THE

CALCUTTA JOURNAL

OF

MEDICINE:

A MONTHLY RECORD OF THE MEDICAL AND AUXILIARY SCIENCES.

That alone is the right medicine which can remove disease:
He alone is the true physician who can restore health.

Charaka Sanhitá.

EDITED BY

MAHENDRA LA'L SIRCA'R, M.D., C.I.E.

VOL. XIV.

Calcutta:

PRINTED AND PUBLISHED BY T. D. DEY, ANGLO-SANSKRIT PRESS,
51, SANKARITOLA LANE.

LONDON: THE HOMŒOPATHIC PUBLISHING COMPANY, 2, FINSBURY CIRCUS, E. C.
(Sole Agents for the United Kingdom.)

NEW YORK: BŒRICKE AND TAFEL, 145, GRAND ST.
(Sole Agents for America.)

January 1895.

Annual Subscription Rs. 10 (£ 1) *in advance; Rs.* 12 *in arrears.*

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **January 1895.** [NO. 1.

COMMENTARIES ON THE ORGANON OF HAHNEMANN.

Translated from the French of DR. LEON SIMON, Père, by the Editor.

(Continued from p. 467, No. 12, Vol. xiii.)

In the second place, the general and even the local symptoms, produced by the stings (punctures) of insects, vary according to the species of each one of them. The hairy caterpillar gives rise to erythematous patches; the bee, the wasp, and the gnat to tumefactions variable in intensity and in form; for the scorpion, the centipede, and the tarentula the symptoms are more general than local, and thereby cause a greater violence of intoxication. The sarcopterus, like other insects, is venomous; it developes upon the skin a greater or smaller quantity of discrete vesicles, acuminated, transparent a the summit, larger and rosy at the base, from which starts a furrow straight or crooked, at the extremity of which is found the sarcopterus.

If then the general and local symptoms produced by the stings of insects vary by reason of the species which has produced them, it is to the venom of which they are the carriers, and not to the mechanical wound, that one must attribute these symptoms. There is then in each of them a particular element which gives to diseases resulting from their presence a specific character, a character so well recognized by Hahnemann for all diseases, above all for chronic diseases.

There is then infection. What proves it still better is that the itch offers, like all diseases depending upon a poison, a period of incubation. Hebra of Vienna, having placed a living sarcopterus on the internal surface of the middle finger of the left hand, saw appearing at the end of eight days, during which he felt a strong itching, the first pimples of itch in both hands, and at the same time. Joseph Adams, having put two acari between the fingers of his left hand where he had taken care to ascertain the integrity of the epidermis, discovered nothing there for two hours. The insects had disappeared and a slight abrasion of the epidermis was only noticed. It was only three weeks later that itchings made themselves felt in different parts of the body; and it was only a month from the date of the introduction of the insects that the arms and abdomen were covered with a general efflorescence and with some solitary vesicles.

Thus incubation succeeds infection. If, in researches recently made concerning the acarus, nothing is said of this period of the disease, it is because all the observations published have had only one object: to demonstrate the presence of the acarus; and because no body did occupy himself in the manner in question as M.M. Cazenave and Chaussit admit. The teaching of Hahnemann is not at all then shaken by the demonstration of the existence of the sarcopterus as the fundamental cause of the itch.

But, it is maintained, that it is sufficient to search and pick out the insects, in order that the symptoms may cease, or if one prefers what is more expeditious still, to make one or more frictions with the pomade of Helmericke. In the hypothesis of an action simply local, the argument is victorious; in the supposition of a general infection it does not prove more than cauterization of the chancre proves against syphilitic infection. It is now known how secondary and constitutional syphilis is due to this culpable and generally abandoned practice.

Upon what facts is it relied to affirm that it is sufficient to cleanse the skin of the *acarus* in order to cure the itch? Upon this that after their removal the pruritus ceases and the psoric vesicles dry up and disappear. But if there is infection, the internal disease, to speak with Hahnemann, is not cured by that. The most they have managed to obtain is to prevent the disease from becoming aggravated, and successive infections

being added to the first infection. In this case the psoric eruption is no more than an external and local symptom of an internal general state.

But, the partisans of the localization of the itch will say, who proves that after the removal of the *acari*, or their destruction by an appropriate external medicament, there remains any disease in the organism? *A priori* that ought to be, since the sarcoptes, as we have seen, acts only as a carrier of venom; that all venom gives rise to an infection, and that all infection is a general and not a local disease. *A posterioi*, the facts which prove this infection are numerous. All practitioners, who are not prejudiced, have observed it. And every day practice brings us some new ones. Besides, is it not for those who deny facts generally received in the science to furnish proofs of their denial? Now, this proof has not been given, and I believe that hospital practice is less fitted to furnish it than civil practice. If, after the patients had been dismissed from hospital, the psoric eruption reappears, they usually seek other advice than what they had before. If the internal psora continues its invading march, the patients are no more sent to special hospitals devoted to the treatment of diseases of the skin; and as the old school recognizes neither psora nor psoric influences where there is no longer a trace of the itch vesicles, these patients are treated for a new disease, without the physicians suspecting the connection that exists between the primitive eruption and the disease which they have before their eyes.

The generality of physicians having recognized and described several pathological states which are the forced consequence of a mal-treated itch; Hahnemann having added by his personal observations to those of his predecessors by precisionizing what was vague and ill-defined among the ancients, and by throwing into symptomatic pictures what they designated by nosological expressions; nothing, up to the present day, has been able to shake the theory of psora such as Hahnemann has laid down. It is possible that of the pathological states referred to psora some may be more properly referred to syphilis, and others to sycosis, the history of which last has scarcely yet been sketched. It may be necessary still further to admit that several diseases, which Hahnemann has recognized as psoric, may, if observation proves it, be referred to a fourth virus. But to believe that the

modern discoveries regarding the etiology of the itch shakes the doctrine of Hahnemann in the least, is a thesis which it is impossible to maintain, at least in the present state of our knowledge on the subject.

When Hahnemann pretended to refer psora to the leprosy of the ancients and saw in the itch only a degeneration of the leprous affection, he threw out an opinion which was generally held before him, an opinion which was contestible and which is as difficult to disprove as to maintain.

Of the leprosy of the Hebrews we only know what Moses has related in the thirteenth and fourteenth chapters of Leviticus. Moses has spoken as a legislator, not as a physician. He has not pretended to give a scientific description of this disease; but, as a commentator points out, to reveal the different species of leprosy and indicate them by their most sensible signs. That sufficed for his object, which was to give the characters by which one could recognize the necessity of separating the lepers from the rest of Jewish society. Moreover, Moses does not describe leprosy as being a state always similar to itself in all the lepers. He recognizes in it several species, or several periods of one and the same state. Far from referring the itch to leprosy he distinguishes them so far as to declare every leper to be impure, and to recognize as pure every one that was attacked by the itch. The segregation to which Moses condemned the lepers had not only for its object their cure, but their purification, and the prevention of the disease spreading from the affected to the healthy. It is certain that during their separation they received the care that their condition required. This can be seen from verses 24 and 25 of chapter 13 of Leviticus. Besides, one must appreciate the account of Moses more from the religious than from the scientific point of view. If leprosy was often considered as a disease, it was often also judged as being a punishment from God.

Without dwelling longer on this point, we confine ourselves to state that rightly or wrongly, Moses, far from confounding them, distinguished leprosy from the itch; and that he declared every leper as impure and everyone who had only the itch as pure, because, undoubtedly, he judged the first as contagious, and that, in his eyes, the second was not so.

