to the highest degree by the imperfect action of an enlarged liver, and the exciting condition of a gravid uterus, a large quantity of all kinds of nauseous and irritating drugs. Dr. Julius in his examination declares he did not know the lady was pregnant while he was in attendance on her, and even though he had known it would not have altered his treatment. Mr. Bird makes the same admission, and the same assertion. Dr. Todd seems not to have thought of pregnancy, else from his own confession of never meddling with midwifery cases he would have declined seeing the patient. It is impossible for any one not perversely blind and prejudiced not to see how this case of simple gastric irritation from pregnancy was driven on to its awful and melancholy termination by the large doses of medicine that were employed in its treatment. Dr. Julius's comparatively harmless measures did not check the malady. He left the case to Mr. Bird, who brought to bear on a weakly diseased woman the gigantic measures which had told so fatally against the lives of the very pillars of the British nation in the Crimea. The case was simple to begin with. Diarrhœa and vomiting it was—diarrhœa and vomiting it might have continued till nature had righted the changes that were going forward in the womb, but medicines must be given and given in doses so large that the patient's constitution sinks and at last she dies of DYSENTERY produced by excessive medication.

The judge took occasion to weep over the imaginary misery of Miss Bankes being allowed to pass into the other world without one word of religious consolation as if she had been a beggar and an unbeliever in an heathen land. Had the Chief Baron been able to estimate all the evil effects of the Bismuth, and Sulphuric acid, and Prussic acid, and Nitrate of silver, and

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Acetate of lead, and Mercury, and Opium, and Gentian on the irritated gastric nerves of this poor lady, he would have wept purer tears of pity when he remembered how much anguish and agony the mistaken though zealous kindness of her medical attendants had heaped upon her.

Dr. Todd, on the occasion of his visit to the patient, is struck with the look of terror that is depicted in her face. Now if this facial diagnosis is worth anything at all, it goes to prove that the disease was dysentery; every one who has seen a fatal case of dysentery, must have been struck with the untold horror which reigns in the patient's face; he has all the consciousness of approaching death, and all the agony of the most painful of diseases to bear. And here I must relate a case of dysentery I was called to six weeks ago, in which this look of terror was strangely manifest. This case was under the care of two allopathic practitioners, all the force of Acetate of lead, and Opium, and Turpentine injections had been applied, and there lay a splendid youth of eighteen, with a countenance most horrible to look at, in a bed saturated with bilious ejections and bloody dejections, writhing in agony, more from the virulence of the remedies applied, than from the severity of the disease. This case was so evidently dying that it was useless to interfere. Three days afterwards he died, and I am told that for some time before he died he could both take and retain food, and that his bowels were much less frequently acted upon. This case, which in its symptoms and result strongly resembled that of Miss Bankes, affords good evidence in the absence of all proof of the prisoner ever being in possession of Arsenic, or any other irritant poison, that Miss Bankes' death was caused by acute dysentery.*

With reference to the post mortem appearances of the body, every medical man will be able at once to discover how utterly it falls short of the condition of Arsenical poisoning; not an

* Perhaps it may be as well for the writer to say that he has had some experience in the symptoms and treatment of dysentery, as during the last four weeks he has had no less than *nine* cases under his own care, and that the firm to which he belongs have had during the last few years upwards of seventy cases, and not a *single* death.

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atom of arsenic was found in any of the tissues of the body. If Arsenic had been used as a poison the liver ought to have been saturated with it: not a trace of redness or ulceration was discovered in the mouth or fauces, or œsophagus or stomach. If Arsenic had been used as a poison all these parts should have borne evidence of its use.

The paleness and emaciation of the body, and the paleness of the mucous membranes, are all reconcilable with the idea of acute dysentery. The condition of the lower part of the ileum is precisely that we would expect to find in a case of acute dysentery in a patient of weak constitution, residing in a well-aired and healthy locality, who was surrounded by all the comforts and careful attentions which kindness could suggest, but in whom the disease went on unchecked, and not only unchecked but greatly aggravated by the incessant use of poisonous doses of medicine.

AN EXAMINATION OF THE CHEMICAL EVIDENCE FOR THE PROSECUTION IN THE CASE OF DR. SMETHURST.

THE chemical evidence may be characterised as singularly defective and inconclusive in any sense, were the issue to be ever so light; while for the purpose of a capital conviction we cannot but consider it as absolutely worthless.

The court and jury do not appear to have weighed cautiously and independently the facts attested to on the trial, taking each at its proper value. They rather seem to have set the simple evidence aside, and to have just deferred to the expressed opinion of Dr. Taylor;—the basis of this opinion we have presently to examine. Nor were court and jury alone—the medical witnesses for the prosecution were not superior to the influence of Dr. Taylor. It was Dr. Taylor who, virtually, found the verdict.

Doubtless the duty of a juror was not desired by any of the twelve men who had to determine upon the guilt or innocence of Smethurst. It was very convenient, then, to accept the

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opinion of Dr. Taylor, and endorse it as conclusive. It involved little exercise of common sense or judgment. As for the issue, they would have nothing to do with that: they had simply taken and followed the opinion of the great authority on poisons. What more could they do? The consequences they completely wash their hands of: Dr. Taylor must see to that.

The court is well accustomed to, and always expects great difference of opinion among medical witnesses. Legal differences of opinion are of course legitimate, endurable, useful—they serve to make great lawyers; but what can be so tedious for a judge to listen to as medical differences? They are by no means clear, and therefore they cannot be distinctly realised. The court, then, is prepared to attach much value to, and even to be guided by the boldly expressed opinion of a man who is esteemed an authority in his profession, without requiring that man to state fully and explicitly the grounds upon which such an opinion is based, and subjecting these data to the strict laws of evidence.

The court did not point out the true force, and breadth, and conclusive character, or otherwise, of the reasoning by which Dr. Taylor had arrived at his conviction. The court did not trouble itself with this. It was sufficient that Dr. Taylor was a recognised authority—that he had written a work on poisons. The court unenquiringly suffered itself to be led, and failed in presenting such a review of the evidence as would lead the jury to a clearer appreciation of all the doubtful points involved in the case.

We are far from finding fault with Dr. Taylor for having been considered an authority;—what we complain of is, that he rests an opinion on a foundation which we can only designate by the term *flimsy*—that he has damaged his reputation, and permitted himself to become no *practical* authority in cases of poisoning.

The time surely ought to have arrived when no intelligent person will, on so grave a matter, simply defer to the bare word of a presumed authority, backed by his assistant, Dr. Odling, and vouched for, after correction, by so elderly a gentleman as Professor Brande.

We must protest, that in experimental science, personal

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authority, apart from the evidence of facts, is as rotten wood. Clear-sifted, well-established facts, are everything; and no reasoning can be admitted as conclusive unless based on facts, which, by the consent of all, are beyond dispute, because capable of demonstration and verification.

Before the death of Miss Bankes, at the suggestion of the medical attendants, some of the evacuations found their way to Dr. Taylor for examination. In these he detects,—or supposes he does,—by Reinsch's test, a small portion of arsenic. Dr. Smethurst is arrested, and the case remanded. At a subsequent sitting of the magistrates, Dr. Taylor deposes to having found a small portion of arsenic, but not enough to cause death. The viscera, a number of bottles, and several pill boxes, etc.,—in all, 28 articles,—were afterwards sent to Dr. Taylor for examination. Now what does he do?

He states—we quote his evidence from the *Times*—that he received the evacuations in two bottles; he submitted a portion of one to the action of Reinsch's test, in the presence of the party who brought them, and found a metallic deposition on the copper wire, which, in his opinion, indicated the presence of either arsenic or antimony, but he could not speak to the exact description of substance. This was a preliminary examination.

On the same day he continues the experiment, now introducing fine copper gauze; and upon examining it afterwards with a microscope, he finds appearances closely resembling metallic arsenic, and ultimately obtains crystals of arsenic. He applies nitric acid to these crystals, and is satisfied they are arsenic.

Now, notwithstanding this satisfactory finding of arsenic, Dr. Taylor tells the coroner that in his opinion death was more referable to antimony than to arsenic. What it may be—arsenic, antimony, or some other body, not suspected by Dr. Taylor, Dr. Taylor clearly is not sure. He says his preliminary test indicated the presence of arsenic or *antimony;* his subsequent test, with the gauze, indicated most satisfactorily arsenic only. He does not find antimony or mercury, and then he tells the coroner, just after, he is of opinion death was more referable to antimony than to arsenic; but he does not say that he had then

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found antimony; and yet he would have had, by his own confession, the antimony deposited on the copper wire, had any been present. He did not obtain the antimony deposit; he found no evidence of antimony; yet he believes it to be there rather than arsenic. Such is the value Dr. Taylor attaches to his own experiments. He really does not seem to believe he has found arsenic after all.

For the discovery of arsenic Dr. Taylor relies, then, solely on the application of Reinsch's test;—the metallic deposition; its conversion into oxide, and its behaviour with nitric acid. This is sufficient finding of arsenic to the eminent toxicologist. We hope this is not the chemistry taught by Dr. Taylor at the Guy's Hospital Medical School. Dr. Taylor himself knows better. In his work on Poisons, ed. 1848, p. 353, although manifesting a great preference for Reinsch's test, he admits there are objections to this process. He says:

"Other metals are liable to be deposited on copper under similar circumstances: this is the case with antimony. *Bismuth* produces a deposit very closely resembling that of arsenic. With respect to mercury and silver, a metallic deposit takes place in each case without boiling." He goes on to say, very truly,—"It is not merely by the production of a stain on copper that the experimentalist judges of the presence of arsenic, but by the reconversion of the deposit causing the stain to arsenious acid, demonstrable by its crystalline form or its chemical properties. Owing to the neglect of these corroborative results, antimony has been mistaken for arsenic. If by heating the coated copper we procure a mixed sublimate of a doubtful nature, it is necessary to file off the ring of glass containing it; reduce it to powder, and boil it in a few drops of distilled water. The arsenious acid only becomes dissolved, the oxide of antimony being insoluble in water. *Unless from this solution we procure the reactions indicated with the ammonio-nitrate of silver, the ammonio-sulphate of copper, and sulphuretted hydrogen gas, there can be no certainty that the deposit on copper was owing to the presence of arsenic.*"

This is quite correct; and the last instructions are absolutely necessary;—but did Dr. Taylor follow them? It does not

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appear so. He obtained some crystals,—discernible only under the microscope,—and these he hands to the court, and the court accepts them, although they are not to be seen but with a microscope.

Dr. Taylor seems to have forgotten that there are other tests for arsenic than Reinsch's, more delicate, and less liable to objection.

It is singular that the metals which Dr. Taylor truly says produce on copper a metallic deposit—bismuth, silver and mercury, with lead and copper, were administered to the deceased by her medical attendants. Will not this in some measure account for the supposed arsenic—the only corroborative evidence being crystals not apparent to the naked eye? It must be remembered that all this time Dr. Taylor attributes death rather to antimony, which he has *not* found, than to the arsenic which he professes to have discovered.

We are greatly astonished that Dr. Taylor did not, in this contradictory state of matters, have recourse to Marsh's test. He acknowledges in his work on Poisons, ed. 1848, p. 347, that "the only objection to Marsh's test, of any practical force, is that found in the presence of antimony." Now, every chemist will know how easy it is to determine, in such a case, between arsenic and antimony, by the use of hypo-chlorite of soda.

Dr. Taylor, then, clearly does not hold it to be necessary—absolutely necessary, as all other chemists regard it—that the presence of arsenic should, in criminal prosecutions, be evidenced not by a single test, or a single course of tests, but by *every* test. He is content with a metallic deposit on copper gauze; upon this being volatile, and yielding crystals: he does not even state that the crystals were soluble in water, and that the solution with ammonio-nitrate of silver, ammonio-sulphate of copper, and sulphuretted hydrogen gas, yielded the reactions peculiar to arsenic;—in fact, what Dr. Taylor does is merely to separate something which he supposes to be arsenic—which may be arsenic, but which is not yet proved to be so by any corroborative test.

Whether Dr. Taylor may have used the identical piece of gauze before, so that it may have acquired a trace of arsenic;

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whether the deposit may have been bismuth or mercury, we cannot say; but the second bottle of the evacuation furnished neither antimony nor arsenic to our experimentalist—not even a trace. Dr. Taylor learns nothing from this; so this unfortunate and inconclusive analysis is to be followed by another still more unfortunate, and even more worthless.

Dr. Taylor proceeds to the examination of the viscera, and does not succeed in finding any arsenic. In this he is assisted by Dr. Odling. They arrive at the conclusion, however, that there might be altogether as much as half a grain of antimony present. This is, of course, quite proper, since it supports the view hazarded by Dr. Taylor at the inquest. That there should be an entire absence of arsenic in the viscera, we must regard as a most significant fact.

The medicines of Drs. Julius and Bird are also declared free from arsenic. But at the bottom of a syringe which was, says Dr. Taylor, "one of the articles brought to me for examination, I found a slight trace of a white powder, which might have been mercury, bismuth, or nitrate of silver (!); but I cannot give any positive opinion as to what it really was." So it seems the eminent toxicologist does at this point find his chemistry not to avail him. This is satisfactory, at least. Dr. Taylor is not, then, quite equal, on his own showing, to the whole of the case. He does not speculate, as he might, and is content to remain in ignorance as to whether the powder be mercury, bismuth, or silver, or anything or nothing. This is noteworthy.

One bottle contained chlorate of potash; another, marked No. 21, appeared to contain a clear watery solution, having a saline taste. So far, no arsenic has been found, in the body or out of the body, or on the premises, save only in the matter first submitted to Dr. Taylor. Bottle No. 21 doubtless will give the required arsenic. If not, it ought. Reinsch's test is applied. The copper gauze introduced dissolves, to the amazement of the Professor of Chemistry at Guy's. However, copper gauze is added, until the liquid becomes saturated with this metal; then a metallic deposit appears on the surplus copper—this is arsenic. The remarkable solvent of the copper is chlorate of potash. There are seven grains of chlorate of

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potash to the ounce, and one grain of arsenic to every ounce, so said Dr. Taylor, on May 20th, to the magistrates at Richmond. We wish particularly for this grain of arsenic to the ounce to be noted. "The arsenic in the bottle No. 21 is what we call *white* arsenic," says Dr. Taylor. Let this also be borne in mind—"*white arsenic.*"

Chlorate of potash had been added to disguise the arsenic—to prevent its detection—to facilitate its passage through the body. Dr. Smethurst was an ingenious man. It is but proper to Dr. Odling to state that Dr. Taylor conducts this experiment first alone, and then called him in. He also is of opinion it is arsenic then. Both of these gentlemen consequently depose to the presence of arsenic in bottle No. 21 before the magistrates and the coroner. Smethurst is therefore committed for wilful murder.

By some means or other, the venerable Professor Brande examines bottle No. 21. His skill is not equal to the discovery of arsenic. It does not appear that he employed Reinsch's test—the probability is that he did not. However, he distinctly tells Dr. Taylor there is no arsenic in this famous bottle, whereupon Dr. Taylor communicates to the counsel engaged for the prosecution, that after all—after seventy-six experiments—now that Professor Brande has examined the bottle, he finds that both he and Dr. Odling are in error—the bottle No. 21 is innocent of arsenic.

Dr. Taylor's evidence, therefore, before the magistrates and coroner, differs widely from that given at the Central Criminal Court before the Lord Chief Baron.

In the one instance the arsenic found was one grain in the ounce; and it was to be inferred that this was Smethurst's secret source of that poison. In the other, the total quantity of arsenic was declared to be half a grain, and that had come from Dr. Taylor's own impure copper gauze. It was of course now no longer necessary to suppose that the chlorate of potash was needed for the better elimination of the arsenic from the body.

It is as remarkable as it is sad, to see the course adopted by the Lord Chief Baron. The counsel for the defence had required the depositions of Dr. Taylor before the magistrates and the

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coroner to be read. The court could not see then the true worth of Dr. Taylor's analyses. Dr. Taylor deposes to the detection of one grain of Arsenic in the ounce of fluid, in bottle No. 21; and after Professor Brande's correction, there is no arsenic at all. Now we must call particular attention to this point:—one grain of arsenic in the ounce of fluid, derivable, as Professor Brande, as Drs. Taylor and Odling now tell us, from what?—the copper gauze which Dr. Taylor had used. Yet Dr. Taylor *distinctly states he had examined his tests for arsenic before commencing the examination.* What is the worth of such evidence? The Lord Chief Baron cannot see that Dr. Taylor's evidence establishes the presence of a very large quantity of arsenic—an extraordinary quantity, if he was not in this also really mistaken—in his own copper gauze—the gauze used also in the examination of the evacuations.

The court passes over this as a small matter, asking Dr. Taylor if it was not merely the failure of an experiment. Dr. Taylor says, "the destruction of the copper set free the arsenic contained in it, and this destroyed the effect of the experiment." That was all.

The judge asks Dr. Odling a similar question. Dr. Odling answers, "that unless the copper is dissolved, Reinsch's test is infallible in the discovery of arsenic."

This is not all. Drs. Taylor and Odling had proved themselves such expert chemists, that it must needs be, they are equally skilful physicians; gentlemen who had specially devoted their attention to chemistry with such magnificent results, could not but be also—whether young or old, that matters not—physicians of large experience, whose opinions deserve the greatest attention. Young William Odling, M.B., "does not know of any disease that would account for the symptoms that had been spoken to." This, indeed, must have decided the question of guilt in the mind of the Lord Chief Baron and the jury. Of course Dr. Taylor does not know of any disease that could induce the same symptoms. Eminent authorities! may we not soon expect, on the recommendation of the Lord Chief Baron, their appointment as physicians in ordinary to H.R.H. the Prince of Wales?

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On such evidence is Dr. Smethurst found guilty of administering poison.

To our minds the following points are clear:—

1. There was no real evidence of poison whatever, either in the body, in the house, or in the possession of the accused.

2. That Dr. Taylor used copper gauze containing arsenic, and hence found arsenic.

3. That he also found what he thought to be arsenic, but which was not submitted to corroborative tests, and therefore, as Dr. Taylor has it, "there can be no certainty that the deposit on copper was owing to the presence of arsenic."

4. That as "bismuth," we quote Dr. Taylor, "produces a deposit very closely resembling that of arsenic," as "mercury and silver produce a metallic deposit," and as bismuth, mercury, and silver, with also copper and lead, were administered to the deceased, the probability is very strong, that in the only instance in which Dr. Taylor finds arsenic, such supposed arsenic is, in fact, a deposition of some of these metallic substances, or of some substance with which these bodies may have been contaminated, or else of the arsenic contained in the copper gauze.

Our conviction is, therefore, that so far as the chemical evidence goes, Dr. Smethurst is not guilty, and ought to have been acquitted.

What of the future? Dr. Letheby is succeeded by Dr. Taylor; but who is to succeed Dr. Taylor? We urge this as a very grave question. We trust it may not be entirely left in the hands of the Home Secretary. It should be brought before Parliament. We would impress with all seriousness upon so enlightened a statesman as Lord Ebury, that justice, truth, science, and the interests of humanity alike demand, that no longer shall the power of misleading medical attendants and our criminal courts be left in the hands of a single man, be he ever so great an authority. We would suggest that, as scientific commissions are not unknown to our Government, a permanent commission be appointed of six persons—three of whom must act together at least—to investigate and report upon all future cases of suspected poisonings; and we would recommend that

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Dr. Hoffmann, of the Royal College of Chemistry; Dr. Williamson, of University College; Dr. Miller, of King's College; Dr. Redwood, of the Pharmaceutical Society; Dr. Letheby of the London Hospital, and Dr. Taylor, of Guy's Hospital, be named as such commission. This, we feel sure, would be satisfactory to the public, to the profession, and to toxicologists.

REMARKS ON DIPHTHERIA.

By Francis Black, M.D.

The following cases may be regarded as the sequel to the description of this disease, as given in the number of this *Journal* for October, 1858.

Case I. Jan. 4th, 1859. Mrs. ——, aged 28, subject to acne rosacea, but otherwise healthy, has complained for some days of general indisposition and coryza, with great weakness. *Ars.* 3.

Jan. 5th. During the night she became very feverish, and had slight delirium; she complains of slight pain in swallowing; the glands under the jaw are swollen; the throat reddish; a patch of thick exudation is visible on one tonsil, and two or three small spots are seen on the other, with a filmy appearance of the pharynx; pulse quick and weak; skin hot; great prostration, and pain in the limbs. *Iod. merc.* 1, two grains every two hours, and *iod. m.* A, to be applied twice to the throat: glycerine gargles.

3rd. Passed a better night. The exudation is less; the fever has subsided. Continue.

4th. The exudation has now disappeared; the throat is dotted with dirty reddish spots. *Bell.* 1 and *iod. m.* 1, alternately; ordinary diet; no stimulants.

6th. Throat well, but she feels very weak. *China* A. After this the return of strength was rapid.

Case II. Master ——, aged 8, a delicate child, and the son of the subject of Case I., has complained for some days of general

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indisposition, and cold. He now—January 4th, 1859—complains of pain in swallowing; he has swelling of the submaxillary glands, less so of the cervical, with stiff neck; on the right tonsil, which is swollen, there is a whitish exudation, extending backwards to the pharynx. *Iod. m.* 1, ½ gr. every two hours; glycerine to be applied locally, mixed occasionally with the *iod. merc.*

5th. Restless night, with wandering; both the tonsils covered with exudation; neck less swollen; pulse 90; he looks better; urine normal. Cont. every three hours.

6th. One tonsil free; the other less covered; general appearance improves; offensive discharge from the nose. Cont. Beef tea.

7th. Merely a spot on the right tonsil; he has diarrhœa, with general exhaustion. Cont. *iod. m.* every eight hours. Chicken broth.

8th. Against orders, a mutton chop was given; he has passed a feverish night; pulse 100; abdominal pain and tenderness; slight diarrhœa; tongue red at the edges. The throat is well; feels weak. A few doses of *acon.* 3, then *kal. bich.* 3. Low diet.