It was only later, that is to say, among the Greek physicians

that the assimilation between leprosy and the itch was made. Thus, the translator of Willan notices in Leonard Fuchs, as we learn from the report of MM. Danielsson and William Boeck, that the leprosy of the Greeks is much more benign than that of the Arabs, and does not differ much from the itch; because the leprosy corrodes the skin more profoundly and by circular erosions; and after the manner of fishes it is thrown off in scales.

According to the same authors, a great number of the most ancient physicians placed in the same category lichen, lepra, psora or the itch, impetigo, and in such a manner that they saw in each successive species only a higher development of the preceding one.

Modern dermatologists, and more particularly M. Rayer, have maintained that the word *psora* of the Greeks, and *scabies* of the Latins, cannot be applied to the itch; that these words had served to designate impetigo, lichen, and squamous affections. They rely upon this that none of the ancient authors had spoken of the propagation of the itch by contagion, an essential character of this disease. M. Dezeimeris has combated this opinion. "It is admitted," says he, "that the itch is found in Guy de Chauliac. Now the chapter of this physician is found textually in Avicenna, Haly Abbas and Rhazes, who have not been less faithful than the Greek physician of the middle ages in reproducing the opinions borrowed from the Greeks their predecessors. The attentive study of the Greek authors, still says the same author, demonstrates that the *psora* was a disease of the skin different from lichen, that it was a contagious disease, a disease associated with uncleanliness, a disease essentially pruriginous, a disease for which sulphur has a particularly curative property. With these characters who can ignore the itch?

There would be a long work to do, a work of controversy in respect of the pretensions of modern dermatologistis who believe to be the only ones having known to distinguish the species of skin diseases; work which would have for result to demonstrate that our contemporaries have not had any other merit than to characterise, a little better than their predecessors, species already known and admitted, to separate what nature has very often united, and to introduce into the study of diseases of the skin a spirit of analysis which has caused them to assign the character of disease to sim-

ple groups of symptoms. But this historical and critical study would surpass the limits to which these commentaries ought to be restricted. It offers enough of practical interest to merit separate treatment in and for itself. I shall confine myself at present to a short observation.

Modern dermatologists have yielded to the current which for a long time has carried away all pathologists to the search for the anatomical element considered as the means of distinguishing morbid species. The spirit of analysis, which I have pointed out, is found in their divisions and classifications, especially since the time of Willan who was the master of them all. This mode of purely anatomical classification does not take any account of etiology. It has had for consequence to take into consideration as so many complex pathological states those in which are met with several anatomical elements simultaneously affected. Thus, when a miliary eruption co-exists with scarlatina or rubeola; when in the same individual and at the same time one observes acne and eczema, one thought to be dealing with complicated diseases demanding the simultaneous employment of means of different orders.

It is against this spirit of analysis pushed to extreme limits that the theory of Hahnemann was directed. It has the incontestible merit of carrying back the attention of the physician to the various transformations of which skin diseases are susceptible, of introducing into the study of these affections a germ of the synthetic spirit which has become necessary more than ever. The theory of psora, which is certainly not the last word of pathology, ought to be considered as an essay, a type, not of a description to imitate, but of a method to follow in the determination of morbid species. Thus, when one would like to occupy oneself in the study of pathology, seriously and from a point of view broader than what is done by pathological anatomists, one must always take etiology as the primary basis of classification and description, and to disentangle from the thousand and one contingencies to which one has given the name of occasional causes, that which is the fundamental cause, or condition *sine quâ non*, of the disease with which one is to occupy oneself. It will be necessary afterwards to study the characters or the symptoms of any given disease from its origin to its termination; to follow

it in all its periods and complications; and to study the diverse forms which it may assume. This is what Hahnemann has done, what many others had attempted before him; what no one hitherto has done so far or so regularly, as he has, touching psoric maladies.

But it is necessary to say, in order to avoid all false interpretation, that in what Hahnemann has said or written on pathology, everything is indicated, nothing completed. The method which those, who would develope the elements of pathology, ought to follow from the point of view of Hahnemann, has been sufficiently traced in order that the disciples of this great master may not be misled into impotent attempts.

What then is this method? As I have said, it has for its basis, etiology. After this comes symptomatology on which I proceed to devote our attention for a moment.

II. Symptomatology.

For Hahnemann every disease is characterized by the totality of the symptoms which express it. These are of three orders: alteration of sensibility, alteration of functions, alteration of organs. No person has followed with greater fidelity and care the study of symptoms considered in themselves, and in all the shades which they can assume, as well as in the very diverse conditions which are capable of favoring or counteracting their development. No person, consequently, has better traced the conditions which ought to be satisfied by those who would draw nosographical tables. Evidently, after Hahnemann it is no more permitted to be contented with descriptions contained in the writings of the multitude of succeeding nosologists. In the Hahnemannian method studied under symptomatological relation, everything changes. What the nosologists considered as essential, Hahnemann regarded as accessory. What, without absolutely neglecting, they held to be of slight value, Hahnemann took as a diagnostic element of the first order and often as the basis of therapeutic indication; what passed under their eyes as things unperceived, he registered with particular care.

Nothing is more easy to comprehend. In the eye of Hahnemann the diagnosis of a disease is only completed by the condition which leads to exact and precise therapeutic indications. Now, it is not from the knowledge of the symptoms called

pathognomonic that these indications can be drawn; because these symptoms are precisely those which all the individuals of the same genus present. The symptoms which individualize this disease and which furnish the indications to fulfil, are the symptoms generally considered as being secondary. In pneumonia, for example: The stitch in the side, the painful cough, at first dry and then accompanied with tenacious expectoration, later with rusty, sanguinolent, or prune-juice-like sputum; comparative dulness; crepitant râles at the invasion followed by tubular breathing and bronchophony, with shivering, strong fever, and perspiration often copious at its height, suffice to characterise this disease. These enable us to pronounce that the subject, in whom these different symptoms are met with, has been attacked with pneumonia. Do they equally indicate the therapeutic agent which should be employed? Evidently not. If the work of individualisation had not been pushed further, the mind of the physician would waver uncertainly between several medicaments. In the beginning, without doubt there would be little inconvenience; but in proportion as the disease developes, the uncertainty would have serious consequences. Aconite, Bryonia and Phosphorus easily find their application; but when it is the question to determine between Rhus and Pulsatilla, Sulphur and Lachesis, Mercury and Senega, Arsenic and Tartar emetic, it is then that one feels the necessity of taking into account not only the fundamental symptoms pathologically speaking, but those which mark the different periods of the disease; those which have relation to the external appearance of the body and which nosologists register with care; but also the shades of each symptom and the conditions under which each of them is produced. It is then that one feels up to what point the success of this appreciation depends, and that these characters, secondary though they may be in a description, become primary at the bed side of the patient.

(To be continued.)

THE INDIAN MEDICAL CONGRESS.

THE close of the past year was signalized by an event which, had better counsels prevailed, might have been made the most important event for the medical profession not only in India but throughout the world.

In our number for February, 1894, we gave the news on the authority of the *Pioneer* that at a meeting of the Council of the Calcutta Medical Society held on the 24th January it was decided to hold an "Indian Medical Congress" in Calcutta at the beginning of January 1895. It was also decided to widely advertize the Congress, and to invite all practising medical men of the world, but especially of India and the East, to take part in it.

The Congress was widely advertized in India, but whether the more ambitious part of the programme, of issuing invitations to medical men of the whole world, was carried out or not, we cannot tell. In point of fact, but few medical men outside of India attended the Congress, of whom the most note-worthy was the world-renowned editor of the *British Medical Journal*, Mr. Ernest Hart, a gentleman, of whom we of the new school have to be particularly proud for his untiring crusade against our doctrines, our principles, and our practice.

The Congress was held at the end of December of the past year, instead of, as originally contemplated, at the beginning of the present.

As the first Congress of Indian medical men of the old school, it was a great success. With the Viceroy as Patron and the Lieutenant-Governor of Bengal as Vice-Patron, it could not be otherwise. With Dr. Robert Harvey as its chief organizer and justly-elected President, it was bound to be a success. The ability, energy, and enthusiasm, courtesy and tact born of genuine and wide sympathy, and broad catholic views, rare in members of the school to which he belongs, are the qualities which characterize Dr. Harvey; and it is to these qualities that the great success of the Congress was largely due. We are certain that if he had his own way in every matter, the success would have been greater.

The conception of holding a Medical Congress in India was an excellent one, and if the grand idea of inviting medical men of all schools from all parts of the world had been carried

out, we have no doubt the invitation would have met with a ready response.

In India, as no where else, we have representatives of all schools of medicine, ancient and modern.

We have practitioners of the Hindu system, perhaps the oldest in the world. These go by the name of Kavirajs or Vaidyas, some of whom are men deeply read not only in ancient Hindu medical writings, but in general Sanskrit literature. They are much in favor, chiefly with orthodox Hindus, and not unoften maintain their ground, with their dietetic regimen, and notwithstanding their huge polypharmacy, admirably against their rivals of other systems.

We have practitioners of the Arabian system, lineally descended from the Greek as left by Galen. These go by the name of Hakims, some of whom, like their brethren of the Hindu system, enjoy very great reputation for learning and success. These men are much in favor with the Mahomedan community.

We have practitioners of the European allopathic system, who, having the monopoly of all official posts, constitute here, as throughout the rest of the civilized world, the dominant school, which we from our point of view look upon as the old school.

We have last of all practitioners who have received the same regular professional education as their brethren of the old school, who, therefore, are in perfect accord with them in every thing that relates to the healing art, except in believing and acting upon that belief that there is a definite law of drug-cure which has been formulated by Hahnemann in the expression *similia similibus curantur,* and that drugs, in order to act remedially when administered in accordance with this law, should be administered in doses less than those which produce physiological or pathogenetic action. It must be admitted that, as regards therapeutics, the primary branch of Medicine, and the very *raison d'être* of the profession, the difference between the two schools is fundamental. But this is no reason why there should be an absolute separation of the two classes of professional men so as to exclude all fellowship and communion, especially as there is no difference between them as regards the very foundation of all therapeutics, anatomy, physiology and pathology. It was to have been expected that the difference which has led to such

divergence of practice in dealing with diseases, should have led to closer fellowship and communion between men who have a common object in view, the relief of suffering and the prolongation of life. But events have taken a different turn, and the two schools are now in a state of chronic and bitter opposition to each other. The result has been that the new school, from the fact of the old school being in possession of all official positions, is still under a sort of ban, and effectually prevented from making that progress which otherwise it could have made. Hence the number of its adherents is necessarily much smaller than those of the old. Notwithstanding this, the progress it has already made under such adverse circumstances is astonishing, and in countries, as in the United States of America, where the people have a freer hand in their own government, that progress is proceeding at a rate so as to threaten the extinction of the old school with its present bigotry and intolerance at no distant future.

Such is the position of India with respect to the medical profession. She offers, as no other country can, the singular opportunity of studying the comparative merits of the various systems of medicine that are now in vogue. The projectors of the medical Congress in India might have remembered this fact, and made the Congress a really representative one.

All classes of the Indian community would have lent their hearty support to such a project, if it had been properly laid before the public; there would have been no lack of money to accord suitable welcome to guests from foreign lands, and India would then have presented a spectacle unique in the history of the medical profession.

But it might be supposed that nothing useful could have come out of an assembly of such heterogeneous elements, as Kavirajs and Hakims, allopaths and homœopaths; of men who know nothing of the structure and functions of the human body, and of men who differ so fundamentally in their methods of dealing with disease.

It is true that if the Kavirajs and Hakims have any knowledge of the organism whose disorders they treat, it is a most erroneous and fanciful one, and therefore any contribution from them, or any discussion with them, on the pathology of any disease would be

worthless and unprofitable. Neverthless if we bear in mind that they are sometimes very successful practitioners, combating quite heroically with some of the most formidable diseases, such as dysentery, fevers, dropsies, rheumatism, paralyses, &c., which do not require much accurate pathology for their rough diagnoses, which is all that people care for, and of which the most accurate diagnoses do not often lead to their successful treatment,—if all this is borne in mind, it would be arrogating too much to assume that we can learn nothing from these practitioners. These men, therefore, could not have been altogether without use in a medical congress. It is our belief that if we could exercise tact and charity, and if we had sufficient knowledge of the languages of their authorities, we could have gathered much from their experience which would not have failed to be of substantial utility to Medicine.

Whatever objection might be urged against association with Kavirajs and Hakims, the same cannot with any show of reason be urged against the friendly intercourse of men of the two schools into which the scientific branch of the profession is divided. They have, as we have said, every thing in common except therapeutics so far as treatment by drugs is concerned. The excuse for dissociation and disunion is the less when the new school appeals to observation and experiment for the verification of their doctrines,—observation and experiment which it is not only in the competency, but which it is the duty of every regularly trained practitioner, to make to justify his calling. What a splendid opportunity the congress would have afforded for obtaining from some of the veterans of the new school their experience with the new law of drug-cure discovered by a man who, till the time of this discovery, was looked upon as one of the greatest men in the profession of his time. What a splendid opportunity has been lost for the reconciliation and reunion on Indian soil of the two schools of medicine so long and yet so widely separated, which would have tended to the advantage of both, and to the incalculable benefit of suffering humanity.

But it is useless to express regret for the non-occurrence of what might have happened. What has happened has gone to the irrevocable past, and all that now can be done is to take a critical review of it in order to draw from it all the lessons it is capable of yielding. For it cannot be that a Congress, which

was planned and organized for nearly a year, which had the support of the Government of India and of the local Governments, and in which over seven hundred medical men took part, some of whom are distinguished by varied attainments if not by much original research,—it cannot be that such a Congress should have terminated its sittings with no substantial result, or with a result which was hardly worth the time and the energy and the money spent upon it.

We learn from a contemporary that over 200 papers were submitted to the Congress, of which 98 were actually read;—39 in the section on Medicine, 19 in that on Surgery, 14 in that on Obstetrics, 16 in that on Pharmacology and Indian Drugs, 10 in that on Legal Medicine and public Health.

The opening ceremony was a grand and imposing one. It was presided over by His Excellency the Viceroy, Lord Elgin, who delivered a short but a very significant speech. This was followed by a long address from the President. Then followed speeches from His Honor the Lieutenant-Governor of Bengal and Dr. Gallay, Delegate of the French Government from Pondichery, in proposing and seconding a vote of thanks to Dr. Harvey; and speeches from Surgeon-Major-General Bradshaw and Mr. Ernest Hart in proposing and seconding a vote of thanks to His Excellency the Viceroy. All these speeches were good and important, and we intend to notice them in our next. We cannot forbear expressing here the pleasure we felt in listening to Mr. Ernest Hart's eloquent speech. It was such a treat that we forgot for the time being his persistent and almost insane antipathy to Homœopathy.