The case soon presented the ordinary characters of remittent fever, attended with more or less diarrhœa, tenderness of the abdomen to pressure, and strawberry-looking tongue. Though the weakness was great, the child was kept on farinaceous food, and no wine allowed. The abdominal compress was daily worn for some hours. *Ipec.* 1 failing after three days to arrest the fever, *ars.* 3 was given with good effect. The child was then placed on a more nutritious diet, and slowly recovered strength.

Case III. A little girl, aged 5, with chronic enlargement of the tonsils, shewed for a few days the symptoms of a common cold, these increased on the 23rd April, 1859. On the 24th there was feverishness; slight pain in the throat on swallowing, but without much redness or swelling; the breath offensive; the glands under the jaw swollen. *Merc.* 3; a hot bath at bed time.

26th. The little patient is sitting up in bed, desirous to leave it, and is looking quite well. The fever has gone; the skin is

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cool; the breath still offensive; both the tonsils are covered with a pale yellowish exudation, which cannot be detached; no pain on swallowing; still swelling of the glands. *Iod. m.* 1, ½ *grain every two hours, also iod. m.* A *to be applied twice; glycerine to be applied occasionally.*

Vesp. The further formation of exudation seems checked; it is decidedly less on one tonsil. The smell from mouth more offensive. Cont.

27th. The submaxillary and cervical glands on both sides are much swollen; the exudation is less on the right side, but it extends on the left up the velum palati to the uvula. It is impossible to see the pharynx. Deglutition easy; breathing natural; but the voice is rather hoarse, and the cough croupal; pulse 110. *Iod.* 1, 2 *drops every two hours.* I was called up at 2·30 A.M., and found the little patient in great distress: loud, laboured, humid, stridulous breathing; the voice hoarse, but hardly able to speak; the expression anxious, with staring eyes; great external swelling of the throat; hot skin; the pulse quick. *A partial hot bath for fifteen minutes, and then an atmosphere of steam kept surrounding the bed for two hours. Acon.* 1, *a drop every quarter of an hour for four times; then iod.* 1, *a drop every half hour to hour.* By 4 A.M. the urgent symptoms had disappeared, and the voice became clear; by 11 A.M. the croupal signs had all passed away.

During the day the exudation extended, involving again the right tonsil, and was attended by the most pungently putrid smell I have ever smelt, and to be discovered *through the whole house.* Offensive discharge and excoriation of the nose; the neck still swollen; pulse 100.

Kal. bich. 2, ½ *grain every hour.*

The passages of the house to be hung with sheets soaked in a solution of chloride of zinc. It is only by constant attention to this, and ventilation, that the smell is at all bearable.

It was evident by the afternoon that the vital powers were sinking: the face became dull, the forehead shewing a livid hue in its centre over the nose; the lips blue; the hands cold; the nails blue; pulse quick and feeble. Breathing easy, but occasionally laboured, as seen in typhoid fever. Swallows easily

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the chicken broth, and a little wine, which from time to time are given. No increase, but rather decrease, of exudations; less swelling of the neck and glands. The throat touched twice with *mur. ac.* A, and *mur. ac.* 1 given in frequent doses. In about three hours there was no amendment; the smell most offensive. *Am. carb.* A *every quarter hour.* About 7 P.M., when Dr. Cochrane saw the child with me, a slightly relaxed motion, mixed with grumous matter, was passed. *Ars.* 3. In an hour after she became suddenly blind; the lividity about face and hands partly ceased; now and then the child would start up in bed, clutching as if at some object, and eagerly drinking what was given her; partial unconsciousness; frequent vomiting of coffee-ground matter; the breath most offensive; ichorous discharge from the nostrils; occasionally a sudden and momentary gasping for breath; soon the dependent portions of the body became livid and cold, and about 10 P.M. death closed a most painful scene.

Case IV. E——, aged 6, a brother of the last patient, is a delicate-looking boy, and has had for some time chronic enlargement of the tonsils. He complained of slight sore-throat on the 28th of April, and he looked ill. There are two or three small suspicious points on the tonsil. *The throat was freely touched twice with diluted muriatic acid.*

29th. Hoarseness, and slight pain in swallowing; the left tonsil is covered with a patch of exudation the size of a shilling; slight external swelling under and round the lower jaw; breath not offensive. *Diluted mur. ac. applied.* By noon the exudation appeared to be spreading. *Iod. m.* A *applied, and iod. m.* 1, 2 *grains every two hours to be taken.*

30th. As during the night croupal symptoms threatened, the nurse, as desired, changed from *iod. m.* to *iod.* 1. During the 29th he ran about and played, but to-day he looks dull, and is languid; the exudation slowly spreads, and there is increased swelling of external throat. *Dil. mur. ac. applied, and mur. ac.* A *given internally.*

Vesp. He looks better. He has spat up a large piece of

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inodorous consistent whitish exudation, like a flat piece of maccaroni. *Cont.* Diet, chicken broth and good soup.

May 1st. He has passed a good night, and he has spat up many pieces of membrane. But the cervical region is more swollen; there is frequent gurgling noise in the throat, which is difficult to examine; the exudation appears in the nose, together with an ichorous discharge. *Tr. mur. fer. applied to the throat, and two hours after to take kal. bich. 2 every two hours.* Nourishing diet; orange juice freely.

4 P.M. He is much exhausted; a large portion of membrane has come away; the uvula and right tonsil are now free of exudation, the left is still covered; the submaxillary and cervical glands of left side much swollen; pulse 130; general restlessness. *A glass of sparkling Moselle every hour, until the pulse is better. Cont. kal. bich. 2.*

6 P.M. He has rallied, and feels better.

I sat up with him during the night. About midnight, signs of extension of the exudations to the larynx shewed themselves, and rapidly became urgent *Iod.* 1, given internally and by inhalation, for two hours, had no effect; but *bro.* 1 given internally, and a weak solution of *bro.* allowed to evaporate close to his mouth, had in three hours a good effect.

2nd. Stationary; breathes and swallows easily. Cont. nourishing food, and wine in small quantities. *Tr. mur. fer.* applied to the throat. *My notes are indistinct as to what medicine was given; I think kal. b.*

3rd. He looks and feels better, and continued so during the morning; but about noon, while sitting by his bed, I saw him suddenly seized with a fit of choking, which soon abated a little. I at once gave *tar. e.* A, in repeated doses, to excite vomiting. A quarter of an hour elapsed, and it had no effect, when, in an agony of suffocation, he sprang out of bed and seized me; I pushed my finger down his throat, and tried to detach the membrane from the epiglottis. This action excited frightful fits of coughing and choking, but at last he expectorated a large piece of tough membrane, two inches long, with very marked and sudden relief.

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After this he steadily rallied; soon sat up in bed; amused himself; talked and played with those around him. The swelling of neck subsided much. In the afternoon he complained of sharp abdominal pains, and passed a healthy motion, mixed with many pieces of membrane. After 1 A.M. symptoms of laryngeal obstruction again shewed themselves: these were relieved by *brom.* 1, internally and by inhalation. When daylight appeared he seemed better: the pulse good; breathing easy; now and then a paroxysm of loud croupal cough, which caused a sense of temporary choking; swallows easily.

About 8 A.M. he sat up in bed, quietly asked his nurse where he should go to if he died; she answered, "to heaven." On hearing this, the little fellow quietly laid his head on the pillow, then suddenly and tranquilly breathed his last.

Case V. The mother of these children, on the 1st and 2nd, while nursing them, complained of pain in the throat and slight coryza. On the 3rd there were rigors, sense of numbness in the legs, headache, and increased pain in throat, with spots of exudation on one tonsil. *Tr. mur. fer.* applied morning and evening, and soon after *mur. ac.* A, given internally. Diet, nourishing food and sparkling Moselle.

4th. Complained much of the pain excited by the application of the *tr. mur. fer.* The exudation increases; seen on both tonsils; the external neck swelling; the general appearance is, however, better. *Mur. ac. dil. applied, and continued internally.* Meat and claret.

6th. Much better; exudation nearly gone.

7th. Cont. Exudation gone. *To take mur. ac. for another day, then china* A, *and to remove into the country.*

Case VI. The father was frequently in the sick room, and, with general malaise, suffered from a vesicular eruption on the throat and irritation of the nostrils. By removal to the country, and taking *kal. b.*, these symptoms disappeared, leaving general weakness, and eczema of the neck.

Case VII. The eldest son, who was sent from the house when

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the disease declared its character, suffered from swelling and dirty redness of the throat, with small ulcers on it. He recovered soon, taking *nit. ac.* 1, and occasionally applying *nit. ac.* A.

One servant had at the same time sore throat; but no membrane appeared. I suffered, for nearly fourteen days after my attendance on these cases, from great irritation of the Schneiderian membrane, and general malaise.

Case VIII. A delicate young lady, who has been travelling about, arrived in Clifton complaining of cold, weakness, and sore throat. I saw her about the third day of her illness, April 29th, 1859.

The exudation was to a very slight extent on one tonsil, and attended with a dirty dark red appearance of throat and spongy-looking gums, with a weak quick pulse and great prostration. *Mur. ac. was applied, and taken internally; generous diet.* In about a week the attack passed quite away, leaving, however, great weakness.

Case IX. A lady, aged 38, of very delicate constitution, has just recovered from severe diphtheria, which attacked four other members of her family. She was seized with it near Fortrose, in Scotland; as soon as she was able to be placed on the railway, she travelled to Clifton. I found her, May 14th, 1859, in a very exhausted state; pulse very weak, 55 to 60; loss of voice; cutting burning pains in the trachea. She had, about ten days ago, expectorated a piece of membrane nearly six inches long. Constant cough; mucous expectoration. Respiratory murmur very faint; much mucous ronchus; unable to walk; sense of numbness and coldness from the knees to the feet; loss of appetite; bowels costive; pains in the hypogastrium; great general prostration.

Iod. 3 soon relieved the tracheal pains, and with their relief the voice became a little more audible. When the improvement seemed stationary, *ars.* was given, but with no benefit; then *tart. e.* 2 was tried, and under this medicine the bronchial irritation quickly disappeared, and the pulse improved. Then a more generous diet and *ferrum* were given; but it was not until

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the end of July that the patient could be said to be well, and able to walk.

CLINICAL NOTES.

Causes of death; prognosis; average mortality.

Cases III. and IV. are examples of the disease in its most dangerous form; and recovery can rarely be expected when such asthenic symptoms as appeared in Case III. present themselves. In this case the exudation in the throat was not excessive, and its extension to the larynx was arrested (by *iodine?*). Still the general disease advanced rapidly, poisoning the whole system, and soon presented the signs of fatal toxæmia.

In Case IV. death from asphyxia appeared at one time to be threatening; but this change passed away, and the fatal issue must be ascribed to sudden syncope.

It is very difficult to pronounce when the diphtheric patient is out of danger; for though the pseudo-membrane—which ought to be regarded much as an anatomical symptom—disappears from the throat, yet at times ranging from one to even fourteen days, it may suddenly return. It may then attack the throat, or invade the windpipe and bronchi; or the disease may manifest itself in its constitutional form, causing death from toxæmia or sudden syncope.

It is this fatal property of reappearing which, while it enforces the need of a cautious prognosis, ought to direct attention to the constitutional, in preference to the topical treatment. If, after the disappearance of the membrane, there yet remain a feverish state, a weak pulse, prostration, and painful glandular swellings, the patient is far from being out of danger.

The disease frequently commences, as observed in several of the cases I have recorded, in the form of coryza. Now, as these slight symptoms are common to an ordinary cold and to diphtheria, it may be of extreme consequence to be able, during an epidemic of the latter disease, to decide as to the value of such symptoms.

M. Bretonneau, in his fifth memoir, remarks on this head:—"Believe me, this sudden loss of life which so naturally alarms you, is not real, for when the disease appears, and, as it were,

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explodes, it existed before, and was silently, though abundantly developed in the nostrils. Do not object to me that I have said it, and explained and repeated it in every possible manner. After having clearly pointed out the insidious occurrence of nasal diphtheria in large or small localities where the sudden extinction of life struck so much terror into medical practitioners and populations, and having said to my colleagues, 'You cannot sufficiently suspect the secret seizure of the disease upon the nostrils,' I was still far from knowing my lesson, for it is only recently that I have completely acquired the conviction that the Egyptian disease [diphtheria] is developed in the nostrils, and extends there without any warning and without any apparent symptom. It must be confessed that such is the case.

"Under these circumstances, a minute and attentive vigilance is imposed upon us. When the Egyptian disease prevails and is propagated with the intermittent march which characterizes its irregular outbreaks, and when, from one year to another, it has raged so extensively as it has been seen to do in Paris within the last six years, it is incumbent on us not to wait for visible symptoms; but at the least sign of snuffling, at the slightest indication of coryza, to *feel* and not to *look* beyond the angle of the lower jaw, below the lobe of the ear, and thence down the sides of the neck. If in this region we should find any swollen lymphatic glands, our attention should be redoubled, for if we feel a glandular swelling, it is more than probable to be a consequence of the absorption of the Egyptian virus.

Do not be satisfied with this examination, for it is necessary that the diagnosis should leave no doubt; examine, therefore, the upper lip below the nostrils; in the most simple coryza the skin is reddened *equally* under each nostril, while in the case of the Egyptian disease, it is *only* on the side of the glandular swelling. If the swelling exists on both sides it is unequal; on the side where the swelling is least, the redness of the lip of the same side is least. From the period of this discovery, we are certain that there is a special affection, in fact, the Egyptian disease."*

The statistics of the mortality in diphtheria are drawn from

* Trans. by New Sydenham Soc., p. 196.

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so many various epidemics, occurring in different localities and times, that they yield no accurate result as to what treatment is most efficacious. They, however, afford this generally satisfactory information, that the mortality in the present and late epidemics is probably less than prior to 1805. M. Oznam has given a summary of thirty-nine epidemics, from 1657 to 1805, shewing as the result a loss of 80 per cent. The tables drawn out by the Académie de Médecine, of epidemics from 1805 to 1830, give a mortality of 25 per cent. A table of 431 patients treated by M. Daviot, from 1841 to 1844, give about 9 per cent. of deaths. But these results of M. Daviot are much more favourable than can be drawn from the epidemics of the last four years as occurring in Paris, Boulogne, &c. For example, Sellerier, in the department of the Seine in 1857 and 1858, met with 160 cases, 33 of which proved fatal. Diphtheria still figures largely as adding to the bills of mortality in England; but the only statistical returns yet made are those published in the *British Medical Journal* for June 25th, 1859. Out of 74 cases given in a tabular form, 26 died; Mr. Ellis reports 17 deaths in 133 patients, and Mr. Rigden 13 out of 55; that is, 56 deaths in 262 cases, or about 20 per cent. of deaths. The English returns quite bear out the tables of M. Daviot, that the seizures are most common from eight months up to fifteen years, and more rare as we ascend the scale of life, the comparative mortality being greater up to the age of ten than it is after that period.

In the several epidemics which have occurred at Lima since 1851, it has been found that the black race resist the influence of diphtheria, as they do that of yellow fever.*

Causes.—In Cases I. and II. the lady and child had been residing in Herefordshire, where diphtheria was then epidemic; as soon as they felt unwell, they returned to Bristol.

It is difficult to account for the seizure of the Cases from III. to VII., for the disease was then not known in Clifton. They were all members of the same family, in affluent circumstances,

* *Amer. Journ. of Med. Sci.*, Vol. XXXVI. p. 528. 1858.

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living in a healthy airy situation, and, as far as the olfactory organs are judges, there was no evidence of faulty drainage.*

With the exception of two servants, the whole household were in a measure affected. They all appeared nearly about the same time to have slight colds. This in one boy manifested itself in violent asthma and swollen cervical glands; in a younger brother it showed itself as simple sore throat, swelling of parotids, irritation of nostrils, and bronchitis, which was sharp for two days. On the fourth day from the seizure of the eldest boy, the little girl's cold passed into diphtheria. The disease did not spread further in this locality, nor in Clifton proper.

* While on the subject of drainage, I may allude to a defect in almost all houses, and by remedying which I have personally known the advantages. In the house where these cases occurred, it was pointed out by an engineer that this error might in time affect the health of the inmates. The water-closets and soil-pipe may be in excellent order, but if backward pressure is made on the contained air of this soil-pipe, either from the pent-up foul gas of a cesspool or the back draft of a common sewer, the impure air is forced or gently bubbles through the water in the trap of the closet, it may be without noise or smell, and thus impregnates the house. This is remedied by forming a communication, by means of a small pipe, between a point of the soil-pipe a little lower than the trap, and the external air. This pipe can be carried higher than the roof. The following is a case in point. Mr. Milner writes:—"In the early part of 1849 I visited a number of prisons, for the purpose of selecting convicts to be removed to Wakefield. Among the prisons so visited was Lincoln Castle. I there found thirteen men under sentence of transportation: twelve of them were then either suffering from fever, or convalescent from attacks of fever. On enquiry, it appeared that a block of cells constructed on the Pentonville plan had been built, and prisoners had been placed in them, I think for the first time, in October, 1848. By the end of the year almost every prisoner who had been placed in those cells was ill, and the greater part had continued fever. I examined the cells, and found them well built, dry, and provided with good arrangements for warmth and ventilation; they were also perfectly clean, and evidently had been kept so when occupied. They were all provided with water-closets, which were clean, and in good order. I then enquired about the drains, and the mystery was at once solved. There were no drains from the prison, but all the sewage from these cells was conducted into a closed cesspool, which I was most carefully assured had been made *quite air-tight*. The result of this arrangement was, that when the tension of the disengaged gases in this air-tight cesspool became greater than the water sent into the syphon-trap of the water-closets, large quantities of these gases escaped into the cells, as one of the prisoners told me, 'with a noise like thunder, and a stench that would poison the devil.'"—*Sanitary Review*, 1858: Vol. IV. p. 99.

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If the origin of this malady be obscure, not less so is its mode of propagation. There is abundant evidence that it spreads as an epidemic, and also by contagion; but though neglect of hygienic precautions may be predisposing causes, yet diphtheria is often seen attacking a class of persons in good circumstances, and residing in localities where all the accessories to health are present. *E.g.*, there were fifty severe cases in the Orphan Asylum at Croydon. This is a new building, standing alone, erected on the top of a hill, open to the south-west; the rooms are spacious and lofty, and every attention is paid to ventilation and drainage.* There is also abundant evidence to the same effect in the history of the French epidemics.

Vegetable origin of diphtheria.—I only examined one specimen of membrane (Case III.), assisted by a friend, who is daily engaged in the microscopic study of plants; but we were unable to discover the least appearance of vegetable structure. He also informed me that the same results were met with by a friend who examined upwards of a dozen different specimens.

I cannot agree with Dr. Madden, in attributing the efficacy of the muriate of iron to its power of destroying the *oidium*, for I believe that traces of oidium will very rarely, if ever, be found in the recent exudation of true diphtheria, if the membrane be examined immediately on its removal, and before it has been long exposed to the air. If the membrane be kept, then perhaps on its surface some vegetable traces may be met, for it is well known how soon fruit or cheese, under certain circumstances, is covered with mucor.

I need not here repeat the arguments which I have given in a former paper, against the vegetable origin of this disease. I admit that the *oidium* has been found, but so very rarely, that, even were it more common, its presence must be considered as purely accidental, and not an essential part of the disease. In further confirmation of this view, I refer to a very full and able description, by M. Empis, of the course of diphtherial formations.†

* *Br. Med. Journ.*, July 16, 1859.

† *On Diphtherite.* Trans. by New Sydenham Soc., p. 303. The summary in the *Br. Med. Journal* is also opposed to the vegetable nature of the membrane.

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Albuminuria.—The presence of albumen in the urine is now an admitted feature in diphtheria. Dr. Atkin writes:—"In a note I addressed to the President of the British Homœopathic Society in December last (1858), I mentioned that I had detected albumen in the urine of convalescents from diphtheria. At the time I believed it had not been previously observed, but in a paper in the next week's *Medical Gazette*, the author stated that he had detected it in most of the fatal cases that he observed."*

It appears also to have been noticed towards the end of 1858 in Paris, for Bouchut and Empis allude to its frequent occurrence, and regard it as a symptom of great danger.†

I merely examined the urine of two cases, II. and III., but I found no traces of albumen. I recollect being consulted by letter, September, 1858, by Dr. Cochrane, in the case of a little girl suffering from diphtheria, where the urine was highly albuminous. The circumstance of this patient having chronic disease of the heart, together with the appearance of the albumen, led to a very doubtful prognosis, as then the albuminous feature in diphtheria was not known. She soon recovered. Judging by the summary of cases published in the *British Medical Journal* (June 25, 1859), albuminuria is far from being a prominent symptom. The occurrence of albumen appears to have confirmed some writers in the opinion that diphtheria and scarlatina are connected; but the evidence to be deduced from the various published cases, prove that the two diseases have nothing in common.

M. Maugin‡ has shewn one difference, that whereas in scarlatina albuminuria is found usually only at the period of desquamation, in diphtheria it may be observed from the commencement of the disease. It is quite possible, and does occur, that a scarlatina patient may become the subject of diphtheria, and shew in the throat the true signs of that affection (*vide* case in my former paper, vol. xvi. p. 647); but this is an instance of superadded disease. The pseudo-membranous

* *Br. J. of Hom.*, April, 1859, p. 287.

† *Resumé d'un Mémoire sur l'albuminurie dans le croup et dans les Maladies Couenneuses.* L'Union Méd., No. 132.

‡ *Moniteur des Hopitaux*, Nos. 130, 131, 132.

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exudation that is sometimes seen in scarlatina, presents in its appearance and course very distinctive characters to true diphtheria of the throat. The former appears *simultaneously on both tonsils*, and the mucous lining of the throat is invariably a deep uniform red; in the latter it attacks *first one side*, and often the mucous lining appears little affected. The pseudo-membrane of scarlatina has little or no cohesion; it can be readily detached—in this resembling muguet; it remains localised at the point of its development, and never invades the air-passages. The membrane of diphtheria is more continuous, much more consistent, and adheres closely to the dermis; it readily extends from the throat to the larynx, and it may appear on all surfaces which are excoriated. Under the microscope they present no difference; but as Empis (p. 331) observes, were the microscope to be the test, then these two diseases would be confounded; and with equal justice might a similar conclusion be drawn from the pustule of syphilis, of variola, and vaccinia, for in them the microscope discovers the same identical elements.