GRIEVANCES OF ASSISTANT SURGEONS AND HOSPITAL ASSISTANTS.

In our number for August 1894, we gave in full "the humble petition of the Medical Association of India" in regard to the grievances of Assistant Surgeons, pleading for a commission to enquire into the disabilities under which they labor.

We have great pleasure, in this number, to give publicity to the representations, by another Association, the Indian Medical Association, "on the Grievances of Civil Assistant Surgeons and Civil Hospital Assistants."

The Indian Medical Association, it will be seen, go much further than the Medical Association of India. They do not pray for a Commission of inquiry, but they offer certain suggestions to Government for the improvement of the status, pay and pension of both these classes of public servants.

With regard to the Assistant Surgeons we repeat what we said in August last, that "their grievances are real and sorely felt, and unless remedied the deterioration of the service would follow as a necessary consequence. Neglected, ill-paid, with no prospects (except the wretched and miserable Rai-Bahadurship, which has ceased to carry honor or distinction) this class of public servants are maintaining up to the present day the high standard of knowledge and skill, of devotedness in their official career, of deep sympathy with suffering humanity, and of loyalty to Government, which have distinguished them ever since their creation by the establishment of Medical Colleges in India on the models of the West. But the times are terribly hard, and it would be too much to expect that with bare necessaries and half-starved families these men would continue to maintain their position as they have been hitherto doing."

We are entirely in accord with the suggestions made by the Indian Medical Association, even as regards the changes in designation. For, Shakespeare notwithstanding, there is much in a name, and we have no doubt that the changes suggested are what the real positions of both the Assistant Surgeons and the Hospital Assistants legitimately demand, and would, with increased emoluments, help in improving their status and their quality as well. In our opinion Government cannot do better than adopt the suggestions which will, it is true, entail some additional cost to the State, but this will be more than compensated by considerably improved efficiency of the services in question. It would be bad policy, on the part of Government, and uneconomical in the long run, to create discontent in the minds of two most useful classes of its servants.

REVIEW.

Hahnemann's Therapeutic Hints. Collected and arranged by R. E. Dudgeon, M.D. London: E. Gould & Son. 1894.

MADAME HAHNEMANN has, for reasons which must for ever remain unknown, deprived the world of a priceless treasure, the case-books of her husband. Unless it be that she was enjoined by Hahnemann to do so, we cannot find any excuse for her strange conduct. It is true that the founder of Homœopathy was averse to publishing cases for fear of encouraging routine among his followers and of preventing a proper study of the materia medica. Could it be that it was this fear which prompted him to forbid his consort to publish his cases after his death? If this was so, what could have been the motive of taking all his cases with the scrupulous care that he was known to have bestowed upon them? We cannot believe that it was only for the temporary use of prescribing for his patients with the accuracy demanded by the law of *Similia Similibus*.

From whatever cause it might have been, the case-books of Hahnemann are irrecoverably lost. It was, therefore, a most happy thought of Dr. Dudgeon to gather the therapeutic hints of "the greatest therapeutist of this and of all other times," which are scattered in his published writings. "It is unfortunate," says Dr. Dudgeon, "that it is only the remedies contained in the *Chronic Diseases*, the so-called 'anti-psorics,' and not of all these, for which he has furnished the indications *ab usu*. However, I have been able to glean from his other writings many hints for the employment of other remedies."

To show how conscientiously industrious Dr. Dudgeon has been in collecting all the therapeutic hints which could be found in Hahnemann's voluminous writings, we have only to mention the four drugs, *Anisum*, *Frigus*, *Geum*, and *Lolium*, of which the indications have been discovered, though none of them were proved by Hahnemann himself.

The arrangement of the hints in repertorial form, after the scheme of Hahnemann, with such slight modifications as have made it clearer, has, by rendering the work easier of reference, added considerably to its utility. Dr. Dudgeon has further enhanced this utility by giving in the introduction the only five

recorded cases we possess of the Master. It would have been well if these cases, instead of being presented in a condensed form, had been reproduced in full as they were published by Hahnemann, and as given by Dr. Dudgeon himself in his translation of the *Lesser Writings*. This would have necessitated an addition of a couple of pages or so to the Introduction, but then, at least from cases 2 and 3, the reader would have got an insight into the method the author of Homœopathy followed in selecting the homœopathic remedy. And this would have served as a good preventive of routine against which Hahnemann used all the strength of his language to caution his disciples; of which the following note to *Alumina* is one of many proofs: "The affections which I have indicated in the preface to every remedy are not to be considered as names of diseases, but merely as isolated symptoms, which have either decreased or disappeared by using the remedy under whose head they are mentioned. These affections have not always been indicated with the necessary correctness. They should never be relied upon as indicating the affections which may be cured by the special remedy; they are merely mentioned in order to inform the reader that experience, obtained at the bed-side of the patient, has proved certain remedies, which had been chosen agreeably to their pathogenetic symptoms, curative in the diseases for which they had been administered."

Hahnemann was certainly right in guarding against routine, but the very fact of his giving the indications *ab usu* shows that he did attach considerable value to them. And, indeed, as his clinical verifications of provings conducted by himself and others under his direction, their value can be no less than that of the provings themselves. As the first practical fruits of the application of the law of similars they inspire confidence in the validity of that law. Dr. Dudgeon, therefore, deserves our grateful thanks for this compilation which he alone, of all living homœopathic physicians, as most conversant with all Hahnemann's writings, could have made. We fully share his belief that "the practitioner will find this little work of immense use in helping him to the selection of the appropriate remedy."

EDITOR'S NOTES.

EATING ICE.

The *Engineer* has solved the following thermodynamical problem for the ice-eater: "A boy eats two ounces of ice. Let us see what is the approximately thermodynamic equivalent of the work he has made his interior do, assuming he takes five minutes to eat it. In melting the ice he will require eighteen units to reduce it to water. To raise it in temperature to that of his inside he will require seven more units, or a total of twenty-five British thermal units. Taking the mechanical equivalent as 777 foot pounds, this will be equal to 19,425 foot pounds. If the boy weighs 100 pounds, he will have called upon his stomach to do as much heat work as would, with a machine having unit efficiency, raise him 194 feet high, or a rate of heat extraction equal to nearly an eighth of horse power."

SPRAINED ANKLES.

From time to time one hears of different means of caring for sprained ankles, turned ankles, twisted wrists, etc., but the way now in vogue, says the *Eclectic Medical Journal*, seems to give better results than any in the past.

It is generally within an hour after the accident that you are called in to see the case. The patient is suffering very severely, and wanting very much to know if "anything is broken." After examining for fracture, order the part to be bathed in extremely hot water, every hour or two, for a period of fifteen minutes at a time. Have the water just as hot as the patient can bear it, and apply with a sponge or cloth, rather than allow the ankle to lie in the water. Then dry and let the part rest quietly, wrapped in flannels, when an application of hamamelis or veratrum and hamamelis may be made.

Before retiring apply a flannel bandage tightly around the swollen part, only being careful that the circulation is not cut off.

It is surprising how the hot applications relieve the pain and produce absorption, and how the bandage, by pressure, prevents swelling and inflammations.—*Scientific American*, Dec. 22, 1894.

DR. BRADFORD'S LIFE OF HAHNEMANN.