Treatment.—On this I have little to add to what has been stated in my previous paper, or to the measures recommended by Drs. Kidd and Madden in this *Journal.*

Case I. and II. may rightly be regarded as illustrating the beneficial action of *iod. m.*, for these cases presented the usual signs of a sharp attack. In my first notice of diphtheria, I gave less preference to *mur. ac.* than I now think it merits: in Cases V. and VIII. it was of decided benefit. I quite agree with Dr. Kidd in assigning it a prominent rank among our remedial means. At Torquay, Dr. Macintosh and Mr. Gillow have found *sul. ac.* useful. I was disappointed in the action of *tr. mur. fer.*, but Dr. Madden and others speak very confidently of its curative power as a topical agent.

The more the nature of diphtheria is studied, the less desire will medical men feel to employ such topical agents as act merely as caustics, and bear no homœopathic relation to the general malady. If the disease invade the larynx, cauterization can be of little avail. Bretonneau has published two cases, where he considers a state of semi-asphyxia was removed by applying nitrate of silver to the larynx. But his preliminary

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steps of seizing, and holding up the epiglottis with a spatula (a procedure which he admits, though necessary, is rude, barbarous, and apparently cruel), excites fearful struggles and very deep inspirations: it is these deep inspirations, followed by increasingly stronger expirations, which probably produce, more than the caustic, the beneficial effect.

Lately, writers in allopathic journals appear to think that cauterization has been pushed too far.*

To the remedies which have been used in this disease by homœopathic practitioners, viz., *iod. m.*, *kal. bich.*, *brom.*, *iod.*, *mur. ac.*, *nit. ac.*, *sul. ac.*, *ars.*, *am. carb.*, I am desirous to add *cantharides*, which has not yet been employed, but which in its pathogenesis offers many curious resemblances to diphtheria. I was struck by this when reading Bretonneau's fifth memoir. He writes:—"The same is the case with the Egyptian virus [diphtheria], which, for many ages has been reproduced at so many periods and at such long intervals, and has always been the same. We follow the progress and the phases of its operations. We see the Egyptian sanies act like an oily solution of cantharidine: it raises the epithelium and the epidermis, extends the area of its attacks, and covers it with a false membrane, which is seen to thicken in proportion as it is produced, with this difference, that it acts less powerfully and expeditiously than the oil of cantharides. But the diphtheritic virus is an epispastic agent which, acting through the epithelial coats of our inner or outer integuments, takes much less time to produce the same effect.

"I cannot resist the opportunity of quoting an instance of this kind, which I have seen over and over again with the same degree of astonishment.

"A ball of the ethereal extract of the powder of cantharides, having scarcely the volume of a hemp-seed, dissolved in a small spoonful of olive oil, was administered to a goat. There was fatal poisoning, and the body was examined. There were no traces of the coriaceous epithelium which covers the tongue, the œsophagus, and the first stomach; but the enormous concrete exudation which occupied its place exhibited the most exact

* *Lancet*, February, 1859, p. 182. *Med. Times and Gaz.*, Vol. XXXIX. p. 337: 1859. Marchal de Calvi, in *L'Union Méd.*, Nos. 56, 57, 58, 62, 65.

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model of the surfaces from which the exudation was being detached in prodigious quantity. After having pointed out this similarity of epispastic action existing between two agents of such different origin, why should not something be said of the similarity exhibited by death from Egyptian poisoning and that from the poison of cantharides?

"In both cases there was the same coldness, yielding to no process of warming, even in the midst of summer; the same absolute adynamia, which cannot be compared to any other adynamia, or rather, it is a complete extinction of muscular power; no other movements remain, except those of the heart or of the respiration, and even these movements are so slow that the pulse falls to 50, 30, 20, 5 pulsations in the minute, then to only 1 in two minutes; there is a corresponding decrease in the expiratory movements, and at last extinction of life, with this remarkable difference, that the death caused by the Egyptian poison is *real*. There is a circumstance which can only be observed in man, namely, that while in children and adults there is a constant exaltation of the affective sentiments and of the intellectual faculties, the same exaltation of the powers is observed, even in very young subjects. But here the similarity ceases. There is another difference peculiar to death caused by the poison of cantharides, and experiments often repeated on young dogs, made with the same or with different objects, have given very strange results in this respect.

"After the poison of cantharides, death is only apparent before becoming real. We have twice, and even thrice, seen this fictitious death repeated; on those occasions this apparent death so closely resembled real death, that the instinct of the great blue fly was deceived by it. A swarm of these flys, which deposit their larvæ on meat when it is beginning to turn, covered the comissures of the eyelids, the lips, and the apertures of the nostrils with a thick and rounded layer of these heaped-up larvæ.

"Each of these successive fits of lethargy was generally prolonged more than twenty minutes, without our being able to perceive any indication of life, or to excite even a dubious movement of the heart during the continuance of this apparent

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death, when to our great astonishment we saw a kind of resurrection, at first slow, then rapid, so that the animals became able to stand and walk; subsequently, there was a more prolonged relapse, and finally, complete extinction of life.

"One of the young dogs, whose toxæmia in the morning had been less deep and prolonged, began to eat in the evening, and appeared to be advancing towards a complete revival; but although he drank milk, and was kept warm during the night, he died next day. This circumstance occurred in the presence of a dozen pupils, in the year 1825."*

If to this description we add the well-known power of cantharides to excite albuminuria, and look at its general symptoms as given in the proving of Hartlaub and Trinks, we find:—

Feverish paroxysms, characterised by chilliness.

Feelings as if bruised all over the body, attended with great debility and sensitiveness.

Excessive debility; trembling of the limbs; languor; relaxation; prostration; syncope.

Hæmorrhages from the various mucous surfaces.

The whole combined present a group of symptoms which offer a close resemblance to the general phenomena of diphtheric poisoning, and, in the absence of any very well-marked homœopathic remedy, this similarity is sufficient to justify a trial of *cantharides*.

P.S.—After the above was in press, I have, while consulting Dr. Abercrombie's well-known work on Diseases of the Stomach, met with a concise but very clear and admirable description of the disease as observed by him:—"It does not appear to be a common affection in this country [Scotland]; but I have had opportunities of seeing it at various times, particularly in the summer of 1826, when it was frequent and fatal in Edinburgh. It is an epidemic chiefly affecting children." He then describes its local symptoms; he says there is in general little fever, but great prostration, and often a diseased state of the whole system. In that epidemic the stomach was often affected, there being epigastric tenderness and vomiting. "In the epidemic of 1826 I saw no fatal case, except when the disease extended to the larynx; but of those patients in whom the larynx was distinctly affected, *very few recovered.* The disease was often protracted for several weeks; and in some cases which had previously been going on in a mild form, the fatal affection of the larynx took place so late as the fourteenth day. *When this termination did not occur, the affection seemed to run through a certain course, over which medical treatment had little control.*" He distinguishes it very clearly from cynanche maligna and the sore-throat of scarlatina, and idiopathic inflammation of the larynx and trachea. *Dis. of the Stomach.* Third edit. 1837. p. 58.

* Trans. by New Sydenham Soc., p. 185.

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CLASSIFICATION OF THE "MATERIA MEDICA PURA."

By MR. GELSTON.

(*Read before the Liverpool Homœopathic Medico-Chirurgical Society.*)

THE rapid extension of the *Materia Medica*, and the difficulty of estimating the sphere of action of a remedy by the artificial schema introduced by Hahnemann, and too faithfully followed since, necessitate the desirability of some practical arrangement of the elements in accordant form. The need has been recognized, no doubt, by many, suggestions have been offered by several, but few have attempted to supply the defect.

In the meantime it has been remarked that our success has not been commensurate with the increase of our resources, that the too great variety has tended rather to confusion, and that we are now very much in the condition of the countryman on his visit to London, who complained that he could not see the trees for houses!

Dr. W. E. Payne (*North American Journ. of Homœopathy*, No. 19), in the prelude of an article entitled "Suggestions relative to a scientific arrangement of the *Materia Medica*," remarks: "The unmethodical and complex condition of the *Homœopathic Materia Medica* must be obvious to every member of the profession who has had much experience in its use. Instead of that symmetry and perfection which nature presents for our study in all her works, and which we might reasonably expect to find here, we have the most unnatural and unscientific arrangement of symptoms according to the regions of the body, and we have offered for our study and use in combating diseases a fragmentary and confused work, when we should have all the precision that well arranged scientific truths can point out. Drugs, when their disease-begetting property is displayed on the vital organism, should primarily exhibit their effects in the tissues in a similarly colligated relationship. Thus all the drugs that primarily affect the mucous tissue, whatever may be the form of disease engendered, or wherever located, belong to the same group,

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therefore should be grouped according to their effects upon the vitality of the tissues rather than according to their rapid resemblances, their toxicological properties, or their chemical isomorphism."

In the 17th number of the same Journal, on the subject of "Pathogenesis theoretically and practically considered," Dr. Holcombe observes:—"It is needless to remark upon difficulties, perplexities, anomalies and contradictions familiar to every physician who has faithfully endeavoured to use our *Materia Medica* at the bedside." He had "intended," he says at the conclusion of this article, "to devote a section to the classification of pathogenetic phenomena,—first, that of the symptoms of each drug, and secondly, that greater and more difficult classification of drugs themselves." In his clever little work, the *Scientific Basis of Homœopathy*, he again alludes to the subject, with an interesting and pertinent quotation from Ballard and Garrod's *Therapeutics*. "The activity and kind of operation of most vegetable drugs may be predicated from the structure and botanical connections of the plants from which they are obtained. Plants are grouped together from certain affinities of structure, and experience has established the general law, that when a group is a very natural one, the medicinal qualities of it are very analogous. This appears to be grounded upon the fact of each containing active principles, either closely similar, or even identical in chemical composition and effects. The orders of Solanaceæ, Papaveraceæ and Cruciferæ, illustrate this in the most satisfactory manner, the two former being narcotic and acting with varied energy on the cerebro-spinal functions, the latter containing plants constantly pungent and edible, either employed as articles of diet, or in ordinary use as condiments. When we pass on to consider the chemical composition of these active principles, we obtain the singular result that in several of these whose operation on the nervous system is manifested in the most energetic manner, a certain similarity prevails, which arrives in some instances very close upon identity. We allude not so much to the relative proportions of Hydrogen, Carbon and Oxygen, as to their possessing a minute proportion of Nitrogen."

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Hering, in an early number of the *British Journal of Homœopathy*, gives an outline of a classification, wherein he compares a considerable number of medicines by contrast and alliance. The sketch exhibits an intimate analytical acquaintance with the elements of our *Materia Medica;* and at this time calls up the regret that the philosophic mind of Hering had not matured this subject, as a properly analogous classification would have done much to illuminate the apparent uniformity of our *Materia Medica* "*Obscura*," as it has been jocosely—though not unjustly—styled by one of our own writers. In Vol. IX. of the *British Journal of Homœopathy* Mr. Millard propounds a method more plausible, perhaps, than practicable, that our medicines might be arranged somewhat like the Linnean classification of plants, thus: Aconite representing the vital force redundant, at one end of the scale—Arsenicum and Carbo veg. at the other, representing the opposite conditions. Hahnemann, in his first *Essay on the Homœopathic Principle*, disputes, in general, "that botanical affinity may allow us to infer a similarity of action," and adduces a variety of examples to contravert the supposition of similarity in effects of substances apparently naturally allied. Two fallacies underlie the data of this inference. Hahnemann at this time formed his judgment from the toxicological and not from the dynamical symptoms, estimating rather from the apparent qualities than the occult; moreover, the system of Murray, which he followed in his conclusions, "arranges," as he admits, "plants in groups having often slight *external* similarity." "Yet," he says, "I am far from denying the many important hints the natural system may afford to the philosophical student of the *Materia Medica*, and to him who feels the obligation of discovering new medicinal agents." It is somewhat singular that the acute mind of Hahnemann was not impressed with the intimate relationships of natural alliances, when pure pathogenesis had extended the scope for such observation. His mind would appear to have been more intent on the *homoion* of the disease, than on medicinal similitudes. His injunctions with regard to exact symptom-covering, taken in connexion with the present extension of the *Materia Medica*, if followed to the letter,

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would *entail* upon the patient quite a chancery process of doubt and delay, in reply to relief besought. Nay, it has been said that some of the strict followers of the great master in Germany diligently occupy the whole day with one or two patients, in hyper-conscientious endeavours to strangle the disease at one stroke.

It does not seem singular that isopathy should have risen as a heresy, when this *verisimilitude* was so much insisted on. But to return. Hering, the pupil of Hahnemann, seems to have surpassed his master in comparative insight, and very judiciously remarks that "the differences of those substances which are allied in their origin lie principally in the conditions of the symptoms, whereas those substances nearly connected by the similarity of their symptoms alone agree merely in single departments of symptoms, but in others have quite a different character and seat."

The most ambitious attempt at classification with which I am acquainted is that of Teste, in a work which has been variously lauded and condemned. In his introduction the author remarks: "Inasmuch as every science necessarily implies the idea of multiple and correlative definitions, or propositions which are methodically developed out of, and therefore depending upon, each other, it is impossible that a science should exist without a system. Hence the *Homœopathic Materia Medica* cannot become a science in the true acceptation of the term except by first being systematized—otherwise it would simply be an assemblage of incoherent facts, which would exclusively appeal to the memory, and being increased in number from day to day, would necessarily be forgotten after a while, at least in a great measure, and would remain a dead letter in the archives of our science." Hempel, in his preface to the translation, thus commends the performance: "The work which is here offered to the public is not the production of a trifling mind, but of a man who made it his business to reflect deeply on the present character of the *Homœopathic Materia Medica*. He felt, like a host of other intelligent practitioners, that the present arrangement of our drug symptoms, which constitute our guides in the use of

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drugs as remedial agents, is exceedingly arbitrary and complicated, and that it is therefore eminently desirable to simplify the *Materia Medica*, by substituting for the present incoherent arrangement of our materials, a system of symptomatic relations based upon subjective analogies." "This much is certain," he adds, "that this work is a treasure of interesting facts, observations and reasonings, and that every physician will find it to his interest, and to the eminent advancement of his patients, to study the present work with care and attention." On the other hand Peters, in the *North American Journal of Homœopathy*, Nov., 1856, declares:—"In fact, we may state once for all that Teste's book contains more lying and stealing, more flippant and unjustifiable assumptions, and more brazen hardihood of assertion than any modern book on the *Materia Medica* with which we are acquainted." In short, Teste's production is a delightful labyrinthine involution, and reminds one of the visitor sight-seer to Paris, who hired a *fiacre* to take him to a certain part of the city. The *conducteur* took the *stranger* a two-hour's drive, and with a bland smile received his fare. The sight-seer soon perceived that the place he desired to visit was only round the next street whence he had set out. And so with Teste: he enters Ferrum in his first group, it goes the round of various others, and finally heads the last. Like the poor gentleman's servant, who officiates variously as cook, gardener and coachman, the individual is lost in analogy, and the analogue is forgotten in the individual. In fine, the attempt realizes the sentence of the satirist—*reversed:*

> "Non fumo dare lucem
> Sed fumum ex fulgore."

Inelegantly may be rendered—

> "Not light from smoke to give,
> But smoke from soot to drive."

Indifferently beguiled with such blandishments, the profession have remained infatuated in the Delilah caresses of the book-making symptom-mongering of Bœnnighausen, Jahr, Possart, etc. Hufeland declared that if homœopathy prevailed it would

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prove the "grave of medical science." Such a prognostic were much to be apprehended if homœopathy had limited its progress to the narrow basis of operation to which Hahnemann and his many fantastic followers in a great measure sought to restrict and promulgate it. To be guided solely to the choice of a remedy by comparing the varying symptoms of a disease with the dismembered symptoms of a repertory, must, I conceive, ever prove derogatory to science and humiliating to reason; too tedious for practice, seldom certain or satisfactory, frequently vain and delusive. The not uncommon custom of selecting for guidance some odd concomitant, or an individual symptom, to which all the rest are merely collateral, may suit, perhaps, with *dilettante* sentimentalism, but that it is compatible with a rational or even successful treatment of the patient is highly problematical. Yet there are not wanting many who advocate and maintain this mode as the truly orthodox, and who feel quite a dignified offence at the idea of this purely legitimate method being obnoxious to the charge of puerility and ridicule. Nay, some take quite a pride of parading the wonder-working miracles of this special agency—*vide* Bœnninghausen and his beard concomitant, and the veracious marvel of two mad dogs killed on the spot with a few globules of Jenichen's potencies, and a multitude of others *passim*. That I am not exaggerating the character of these brilliant *prestos*, I shall quote the opinion of one grave with experience, and sober-minded. "It is undoubtedly a fact," says Trinks, "that there exists among homœopathic practitioners some so enslaved by devotion to a formula, that, shutting their eyes to the consideration of the processes of healthy and diseased life, they make it their whole endeavour to construct two figures as like as possible out of the symptoms obtained by questioning the patient, and those printed in the repertories; and upon this the treatment rests. They often measure the acuteness of their *aperçu* by the triviality of the symptoms, the twitching of a hair, or some frivolous observation."

Hahnemann at first conceived the law of '*similia*' applicable to chronic diseases alone; further experience led him to pronounce it the only law in all cases whether chronic or acute,

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and totally to condemn any other procedure as prejudicial, and wholly at variance with nature. To many an ardent devotee of the present, the two modes of treatment—the allopathic and homœopathic —would seem related to the routes to the eternal regions;—the antiquated method to the wide gate and broad way that leadeth to destruction, *and many there be that go in thereat*—the new method, by the difficult symptomatic route, excepting always the dispensation by grace of some special ascent, *à la Bœnninghausen*, to the straight gate and narrow way that leadeth unto life, *and few there be that find it*, unless the plain and special repertory is taken as their guide, wherein is so definitely displayed all that is needful, that a wayfaring man, though a fool, cannot err therein, although the recorded means seem so very much alike, that, as an allopath averred, he could not see the difference, or, as Paddy said of his potatoes, that one was quite as good as another, and a deal better.

It would appear that the founder of our art had quite a *penchant* for the Chinese; be that as it may, his schema is not unlike their paintings, which—pre-Raphaelite in style—*pain*-fully minute and elaborate—are yet rather *bizarre*-looking for lack of taste in grouping and knowledge of perspective. Xerxes was reported to have known the name and character of every man in his vast army of a million: as the *Materia Medica* extends, and arranged after the present fashion, few, it is to be apprehended, will emulate the capacity of the Persian, even to the extent of the mere names, in despair of which many doubtless are convinced that the only mode of resort to the sweet bower of Evelyn is by the labyrinthine clue of a cut and dry repertory, of single or sets of symptoms. In opposition to this crying evil, as I conceive, I must reiterate the conviction of its practical futility. However admirable the diligence of Jahr; however marvellous the revelations of Bœnninghausen; however ardent the zeal of the purist, and confident the faith of the ultramontane enthusiast; nay, however ingenious the hieroglyphical cypher of that paragon of its species, the New Repertory; it is withal highly questionable whether this system of symptom-seeking and comparing is truly calculated to advance the cause of homœopathy as a medical science.

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Hahnemann, it would appear, as if having some inherent antipathy to pathology, seemed determined that pathogenesis should in no wise be confounded with it; he took pains, therefore, to bar the door between them, and left an example to his followers, who have for the most part faithfully followed the bell-wether precedent, and even bettered the example by building up the chimney. Whereas Hahnemann left a partial chink of insight to the chronological process of the disease by noting the number of days to the symptoms, Jahr & Co. have deemed this little interesting particular wholly unnecessary, fancying, perhaps, that a glow-worm was of no use in a bog, and that it were much better to find the way or flounder by the farthing-candle splendour of a conglomerate repertorium. Hirschel, indeed, has worthily demonstrated that we may obtain a pathological view of the medicinal disorder by means of a philosophical though laborious analysis. But Hirschel is not, perhaps, a Hercules, and the Augean stable has yet to be "*un fait accompli*," although his book indicates the means by which the task may be undertaken, and, from what he has performed, how much may be hoped for, to reduce chaos into something like a new creation. Though it is a matter of regret that Hirschel had not attempted less well-known subjects rather than those with which we are tolerably acquainted, and which have, therefore, as the *British Journal* remarked, something of foregone conclusions about them.

I have availed myself of the liberty of free canvass in the treatment of the subject of repertories. I need not say I disclaim any desire to depreciate by criticism, however seemingly flippant, the patient labours and indefatigable diligence of the promoters of the New Repertory. In presenting a classification of the *Materia Medica* there is less feeling of constraint or modesty, as it entails but slender claims to originality. In endeavouring to group general analogies, I soon found that those which were most affinitive were naturally allied, and it is chiefly on that basis I have attempted an arrangement. That it is not entirely so may be attributed to the lack of elements in several of the classes; in these, however, an approach is made towards the natural system of combination. I am fully

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persuaded that a study of the *Materia Medica* on this construction of relationships will afford not a little gratification, and exhibit the means of obtaining a more distinct acquaintance with the remedies of our healing art. A comparison of the members comprised in a class will show how they illustrate, and even supplement, each other, their differentiality of sphere, and their general analogies of influence. A considerable number are not included, the pathology of which is not distinct, or not readily assignable to well-related groups. Experiments with substances which have few or no representatives of natural classes were much to be desired: and it is to be hoped that those who have a laudable ambition that way will direct it towards the exploration of these "*terræ incognitæ*."

CLASSIFICATION.

1*st Class*.—Agaricus muscarius, Lycoperdon bovista, Lycopodium clavatum, Secale cornutum, Lichen carima, Lolium temulentum, Filix mas.?

This class represents chiefly chronical disorders, originating in the vegetative system; cacochymia or mal-nutrition; latent psora, phthisis and chronic bronchitis; asthma? congestion of the liver, kidneys, bladder and uterus; cutaneous affections from defective capillary metamorphosis; nervous disorders from reflex irritation, such as chorea and epilepsy. Some acute disorders of a malignant epidemic nature may possibly also be represented by this group,—cholera? dysentery? influenza?—if the cause be not, as there are good reasons to suppose, too analagous in character, and therefore, perhaps, rather calculated to aggravate than relieve.

The changes in the capillary organization bear prominent curative relationships to the effects of depraved nutrition and retrograde metamorphosis, and morbid and malignant growths, such as scirrhus, hydatids, &c. The curative relationship may perhaps only extend to the early stages of such affections, unless the hyper-infinitesimal quantities shall be found really to possess the miraculous powers attributed to them.

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2nd Class.—Lamium album, Teucrium marum, Viola, Jacea, Cistus Canadensis?

Irritation of the gastro-pulmonary sphere, disorders incident to childhood, catarrh and hooping-cough, ulcerative, scrofulous, cutaneous (herpetic) diseases.

3rd Class.—Cannabis sativa and Indica, Urtica urens, Terebinthina, Copaiba, Thuja, Sabina, Taxus baccata? Lupulus humulus?

Affections of the urino-genitory apparatus, with an inflammatory or hæmorrhagic tendency; chronic, bronchial and pulmonary ditto; cutaneous (papular, vesicular) disorders; and vegetative dermoid growths.

4th Class.—Allium sativa, Scilla maritima, Senega, Asarum Europeum, Aloes, Benzoic acid, Assafœtida, Granatum, Guaiacum, Nuphar luteum? Krameria triandria?

Some elements of this class are possibly heterogeneous: complexly they represent portal, poietic and bronchial congestions, gastric, bilious, catarrhal and rheumatic affections.

5th Class.—Arum maculatum, Caladium Seguinum, Croton Tiglium, Euphorbium, Rhus, Anacardium, Ruta graveolens, Drosera rotundifolia, Cyclamen Europeum, Angustura? Berberis, Kreosotum, Cantharis, Petroleum, Apis, the Ophiotoxicon.

This class may admit of division. Generally it may represent congestion and inflammation of the pneumo-gastric, uropoietic and genital organs; diseases incident to depravation of the blood; typhus, gastric and remittent fevers; erysipelas; angina maligna; cutaneous diseases (vesicular and squamous); rheumatism, paralysis and hydrophobia?

6th Class. — Aconitum napellus, Staphisagria, Pulsatilla, Ranunculus, Clematis, Helleborus niger, Pœonia, Podophyllum, Actea spicata, and racemosa.

The prompt and pervasive action of this class represents inflammation, whether acute or chronic (passive). The results, stagnation and transudation, have been somewhat overlooked. The cutaneous affection is mostly very marked, the antecedent

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active congestion necessitating a consequent equivalent reaction of an irritative character, with swelling, burning pain, and tendency to active ulceration, and holds in this respect intimate relation to the previous class. The new remedy for cancer (Hydrastris Canadensis) ranks in this class; the characteristics of the order favour the presumption of its efficacy in this hitherto intractable disease. The analogous tuberculous formation (phthisis), may here find its most suitable therapeutic.

7th Class.—Colchicum autumnale, Veratrum, Sabadilla, Sambucus niger, Bryonia alba, Colocyth, Elaterium, Gambogia, Jalapa, Convolvulus.

Derangement of the digestive organs, and reflex nervous irritation, as expressed by rheumatism and gout; capillary engorgement and transudation of their contents; dropsies; cholera and dysentery; valvular disease of the heart, and its concomitants; asthma; bronchitis; anasarca; congestion of the genital organs and kidneys; neuralgia; sciatica, &c.; intermittents.

8th Class.—Ledum palastre, Rhododendron, Chrysanthemum, Apocynum cannabinum, Kalmia latifolia, Nerium Oleander, Mezereon, Vinca minor? (Uva ursi?) Hypericum?

A depressed condition of the nervous system; feeble action of the heart; failure of animal heat; inactivity of the absorbent system; diseases of age, or the accidents of middle life; paralysis; rheumatic affections; ulcerated legs; scurvy eruptions, and diseases of the osseous system; pulmonary congestion; hæmoptysis; pertussis, &c.

9th Class.—Lauro-cerasus, Amygdala amara, Hydrocyanic acid, Prunus spinosa.

This group ought possibly to be amalgamated with the preceding, as they have many relations in common. The influence is more prominently exhibited on the solar plexus of nerves, and hence spasmodic affections of the stomach, heart, &c., angina pectoris, asthma of Millar, palsy—especially of lower extremities, pertussis, obstinate vomiting and cramps, tetanus, catalepsy, asphyxia, atonic dyspepsia, congestions of the venous

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system and exudation into serous sacs, heart disease, hydropericardium, cyanosis, &c.

10*th Class.*—Camphor, Moschus, Castor, Tongo, Ambragrisea Myristica (Nux Moschata), Valerian? Crocus sativus?

There would appear considerable diversity and heterogeneity in this group. The general action is increase of the irritability of the nervous system; the action, excepting perhaps Crocus and Valerian, is evanescent, and therefore chiefly useful as antagonistic remedies, in depression of the vital powers, typhus, cholera, &c. They are, however, properly homœopathic to hysteria, convulsions, spasms, &c.

11*th Class.*—Æthusa cynapium, Cicuta virosa, Conium maculatum, Phellandrium aquaticum, Œnanthe crocata, Heracleum spondyllium.

The influence is prominently displayed on the spinal and cerebral system, hence convulsions, tetanus, chorea, epilepsy, &c. The stimulus to the nervous system is necessarily transferred to the absorbent system, and therefore related to irritative ulceration—cancerous or scrofulous, spasmodic affections of the bowels and bladder, hysteria, asthma, flatulent dyspepsia, &c.

12*th Class.*—Belladonna, Stramonium, Solanum, Hyoscyamus, Tabacum, Lobelia, Capsicum annuum.

In this class mental disorder is most prominent, hence phrenzy and alienation of the mind, and cerebral inflammation. The connection with the cerebellum and spinal nerves exhibits clonic spasms, tetanus, hydrophobia, epileptic convulsions, engorgement of the glandular system and congestion of serous membranes, meningitis, hydrocephalus, peritonitis, cystitis; the paralysis of the nerves allows accumulation of secretion in mucous membranes and absorbents, hence ophthalmia, glandular enlargement, phlegm in bronchi, &c.

13*th Class.*—Digitalis, Gratiola, Scrofularia nodosa, Verbascum, Euphrasia.

The action on the splanchnic system, and its various relations

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represent heart disease, ascites; the low vitality suggests engorgement of the glandular system and its varied connections.

14*th Class.*—Opium, Chelidonium, Sanguinaria, Lactuca, Taraxicum.

There is apparent diversity here, yet a general correspondence. Opium and Lactuca prominently affect the sensory sphere, otherwise the relation to the hepatic engorgement and the assimilative functions obtains; hence jaundice, constipation, diarrhœa, dry cough and nervous irritability, delirium, sopor, chorea, &c.

15*th Class.*—Arnica, Chamomilla, Cina, Artemisia, Tanacetum, Millefolium, Helianthus, Calendula, Guaco?

Disorder of the vegetative system; organic congestion and hæmorrhage; spinal irritation; convulsions; palsy, &c.

16*th Class.*—China, Ipecacuanha, Spigelia, Gentian, Menyanthes, Ginseng, Coffea, (Geum).

The ganglionic system conspicuously affected; hence visceral congestion and irritability; intermittent fevers; hæmorrhages, and debility; gastric disturbance, and increased action of secretory organs from diminished tonicity, quickened circulation, and vital depression, with reactive endeavour of the spinal system.

17*th Class.*—Nux vomica, Ignatia, Brucea, Cocculus.

The spinal system is here more especially energized, of which the vegetative partakes, either sympathetically or direct; hence the fever of a remittent or intermittent type, constipation, tetanic spasm, paralysis, &c.

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18*th Class.*—Iodine, Bromine, Chromium, Chlorine.

This isomeric group represents inflammatory affections of the air passages; glandular engorgement; congestion of the hepatic, renal, and splenic organs; phthisis pituitosa?

19*th Class.*—Carbo, Silica, Borax, Sepia? Fluoric acid, Graphites.

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Deville and Brown have rated the three former as isomeric; they influence the vegetative system chiefly, the portal vessels, and the process of sanguification.

20th Class.—Arsenicum, Antimonium, Phosphorus, Nitric acid, Ammonia, Sulph.? Selenium.

With the exception of the two last, this is also a perfect isomeric group, and represents failure of the vital powers, fevers, pulmonary obstruction, spasmodic affections, serous infiltration, cholera and other malignant disorders, skin diseases (chiefly squamous).

21st Class.—Stannum, Cuprum, Plumbum, Zinc.

Spasmodic affections, chorea, epilepsy, hæmoptysis, paralysis of the splanchnic and spinal nerves.

22nd Class.—Aurum, Argentum, Platina, Mercurius.

Affect the motive and sensory spheres; the serous, and especially mucous membranes; the osseous and vegetative system; the secretory organs (especially the liver?); the glandular system.

23rd Class.—Calcarea, Barytes, Alumina, Bismuth, Magnesia.

Influence the reproductive and assimilative functions.

24th Class.—Potass, Soda.

This class, from its varied influence, might possibly be referred to the 22nd. Here there are, perhaps, more particular relations to the lung, kidneys, bladder, &c.

25th Class.—Ferrum, Manganun, Nicolum?

Influence sanguification, the heart, lungs, liver, spleen, and nervous (ganglionic) system.

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ON THE PHYSIOLOGICAL AND THERAPEUTICAL RELATIONS OF PHOSPHATE OF LIME.

By Dr. Beneke,

*Resident Physician at the German Hospital, London.**

(Concluded from p. 53).

I will add to these observations of my own, some which were made at Bremen by my lamented colleague Dr. Schmidt, and which are completely confirmatory of the former.

"Mary Struve, æt. 6, a pale, lymphatic, cachectic child, had suffered previously from scrofulous inflammation of the eyes, and most from an ulcer on the cornea, which she had been long in getting free of. After being well for six months she was again attacked, and now presented herself with scrofulous conjunctivitis, and a rather extensive ulcer on the cornea, from which highly turgid vessels converged to the external angle of the eye; there was photophobia and copious lachrymation; the nose was swollen, and both nostrils sore from scrofulous ulceration; the appetite was small, and the *morale* depressed and tearful. I ordered (Sept. 16th) 5 grains of Phosphate of lime to be taken daily after breakfast and dinner in water. On the 23rd, the ulcer on the cornea had diminished, and so had the congestion and dread of light; the nose was better, and the whole appearance of the child improved; she was taking her food better, and seemed cheerful. On the 28th there was further improvement, and the nostrils were nearly healed up; the child's complexion had become much clearer, and her spirits so high as to 'confound' the mother, to use her own expression. Under a continuance of the remedy she was quite cured by Oct. 5th, no trace of the ulcer remaining."

"Martin Roöber, æt. 7, fair, blue eyes, little for his age; heavy looking, his flesh flabby, large head, puffy reddish face,

* Condensed translation, by Dr. Irvine.

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has evinced decided scrofulosis for three years and a half, particularly by constant catarrh, and a number of swollen glands and ulcers behind the jaw and in the neck, thickened nares and bleared eyes. Has taken Cod liver oil, Iodine, &c., for three years without perceptible benefit. On Sept. 27th, he had twelve running sores, and many lumps in the places named. Twenty-four five-grain doses of Phosphate of lime had been given when he returned on Oct. 25th; all the ulcers had cicatrized; a few were covered with a crust like *lepra alphosa*. The indurated glands were softer, the puffiness of the face had fallen, and the child was evidently more cheerful."

"Miss P——, æt. 46, had been subject for some years to lymphatic swellings on the cheek, neck, shoulder-joint, elbow, knee, &c., some of them passing into suppuration and giving rise to intractable ulcers. A trial of Phosphate of lime in 8-grain doses twice a-day gave rise to distressing pains in the abdomen, which continued to be felt when the dose was reduced to one-half. I had to drop the experiment after eighteen days, no perceptible effect on the complaint being noticed."

"Two children, with discharge from the ears, which excoriated the external organ, got well in a short time, apparently as an effect of this remedy."

"Louisa B—— suffered from scrofulous swelling of the nose, catarrh, soreness of the nose, and slight ophthalmia. After taking the Lime for eight weeks all these symptoms were removed, and the child was in much better general health than previously. I noticed in this case, also, that abdominal pains followed the use of the powder."

We have next to consider the important question as to whether the Phosphate of lime acts by promoting cell formation, or whether it exerts a specific influence on the scrofulous dyscrasia. The following observations will be found to contribute to the elucidation of this matter.

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Priscilla W——, æt. 16, is of scrofulous habit, and suffers from conjunctivitis. For three weeks the treatment consisted of the use of cold compresses, saline purgatives, and blistering of the nape of the neck, and proved successful. After the lapse of two months, however, the girl returned; her upper lip was greatly enlarged, the eyelids swollen and engorged, and the conjunctiva somewhat inflamed, while an impetiginous eruption showed itself in several parts of the face. Two grains of Phosphate of lime, mixed with sugar, were now ordered to be taken three times a day. Under this treatment every trace of the complaint speedily disappeared.

Mary G——, æt. 25, whose father was of scrofulous habit, and two of whose brothers died of Phthisis, had for a long time complained of swelling of the cervical glands, and of three or four sores about the sternum and clavicles; she complained of great weakness; her appearance is anemic; Cod liver oil had done her no good. The Lime was ordered; on the eighth day the ulcer above the sternum was much smaller, and the pus, which had been very watery, was creamy and laudable. The remedy being persevered with, all the sores healed in three weeks more, the strength returned, but the swelling of the glands remained unchanged.

Daniel Sharp, æt. 4½ years, living in great destitution, has for the last eight weeks lost the power of walking, and is very much emaciated; his complexion is pale and earthy; the superficial veins stand out conspicuously, and can be traced everywhere through the skin; circumscribed red spots on the cheeks; pulse very quick and small; complains of headache; has frightful dreams. From the right ear flowed a large quantity of a very offensive ichorous matter; the facial nerve is apparently compressed in its course through the aqueduct of Fallopius, or has been destroyed, for all the muscles supplied by it on the right side of the face are paralysed; there is also a less considerable discharge from the left ear. The digestive apparatus presents the phenomena of commencing intestinal

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ulceration: three or four fluid stools daily, loaded tongue, very large appetite, distended belly, &c. As the Phosphate of lime was not in readiness, the patient at first got cod-oil and lime-water, a table-spoonful three times daily; but on the 29th March the Phosphate was begun to be given in two grain doses three times a day, and continued by itself. On April 5th the discharge from the left ear had quite ceased, and that from the right had diminished, and its quality altered for the better. The diarrhœa had ceased, and the fever abated. On April 12th the child had found the use of his legs again; his colour and whole appearance had greatly improved; from the right ear there was still a discharge of thick creamy pus. On April 30th there was still further improvement, and by May 24th the cure was complete. This case is certainly one of the most encouraging that I have met with, and no doubt can exist regarding the good effects of the lime.

My friend Dr. Brandes employed the salt in three cases, of which he says:—"In one instance I administered the remedy for scrofulous swelling of the glands of the neck, attended with chronic scrofulous ophthalmia; in another, for swelling of the glands and chronic suppuration in the parotideal and submaxillary regions. The subjects were 4 and 19 years of age respectively, and manifested the scrofulous diathesis unmistakeably. I could perceive no effect after using the lime for four or five weeks. The third case was one of scrofulous impetigo in a child, which was removed in six weeks by the Phosphate; but the eruption returned after the lapse of two months, and still subsists."

I also have employed this substance in cases of ordinary scrofula without ulceration, but cannot assign to it any decided effect upon the dyscrasia, and the swelling of the glands usually remains unaffected.

It appears to me in the highest degree probable, if not absolutely certain, from the preceding experiments, that Phosphate of lime does not remove the scrofulous dyscrasia *in toto*, but is for the most part effectual against defective cell-formation proceeding from this diathesis.

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I now proceed to consider the relation of the Phosphate to ulcerations of a non-scrofulous nature. I have satisfied myself completely as to its having a decided influence in promoting the formation of cells in such cases. It is necessary, however to reason from accurately-drawn premises. When, *e. g.*, a patient is suffering from so-called varicose ulcers, the varices giving rise to exudations into the cellular tissue, and the presence of these again causing the formation of ulcers, one must not expect to remove by the exhibition of the Phosphate the mechanical conditions which have given rise to such an ulcer. On the other hand, the success of the Phosphate in modifying the morbid process of nutrition in secondary syphilitic ulcerations, which it rapidly cures, affords the greatest encouragement for bringing it into extensive use in such cases.

On March 27th, Peter W——, æt. 34, was brought into the hospital, presenting the symptoms of psoas abscess of the right side. A tumour soon formed close to the lumbar vertebræ, and, as soon as fluctuation could be distinguished, an incision was made which liberated a considerable quantity of matter, which continued to be discharged for some days; the probe penetrated four centimetres downwards and five upwards. A ligature was now applied. The patient became thinner daily, had copious sweats, was very feverish, and lost a great deal of matter; in short, the prognosis was serious.

On May 17th, Calcarea phosphorica was prescribed with the most happy result: the discharge gradually diminished, the sweats disappeared, the patient gathered flesh and strength, and by June 26th the large fistulous openings had been filled up with granulations, and were cicatrized.

[Dr. Beneke next gives particulars of half a dozen cases of ulcers cured by his remedy, which our space will not admit of our detailing.]

I have only treated three cases of secondary syphilitic ulcers with the Phosphate of lime; but the results were so striking, as to warrant me in concluding, with a good deal of assurance,

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that the salt has a decided influence in such cases. Of course the removal of the syphilitic dyscrasia is out of the question; but the secondary and tertiary forms of syphilis present some characteristics which, on the one hand, indubitably point to a qualitative alteration of the constituents of the blood which are concerned in the process of nutrition, and, on the other, call to mind the interesting connection of the phosphatic lime to the process of cell-formation, and its relation to those constituents of the blood.

On this subject I may just refer to the morbid deposits which precede the formation of ulcers, and may remark, that in these, as in all other ulcerations, there is no normal formation of cells, the requisite—the normal material—being wanting. I may further remind the reader of the general emaciation which accompanies the formation of these ulcers, evidencing some hindrance to cell-formation.

Lastly, I would point to the intimate relation which is equally borne by syphilis and Phosphate of lime to the osseous system.

Elizabeth M——, æt. 24, a sempstress, entered the hospital on August 6th. She is quite unaware of the syphilitic nature of her complaint, which has undergone no medical treatment. She was infected five months ago, during which time she has been losing strength as well as flesh, has had multifarious digestive ailments, and is completely blanched. Some large ulcerations have appeared on both elbows, the brow, the neck, and the head. The patient is so weak as to be unable to walk. On account of the urgency of the case, I associated with the usual dose of the Phosphate of lime a quarter of a grain of the Iodide of mercury. On the 13th, improvement began to show itself in the ulcers on the elbows, and the patient already feels much stronger. On October 15th the cure was complete in all respects.

It is remarkable that this patient did not menstruate during the treatment, though she had always been regular up to that time. I have noticed the same thing in two other young women

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who were taking the Phopshate with evident increase of their strength, and am inclined to attribute the circumstance to an increased employment of the formative materials for the reproduction of organized structures.

Two young men applied for ulcers, the result of buboes which had suppurated. One was of large size, and was rapidly cured, the granulations forming with great vigour; in the second case the dyscrasia was more obstinate, as indicated by the primary ulcer long remaining indurated. But the case was peculiarly interesting from the behaviour of different parts of the ulcer. Those which were covered, in the recumbent posture maintained by the patient, with pus, appeared to be hindered by the poisonous ingredient from healing, whereas the other parts developed the most luxuriant granulations that I ever beheld. In the end, when the total disappearance of the induration of the primary ulcer betokened the extinction of the dyscrasia, the ulcer in the groin quickly healed up.

I must now notice some cases occurring in tuberculous individuals, the employment of the Phosphate of lime in such individuals having been forcibly suggested by its proved utility in scrofulous subjects; for whether scrofulosis and tuberculosis be identical or not, no doubt can exist as to their being nearly allied.

Charles H——, æt. 26, a labourer, came under my care on February 17th. As a boy he had swelling of the glands, and bears the appearance of the tuberculous diathesis. Under the right clavicle I found dulness on percussion, and indistinct respiratory murmur. He has long had a dry cough, and for some days has spat blood. The pallor of the skin, constant chilliness, and excessive debility of the patient, especially in a warm room, confirmed the diagnosis of the case suggested by the physical phenomena, as one of phthisis. The liver is enlarged downwards to a considerable extent; the functions of the intestinal canal are perverted; the belly is retracted; con-

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tinual diarrhœa annoys the patient, and is particularly troublesome after every meal; the evacuations watery, or like porridge, and always accompanied with mucus, and sometimes with blood and matter. I had no difficulty in concluding as to the existence of tuberculous ulcers in the bowels. The only other symptom worth recording was a peculiar sensation of coldness in the penis. The case having been treated with oily emulsions, Opium, Morphia, Acetate of lead, &c., was temporarily relieved but the man returned at the end of four weeks. Cod-liver oil was tried in vain: it aggravated the diarrhœa. On August 19th the Phosphate of lime was prescribed, in the ordinary dose of two grains twice a day. All exertion was interdicted. Mindful of the recommendation of Dr. Stokes, I continued the use of tincture of Opium, with the view of diminishing the peristaltic movement of the canal. On August 30th the patient returned, and gave an encouraging account of himself; he said there was much less borborygmus in the belly; that he felt rather stronger; that he rarely perspired at night; that his motions were firmer, and consisted of normal fæces, with a little sero-purulent fluid; and lastly, that the coldness of the penis had disappeared. Having continued the use of the remedies as above during September, I was able to dismiss him at the end of the month. The man's appearance was wonderfully altered; he had become much stouter, acquired a healthy expression of countenance and ruddy cheeks, and he told me exultingly that his friends kept remarking his altered looks. He resumed his work without difficulty. On November 16th, however, he returned and asked for some more powders, as the bowel complaint was again on him. I ordered him a few doses of Acetate of lead and Opium, and then the Phosphate; this treatment being continued to the middle of December, when he dropped his attendance. I often saw him going to his work, and looking quite well; but I am convinced that, sooner or later, there will be a fresh outbreak of the fundamental dyscrasia, which has certainly not been removed. The case, however, has an interesting bearing on our subject. I quite believe that the ulcers in the bowels were cured; and if the Phosphate of lime really has the power of

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exalting the activity of cell-formation, and thus inducing ulcers to heal, it would seem as easy for it to effect that purpose in the mucous membrane as on the skin.