The *Homœopathic Recorder* for December 1894 contains the last chapters that were to be published in that Journal of the life of the Founder of Homœopathy by Dr. T. L. Bradford. The author has announced that "There will be no more published in the RECORDER concerning Hahnemann. But there will be several chapters added in the book that is at once to be published. These chapters will be on the manner of his burial; his personality, and somewhat about his home life and habits; a description of the home at Coethen; a complete illustration of his posology at the various periods of his life; genealogical tables of the family; a list of his writings, and a list of the authorities consulted for this book." Could not the learned

author give a short account of the second Madame Hahnemann from the death of her illustrious husband to her own death? We anxiously await the appearance of the work, which, in its completed form, will certainly be the most exhaustive biography, and one that was most needed, of the greatest name in Medicine, not excepting the great Hippocrates himself. The work ought to be in the hands not only of every homœopathic practitioner, but of every one who has to bless the name of Hahnemann for the countless blessings he has brought on mankind, by depriving the healing art of all its horrid barbarities, and rendering it an art of healing indeed.

THE BLESSEDNESS OF BEARDS.

The following appears in the *British Medical Journal* for Nov. 24, 1894. We cannot say much in favor of the beard affording protection to the teeth, the throat, or the face. We were persuaded by some friends to cultivate the beard for the purpose of getting rid of our teeth troubles which have become very frequent of late; but notwithstanding that the beard is now pretty respectable the teeth-troubles have not been any the less. This is the experience also of many who have never been under the orders of the barber. As for facial paralysis we have never yet met with a case in females, though it is very frequent in our own sex. The beard is not in every instance an ornament; though we must admit it may hide a good deal of ugliness. It is, however, very often a nuisance, and leads to much uncleanliness.

"It is to be feared that too many men deprive themselves of what Shakespeare calls "valour's excrement," without counting the possible cost. Whether the beard be an ornament to the masculine countenance we must leave the ladies to decide; it certainly has its uses in hiding a weak chin, and in some cases it seems to be cultivated as a vicarious compensation for a hairless scalp. It is not, however, in its cosmetic so much as in its hygienic aspects that the blessedness of the beard—in which term we include the whole of the harvest usually claimed by the razor—is most apparent. That it is a safeguard to the throat is generally admitted, and writers of authority have insisted on its value as a protection against toothache and facial neuralgia. This is a goodly sum of advantages to the credit of the beard. Dr. Chabbert, of Toulouse, has however yet more to say in its favour. According to this practitioner the beard seems to be a very efficient defence against that form of facial paralysis which is caused by cold. This affection is far more common in women than in men, though the latter are, of course, much more exposed to the cause which produces it. When facial paralysis *a frigore* does occur in men, they are almost invariably individuals to whom Nature has been step-motherly in the matter of beard, or who have wantonly thrown away the protective covering with which she had clothed their faces. Dr. Chabbert cites the experience of several physicians, in addition to his own, in support of his opinion. Professor André, of Toulouse, has seen several cases of the affection in question in women,

but not one in man; he has heard of one, indeed, which would appear to be an excellent example of the exception which proves the rule, for the patient was a "lyric artist," with the *faccia di musico* so distasteful to Lord Byron. Professor Pitres, of Bordeaux, has seen twelve cases in women and only two in men; both the latter shaved, though as one of them underwent that operation only twice a week his case perhaps does not count for much unless it be held that his face was more vulnerable after these periodical denudations. Similar observations are quoted from Dr. Olivier, of Toulouse, and Dr. Sudre, of Carmaux. These facts, though hardly sufficient to found an induction on, seem at least to establish a *primâ facie* case for the utility of the beard against facial paralysis of the kind referred to. In these days when man's traditional privileges are one by one being invaded by the "new woman," he may perhaps be forgiven for making the most of such advantages as may be considered exclusively his own."

THE HEALTH OF HIS HOLINESS THE POPE.

The following account of the health of His Holiness the Pope by the correspondent of the *British Medical Journal* from Rome, is interesting as illustrative of the utility of an abstemious diet, such as was observed by our Rishis of old, in preserving health and conducing to longevity:

"Dr. Lapponi informs me that all the organs of the body are perfectly healthy, and perform their functions in a normal manner. There are no perceptible indications of atheroma of the arteries, and there is only very slight arcus senilis in the upper portions of the cornea. The pulse is regular with no intermissions, 68 to 70 pulsations per minute. The eyesight is good, slightly presbyopic, but he can read a newspaper without the aid of glasses. The hearing is very good. The Pope has for a great many years eaten very moderately and has been very abstemious in the use of stimulants. The following is his daily regimen: Breakfast: a cup of coffee with milk and a little bread. Dinner: soup, boiled meat or roast lamb, with potatoes or other vegetable, and a small wineglassful of Bordeaux wine. Supper: soup and bread and the same quantity of wine as for dinner. His Holiness takes no other stimulant but claret and eschews the heavier wines. On occasions he takes some soup between meals. His digestion is very good. The daily quantity of food he eats is very small, so much so that Dr. Lapponi said that he could eat as much at one meal as the Pope does in a week. By the advice of the doctors he rarely abstains, although he is very desirous of doing so. On those occasions he eats sole or codfish. He takes daily exercise in the Vatican gardens when the weather permits, and, when unsuitable, in his apartments. Although he looks very fragile, he possesses much more physical strength than might be imagined. He is accustomed to little sleep, usually from three to four hours a night with the addition of a short nap after dinner. He retires to bed very late and gets up very early. The chief indication of his age is the muscular trembling from which he suffers.

"His mind is very lucid, and his memory, to use Dr. Lapponi's expression, is 'very prodigious' (*molto prodigiosa*). For his speeches he makes very few notes, a word here and there as headings for the chief divisions of his discourses. As is known to those persons who have had the privilege of hearing the illustrious Pontiff, he speaks with the greatest facility, force, and in most elegant diction. On occasions he has repeated to Dr. Lapponi the whole of one of his speeches. He is an indefatigable worker, toiling as a rule about fifteen hours a day. He holds receptions from 9 a.m. to 2 p.m., besides the other various duties his position entails. Dr. Lapponi states that he himself, who is a young, very active, and, I must add, a very courteous gentleman, 'could not dream of getting through the daily work of the Pope.' Leo XIII is of a nervous temperament; he has keen powers of perception, and appears to grasp intuitively the fundamental facts of questions with which he has not had previous acquaintance. It may interest some persons to know that he takes snuff largely. Finally, Dr. Lapponi gave it as his opinion that, judging from the present condition of the health of the venerable Pontiff, there is no reason why he should not live for many years."

DR. LAWRIE ON M. HAFFKINE'S ANTI-CHOLERAIC INOCULATION.

At the Indian Medical Congress recently held, Dr. Lawrie is reported to have made the following very sound observations on M. Haffkine's anti-choleraic inoculations. We should like to know if any reply has been given to the objections here taken.

"We must all welcome any proposal or measure which has for its object the prevention of cholera, and admire any body who, like M. Haffkine, endeavours to stamp out the disease in the energetic way he has done. But we must not allow our admiration of M. Haffkine to obscure our vision or consideration of actual facts, and I venture to bring to your notice a few facts with regard to his inoculations for cholera, for the purpose, let me assure you, of furthering our progress in the direction in which M. Haffkine is working.

"M. Haffkine has stated a well-known fact, animals cannot contract cholera. The question then is,—What condition is produced in animals by inoculation with the attenuated decoctions or cultivations of the comma bacillus? It must be some form of septicæmia, not necessarily infective: and you must keep in mind that almost all forms of septicæmia may be in their nature very mild and harmless or very severe and uncontrollable. We know that in septic poisoning in man or in animals, diarrhœa is often a prominent symptom, and is also a common cause of a fatal termination of the disease. The vexed point that has to be determined is whether septic poisoning in any form is ever curative or preventive of other disease. Three examples occur to me in which it has been proved to exert a curative action. It was long ago discovered that in indurated ulcer of the leg accidental attacks of erysipelas caused the thickening to disappear and the ulcer healed up; and this led to blistering in ulcers of this kind as a safe and effective imitation of the unsafe erysipelas. The

second example was brought to my notice only this morning by Surgeon Lieutenant-Colonel J. O'Brien. A patient under his care for compound fracture of the leg of several weeks standing got general dermatitis, and when the dermatitis subsided, the wound was found to be so much improved that it forthwith commenced to heal and speedily got well. The same kind of effect was observed in the Koch cure for tuberculosis. The local effect was in certain cases beneficial, but the constitutional effect could not always be kept within safe limits, in fact the case shewed itself to be dangerous. In the same manner we now have Haffkine's inoculations brought forward as a cure or preventive for cholera. These inoculations produce a period of illness, generally slight and harmless as compared with that produced by Koch's tuberculin but, like that, a form of blood poisoning. The question next arises,—Is septicæmia in any form whatsoever a preventive of cholera, and if so, to what extent? If mild attacks of blood poisoning or septicæmia can be proved to protect entirely or to any appreciable extent against cholera, there will be some ground for claiming protection to the same extent by Haffkine's inoculations or vaccinations. But nothing of the kind has been proved as yet: in fact, the evidence so far is all the other way. It appears to me that cholera is much too complicated and serious a condition to be accounted for by a cause so simple and easy to deal with as the comma bacillus. Moreover, bacteriologists themselves are not agreed as to the identity of the microbe, and cholera cases are certainly met with everywhere in which the comma is not even a concomitant of the disease. Lastly, in order to make out the semblance of a logical case for the comma bacillus, M. Haffkine is bound to shew that it is present in the organism prior to the commencement of the symptoms of the disease it is said to cause. There is little doubt cholera may be driven away by a pure water supply. What is in dirty or infected water which gives rise to cholera, is a point of the last importance, and I for one am content to leave it to bacteriologists to discover."

CLINICAL RECORD.

A Case of Renal Colic.

By Dr. Brajendra Nath Banerjee, M.D.

Babu Hem Chandra Dey, residing in Medical College Street, was under the treatment of an eminent European surgeon, a Professor of the Calcutta Medical College, for renal colic. The pain had first appeared in the left kidney, and then passed downwards as far as the level of the crest of the ilium. The pain subsided after taking *hydrochlorate of morphia*, but for ten days there was no urine. The surgeon, under whose treatment the patient was, had proposed an operation but the patient, getting frightened at this proposal, sent for a homœopathic practitioner who treated him for three days without being able to do anything. I was sent for on the evening of the 13th day of the disease, on the morning of which he was worse than on any previous day, the restlessness being very great.

The symptoms at the time I first saw him were :—

Constant desire to urinate, only a few drops of thin blood coming out after a good deal of exertion. The patient sometimes felt a kind of dull pain on the left side of the abdomen. The whole body was enormously swollen, so much so that the patient presented the appearance of one suffering from general anasarca. There was constant thirst for small quantities of water, with good deal of nausea. He was passing small quantities of stool occasionally during an effort to pass urine. There were now and then drowsiness and delirious talking. There was ammoniacal smell from the mouth and in the breath. Restlessness was very great and there was a desire for fresh air. I prescribed *Ocymum can.* 6, every 4 hours. Within half an hour of the 1st dose of *Ocymum* the patient began to pass urine. At one sitting he passed four pints of water. Then within half an hour he again passed a very large quantity of water. Altogether he passed more than six seers (about 10 pints) of water. During the day a gravel of the size of a split pea enveloped by shreds of mucous membrane and blood was forcibly ejected during an act of micturition. The patient made a rapid recovery, and since then has been enjoying good health.

Remarks.

There is a general belief both among professional and lay men that gravels cannot be removed by the help of medicines. I have myself relieved and treated successfully many cases of renal and hepatic colic and prevented recurrence of great periodical pains. In the homœopathic materia medica there are numbers of medicines for renal colic

occurring in the right side. We have very few medicines for colic of the left side. *Ocymum canum* which is very allied to our Indian Tulasi has many symptoms on the left side of the abdomen. It has a rich array of symptoms of the urinary organs.

A Case of Biliary Colic.

[I can vouch for the genuineness and accuracy of the following very interesting case which was treated and has been reported, at my request for this Journal, by my friend and pupil Babu Baroda Prosad Das, who had long attended my homœopathic clinique.—M. L. S.]

K. P. D., a Hindu, aged 32 years, by occupation a Government Telegraph signaller. The nature of his duty demands keeping up nights two or three times in a week. He is a strict vegetarian and temperate in his habits.

He came down to Calcutta from Allahabad on the 19th of Feb. 1894, suffering from intermittent fever which used to come on with distinct chills. While at Allahabad he had *Acon.*, *Gels.*, *Sulphate of Quinine*, which last he was taking when he came under my treatment. After he had taken about 30 grs. of Quinine the fever seemed to abate, but after an interval of two days it returned with renewed force. I stopped the *Quinine*, and gave *Nat mur.* 6, four drops of which, administered in two days, i.e., one drop for a dose, twice a day, completely checked the fever. The indications for the drug were forenoon chill and sleep during heat.

About three or four days after he got rid of his fever, he awoke during the night with violent colic pain, attended with heartburn and rancid eructations. Thinking the colic to be due to the presence of undigested food in the stomach, I advised him to throw it up with the help of a tumblerful of water. The vomiting, which consisted of water mixed with undigested rice, gave no relief. The pain continued unabated, and was very excruciating. *Nux vom.*, *Lyco.*, and *Chin.* were all successively tried in vain. Vomiting became more frequent and consisted only of yellow bilious fluid. There was tenderness of the right hypochondrium. These symptoms led me to infer that the colic was due to the presence of biliary calculi. I gave *China* 12. It seemed to produce some effect at first, as the interval between the fits of pain appeared to be longer and its intensity was diminished. After a while the pain recurred as usual. Gave *Calc. carb.* 30 which produced the desired effect from almost the moment of its administration. The vomiting was checked and there was no recurrence of the paroxysm of pain.

The tenderness, however, over the right hypochondrium persisted, so much so that he could not stand erect. *Arn.* 6 was given at the suggestion of my friend Babu Jadunath Mukerjee, which relieved the patient a good deal. The tenderness, which extended over a large area in the right hypochondrium, disappeared. But the gall-bladder was now very painful on pressure, enormously distended, and so much elongated that it reached as far down as the umbilicus. Heart-burn continued to trouble the patient; but of this he was relieved by a diet of bread made from barley-flour for his evening meal. A full stomach would increase the pain. He could not lie on his right side. Bowels regular. At this stage, on the 13th February, I had to invite my friend Dr. [illegible] Assistant Civil Surgeon attached to a Government Hospital, to see the patient and grant him a medical certificate for extension of leave. Dr. A. examined him and certified that he was "suffering from enlargement of the liver and hypertrophy of the gall-bladder, attended with biliary colic." He suggested salycylate of soda, as the best solvent known of biliary calculi; and said that if it failed, an operation would be necessary. He was also of opinion that it would take at least six months for recovery.