A young man, æt. 24, who had just recovered from pleurisy of the left side, was suddenly attacked with pneumonia of both the upper lobes. The diagnosis was most distinct, and as the patient had a scrofulous look, I fully expected that the exudation would partake of a tuberculous character. My fears were confirmed; the accompanying fever acquired gradually the character of hectic, the dulness on percussion persisted, the sputa became purulent, and acquired the well-known mawkish, unpleasant odour, and were most profuse. In three weeks the patient wasted to a skeleton, and no one thought he could recover; irregular attacks of diarrhœa, constant sweating and unmistakeable cavernous signs, œdema of the inferior extremities, &c., made me relinquish all hope. As an experiment, however, I instituted the following treatment: for the constant and violent cough and the restlessness I prescribed Acetate of Morphia and extract of Hyoscyamus, an infusion of Digitalis, &c., and two issues in the thorax. Morning, noon and evening he got beef-tea prepared according to Liebig's directions; for breakfast, a soft-boiled egg; for dinner, another, with a little stewed fruit and a little meat, and he took three grains of Phosphate of lime twice a day. After four weeks' continuance of this treatment the patient had become another man; the expectoration diminished, he visibly took on flesh, and, after the lapse of six weeks, he left his bed, the sweats and fever having entirely ceased. Persons who had seen him at the worst could scarcely believe in his identity. There was still some dulness under both clavicles, and the respiratory murmur could scarcely be heard. On the eighth week he returned to his work, but in January he caught cold when the east wind was blowing; the expectoration was now mixed with peculiar membranous shreds. Perseverance in the use of the Phosphate restored him a second time, and I dismissed him in excellent health.

The last series of observations I have to bring forward con-

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sist of cases of atrophy and attendant diarrhœa in scrofulous children, and the diarrhœa of dentition.

J. T——, æt. 1½ years. This little girl is much atrophied; the skin hangs in large folds and wrinkles on her limbs; the countenance wears the expression of old age; the belly is rather fully developed, though no tumid glands can be felt through the integuments; there is no diarrhœa, but the child is infested with lumbrici; her appetite is large—she is eating all day long. On August 20th the Phosphate was begun, and continued with little intermission for four weeks, at the end of which time the mother reported her child to be much stronger, and able to run alone; the loose skin had filled up. In four weeks more I considered the child well.

Mary R——, æt. 1½ years, of scrofulous habit. Her lips are inflamed, much swollen, and covered with incrustations; eats poorly; has loose bowels, and is greatly atrophied; the ten or fifteen stools she has daily are wormy. After taking the phosphatic lime for a week the number of daily evacuations fell to four or five; there was more appetite; the lips were nearly natural, and the child is more lively. In another week the diarrhœa had entirely ceased, and shortly afterwards the patient was dismissed cured.

Thomas L——, æt. 1½ years, is suffering from atrophy. For three months he had been falling off; is very peevish, and has lost the power of walking. The digestive organs present catarrhal symptoms; the child is pale; its muscles flabby. Four weeks' use of the Phosphate worked a change, and all morbid symptoms speedily disappeared.

I could multiply the number of observations in which this remedy proved effectual; but I trust that the above will suffice.

I must add one fact, which is, that in persons who wear setons, and happen to take the Phosphate for any length of time, there always formed round the edges of the issue a considerable mass of granulations, such as sometimes to completely cover the pea.

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I will append to my practical observations a summary of the conclusions which I consider them to bear out.

First, in like manner as in the vegetable kingdom and the lower orders of animals, the dependence of the process of cell-formation upon the presence of the Phosphate of lime has been established, so also is it a pre-requisite for the formation of cells in the human organism.

Second, the Phosphate of lime, employed as a remedy in superficial scrofulous ulcerations, has manifested the power of promoting the renovation of tissue and cicatrization.

Third, I have found it to exert a similar influence in other chronic ulcerations, especially in those of a syphilitic nature; but I do not at all suppose that the fundamental disorder of the blood which gives rise to these ulcerations is thereby removed.

Fourth, the Phosphate of lime has proved itself useful in cases of atrophy in scrofulous children, and its frequent accompaniment, diarrhœa, especially during the period of dentition.

Fifth, it is not improbable that this salt may stand in some peculiar relation to the scrofulous dyscrasia, and it may be worth while to advert in this connection to the fact, that exudations in scrofulous persons *are almost always amorphous;* but there seems no foundation for a belief that the Phosphate exhibited in such cases has the power of extinguishing the dyscrasia. If such a peculiar pathological relation, now purely conjectural, really exists, it would simply constitute one characteristic of the scrofulous dyscrasia, a feature to which the lime can attach while leaving the others unaffected.

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CONTRIBUTIONS TO THE HYGIENIC TREATMENT OF PARALYSIS.

(Illustrated by some Cases.)

By Dr. M. Roth.

(Continued from page 387.)

Having laid down the general principles of the hygienic treatment to be pursued in paralytic affections, I wish particularly to mention that *I do not* advocate it exclusive of any medicinal or surgical treatment; but if powerful medicines, as *morphine, hyoscyamus, belladonna, chlorodyne, chloroform, veratrum, strychnine,* &c., are simultaneously used, their dose daily increased, and such a course pursued for some time, not much benefit can be expected from a hygienic treatment, in which the energy of the will is to be roused, and its influence upon the muscular system increased. There are two symptoms especially which induce the patients to ask constantly for medicines; and these are constipation, and pains in the affected limbs. It is at present a fact generally admitted by every thinking medical man, that a continuous administration of aperients of any kind in chronic constipation keeps up the inactivity of the bowels; and this is still more the case in paralysed persons who are prevented from taking active exercise of any kind.

TREATMENT OF CONSTIPATION IN PARALYSED PERSONS.

A change of diet, and such manipulations applied on the abdomen as are described as concentric, or alternate abdominal stroking, fulling and kneading of the abdominal organs, pressure on the solar plexus, cold damp compresses placed on the stomach when the patient goes to bed, and which are kept on during the night, a tepid or cold water enema every second or third day, the simple means are sufficient, in a large number of cases, to remove the constipation, if the patient is able to make use of the muscles of the abdomen and practise for himself, several times a day, a few trunk flexions and trunk turnings, in

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all directions, or the flexion and turning combined, and trunk rotation. These exercises will assist still more in increasing the peristaltic action of the bowels. In very obstinate cases, or where the symptom is of very chronic character, and has been kept up by *aloes, gamboge, jalap, rhubarb, blue pills,* or saline aperients, the hygienic means can be assisted by small doses of *sulphur* and *nux vomica,* given on alternate days, twice or three times a day.

I recollect a paralysed lady who was relieved from constipation by the means described above, who for ten years had been in the habit of using aperients. This was effected after a few weeks of treatment, although her paralysed leg prevented her ever leaving the chair in which she was placed in the morning, and from which she was removed in the evening.

TREATMENT OF PAINS IN PARALYSED PERSONS.

The other symptom, viz., the pains similar to a tic, with and without spasmodic jerking, in the paralysed as well as in other parts, is not so easily dealt with. Sudden meteorological changes are frequently indicated by these pains, for instance, the change of the direction of the wind, of the temperature of the air, of the electric tension in the atmosphere, etc.; these changes seem the most prevalent exciting cause of the pains;—also impaired general health and mental emotions produce them frequently. Very gentle stroking movements at a distance similar to mesmeric passes, gentle fulling and kneading of the limbs, heat, application of flannels dipped in hot water, of steam douches, bathing the painful limb in warm or hot water, heat applied by the aid of dry substances, as sand, salt, flour,—which retain the warmth for some time,—will soothe the pains, which are rarely constant, but more of an intermittent character. Active movements of the affected limb, with assistance of others, is advisable in cases where the power of motion is not entirely lost; but active and moderate exertions of the healthy parts contribute also to the diminution of the intensity of pain, and to its less frequent recurrence. When these means fail, *ignatia, cocculus, rhus, arnica* relieve sometimes; and, according to the provings, hypericum perfoliatum, will probably be also useful;

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but I must earnestly caution against the use of narcotics and anodynes, because the appetite for these drugs increases irresistibly, and then, loss of mental vigour and general energy, lassitude, sleeplessness, must ensue, and all reasonable hope of even partial improvement vanish, while the patient undoubtedly shortens his life. Only increased doses of *morphine* or *chlorodyne* will produce a state of sleep, which has neither the invigorating nor the restorative influence of natural sleep. The following observation confirms the beneficial use of exercise for the relief of pains.

"It has been remarked by paralytic patients who have suffered much from the spasmodic twitchings and pains in the night, described by Pott (further remarks on the useless state of the lower limbs), that on using considerable muscular exertion, or frequently attempting it, and repeating it at intervals during the daytime, the pains and cramps either did not occur, or were lessened. To effect this object it appeared to be necessary to induce complete fatigue."—WARD.

PARALYSIS OF CHILDREN.

Paralytic affections occur in infants and children more frequently than is generally supposed, and not only as hemiplegia, paraplegia, or paralysis of an arm or a leg, but also under the forms of simple and complicated club-foot, of inversion of the knees, contraction of the knees, chicken breast, compressed chest, lateral curvature, wry neck, high and low shoulders, deformities of hands and feet, similar in their appearance to birds' claws,—all these are frequently only paralytic affections of some groups of muscles, or of single muscles; some forms of awkwardness of the movements of the arms and feet, the want of security in walking similar to the tottering and tipsy walk, the want of power of balancing the trunk even in a sitting position, are due to incomplete or complete loss of movement in some muscles of the loins and back. The celebrated Professor Delpech has pointed out in his "*Orthomorphie par rapport à l'Espece humaine*," that paralysis of some muscles can produce deformities of the spine and limbs. He mentions (Vol. I. p. 71)

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a very interesting case of a soldier who was wounded in the thigh, and when the wound was healed, had the following muscles of the leg paralysed, viz.: the peronetibialis anterior, extensor communis of the toes, and the extensor of the big toe: the consequence of the loss of power in these muscles was, that the anterior part of the foot sunk down and inwards, the foot was in its whole length inclined inwards, and turned gradually inwards;—finally, the deformity increased to such a degree that the sole of the shoe covered the instep of the patient, who walked on the anterior extremity of the os calcaneum, on the dorsal surface of the os cuboideum, and on the malleolus externus.

Shaw has also observed, more than forty years ago, "that certain kinds of paralysis which occur during infancy have more or less effect in producing distortion at a later period. The species of paralysis most interesting in relation to distortion of the spine, is that which is marked by a wasting or deficiency in the growth of a particular part, although unaccompanied with much defect either in the power of sensation or of motion.

"Such cases are not only important in so far as they regard the organ affected, but in the influence which they have over other parts of the body; and this latter consequence is the more interesting as, by proper care, it may be counteracted. When one of the limbs becomes affected, not only is there a great deformity in the part itself, but the affection is often the source of distortion of the spine." That scoliosis is produced by paralysis of the respiratory muscles of one side is confirmed by the following:

"In infancy, and even in youth, the vertebral column becomes distorted, the vertebræ following the traction exerted by the muscles of the healthy side: they do so the more rapidly the younger the child is. If the disease lasts any length of time, and affects only one side, it is thus that scoliosis results. . . . . If the respiratory muscles of both halves of the thorax are the seat of the disease, we shall find the thorax flattened at the sides; and in early childhood we not unfrequently find the sternum and the bent costal cartilages strongly projecting, giving rise to the so-called *chicken breast*, or pectus carinatum. The

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inferior margin of the thorax is in this case also drawn in causing the abdomen to appear more voluminous and distended. Occasionally, the disease first appears in this shape; and subsequently, when the muscles of one thoracic half have recovered their activity, is converted into paralytic scoliosis."—(*Romberg's Neuroses of Mobility.*)

"The origin of the paralytic affections in children is often traced back to the first dentition—to some acute disease, such as an exanthematic fever, after which, and subsequent to, an attack of convulsions, or, though rarely without them, the child, which was previously in good health, is found to be paraplegic; the upper extremities, and in rare cases, the bladder and the rectum being implicated. The paralysis is afterwards confined to one or both lower extremities, in an equal or different degree; sensation almost always continues normal; movement is not entirely abolished, generally continuing in the thighs, though in a less degree, while the function is almost entirely destroyed in the legs and feet; the patient is generally entirely unable to walk or stand, even when the trunk is supported, and locomotion is confined to crawling. The temperature of the legs and feet is considerably below the average—it sinks as low as 64°-70° Fahr., and the colour of the surface is livid. The deformity of the limbs becomes more marked with the progress of years, and shows itself in distortions of every variety, contraction of the knee and hip joint, varus, and inversion of the knees. The trochanters and the patellæ remain imperfectly developed, and the tubular bones present a smaller circumference than they have in health. In the further advance of the disease, curvatures of the vertebral column form in the dorsal and lumbar region."—(*From Heine's Observations,—Romberg.*)

Duchenne confirms, also, by his electro-physiologic inquiries and numerous cases related in his *electrisation localisée*, that paralysis of some groups of muscles, and even of some single muscles, gives rise to many deformities, because the antagonists of these affected muscles are in no way prevented from exerting their power upon the bones to which they are attached.

This is not the place to enter into the details of each deformity

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as produced by paralysis, my object being only to call the attention of the reader, first, to the frequent occurrence of paralysis, and the necessity of a strict examination into the causes of the various complaints I have named; and secondly, to the *absurdity of the merely mechanical and surgical treatment* so prevalent even in paralytic deformities. Cases like that quoted from Delpech are not rare, in which a club-foot or an imperfect ankylosis of the knee is produced by paralysis of some muscles. The family surgeon consults with orthopædic surgeons—the result of such a consultation is either that the patient must wear a machine to extend the *healthy* muscle, which is contracted because its antagonist, being paralysed, does not counteract the natural contraction, or that tenotomy is performed to lengthen the healthy, although retracted tendon, in order to restore the natural form of the limb deformed by paralysis, which disease, even by the most successful operations, is not, and cannot be cured; but this operation does not even prevent in these cases a recurrence of the contraction of the healthy muscles, except by keeping the limb day and night for months and years in an extension apparatus; the indiscriminate shampooing and rubbing of the whole limb often for hours daily—although not so reasonable as the special, passive, active, or combined movements applied during a hygienic treatment on the affected group of muscles or single muscle, nerve, or blood vessel—forms the only valuable part of the common orthopædic surgeon's treatment, and this part is frequently omitted.

The bad effects, and the mania for this indiscriminate machine treatment and the abuse of tenotomy induced, some time ago, the surgeon who advocated and (I believe) introduced tenotomy into this country, to protest against the abuse of this operation, and to recommend more perseverance in a hygienic, or as some like to call it, physiological treatment. This protest was published in the *Lancet*, under the form of some interesting papers.

AN ORTHOPÆDIC VICTIM.

Of the victims of such absurd orthopædic treatment, I will mention that of a girl of eleven years, with a distorted spine,

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contracted knees, and club-feet. She was encased in an apparatus consisting of a broad steel hoop round the hips, to which were attached leg irons, to stretch and turn outwards both lower extremities; Scarpa's shoes were at the end of the irons for the purpose of fixing the feet in a natural position. The father was persuaded to believe that the child improved after tenotomy was performed, and could walk with the aid of crutches; but finally, seeing that he was deceived, he asked Dr. West's advice, who sent him, with the child, to me. When the apparatus was removed, two cold emaciated legs and deformed feet,—in fact, a *perfect* case of paraplegia,—was visible; and this was the result of tenotomy, and a machine treatment, during two or three years!

BAD TREATMENT OF PARALYTIC SPINAL CURVATURES.

With the exception of one case which was treated by tenotomy in Paris, by Guerin, and where the curvature began to return after about eighteen months, I have seen only the machine treatment applied. Thus, when one shoulder projects in consequence of paralysis of some muscles of the shoulder-blade—which deformity is often in connexion with a spinal curvature—the affection is treated by orthopædic surgeons and anatomical mechanicians with an apparatus which, by the aid of small steel crutches fixed to a circular steel band resting on the hips, raises the shoulders, while a pad, fixed transversely, presses the projecting shoulder-blade inwards—(contrivances of this kind, skilfully prepared on the injurious principle of mechanically counteracting the effect of a paralytic or other affection)—are to be seen in the windows of every anatomical mechanician, and combine two advantages, viz.: of being more or less expensive, according to the renown of the maker, and to give to the surgeon an opportunity of adjusting it by turning a screw—an operation to be rewarded by a fee, and to be repeated every week or fortnight, and, according to the circumstances of the patients, sometimes even daily. This goes on even for years, till the patient loses his patience and throws it away, and finds himself worse than before.

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This is the mode of treating many paralytic deformities by those who call themselves orthodox practitioners; and it must be admitted that they are satisfied to treat because the paralysis is never cured in this way; and if any improvement take place, it is due to the manipulations which are combined with the other treatment. The instances of such maltreatment are usually caused by the ignorance of the medical practitioner who has first examined the patient, and has not entered fully into the symptoms,—who sees only a change of form, which must be sent to the orthopædic surgeon, and to be treated only mechanically.*

CAUSES OF PARALYSIS IN CHILDREN AND ADOLESCENTS.

"The remote cause is often a deranged state of the bowels: the affection of the brain, or spinal chord, seems intermediate between the disturbance of the bowels and the paralytic muscles. But certain paralytic affections of the muscles are sometimes so instantaneous, that we must consider them as depending on a change which has suddenly taken place in the brain, or spinal marrow, or in the nerves, which supply the affected parts. These cases differ from the former in being generally accompanied with an immediate loss of voluntary power over the affected muscles."—SHAW.

Several cases of sudden paralysis which I had under my treatment occurred during dentition. In one case, the mother attributes the paralysis to the lancing of the gums, as the left leg was seen to hang motionless on the morning after the

* The *abuse* of mechanical appliances for the cure of these complaints has attained to such a degree that, under the name of "The Spinal and General Orthopædic Association," *a limited shareholder* company has been most seriously proposed; and, according to the prospectus published in the medical journals, the capital is to consist of £20,000; while a consulting physician, consulting surgeons, surgeons, assistant-surgeons, and district surgeons, form the medical staff of this association, and are to be paid, besides the dividend to the shareholders, by the profits which the philanthropic promoters of this scheme hope to make at the expense of their unfortunate patients.

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operation. By a coincidence of circumstances, the daughter of the medical man who lanced this child in India, is also under my treatment, has also a paralysed leg, and the use of which she had lost during dentition, without being lanced.

In some instances there is an hereditary predisposition to some local paralytic affection, and the complaint begins only a few years after birth to be developed. Thus I have seen two little boys (brothers) affected with pes equinus on both feet, in consequence of paralysis of the flexors of the foot, where the affection was only visible when they were three years old. The mother was similarly affected, and belonged also to the victims of orthopædic surgeons, having undergone both tenotomy and machine treatment without any beneficial effect.

Two sisters of a boy affected with paralytic wry neck, had a similar predisposition—the elder sister, sixteen years old, in a considerably higher degree than a little one of three years, where I could only see the first traces.

Constitutional weakness, with and without strumous tendency, in infancy and childhood, is also a cause of paralysis.

RESULTS OF THE HYGIENIC TREATMENT.

A pupil of mine, Dr. C. Taylor, in New York, mentions (*Boston Medical and Surgical Journal*, of June 2, 1859) that he and his associate had twenty-three cases of paralysis under treatment, of which twenty were very much improved, while only three "*fast men*" were not benefited.

All the physicians on the Continent who are at the head of institutions for the treatment of diseases by hygienic means and medical gymnastics, agree that this mode of treatment is, although not successful in every case, still the most successful in comparison with any other treatment. Professor Weber in Giessen, Dr. Neumann in Berlin, Dr. Melicher, in Vienna, and others, have published many highly interesting cases of paralysis cured or improved in their medico-gymnastic institutions; but in justice to Delpech, Shaw, Ward, Heine,

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Stromayer, Romberg, Marx, Vetter, etc., who—before Ling, and the present advocates of the movement cure—have recommended the hygienic treatment in various forms of paralysis, I must quote a few passages from these writers to prove that some credit is due to them for their share in recommending the hygienic treatment, although I do not intend thereby to detract from Ling's great merit of having invented a scientific system of medico-gymnastic movements based on anatomical and physiological principles.

Hygienic Treatment recommended, in several forms of Paralysis, by eminent Authors.

HYGIENIC TREATMENT OF SPINAL PARALYSIS.

"The treatment must be directed towards removing the secondary local causes of immobility. All attempts at a cure directed against an assumed morbid state of the spinal chord, whether exudation or inflammation, and the application of leeches, issues, nux vomica, electricity, &c., will prove fruitless; while those remedies which tend to encourage nutrition, to remove the contraction and flaccidity of the muscles, and finally to change the shape of the distorted bones, will prove useful;—how the continued use of water and vapour baths, frictions, movements of extension and flexion, and tenotomy, assisted by standing and walking exercise, rendered possible by ingenious mechanical contrivances, may improve and cure malformations which at first sight appear incurable, and have originated in an early affection of the spinal cord, is proved by delineations of cases, before and after treatment, contained in Heine's book."—(*Beobachtungen der Lähmungs-Zustände der untern Extremitätien und deren Behandlung.*—ROMBERG.)

HYGIENIC TREATMENT OF PARAPLEGIA.

"The return of sensation, however trivial, should be hailed as the signal for the commencement of the local treatment by

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muscular exercise, assisted by friction, manipulation, or percussion—the extent of which should be regulated according to the progressively increasing strength and powers of the patient. In some instances, I think these measures may be resorted to even before there is a return of sensation. In a patient on whom this plan was adopted, although at the commencement there was not the slightest sense of feeling in the lower limbs,—so much so that he was scalded, and vesications produced without his being sensible of it, and in which the bladder and rectum appeared also to participate,—yet by the use of these means, especially that of directing the influence of the will to attempt motion, at the same time exhibiting constitutional remedies,—the powers of sensation and motion kept pace with each other, and were so far restored that the patient was enabled to walk."—(WARD—MARX.)

HYGIENIC TREATMENT IN PARALYSIS OF THE RESPIRATORY MUSCLES.—CHICKEN BREAST.

"In selecting our treatment, we must first attend to the cause, and then seek to augment the voluntary contraction in the nerves of the muscles that have become inactive in respiration. This indication is best fulfilled by gymnastic exercises, and especially in suspending the body by the hands, by which means we induce an action in the serratus magnus. Gymnastics in themselves stimulate and invigorate the muscles of respiration, as shown by the increase in the circumference of the thorax, which takes place after a few minutes."—(STROHMAYER—ROMBERG.)

HYGIENIC TREATMENT OF PARALYSIS.

"Paralysis,—sequel of apoplexy,—is very frequently cured by the will of the patient being energetically stimulated. The paralysed limb must be frequently moved by another person, while the patient himself simultaneously endeavours to move it. In this manner the perfect use of the limbs was restored.

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A great share of the use of mineral waters, and of travels to bathing places must be attributed to the energetic *stimulus* of the will."—(BRANDIS.)

"*Rubbing* and *brushing*, frequently repeated, and done with force, is efficacious in paralysis."—(DE GUY.)

"*Rubbing* with the flat hand, flannel, or a flesh-brush, and exercise to prevent the stagnation of the blood, must be always applied wherever it is possible."—(CULLEN.)

"Dry frictions on the spine and limbs cured a case of paralysis of the upper and lower limbs (without loss of sensation) which had been previously unsuccessfully treated by bleeding, blisters, and nux vomica."—(GENDRIN.)

Exercise.—"When a paralysed limb can be moved, even in the slightest degree, or if a trace of the faculty of moving returns, it must be immediately used as a curative agent. To leave a paralysed limb without movement, is as bad as to exclude the light from an *amblyopic* eye. Those stimuli which best correspond to the function are always the most suitable means for preserving and restoring the activity of a part; therefore paralysed persons should be encouraged to walk with the help of crutches, or of a stick; to touch, to hold, to grasp, to raise various objects, and to try to do the same with objects of various sizes."—(MARX, NEUMANN, VETTER.)

Exercise.—"In paralysis of the arms it is important, as soon as some power of movement returns, that the patient should raise light objects with an uneven surface: the objects are by degrees to be made heavier. It is scarcely possible to imagine how much, by persevering exercise, the weak power is strengthened. Very light things, as paper, cards, are used, and more easily raised than the heavier, with uneven surface."—(MARX, VETTER.)

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The following Table shows the age, sex, forms of paralysis, the causes and the combinations with spinal curvatures, of 52 cases of which I have taken notes, and the result of my treatment in 44 cases, of which 12 only began the treatment, while 32 persevered for a longer time.

AGES.							SEX.		FORM OF PARALYTIC AFFECTIONS.									CAUSES.														CURVATURES			Result of treat. of 44 cases.				
Under ten.	Ten under twenty.	Twenty under thirty.	Thirty under forty.	Forty under fifty.	Above fifty.	Male.	Female.	General paralysis.	Hemiplegia.	Paraplegia.	Paralysis of one lower extremity.	Of one arm.	Of the respirat. muscles, 'chicken breast.	Of one side of the neck, wry-neck.	Of the abduc. of the legs, inversion of the knees.	Apoplexy.	Caries of the vertebræ.	Congenital.	Meningitis and myelitis.	Dentition.	Exposure to cold and damp.	Hereditary predisposition.	Weak constitution.	Mechanical injuries.	Disease of the brain or spinal chord.	Tænia and Terebinth.	Mental anxiety.	Scoliosis.	Kyphosis.	Lordosis.	Only once seen.	Seen less than ten times.	Regular treatment.	Considerably improved.	Cured or improved.	Slightly improved.
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1							1		H										1										S				1	1	1		
	1																																				
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		1					1		H		L										1								S		L		1	1	1		
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According to the preceding table there was no difference with regard to sex. The number of patients under twenty years and above that age was equal, proving that the frequency of paralytic affections in infancy, childhood and adolescence, is the same as in mature and old age; but if we compare the age and sex as shown in this table, we find that the proportion of males under twenty is seven to nineteen females, while above the age of twenty there were nineteen males to seven females.

NUMBER OF PATIENTS.	AGE.	MALES.	FEMALES.
12	under 10	3	9
14	„ 20	4	10
4	„ 30	2	2
9	„ 40	5	4
7	„ 50	6	1
6	„ 50 and above	6	0
52		26	26

The causes in the 26 cases *under* twenty were:

7 Congenital.

5 Dentition.

4 Weak constitution.

3 Hereditary predisposition.

2 Exposure to cold and dampness. In one case the patient (when a year old) fell asleep in wet clothing, having been previously exposed to a heavy rain. Paralysis of one leg, from the hip down, was visible the next morning.

2 Caries of the vertebræ.

1 Myelitis.

1 External injury. A pull of the child's shoulder by the nurse caused all the muscles round the joint to waste completely, and the joint was only covered by the skin.

1 Tænia and terebinthina. A girl of twelve years, who was believed to suffer from tapeworm, and for the expulsion of which large doses of terebinthina had been prescribed, lost, after having taken this medicine, the use of the right arm and left leg.

The causes in 26 cases above twenty years were:

7 Apoplexy.

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3 Mental anxiety.

6 Disease of the brain and spinal chord.

4 Mechanical injuries; one by a fall from a horse; one by a fall from a height of thirty feet, when three years old; one by explosion of a gun.

3 Exposure to cold.

1 Meningitis.

1 Hereditary predisposition.

1 Tænia and terebinthina. The patient was quite well to the age of thirty, and when returning from Switzerland was believed to suffer from tapeworm, and after large doses of terebinthina for the expulsion of the enemy, was affected with paraplegia.

The prevalent causes of paralysis in infancy and youth, the congenital, the process of dentition, and constitutional weakness, seems to be counterbalanced in mature age by apoplexy, mental anxiety, and diseases of the brain and spinal chord.

That the same cause produces various forms of paralytic affections, is shown in the following table.

No.	Hemiplegia.	Paraplegia.	Paralysis of one leg.	Of one arm.	Wry neck.	Chicken breast	General paralysis.	Knee inversion.
7 .. Apoplexy caused	5	1	1	0	0	0	0	0
2 .. Caries	1	1	0	0	0	0	0	0
7 .. Congenital	3	2	1	0	0	0	1	0
1 .. Meningitis	0	0	0	1	0	0	0	0
1 .. Myelitis	0	0	1	0	0	0	0	0
5 .. Dentition	1	1	3	0	0	0	0	0
4 .. Hereditary	1	0	2	0	1	0	0	0
4 .. Weak constitution	0	0	1	0	0	2	0	1
5 .. Mechanical injuries	1	2	0	2	0	0	0	0
2 .. Tænia and Terebinthina	0	1	1	0	0	0	0	0
3 .. Mental anxiety	1	1	1	0	0	0	0	0
5 .. Exposure to cold and damp	2	1	1	0	1	0	0	1
6 .. Disease of brain and spinal chord	1	1	1	0	0	0	3	0
	16	11	13	3	2	2	4	1

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The forms of the paralytic affections in those 52 cases, with regard to sex and age, are shown in this table.

			MALE.		FEMALE.		UNDER 20.		OVER 20.
4	..	General paralysis	3	....	1	....	1	....	3
16	..	Hemiplegia	9	....	7	....	5	....	11
11	..	Paraplegia	8	....	3	....	4	....	7
13	..	Paralysis of one lower extremity.	3	....	10	....	10	....	3
3	..	Paralysis of one arm	1	....	2	....	1	....	2
2	..	Paralysis of the respiratory muscles (chicken breast)	1	....	1	....	2	....	0
2	..	Paralysis of one side of the neck (wry neck).....	1	....	1	....	2	....	0
1	..	Paralysis of the external muscles of both thighs (inversion of the knees).....	0	....	1	....	1	....	0
—			—		—		—		—
52			26		26		26		26

Twenty-seven cases were combined with curvatures of the spine.

Lateral curvature occurred 17 times.
Posterior „ „ 8 „
Anterior „ „ 2 „
27 „

Of these, seventeen occurred in persons under twenty, and only ten in persons above twenty; the combinations of curvatures with the different paralytic affections are shown in the following table.

	SCOLIOSIS.		KYPHOSIS.		LORDOSIS.
Hemiplegia	8	.....	3	.....	0
Paraplegia	3	.....	2	.....	0
General paralysis	1	.....	0	.....	0
Paralysis of one leg	2	.....	1	.....	2
„ of the respiratory muscles	1	.....	0	.....	0
Paralytic inversion of the knee ..	0	.....	1	.....	0
„ wry neck	2	.....	0	.....	0
	—		—		—
	17		7		2

Of the fifty-two cases forty-four have been treated and eight examined; twelve out of the forty-four have been seen only

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from three to ten times, and form the first class in the following table, which shows the general results of my treatment. The second class consists of those cases which have been under treatment for a longer time.

Result of treatment in forty-four cases:

Class.	Number.	Cured or very much improved.	Improved.	Slightly improved.	Not benefited.
I.	12	1	2	8	1
II.	32	17	12	3	
	44	18	14	11	1

The results of the treatment in the second class, in which alone a fair trial was given to the means applied, is in so far satisfactory that *all* have improved, although the improvement was only slight in three cases, greater in twelve, and very great (including in six cases a perfect cure) in seventeen cases

The special hygienic treatment pursued in the various paralytic affections is mentioned in some of the following cases, and I believe it unnecessary to enter here into the details of the description of the various medio-gymnastic manipulations and movements prescribed in the individual cases, because those who are more interested in this part of the treatment will find all they wish in my *Handbook on the Movement Cure*, and in *The Cure of Chronic Diseases by Movements.*

GENERAL PARALYSIS.

Case I.—*Congenital General Paralysis.*

Master T——, fair and pale, strumous, although twelve years old had only the trunk of a boy of his age, while his flabby and thin arms and legs are retarded in their development, and not larger than those of a boy of five or six years. The spine does not give any support to the body, and was in this respect similar to that of a new-born baby, and did not show the natural curve. While sitting he is supported by pillows; his movements of the head and of all the limbs are very slow, and of a very small range; the skin dry; his mental capacities unim-

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paired. I recommended the mother to do various manipulations on his arms and legs, to place him in natural positions while lying or reclining, to assist him in the few movements which he is able to do, to wash him with yellow soap every evening, and to rub him very well all over the body.

When this boy was seen a second time, after an interval of two months, his limbs were less flabby, and the movements a little quicker, and I advised the mother to do some combined flexions* and extensions on the limbs, and to fix a pulley with a slight weight proportionate to the power of his arms and legs, as I wished to induce him to exert also the legs. One month later, at the third visit, the mother mentioned that she had increased the weight by two or three pounds, that the boy began to exert himself much more, that he is delighted in using his limbs very frequently, and that he had almost entirely neglected his reading since his attention was directed to the movements which were done on the pulley. Since that time I have not heard of this boy.

CASE II.—*General Paralysis with prevalent affection of the arms and hands.*

Mr.——, 33 years old, banker, was sent to me by Drs. Madden and Kidd, and was examined in December, 1857. His paralysis began several years ago; although not able to give an exact account of the cause which produced his present state, the symptoms proved that some disease in the brain preceded. When standing the feet are placed apart to get a larger basis and more balance of the body; the head bent forward; the right eye amaurotic; he stoops very much; is round-shouldered; the chest flat and contracted; both elbows bent, the hands hanging motionless from the wrist; there is a considerable lateral curvature of the spine; the knees are slightly contracted, and the gait, when walking, unsteady; no sensation in the forearms and hands, and very slight in the upper arms; these limbs very flabby; the forearms, hands and feet less warm than

* Combined movements are those in which some resistance is offered either by the patient or by the person acting on the patient.

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the rest of the body. Besides the medicinal allopathic and homœopathic treatment, he was for months shampooed, and had also used Mahomet's baths in Brighton without any improvement—his spirits were rather depressed.

The treatment in this case was first directed to the enlargement of the chest, and to the improvement of the curvature of the spine, because I wished to improve the circulation, and to produce more warmth in his feet and hands. The reason for my attention being first directed to the spine was to give a stronger point of support both to his legs and arms. Respiratory movements in a sitting and half-lying position, various trunk flexions and twisting in stride-sitting and riding-positions, fulling, kneading and stroking movements on the arms and feet, produced in the course of a few weeks some improvement with regard to the chest and spine. In the morning and evening the back was sponged and rubbed, first with tepid, later with cold water, in a longitudinal direction, from above, downwards; the hands and feet were also manipulated after the sponging. The treatment being interrupted, after an interval of a few months was resumed a second time for about six weeks, and, after another interval of several months, a third time for six weeks. He was seen three or four times a week.

The result of the treatment was that the disease did not make any further progress; he improved so far as to be able to walk upright; his chest is expanded to the natural proportions; the curvature is considerably improved; his friends find him more erect; sensation in the forearms, and partly in the hands, is restored; he is able to grasp things, to eat and drink without assistance, and to move his arms in all directions; and I was told by his wife that he can sign his name much better than before. In the intervals when he was not under my care he tried electricity without the least benefit, and at another time he was at Malvern, but was advised by Dr. Gully to place himself again under my treatment. His general health is also very much better, but there is one symptom which either escaped my own and the patient's attention, or which developed itself only later, viz., that the movements of the left eye are restricted to such an extent that he cannot move the eyeball outwards

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beyond the mesial line of the cavity of the eye, while the movements of the amaurotic right eye are perfectly free in all directions.

It would be tedious to enter into the details of the movements applied in this case, and I will only mention that when he returned the second and third time under treatment this was directed to the increase of his powers of balancing the body in the standing position; his arms and legs were more specially acted upon, and a proof of his increased vigour in the forearms and hands was the capability of climbing, without any aid, three or four steps of a ladder fixed vertically; he also walked with very little assistance on a balancing pole raised about a foot from the floor, and had the power of hanging for twenty or thirty seconds while grasping a transverse pole.

This patient had, like so many other paralysed persons, very little perseverence—did scarcely anything for himself when not under my care—otherwise he would have gained still more. Had I seen a similar case twenty or fifteen years ago, when I was not acquainted with the hygienic means, and especially with the influence of the will, so useful in this complaint, I would not have even attempted to try any treatment, believing at that time, as so many of my colleagues do at present, that every attempt would be fruitless.

CASE III.—*General Paralysis, with constant shakings.*

This was a patient of Mr. Skey. Had suffered for ten years. The shaking was only stopped in a particular stooping position, with the legs crossed, and one elbow placed on the knee, while the head rested on the corresponding hand. Although he could scarcely raise his arms, which his servant had to stretch for him by a pull, I have induced him, after a few visits, to exert his will to such a degree, that he was able to stretch the body as well as the arms. During the voluntary actions, he did not shake. The treatment was soon interrupted, as he left for the country.

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HEMIPLEGIA.

Of sixteen cases which I have mentioned in the statistic Tables (page 660), I saw *Case* I. once, and refused to begin any treatment, because he was accustomed to take 70 to 80 drops of chlorodyne every night, in order to get rest, which he could not be persuaded to give up. He was a rich man, and consequently was told by several orthodox medical men that he suffered only from rheumatism, notwithstanding that he had no distinct sensation in one hand, and could neither walk in the dark without falling, nor turn in bed. Electricity, morphia, strychnia, mesmerism, various mineral acids, and the baths of Aix-la-Chapelle, have been without any use; the spinal paralysis appeared even to progress. My candid opinion that he has paralysis, and that only the influence of the will might have some beneficial result, was not liked.

Case II.—*Hemiplegia.*

Mrs. ——, the sister of a physician, could not undergo any active treatment, because, when she tried to exert her will in order to make any active movement with the paralysed limbs, she felt a pain in the head; and as I consider such a pain contra-indicative, I advised her to use only passive movements, as long as the pain lasts. Several members of her family have had apoplectic seizures; and she awoke one morning, incapable of moving one side, without any premonitory symptom.

Case III.—*Hemiplegia.*

A Spaniard, about 55 years old, a teacher of archery, and a drunkard, who lived in a distant suburb of London, was brought to my institution at intervals of about six weeks, and seen only eight times. He mentioned Dr. Davies as the medical gentleman who sent him to me. Apoplexy, probably the consequence of his drinking propensities, was the cause of the disease, which was of two or three years' standing. His companion was instructed to make fulling and passive rotations on all those joints of the arm and leg which permitted such an action; also,

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passive flexion and extension was applied; and when he improved, he was assisted in doing these movements actively. Stimulants of any kind were forbidden, frequent washing of the body recommended, and to be much in the open air. When seen the last time, he walked about in the room alone, executed various movements with his affected arm and leg to prove that he was better, and was very loud in his praise about the manipulations and movements which have caused the diminution of the contraction in his limbs, and which have brought on the improvement, for which he was very grateful. Whether he has made any further progress since that time, I am not able to say, as I did not hear of him; but this case is at any rate an instance of the efficacy of the most simple hygienic means.

Of the other cases of hemiplegia which have been under regular treatment, six, who continued for a longer time, were either cured or very considerably improved, while the others, although very grave cases, improved also, but not to such an extent.

The four children and one youth who have been afflicted with hemiplegia, have been more benefited than the older patients, notwithstanding that the causes were in some congenital.

CASE IV.—*Congenital Hemiplegia of the right side, with Lateral Curvature of the Spine and Inversion of the Knees and Feet.*

Miss ——, 7 years old, very pale, head well developed, mental capacities unimpaired, with a good memory, and very observing. The right side affected since her birth; the mother thinks that the application of instruments during her parturition has caused the paralytic affection. The head is turned and bent to the right, and inclined forward—a position caused by the great weakness of the right eye, which enables her to use more easily the good left eye, the mouth is slightly drawn to one side, and oblique; has some difficulty in speaking, as if the tongue were heavy; the muscles of the neck contracted, but more on the right side; both shoulders drawn up; the chest very

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flat; the ribs very depressed; the spine affected with double lateral curvature; the right arm contracted; the right hand and fingers twisted and hanging down; both feet turned inwards; both knees contracted, with inversion of the knees, the right more contracted than the left, and scraping the floor with the toes while walking; a peculiar shuffling walk, with constant shaking of the head. She is very emaciated, and all the muscles very flabby, easily disposed to cry, and afraid to see a soldier or a doctor.

I was consulted in December, 1849, as the parents wished to place her under hydropathic treatment; but I would not comply with their wish, because, according to my opinion, that treatment was not suitable to the case. Not being acquainted at that time with Ling's scientific medical gymnastics, I therefore proposed some active movements, a change of diet, much fresh air, and some exercises with a pulley, to which a slight weight was attached. A few months later, having heard of Ling's system, but not knowing anything of its practical part, I recommended the parents to consult somebody who knew more, but notwithstanding my repeated recommendation, this was not done, because they feared that the child would suffer by seeing a new doctor, but expressed their satisfaction with the slight improvement, and requested me to continue my attendance, which I did for several years regularly during the winter months, while the most persevering mother continued with the greatest assiduity to carry out all my suggestions during the summer, when they were in the country. The child improved slowly but steadily, and the progress was arrested for weeks, and even for months, by several acute diseases, which two or three times every year appeared, under the form of an affection of the mucous membranes either of the chest or the digestive tube: hooping-cough and measles, and synocha, prevented also a quick improvement, and thus, in the course of a few days, the progress of many months was lost. During all these complaints, she was treated partly medicinally, and partly with the different applications of water at various temperatures.

The treatment in the beginning was tedious, because, before

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her twelfth year, it was very difficult to fix the child's attention to the positions and movements necessary for her improvement. The residence in town produced infallibly, after a few months, a state of great langour and weakness, so that, even with the best will, she could not do what was required. She was first accustomed to lie on a soft couch, in a horizontal position, while the neck and loins were supported by small round pillows, as used in travelling coaches. She was taught to breathe deep, in regulated motions; to stretch the body, while pushing with her heels and head simultaneously; the contracted neck and limbs had then to be rubbed; single muscles had to be kneaded, and moved to and fro by another person. Having in the beginning for a short time applied leg-irons, without much benefit, the ankle, knee, and hip-joints were brought afterwards into motion by rotatory movements, flexion and extension, adduction and abduction in lying, half-lying, and stride-sitting positions. The movements were first passive, and when the joints were less stiff, the active movements were made more easy by assistance; when the strength increased, this assistance was not wanted, and she was induced to do her active exercises alone; and finally, the combined movements with resistance were used. The inversion of the knees and feet was cured partly by the movements named before, partly by leg-separation, with resistance of another person, and by leg-adduction, while she resisted in a similar way the twisting of the leg outwards, foot abduction (P.R.) and attraction (P.R.) was applied; the right arm was treated in a similar way, while several spinal movements helped to improve the spine. When able to sit in a natural position, and later, to stand, many of the combined movements were used in those positions, as well as in kneeling and hanging positions. The squinting was almost cured by inducing her, while the left eye was closed, to look at a short or long distance with the right eye only, on the fingers of another person, who changed the number of fingers which were shown to her, and which she had to name; and when the will had sufficient influence upon the movements of the right eye, she had to make slow and simultaneous movements with

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both eyes, while keeping time, and stopping at the end of each action. Some of these movements of the eye are named in the *Cure of Chronic Diseases.*

Result of treatment.—She is now a well-formed adult young lady; is straight; has the free use of her legs; is able to draw and to write with the previously-affected hand, and when in good health does not shake the head; her muscular system is well developed, and on the whole is from year to year getting stronger in every respect; the right eye is still weaker than the left; there is scarcely any squint in comparison to the previous state.