Feb. 25th —*China* 30, continued once a day till the 2nd of March, after which it was omitted as he complained of flatulence under its use. On this date the gall-bladder which was hard and tense appeared softer, but the pain on pressure continued the same as before.

March 4th. Brought the patient to Dr. Sircar, who after examining the patient was satisfied that the case was one of distension and enlargement downwards of the gall-bladder. Under his advice I consulted the Materia Medica, and prescribed *Podo* 6, twice daily.

March 5th. Podo. 6 once a day.

„ 6th. Pain much less.

„ 10th. The gall-bladder much reduced in size. The pain though less still persists. *Podo.* 6 continued.

March 18th. No pain, no hardness, the patient quite cured.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

112. HIPPOMANES.

Constipation:

1. Small, *nodular* st. 2. Hard, irregular st.
3. Small, *hard, crumbly* st.
4. Thick, hard st., *in balls,* with tenesmus, preceded by cutting colic.
5. Hard, thick st., after much dragging.
6. Hard, lumpy st.

Diarrhœa:

1. D., with discharge of some fluid (prostatic?) from urethra after micturition.
2. D.-like st. in evening, with emission of flatulence.
3. Soft st. follows the headache after drinking coffee.
4. Soft st., with vomiting and discharge of fluid (prostatic?) from urethra after micturition.
5. St. irregular, not at usual time.

Aggravation:

1. Morning. 2. Forenoon. 3. Evening.

Before St:

1. Cutting colic. 2. Much dragging.
3. Headache after drinking coffee.

During St:

1. Tenesmus. 2. Discharge of fluid from urethra.
3. Emission of flatulence. 4. Vomiting.

Rectum and Anus:

1. Spasm of sphincter ani. 2. Pain and pressure in upper part of anus.

General Symptoms:

1. Lascivious fancies. Home-sick. Apprehensive and anxious about future. Fretful. Ill-humoured, weary of life, even to suicide. Headache increased by mental exertion. Aversion to study. Inability to perform mental work. Very forgetful.
2. Headache with vertigo and stupefaction, preceded towards morning by heat in head, then chilliness, afterwards flatulence, aversion to tobacco, thirst, ill humour, sleepiness and frequent yawning; a few cups of coffee relieved.
3. Headache with nausea as if head were compressed, worse when walking slowly, disappearing on walking rapidly and on running, also on sitting and during rest.
4. Feeling as if fine electric shocks were shooting through brain.
5. Pressive pain in temples.
6. Candle light seems to have a blue colour. 7. Nose bleed.
8. Tongue coated white, red at tip. Much saliva in mouth with headache, with sore throat. Bitter taste in mouth.
9. Craving for sour, acrid things, and aversion to sweet things, with white coated tongue, red at tip. Loss of appetite, coated tongue and ill humour. Aversion to tobacco.

10. Eructations. Nausea, especially in a draft, with headache.
11. Colic about umbilicus. Rumbling in abdomen. Flatulence and ill-humour. Offensive flatulence with colic.
12. Abdomen hard, not relieved even after st.
13. Profuse emission of clear, watery urine. Dribbling of urine after emission. Urine scanty, clear.
14. Pain as if in spinal cord. Paralysis of wrist, every morning in bed, continuing for three months (Causticum relieved). Great weakness of hands and fingers, so that he could not hold them tightly together. Cramp in foot.
15. Great weakness and prostration, with pale face. Physical and mental exhaustion. Bruised sensation and weakness of whole body.
16. Great peevishness. Lascivious dreams, without emission; frightful visions; delirium.

Remarks.—This drug, which is an animal product, should not be confounded with the Hippomane mancinella, which is an Euphorbiaceous plant, and which we shall consider under Mancinella. What on earth could have led any body to think of proving this strange substance (Hippomanes) passes our understanding. It is described in Hering's *Guiding Symptoms* as "a normally white, usually dark olive green, soft glutinous, mucous, substance, of a urinous odor, which floats in the allantois fluid, or is attached to the allantois membrane of the mare or cow during the last months of pregnancy;" and we are immediately told that "triturations were made from the dried substance obtained from Rev. John Helfrich (one of the provers and an associate of the Allentown Academy) who took it from the tongue of a newly born filly." Dr. Allen, in his *Encyclopædia*, gives the same description of the substance, only he makes it dark reddish-brown, and converts the Reverend gentleman into a veterinary, giving Hering as his authority. Be this as it may, we cannot understand what possible relation the scrapings from the tongue of a new-born filly or calf can have with the allantoid fluid or anything that floats in it. The allantois is a distinct sac from the amnion in which the embryo floats, and there cannot possibly be any intermingling of their contents. So that the substance, from which the drug which passes by the name of HIPPOMANES was obtained, cannot be the "normally white, usually dark green," &c. We have dwelt at this length on this unimportant matter, in order to enter our strong protest against the mania, which has become but too prevalent in our school, of proving anything and everything that occurs in nature, without for a moment thinking as to how the identity of the substances proved may be secured in future. If the provings are genuine, which we can hardly question when among the provers there were Drs. Hering and Neidhard, HIPPOMANES would more likely prove useful in constipation with hard, nodular, crumbly stools with tenesmus, and preceded by cutting and much dragging, than in diarrhœa. There is nothing characteristic in the diarrhœa produced by it, except that the soft stool is attended with vomiting, and there is discharge of prostatic juice after micturition.

113. HURA BRASILIENSIS.

Constipation:
1. Hard, scanty, difficult st. 2. No st. from 16th to 20th day.

Diarrhœa:
1. D., succeeded by great weakness of chest.
2. Liquid, painless D., flowing constantly whenever he moves.
3. Offensive st., containing small white worms.
4. Colic, with D., and internal trembling.
5. Colic, with D., and pains in middle of back.
6. Twisting colic with persistent D.

Aggravation:
1. Morning. 2. After midnight.

During St:
1. Colic.

After St:
1. Weakness of chest. 2. Exaustion.

Rectum and Anus:
1. Constrictive sensation at anus.
2. Frequent ineffectual urging to st.

General symptoms:
1. Nervous laughter which makes her shudder. Causeless weeping followed by nervous laughter. Affections are very active. During and after fainting spell, disposed to love every body, especially those about him; thinks of death, but does not fear it; feels as though he could die without regret; weeps every little while and fancies she sees dead persons.
2. Depression, indolence. Hypochondriasis, sadness, despair; fancies he is repudiated and deserted by relations. Inclination to weep, chest constricted as from emotion. Irritated by least opposition. Impatience, wants to break. Anger at everything, bites hands and gets into passion. Great absence of mind, makes many blunders.
3. Rush of blood to head, turns very red. Heavy head, considerable epistaxis on rising.
4. Eyes red with weak sight, reads with difficulty. Red eyes, with rings around them; face, pale, wan and yellow. Weariness and weakness of sight. Sparks and zigzags before eyes when walking or sitting.
5. Whizzing in ears. Epistaxis morning. Epistaxis preceded by smell of blood. Sense of smell acute, smells persons at a distance.
6. Weary-looking face with rings around eyes. Face scarlet and bloated on waking. Paleness, cold hands and feet, with weakness while pains last. Blue cheeks.
7. Tongue white: painful from small pimples. Taste, clammy; foul; coppery; bloody during an embrace.
8. Spitting of blood which seems to come from bottom of throat.
9. Hunger with pain in stomach. Hiccough after eating. Nausea, while riding in a carriage, though before break-

fast. Stomach ache. Burning at stomach, with shivering. Twisting colic.