This case was the first I ever treated by movements; and I hope that many of my medical brethren will be induced to try a similar treatment with other paralysed children, for whom at present frequently nothing is done, consequently these unhappy children are left to grow up crippled and deformed, and when, at a later period, the paralytic affection is less prominent than the deformity which is its product, they are placed on the list of orthopædic victims.

Case V.—*Hemiplegia of the right side.*

Miss ——, 7 years old, was sent to my institution by Mr. Decimus Hands, of Dorset-square, who has also kindly furnished the following notes of her state, and confirms the happy result of the treatment, similar in some respects to that named in the previous case:—

"When seven years old, would not eat with the right hand, and was punished by being sent to the corner, where, after two minutes' standing, she sat down in consequence of weakness; afterwards, lameness was observed while walking, which increased very gradually till she could not stand. The paralysis in the right hand and foot crept on, and for about twelve months she was obliged to remain in a recumbent position. Now she is as hearty and active as any other child, only one of the lateral muscles of the neck is not so much developed as on the other side." These are Mr. Hands' notes.

As the general state of the child was very bad, she was sent for a few months to my Brighton institution, and her recovery

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in the course of a comparatively short time, without the aid of any medicinal agent, is in a great measure due to the invigorating effects of the Brighton air, which assisted considerably the other hygienic means.

CASE VI.—*Right Hemiplegia in a slight degree.*

Miss ——, 7 years old, was sent here by Dr. Mackintosh, of Torquay. The eye, arm, and leg are slightly affected; she shows much awkwardness in the movements of these limbs, and although the treatment was interrupted for a fortnight, in consequence of a cold, during which she was treated by Dr. Joseph Laurie, she returned home after three months, almost perfectly restored, and the parents have been quite satisfied with the result.

CASE VII.—*Hemiplegia in advanced age.*

General ——, 65 years old, was sent to me by Dr. Davenport, after a residence of forty years in India, came to England, when, after some months, he had a threatening of an apoplectic seizure; about twelve months after his return to India, he had an attack of hemiplegia of the right side, which had lasted for sixteen months before he arrived in this country. His disease remained stationary, notwithstanding the medical treatment: the right arm was contracted and pulled up; his gait characteristic of hemiplegic people, and his mouth oblique and drawn to the left and upwards; he could not walk, even across the room, without assistance.

After a few months' treatment, he was able to speak more distinctly; to walk across the room without support, although the leg still made a slight circular movement before the foot was placed down. He being still afraid to walk alone, his servant was obliged to accompany him, but not to support him; the mental effort of walking unsupported was so great as to produce headache. The contracted arm was perfectly relaxed; but the hand, with the exception of being warmer, and having a more natural colour, did not improve with regard to motion, although the sensation returned, even to the fingers.

My own and Dr. Davenport's opinion was, that a morbid

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process in the brain was the cause of the paralysis. A few months after he left me, the news of the Indian revolt affected him to such an extent, that he was again attacked with cerebral disease, and he died a few weeks later, having lost the power of speech. As far as I can recollect, a very serious retention of urine took place during the last thirty-six hours before his death. My reason for giving these few notes, is to show that, even where symptoms of cerebral disease are present in a patient of such advanced age, *some* improvement can be effected by simple means, for which paralysed persons are very grateful. Besides Dr. Davenport, who watched this case constantly, he was also seen by Dr. Dudgeon.

CASE VII.—*Hemiplegia with Lateral Curvature.*

Miss ——, 13 years old, sent to me by Dr. Madden, became paralysed during dentition. At present the right side of the face, the spine, and the right leg, which is a full inch shorter than the left, and also retarded in its development, are mostly affected. The sole of the shoe in its whole length was raised in order to enable me to improve the spine, as the pelvis was in a constant oblique position, and thus contributed to keep up the curve. To further the nutrition of the emaciated muscles of the right side of the face, percussion and pressure on the pes anserinus were made; and in order to induce the muscles of the face to act more energetically, she had to pronounce the letters *b*, *p*, *m*, *v*, more or less loud, either in succession or alternately, and varied in many ways, while the left half of the mouth and lips were fixed and slightly pulled to the right, and thus prevented from participating in the pronunciation of these letters. Her face got fuller, the whole body stronger, the chest nicely developed, the spinal curvature considerably improved, the right leg was able to carry *alone* the weight of the body; when, after sixty visits to my institution, the treatment was interrupted in consequence of acute bronchitis.

CASE VIII.—*Hemiplegia.*

Captain ——, 34 years old, served in India. All kind of excesses in Baccho and Venere produced apoplexy, epileptic fits,

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and hemiplegia. For the last nine years he was suffering. One of his sisters having been benefited by my treatment induced him to ask my advice, for which purpose he was brought from one of the northern counties to London, although I would never have consented to his making the long journey if I had had previously the history of his case, as his state was so desperate. The present hemiplegia was not the original one, as he was previously hemiplegic on the other side; he could not do anything for himself, and one of his legs was constantly stretched in consequence of paralysis of the flexors (which seems to occur less frequently than the paralysis of the extensors); he was put to bed, dressed, fed, etc., etc., by another person, and was as helpless as a baby; when sitting he was almost doubled up, and in consequence of the loss of one eye the head was twisted, bent sideways and also backwards, so that the neck was buried between the raised shoulders; placed on his legs he could not stand. This short description of his state will convince the reader of the truth of my assertion that I would not have consented to a journey of 350 miles for the purpose of placing himself under my own or any other treatment; but as he was in town, and as the family had taken lodgings for him very near to my house, I was obliged to consent to try some treatment, without giving or having the slightest hope of any improvement. After having been with me eight or nine weeks he returned home, and engaged one of my assistants, who continued with him the prescribed manipulations and movements. The following is an exact copy of a letter, the original of which I have still in my possession, and which contains a statement of the effects produced by the treatment.

"With M——'s compliments in reply to Dr. Roth's kind enquiries. I feel very much better than I was a twelvemonth ago, more especially in the back. I can raise myself with comparative ease with the assistance of one hand, and with facility with the aid of two hands, and can stand with such assistance in an erect position without any uneasiness in the spinal region for some minutes. I have but trifling improvement in the use of my hands. The neuralgic pain in the left arm and shoulder has nearly subsided."

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Case IX.—*Hemiplegia.*

In this case the patient had employed for two years an Indian, who shampooed him at least four or five times every week, and still did not succeed in improving the contracted position of his paralysed arm, which was effected in the course of a few weeks by passive and very gentle rotations in the shoulder and elbow joints in the habitual contracted position of the arm, which was gradually changed so that the same movements could be done while the arm was extended.

Case X.—*Hemiplegia with Asthma.*

Mr. J——, 35 years old, sent by Dr. Kidd, stands six feet and two or three inches high. Over work and mental anxiety was the cause of the hemiplegia. He suffers also from polypus narium and asthma. As he was living in the country he came first for one week, and later for one or two days, to town, when he and his servant were instructed to do several prescriptions of movements. The result was that about eighteen months later he was able to skate, whence he came once with a black eye as a proof of his fall, as well as of his ability to keep upright while on the ice. He improved in all respects, and sent, in May, 1857, at his expense, a poor paralysed saddler, to my institution, whose case follows.

Case XI.—*Hemiplegia.*

Mr. ——, 40 years old, by trade a saddler, is a temperance man for the last twelve years, having previously indulged too freely in beer and gin, and was often intoxicated. He suffered in October and November, 1856, from giddiness, and lost, on the 17th November, at 4 P.M., the power of speech, and had much dizziness and pain in the head; six hours later he was bled, and the next morning he had lost the use of his right arm and leg. This poor man returned to the country considerably improved after five weeks' treatment, during which time he had also used twelve or fifteen Russian baths, which made his contracted arm and leg more lissom; his power of walking was

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much increased, and he began to make use of his arm and hand before he left.

Case XII.—*Hemiplegia with Kyphosis.*

Master J——, 17 years old, had suffered in infancy from caries of the lumbar vertebræ, which produced an ankylosed kyphosis; since that time the mouth was slightly drawn to one side, and the left arm and leg have been affected. After a treatment of a few months the weakened limbs were almost perfectly restored; he could stand on the affected leg, and hang on the previously affected arm; and, notwithstanding the posterior spinal curvature, his carriage improved considerably, and the neck elongated; the general health was improved, and he was able to be apprenticed to a farmer, and continues well.

Case XIII.—*Hemiplegia with Lateral Curvature.*

Mrs. ——, 36 years old, was paralysed for the last eight years, probably by exposure to cold and damp. She could not raise the right arm, and she dragged the right leg. With the aid of the Russian bath, taken once a week, and the movements continued for seven or eight months, she recovered to such an extent that she can use her limbs and perform all her domestic duties; the spinal curvature was also considerably improved, and all the trunk flexions and twistings—movements impossible at the beginning of the treatment—are at present easily performed.

(To be continued.)

MISCELLANEOUS.

THE MEDICAL ACT AND MEDICAL ORTHODOXY.

The Medical Act has made itself felt by every registered practitioner by fining him two pounds sterling for having all his documents and diplomas *en regle*. Perhaps this fine is intended to remunerate the Medical Council for its trouble in looking over the certificates of qualification, inscribing the practitioner's name on the register, and keeping the register always in good order for immediate reference.

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But if so, the Council have apparently been very remiss in their duties; for at a recent trial it was shewn that there was no real register in existence;—a number of "dockets," but no perfect list; and that in spite of Clause XIV., which requires that the register shall be kept correct. In addition to the £2 we have already paid, a further demand of 7*s.* 6*d.* was recently made upon us for a printed copy of the list of registered practitioners. But this was found to be such an extravagant price for a list of the sort, that the Council afterwards reduced it to 4*s.* 6*d.*, or thereabouts. Most medical men were of opinion that as they had already paid £2 they might have had a list presented to them gratuitously. To be sure, the more money the Council has to dispose of, the larger will be the fees, and the more liberal the travelling expenses it will be enabled to allow its members, in conformity with Clause XII. So as the labourer is worthy of his hire, we must not grumble, even though, as in the present case, the labourers themselves fix the amount of their hire.

Many of the most zealous advocates of the Medical Bill, ere yet it had become an Act, were stimulated to their exertions on its behalf by the hope that it would put a summary stop to all undiplomatized practitioners; that the competition they had previously suffered from unlicensed and unqualified men, would be abolished; and that the fees which flowed into the unauthorized pockets of the irregulars, would henceforward be directed into their own legally qualified pockets.

It soon became apparent, however, that the Medical Council had no intention of becoming a prosecuting body. They refused, point blank, to hale the irregulars before the nearest magistrate, and get them fined £20, as per Clause XL.; so the great object of the Medical Act with these gentlemen seemed to be in danger of being lost altogether. In this strait they bethought themselves of a plan for carrying out their cherished object of suppressing unlicensed competitors by getting up prosecuting societies throughout the country, under the name of "Medical Registration Associations." The avowed object of all these associations—of which there is already one in almost every considerable town—is "to assist the registrar in securing a complete registration of duly qualified practitioners, and to protect the public and profession against illegal practice." This fine phrase of course merely means that the associations intend to prevent others receiving fees to which they think their members alone have a legal right. As for "assisting the

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registrar to secure a complete registration," &c., we have not yet heard that they have rendered any important services in that direction; and as for "protecting the public," &c., that merely means that they regard the public as a shepherd does his flock of sheep, which he is determined shall be shorn by none but himself. We cannot say that the rapid formation and growth of these associations are calculated to impress an impartial on-looker with an exalted idea of the dignity of the medical profession. The eagerness with which many have banded themselves into gangs of informers and prosecutors, betrays rather a trading than a scientific spirit. Accordingly, among the names of those who have thus associated themselves, we find but few, if any, of the scientific lights of the faculty. The normal and usual leaders of the profession are altogether absent from this movement. It is a "trades' union" sort of affair, intended to keep out of employment all "non-society" men, and to secure a monopoly of work and wages to a clique.

But, with an inconsistency which was to have been expected from the animus that directed the movement, these Registration Associations, while professing to assist the registrar, expressly exclude a large class of legally qualified and registrable medical men. They limit their numbers to "orthodox practitioners." Now, although they are unable to say what "orthodox" *is*, they can easily tell what it is *not*. In a given case of disease, one doctor will bleed; another will purge; a third will salivate; a fourth, blister; a fifth, sweat; a sixth, vomit; a seventh, narcotise; an eighth, stimulate;—but though differing so infinitely in practice, all these methods are "orthodox," and their employers are all also "orthodox." But let a doctor give a medicine according to a principle—in other words, let him prescribe according to rule, rationally and not empirically; then he ceases at once to be orthodox, and is not worthy to be associated with those worthies who scorn to acknowledge any therapeutic rule. He is a "black sheep" who has given in his adhesion to the "odious document," and is therefore to be tabooed from all respectable society. The limiting of possible members to "orthodox" practitioners is meant to exclude homœopathists, and this is distinctly avowed by all the associations. We have thus this anomaly: the associations are professedly for the purpose of carrying out the Act, and yet they start from quite different bases. The Act looks only to legal qualifications; the associations take cognizance of modes of practice, in addition to legal qualifications. Thus the associations

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are a kind of *imperium in imperio*. Being on the register implies that your diplomas are in order; but belonging to the association implies not only that you have a diploma, but that you are untainted by heresy. The gentlemen who rushed to form these associations undoubtedly felt that the Act had done wrong in permitting homœopathists to be registered, and thus appear before the public as legally and every way qualified practitioners. They hurried to correct this mistake of the Act, by proclaiming aloud that they alone were the "orthodox," and that consequently they alone deserved the confidence of the public.

About Christmas-time the metropolitan housekeeper receives a printed intimation to the effect that he should on no account give a Christmas-box to any but those who shall appear on boxing-day, and who shall produce a copper coin having on the one side the effigy of her most gracious Majesty, with the words, "Victoria dei gratia, 1840;" and on the other, a figure of a woman seated beside a shield, having a helmet on her head and a pitchfork in her left hand, with the words, "Britanniar: reg: fid: def:"—for these alone are the "regular dustmen." So in like manner the public are warned that the only "regular dustmen" of physic are those who, in addition to their names on the register, can shew the badge of a Registration Association.

It was scarcely probable that any homœopathic practitioner should be seized with a desire to become a member of one of these Registration Associations. The object chiefly aimed at by the associations —viz., the detection and prosecution of illegal practitioners—was not one in which a homœopathist, as such, could feel much interest; and the spirit that dictated their exclusiveness was quite sufficient to deter him from the thought of having anything to do with them; consequently, almost everywhere, homœopathists have regarded the formation of these associations with indifference, and their cant about orthodoxy with contempt. In some towns, however, the homœopathic practitioners have felt that the studied insult to homœopathy conveyed by the term "orthodox," required some notice.

The practitioners of Northumberland and Durham met at Newcastle, and passed, *inter alia*, the following resolution:—

"That this meeting having had its attention called to the resolution of the Northumberland and Durham Medical Registration Society, excluding homœopathic practitioners from its membership, denounces it as unfair, unjust, and ungentlemanly—inasmuch as, while excluding a body of men

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as respectable as its framers from professional intercourse, solely on the ground of their medical opinions, it yet, at the same time, by associating them with advertising practitioners, affixes a stigma, and implies a charge it does not openly express."

The bigotry of the Northumberland and Durham Registration Society had one curious result, scarcely expected by the allopaths, viz., the public avowal by Mr. D. Mattheson, a practitioner of the neighbourhood, of his adhesion to homœopathy. Another effect was, that the homœopathists of Newcastle and the neighbourhood at their meeting formed themselves into a Society, under the title of the "Northumberland and Durham Medical Society, for the diffusion of knowledge in relation to health and disease." By calling this simply "Medical" and not "Homœopathic Society," they intend to shew that the allopaths, by their bigotry and sectarianism, have voluntarily abdicated their claim to be considered catholic medical men, and that the homœopathists, by their freedom from narrow-mindedness, are justly entitled to consider themselves the true representatives of medicine.

At Birmingham, too, the homœopathic practitioners resented the insult offered them in an equally dignified manner, as will be seen from the subjoined extract of a report of the proceedings of a meeting of the medical practitioners of that town, held for the purpose of forming a Medical Registration Association. After some preliminary talk,—

"The CHAIRMAN then proposed the second resolution, passed at the preliminary meeting, as follows—'That all orthodox practitioners of medicine and surgery, residing in Birmingham and the surrounding districts, who are entitled to be registered under the new Medical Act, shall be eligible as members.' The Chairman said as that was an important resolution, it would no doubt elicit discussion, and he should be glad to hear the opinions of any gentlemen present upon the subject. The following letter bearing upon the term *orthodox* had been addressed to Dr. Bell Fletcher:—

'Birmingham Homœopathic Hospital, 2, Upper Priory,
September 1, 1859.

'Dear Sir—An advertisement having appeared in the public papers of the proceedings connected with the formation of a Medical Registration Society, we have observed that one resolution states that only *orthodox* medical men are eligible for membership. The fact of our not having received any invitation to take part in the formation of the Association, while other medical men in the district have received such in-

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vitation, and the circumstance that an impression prevails among the public that the term *orthodox* has been purposely made use of in order to exclude homœopathic practitioners, induces us to request of you, as Chairman of the meeting, an explanation of the matter. Being legally qualified and duly registered medical men, does our approval of the homœopathic system of medicine, and our open practice of it, disqualify us from becoming members of the proposed Medical Association, founded as that Association is professedly for public objects, and based as it is on an Act of Parliament which expressly discourages disqualification on the ground of difference of medical creed and practice?

'We are, dear Sir, your's faithfully,

'George Fearon,
'Joseph Lawrence,
'W. A. Parsons,
'Henry Robertson,
'Medical Officers of the Birmingham Homœopathic Hospital and Dispensary.

'To Dr. Bell Fletcher.'

Mr. Yates seconded the resolution.—Dr. Hind wished to know what interpretation was to be put upon the phrase *orthodox*. Did it apply to allopathy, homœopathy, or to those who disgraced themselves by advertising quackeries?—Dr. Anthony said the term was intended to apply to that which was inconsistent with what the great majority of the profession considered right in carrying on the art and mystery of medicine, and for his own part he thought they could not adopt a better term—(hear, hear). The meaning of the term was well understood by the profession, and after mature deliberation the preliminary meeting had adopted it as the best they could use for distinguishing the qualification necessary for admission to the Association. It was, however, in the power of the present meeting to alter or modify the term if they saw good reason for doing so—Mr. Postgate said the term *orthodox* was one that could be much criticised, and which admitted of a variety of interpretations. He should move that the words *legally qualified* be substituted for *orthodox*. The resolution so worded might exclude from the Society gentlemen practising according to their own peculiar views, and he thought they should admit into the Association all duly qualified practitioners, those who were entitled to be upon the register, and whose names were duly entered by the Registrar. He had nothing to do with any of the new systems referred to, but was decidedly of opinion that those whom the law recognised as legal practitioners, although entertaining peculiar views of their own, should be eligible for admission into the new Association.—Mr. Gamgee seconded the amendment, though he had no doubt it would be lost by a large majority. It was all but impossible to define what *orthodoxy* meant with reference to the profes-

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sion. He for one should not oppose heresy, although always ready to uphold the truth; but knowing that what had been termed the heresies of the world had proved its greatest truths—knowing that the heresy of to-day had often been the orthodoxy of to-morrow, and remembering that the profession were at first the bitterest opponents of Harvey and other heretics—that the College of Physicians had tried to crush the Apothecaries, and that the tendency to be a persecuting body had always been a stigma upon the profession, he could not think of excluding from the Association those whom the law had duly recognised. If they were to have a perfect registration let them have one, and conduct the Society efficiently, and it would no doubt be productive of great benefit. He would confess he did not like the idea of prosecution, but if they did prosecute at all, let them by all means prosecute the villains who infested the country, and by their misrepresentations preyed upon and robbed the poor. With regard to qualification, he would again observe that, as the Registrar was bound to admit all legally-qualified persons, he thought the Association should not object to enrol them as members. In excluding those whom the Act recognised they were not carrying out its spirit or intention. He wished it to be distinctly understood that he did not feel or express any sympathy with the branch called homœopathy, but medical men too frequently made the mistake of regarding those who differed from them as dishonourable men, whereas he knew there were many able and conscientious practitioners among the homœopaths, and he should not like to see them excluded.—Mr. YATES said he would not shrink from defending the retention of the term *orthodox*—(hear, hear). The subject was discussed at the preliminary meeting, and it was considered desirable that allopathic practitioners only should be members of the Association. Homœopathic practitioners might form an Association amongst themselves, but he considered it would be inconsistent with the honour of the branch of medicine to which they (allopaths) belonged to admit as members of the Society practitioners of any other class. There could be no doubt the term *orthodox* was intended to confine the Society to gentlemen belonging to the allopathic branch—(hear, hear).—Mr. PEMBERTON suggested that the word *registered* would be a better term for the amendment than *legally qualified.* While entertaining in his own mind the greatest contempt for the practice of homœopathy, he felt it would be inconsistent with the name of their Society, whose main feature was that of registration, if they prevented registered practitioners from being members. He would thank Dr. Heslop to inform the meeting of the view taken upon the subject by the London Medical Society, as it would be a guide to them in their decision.—The CHAIRMAN said the word *orthodox* was used in the London resolutions, and Dr. Ladd the Secretary of the Society, in a letter addressed to Mr. Spratly, had said 'keep out the homœopaths by some such rule as we have.' The rule or

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resolution referred to was as follows:—'That all practitioners of *orthodox* medicine, who are entitled to be registered under the new Medical Act, shall be eligible as members.'—Mr. PEMBERTON expressed himself satisfied, adding that as the London Medical Society used the word *orthodox* he should vote for the original resolution.—Dr. ANTHONY said the practitioners referred to were no doubt qualified to be registered under the Medical Act, but he objected to their admission into the Society. He should be exceedingly sorry to meet them as members, to sit in council with them, or to belong to a Society of which they formed a part.—The amendment having been put, was lost, only the hands of the proposer and seconder being held up in its favour, and with these two exceptions the original resolution was carried unanimously."

The sensible remarks of Mr. Gamgee were of course all lost upon a set of gentlemen who were met not to devise what was just, and in the spirit of the Medical Act, but to protect their own narrow interests, and to cast a censure on their professional rivals. A still more outrageous resolution, framed in direct defiance of the expressed tolerance of the Act, was afterwards proposed. It ran as follows:—

"That it shall be the duty of the Vigilance Committee to investigate all cases brought before them of persons practising in otherwise than an orthodox manner, and to report thereon to the Committee."

The Chairman pretended to be vastly shocked at the idea of such a resolution, which, he said, "would make the profession a bye-word in Birmingham." But Mr. Gamgee quietly remarked, that "the association having determined that only orthodox persons should be members of the society, it was but logical they should have a Vigilance Committee to say who were orthodox or not."

In conclusion, we have only to observe that these Registration Associations may be necessary to assist in the working out of the Medical Act, but if so, they appear to us a very disagreeable necessity; and we had rather twenty quacks went unpunished than unite in forming a society whose professed object was the hunting up and prosecution of illegal practitioners. If such things must be done, would it not be better for those who feel an interest in the prosecution of quacks to subscribe quietly to retain the services of some attorney, who should seek out, and take legal measures against the unqualified? We must say, it goes sadly against the grain to read of titled members of the profession doing the dirty work of informers at our police-courts; and yet such are the very persons who allege their regard for the "honour and dignity of the profession" as a

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reason for refusing to meet or associate with a qualified professional brother who may entertain a different view respecting the administration of medicine.

Shoddy.

ALL our readers know what *shoddy* is—or if they do not know or have forgotten, we may briefly remind them. When cloth garments have been worn utterly threadbare and are no longer fit to cover the nakedness of the meanest beggar, they are not thrown away as might be imagined; they are collected and sent to a mill somewhere in Yorkshire, where by some ingenious machinery the rags are unravelled, teased, and torn into a mere fluffy mass, which is spun into incoherent threads and woven into brittle cloth, to re-appear as bran new garments on the backs and nether extremities of the customers of Messrs. Dathan, Abiram and Co., the celebrated merchant tailors and outfitters. This cloth which has passed as it were through the magic fountain of Jouvence, and from old become new, is called in the technical language of the trade—*shoddy*. Perhaps this *shoddy* before it is ultimately disposed of re-enters the mill once more and becomes doubly or trebly *shoddy*. Of course *shoddy* is a very inferior article to the original broad cloth. It has perhaps a superficial gloss, but it wont stand any "fair wear and tear," or rather we should say it is all "tear" and no "wear." It is in fact a mere second-hand imposture, and when passed off for the genuine article is nothing but a disreputable cheat.

In the writings of the adversaries of homœopathy, which we are doomed in our capacity as editors to read, we find a great deal of matter that may, "not to put too fine a point on it," be termed literary *shoddy*.

Statements that have been proved untrue scores of times, accusations that have been refuted any number of times these thirty years back, calumnies of the most despicable character, prophecies which events have falsified, appear over and over again in the controversial literature of our opponents, where they seem still to impose on the mind of the partial and prejudiced reader.

When we see in some allopathic article a reference to the "convincing experiments of Andral," we know what is coming, a grandiloquent reference to those puerile dabblings with globules made

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by a man utterly ignorant of homœopathy, and in defiance of all Hahnemann's rules, which were exposed immediately on their publication, first in the *Bibliothèque Hommœopathique de Genève* and then by Dr. Irvine in our own Journal—we know that our opponent is trying to palm off on us his worthless *shoddy*.

When we read of "the overwhelming mass of facts and arguments that prove the worthlessness of homœopathy," of "the universal voice of the medical profession ever since the days of Hippocrates," of "the laws and facts of physiology and pathology being diametrically opposed to the doctrines of homœopathy"—when we see long lines of figures, ostensibly calculations of the quantity of fluid required to make a homœopathic medicine in the 30th dilution—when we read of Adam and all his descendants bolting globules at the rate of one per second, and never coming to the end of a grain of medicine—we feel disposed to exclaim with the venerable Dr. Primrose, "I ask pardon, sir, for interrupting so much learning; but I think I have heard all this before:" in fact this is undoubted *shoddy*—it has been worn threadbare long ago—worn out and to rags, and we will not put up with it.

When we read of the Duke de Cannizaro's sudden death after swallowing a globule, or such a sentence as this: "no human knowledge can compass the hidden details of the thousand secret catastrophes which have been thus wrought since the introduction of the homœopathic quackery"—(vide *Lancet*)—or this: "the fatal results of intrusting the treatment of serious disease to homœopathic practitioners"—we recognise *shoddy* of the worst description—*shoddy*, in fact, of which the original staple was a gross imposture to begin with.

When we see ourselves designated as "quacks," "impostors," "charlatans," "men ignorant of the elements of medical science," "illegal practitioners," "unsuccessful renegades from the ranks of orthodoxy," "globulists," "homœoquacks," &c. &c., the *shoddy* we know is too evident here to take in any one. These epithets have been worn out so completely that no presentable stuff can now be woven from them.

When in allusion to the wonderfully favourable statistics published by homœopathists we find the allopathic controversialists asserting that "the returns are falsified;" that "slight affections are included under the head of serious diseases;" that "the reporters are incapable of making an accurate diagnosis;" that "their hospitals are so favoura-

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bly situated and so admirably administered by beautiful sisters of charity, with melodious voices, I say it that shouldn't say it, being a Protestant," (see Routh's *Fallacies*,) "that no severe maladies are ever seen in them, and that it is the careful nursing that cures, not the ridiculous infinitesimal doses;" knowing as we do that we are just as honest, just as well educated and competent to detect diseases as the average of our allopathic brethren with whom our returns are compared; that our hospitals are in precisely similar localities as, and the attendance neither better nor worse than, those of our opponents, we can see that these assertions are pure *shoddy*—allegations that have been repeatedly and thoroughly disproved, but which are ever dressed up anew and thrust forward as irrefragable evidence of the falsity of our system.

When we are told of the solemn condemnatory verdict of the French Faculty of Medicine, of the disclaimers of the various English Colleges, of the rejection of homœopathic candidates for degrees, of the disavowal of homœopathy by our Poor Law authorities and our Army Medical Board; knowing as we do that these corporations were guided solely by their prejudices and passions and not at all by any knowledge of the subject—we unhesitatingly pronounce all reference to the verdicts given and opinions uttered by them as the merest *shoddy*, which requires no microscope for its detection.

When we read, as we do almost every week, that "homœopathy is fast sinking into merited oblivion and contempt;" that "the patients who have not yet been killed by it are fast running away from it like rats from a falling house;" "that it is nearly extinct and unknown in the country that gave it birth;" "that the eminently practical character of the English will soon detect the imposture;" and that "in a few years its name will be unknown;"—knowing as we do that similar prophetic utterances have been delivered any time these 30 years past, and that notwithstanding homœopathy continues to gain ground and increase its number of adherents both in the medical and in the patient world, we feel surprised that our allopathic opponents should attempt to palm upon their readers such gross and coarse *shoddy*. This sort of article has never yet taken with the public, and yet we see it continually offered to them, hebdomadally in the *Lancet* and its kin, and at irregular periods in every tract and pamphlet against homœopathy that issues from the press.

When we are told that "homœopathy is the grave of science;" that "it is opposed to all the ascertained principles of medicine;"

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that "it is degrading to the physician who practises it, destructive to the patients on whom it is practised, and that it is wrong even to inquire seriously into it;" with our knowledge of the highly philosophical and rational character of the homœopathic therapeutic law, and of its thorough consonance with all that is scientific in medicine, we can justly estimate the amount of *shoddy* contained in such *ex cathedra* denunciations.

When we read of homœopathy being an "utterly inert method of treatment;" of its being "powerless for good or evil;" of "chemical analyses having shewn its globules to contain nothing but starch and sugar;" of "offers to swallow a whole medicine-chest full of homœopathic medicines;" of "wonderful examples of children having emptied down their throats bottles full of globules without being apparently the worse for it;" we weigh these statements against others of a diametrically opposite class, such as the appalling fate of the Duke of Cannizaro before cited; the tragical end of Mr. Horace Green of New York from having "swallowed in sport a number of homœopathic globules," related by Dr. Routh in his *Fallacies*; the oft-repeated allegation that all homœopathic patients ultimately go mad; that "homœopathic treatment is slow poisoning;" that "the number of its victims is something incredible," and having thus neutralised the accusation of inertness by this charge of wholesale poisoning, we hesitate not to pronounce both the one and the other most unmitigated *shoddy*.

When our opponents state that it is only slight diseases we venture to treat with homœopathic medicines, but that when serious symptoms occur we do not hesitate to revert to the ordinary doses, that our seemingly inert powders actually contain the active principles of some of the most powerful medicinal substances, such as strychnia, morphia, atropin, and other alcaloids, in doses sufficient to produce violent physiological effects; that we depart from our principles and abandon our whole system when we give an occasional dose of castor-oil, opium, or cod liver oil; we perceive that they are offering us *shoddy* of the rottenest fabrication.

When we are told that the recorded provings of homœopathic medicines are "a tissue of obscenities, the offspring of a prurient imagination;" that "the works of Hahnemann and his disciples abound in blasphemy;" that "homœopathists are influenced by the vilest motives of cupidity and the lust of gain;" we can well afford to

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smile at the transparent *shoddy* of such assertions, unaccompanied by even the slightest facing of *devil's dust.*

When we hear medical men gravely stating that they have "too much regard to the honour and dignity of the profession to meet homœopathists professionally, or to allow them to enter their societies," we know they are dealing in very poor *shoddy*, the original staple of which was *fustian.*

We may be pretty sure of finding nothing but *shoddy* when in anti-homœopathic writings we see the names of St. John Long, Morrison, Holloway, Old Parr, Curtis, La'mert, and other worthies of the quack fraternity. The frequency with which these names have been served up, must have worn them out to their last fibre, but still they appear with a pertinacity of iteration, that would seem to shew them to be stereotyped in allopathic controversial writings. And yet if the advertising nostrum venders belong to any school, it is most certainly the allopathic. With us they have no affinity—neither in the dose of the medicines they employ, in the principle of their employment, nor yet in the effects they are intended to produce.

Divested entirely of its *shoddy* there is little left in antihomœopathic controversial literature of good substantial, original wearable stuff. The same arguments, the same jokes, the same sneers, the same calumnies, the same abuse are repeated by one writer after another. They have become the conventional method of treating the homœopathic question, and each successive writer seems delightedly to copy the traditional phrases and illustrations with a fidelity worthy of a purer faith, and a holier cause. If our adversaries depart from the traditional method for a moment, as Sir John Forbes did in his first essay on homœopathy, we find that the conventionality is too powerful even for him; for in his second work *(Nature and Art)*, he reverts to the old system and mingles with his other material a satisfactory amount of *shoddy.*

But the commerce in literary *shoddy* is by no means confined to allopathic controversialists. We confess that it is not altogether absent from the polemical and other writings of many of our own school.

We have, of course, made up our mind to read at the commencement of almost every treatise, the inevitable "Samuel Christian Friedrich Hahnemann was born at Meissen in Saxony, on the 10th of April, 1755." That is stereotyped and we should not object to it,

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were it only correct. It seems however, that the 11th not the 10th of April was his birth-day, and though his names were as above, the order was different, as appears from the entry in the parish register—thus, "Christian Friedrich Samuel." However, as before said, this is a bit of *shoddy* that we must be content to take without grumbling.

There are some articles of the same fabric however, that we do not so willingly accept. There is that everlasting list of homœopathic court physicians which authors have copied from one another for the last ten years, and in many instances have altered in the copying. Perhaps "*principibus placuisse*" may not be the least praiseworthy of our deeds, though doubtless the princes in question owe more to homœopathy than homœopathy owes to them; but if it is thought worth while to enumerate the princely patrons of homœopathy, it might be deemed worth the trouble to make the list correct, for since it was first published many of the doctors are dead and some of the princes have disappeared, and the very names of their principalities been extinguished, as a reference to the *Almanach de Gotha* will show. Besides a little research would enable any one to add largely to the list of court physicians. We trust then that we shall not again have displayed before our eyes this very ancient piece of *shoddy*.

We could very well afford to miss from our homœopathic writings certain doubtful illustrations of homœopathic action, first adduced by Hahnemann himself, and copied from him by most of the expounders of his system, such as the cure of burns by heat, and of frost bites by snow, the prevention of small-pox by vaccination, and some others equally well-worn, but of dubious homœopathicity. The weaving up of these scarcely consistent shreds make up at best but a very inferior sort of *shoddy*, which may be eliminated from the more respectable material without injury to the fabric.

Surely Galileo, Harvey, and Jenner, have already done service enough for us, that they need not be perpetually evoked from their historic niches, to be compared with the confessors and martyrs of our school of physic. We would willingly see them relegated to their "storied urns," unless some special cause renders their re-appearance necessary.

A few stock quotations such as, "Tut man, one fire puts out," etc., "A hair of the dog that bit you," and the apparently unavoidable clincher, "Magna est veritas," from their frequent appearance savour strongly of *shoddy*. They might be pleasantly substituted

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by some fresher "wise saws," and more "modern instances." Their constant recurrence disposes us to meet them with the not less hackneyed quotation, "Quousque tandem abutere patientia nostra."

On the whole, however, we can hardly complain of the *shoddy* character of much of our homœopathic literature, as long as our adversaries deal almost entirely in that article. Homœopathy goes on and makes some advance every year, in its practical development as well as in its theoretical exposition. While fact after fact is yearly added to those that already illustrate its therapeutical principle, and new and striking arguments and illustrations are constantly appearing, our adversaries are much as they were at the commencement of the past quarter of a century. Each fresh antagonist but repeats his predecessor and employs the same arguments, the same invectives, and the same jokes that were used by the first antihomœopathic champions, and that are now intolerably stale. No amount of refutation is sufficient to bring them into discredit with our opponents, and we can scarcely hope to induce an abandonment of the use of this *shoddy*, when in fact nothing but *shoddy* is to be had.

Use of Secale Cornutum in Asthenopia.

By Professor F. Von Willebrand.

(*From Archiv für Ophthalmologie, Vierter Band, Abtheilung I.*)

. . . I have employed Secale cornutum in several diseases of the eye, in which I believed the evil to be removable by recalling a brisk contractility in the walls of the blood-vessels, or in other structures furnished with unstriped muscular fibres. This remedy has proved of the greatest advantage in disorders of the adjusting power of the eye. . . .

A woman, aged 28, of a fine healthy appearance, who had always enjoyed good health, and had gone through two favourable confinements, the last of them four years before, complained of great deterioration of sight, so that she could not occupy herself for longer than some five minutes at a time in sewing or reading, when the letters seemed to mix together, and pain arose in the eyes, spreading to the brow and temples. Were they, on the contrary, wholly unemployed, she felt no pain in the eyes, and found her power of vision pretty much as it had always been. The patient thought she had remarked this irritability of the eyes to have come gradually on for two years,

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contemporaneously with diminished menstruation. No morbid change could be detected about the eyes. The pupils were somewhat contracted, but quite moveable. The patient could distinguish near and distant objects as formerly. Her visual distance was normal. The eyeballs felt something firmer than common. There was no doubt that the disease consisted in a disturbance of the adjusting power; it appeared to me certain also that a chronic congestive state of the eyes was present, and that this was probably the cause of the disturbance in the adjusting power of the eye. The case presented nothing further worthy of note, exeept that the bowels were slow.

I ordered ten grains of Secale cornutum with Carbonate of magnesia, four times a-day. I saw the patient again in four days; she was overjoyed at the improvement which had taken place. She could now read and sew with ease. This state lasted four months, after which the patient observed that the disease returned. The same means were again employed, and with equal benefit. Since then she has seldom required to have recourse to it, so long as she follows the advice given her, to use her eyes sparingly in reading and sewing.

More recently, I have, in cases of disturbance of the adjusting power, always used the same means, and with constant good effect. The complaint returns, indeed, readily in those cases where the cause (for example, straining of the sight upon minute objects, especially in a bad light) cannot be avoided; yet it is removed by the same means. The young people of the ladies' school of this place, who, in consequence of strained occupation in a bent position, and of ill-arranged illumination, are exposed to the above-mentioned unfavourable circumstances for sight, have afforded me several examples of considerable derangement of the adjusting power, which all, at least for a time, have yielded to this means. I am thereby firmly convinced, that in disturbed power of adjustment the treatment by means of convex glasses is greatly aided by internal medicine. The dose of the Secale cornutum is to be varied according to the age of the patient. Lately, I have ordered only five grains for a dose to an adult, mostly in combination with Carbonate of magnesia, sometimes in chlorotic cases with iron. . . .

Helsingfors, Finland.

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Oxalate of Cerium in the Vomiting of Pregnancy.

Empirics have often rendered good service to medicine. Dr. Simpson is the Prince of Empirics. He tries new remedies in the true empirical fashion, which is to give the same to the whole troop of patients as they come on, with an unswerving impartiality that is almost sublime! Some years ago Dr. Simpson announced a wonderful cure of headache by Nickel, that he had stumbled upon in this way, whereupon Dr. Henderson very happily compared him to a standing clock, which, though of no use to indicate the time generally, was, perforce, right for an instant twice a day. The cycle of the medical clock seems a good deal longer than the natural clock; but at length, after several years, it has pointed to another specific, which we hope some of our body will take up and prove thoroughly, so that we may know the correct indication for its use, and not be compelled to fall back on it empirically, in cases where other medicines do not suit. The following is an extract from a lecture by Dr. Simpson, lately published in the *Medical Times and Gazette:*—

"I have thus named to you a variety of remedial agents, all of which, whether singly or combined, are more or less efficacious for the cure of vomiting; but I have not as yet said anything regarding the drug, which I have found to be, of all individual remedies, the simplest and surest agent that can be administered for arresting the sympathetic vomiting of pregnancy. The drug I refer to is oxalate of cerium, which I have seen successful in curing vomiting in a larger proportion of cases than any other single remedy which I have used; and its good effects are not confined to the forms of vomiting which depend on the sympathetic derangements of the stomach caused by changes functional or pathological, in the uterus or other organs, but are manifested also in those forms of the disease which are due to different morbid conditions of the stomach itself. Cerium is, as you know, one of those rare and little-known metals which were first discovered in the early part of the present century, and is found chiefly in the Scandinavian mines, combined in small proportions in various minerals. I believe that any of the other preparations of the metal would fulfil the indication equally as well as the oxalate, which is used simply because it is the most easily procurable salt of cerium in the market; oxalic acid being used to separate the cerium from the metal with which it is most generally combined in nature, namely, didymium. The action of cerium on

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the stomach seems to be that of a sedative tonic, resembling in some degree the action of the salts of silver, and bismuth; and I have seen it succeed in curing the most obstinate cases of vomiting so much oftener, and so much more speedily than any other remedy, that I have come of late to have great faith in its employment. I would not lead you to suppose that by the administration of a quantity of oxalate of cerium you will succeed in curing every case of vomiting, or even in alleviating it in every case; but I am certain that you will find the remedy successful in a larger majority of instances than you will find any other one drug. You may give one or two grains of it, three times a-day or oftener, in the form of a pill, or mixed with a few grains of gum tragacanth, in the form of a powder. The vomiting usually ceases after a few doses have been taken; but in some cases it does not abate till the remedy has been persevered with for several days. The effect is sometimes instantaneous. I had a patient some time ago from the west of Scotland, and when her husband first came to ask me to visit her I was engaged and could not go, but after hearing his account of the case, I gave him a prescription for cerium pills, which I desired him to administer to his wife till I could get to see her. He came back next morning, asking what the medicine was which I had given him, for the effect of it had been like magic. The vomiting, which had been going on almost incessantly, and which nothing seemed to have any power of alleviating, ceased upon the administration of two doses of the cerium. In a previous pregnancy in this patient it had been made a question for a Medical consultation whether abortion should not be induced, to save her from the effects of uncontrollable sickness and vomiting. But the good result is, unfortunately, not always so immediate. One of the earliest cases in which I employed it was in the case of a lady who came from Greenock, when she was pregnant for the fourth time, and had arrived to between the third and fourth months of gestation. For these three or four months she had been always vomiting many times a-day, and often during the night also; and that whether the stomach was empty or full. She could take but very little food, for she always sickened at the sight of it. It had been the same in all her former pregnancies; and on the occasion of the first of them the vomiting was so severe as to bring on a miscarriage, and the patient's own life was despaired of. She got, first of all, one grain of oxalate of cerium, but vomited three hours afterwards. She was then told to take a grain every three hours for a day, and afterwards one grain thrice a-day. This was successful in checking the vomiting, and a

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few days afterwards she left Edinburgh, feeling quite well, eating her meals heartily, and free from all sickness. Everything had been tried by different Medical men in the West which afforded any prospect of relief, as creosote, prussic acid, bismuth, lime-water, ice, champagne, opium, blisters, etc., but all without effect. The only thing from which she ever experienced any benefit, and that was only very transient and temporary, was calcined magnesia. Yet, as I have told you, it required only a very few doses of oxalate of cerium to produce a perfect cure. Shortly afterwards I saw with Dr. Craig, of Ratho, a case of severe and persistent vomiting in pregnancy, where he had tried everything; but in vain. She, too, was cured by a few doses of cerium. When the propriety of entering this and other modern remedies in the new Pharmacopœia to be published by the Medical Council was lately debated, it was objected that so little of the drug is used that it is not worth while classifying it among the other recognised medicinal agents. But on making enquiry lately at the drug shop of Messrs. Duncan, Flockhart, and Co., in this city, I was told that they had sold as much as sixty-four ounces during the preceding twelve months, and I feel assured that it only requires to be more widely known to make it more extensively esteemed and employed as a general metallic sedative tonic."

Death of Dr. Petroz.

This distinguished and venerable disciple of Hahnemann died at Paris on the 29th of August last, in the eightieth year of his age.

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Erratum.—Page 458, line 2, for "butt" read "bath."

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