10. Urine frequent with white sediment; light coloured, watery; limpid, light green.
11. Yellow, thick, frothy expectoration. Rusty coloured bloody sputa. Foul bloody sputa like milk-chocolate. Copious spitting of blood, with sense of rawness in throat and respiratory passages after talking some time.
12. Suffocative sensation in chest, especially when thinking of anything that has gone wrong; it rises up and descends again immediately. Horrible pain and frightful beating in chest. Oppression hindering respiration.
13. Constant pain at heart, sometimes very sharp and even intolerable. Breathing is arrested. Pulse stops for two minutes, with ringing in ears, roaring in head, and throbbing in temples.
14. Rheumatic pains in arm and shoulder. Cramps in wrist, fingers, toes.
15. Emaciation. Nervous excitement and impatience. Sensation as of falling to the ground. Sensation while falling asleep as if hanging three feet from ground. Feels suspended in heavens. Painful spot feels as if a dog had bitten. Internal trembling.
16. Dreams of travelling, swimming, churchyard, corpses, revolution, &c.

Remarks: Hura Br. is, like all Euphorbiaceous plants, an irritant of the alimentary canal; and as the provings indicate, it may be useful in painless diarrhœa, with the peculiarity of constantly flowing whenever the patient moves about. The mental symptoms point to its utility in hypochondriac and hysterical patients. There is considerable action of the drug on the respiratory passages, and the fact of great weakness of the chest following diarrhœa should help in its selection.

114. HYDRASTIS.

Constipation:

1. No desire, passed flatus.

Diarrhœa:

1. D., driving him out of bed about morning.
2. D., preceded and followed by tenesmus.
3. D., painful feeling over whole body.
4. D., preceded by tenesmus and nausea followed by tenesmus.
5. Loose *greenish* st., with pain in bowels, as after a drastic purge.
6. After breakfast, bowels moved more profusely, than on previous morning, followed by hæmorrhage.
7. St., consisting almost entirely of *yellow* water.
8. *Copious, mushy, light coloured* st.
9. St., softer than usual, and of smaller diamater.

10. St., of natural size, excoriating anus, as though covered with sand.
11. St., natural, covered with *blood*, no pain nor straining.
12. After breakfast, usual st., but followed by profuse *discharge of bright red arterial blood*, occasioning anxiety.
13. Griping in bowels, with *light, acrid* sts.
14. Griping in bowels, with profuse *light coloured* D., very prostrating.
15. During breakfast, cutting pains in bowels; soon after, desire for st., with passage of wind before evacuating, first part of st., natural, last part soft and dark brown.
16. Severe cutting pain in hypogastrium, accompanied with looseness of bowels; desire to go to st. about once every half hour, with uneasiness. Cutting pain preceded each evacuation, which relieved it. Evacuations [illegible] not thin but scanty, and accompanied by tenesmus of rectum, which caused dragging bruised feeling in ovarian region.

Aggravation:
1. Morning. Forenoon. Midnight.

Before St:
1. Tenesmus. 2. Weakness and trembling. 3. Nausea. 4. Griping.

During St:
1. Pain in bowels as from a drastic purge. 2. Tenesmus.

After St:
1. Tenesmus. 2. Trembling disappeared. 3. Hæmorrhage. 4. Relief of cutting pain.

Rectum and anus:
1. Heavy pressing distress in rectum.
2. Sensation all day, as if hæmorrhage might be repeated, obliging him to squeeze sphincter ani all time.

General Symptoms:
1. Ill humour, vindictiveness. Aversion to mental occupation. Deficient memory.
2. Feeling as if intoxicated. Severe frontal headache.
3. Roaring in ears. Constant sneezing. Coryza.
4. Tongue, yellow; striped; with bad taste, aphthæ, sore lip and sore throat.
5. Taste, bad, acid, peppery.
6. Diminished appetite. Desire for bread and tea; desire for eggs, which, as a general rule, he does not eat and like. Dislike for meat and vegetables.
7. Occasional loud belching. Heartburn in afternoon.
8. Nausea with belching of wind, feeling of emptiness, sinking at epigastrium and palpitation of heart.
9. Acute distressing pain in stomach, relieved by belching. Weight in stomach. While lying on stomach in bed, feeling as if something turning and twisting in it.
10. Cutting pain in left hypochondrium and stomach. Pain in

umbilical region and stomach. Sharp pain in region of liver, extending to shoulder-blade, mostly in morning between 8 and 2 o'clock.

11. Rumbling as if diarrhœa was coming on. Fœtid flatus. Cutting pain in sigmoid flexure; in bowels before and after dinner, resembling attack of dysentery; in bowels extending to anus, relieved by passing flatus.
12. Urging to urinate, and sensation as if bowels would be moved but only wind passed. Urine diminished and smells strong, as if decomposed; considerable in quantity, limpid and frequent; inability to retain.
13. Violent and long continued palpitation of heart. Pulse slow and weak.
14. Languid. Almost constant weakness, worse evening, with terrible headache and giddiness, better after tea and *nux vom.* Troubled and lascivious dreams, with profuse involuntary emission.

Remarks: It is not a little singular that HYDRASTIS, which has developed diarrhœa in its provings and not constipation, should have become in our school a most important remedy for constipation and should have scarcely yet been used in diarrhœa. Dr. Hale looks upon the diarrhœaic symptoms of the drug as its primary effects, and yet "feels safe in asserting that HYDRASTIS will not be found useful in *diarrhœas* of a severe character." No body claims its use in cases of violent diarrhœa. He has, however, recommended its use in the ordinary non-inflammatory *mucous flux of the bowels;* also in some forms of dysentery, and "in chronic mucous enteritis," when the discharges are tenacious, slimy, accompanied with tenesmus, or when the fæces are in the form of hard balls, coated over with yellowish, tough mucus." He has also properly recommended it "in *ulceration of the rectum,* occurring after bad cases of dysentery;" also "in *excoriation* of the anus as it occurs in little children, or even adults, in diarrhœa and dysentery."

The testimony in favor of its efficacy in constipation is very great. Dr. Hughes considers it superior to NUX VOM., knows of no remedy so constantly efficacious in patients of sedentary habits and whose function of defæcation has been spoiled by abuse of purgatives.

We take the following cases from Dr. Strong's Edition of Dr. Bernhard's *Homœopathic Treatment of Constipation,* as illustrative of the efficacy of HYDRASTIS spoken of above:—

Case 1.—M. S., 38 years of age, came to the dispensary in the following condition: For the last eight months, she has been suffering with constipation, and during this time she has not had more than one or two stools a week, and then only with the aid of medicine; she has taken, generally the oil and pills of the Ricinus communis, and in consequence complains of continual pain in the head, more especially in the morning; bad taste in the mouth with coated tongue; pain in the back and shoulders; sensation of constriction in the hypogastric region, which was only relieved by means of

a purgative; yellow or rather biliqus tint, skin smooth and dry, severe pain after each stool, which were hard and knotty, and of a brown or gray color. I gave Hydras. can., morning and evening, and forbade the use of laxatives; at the end of four days, the headache was better, as also the pains in the back and shoulders, she had had one stool; four days later the headache and pains had entirely disappeared; the stools were easy and normal, the face was no longer yellow, the appetite was better, and at the end of four weeks she was entirely well.—*Dr. Rogerson.*

Case 2.—Mme. B—, 32 years of age, blue eyes, light-colored hair, delicate skin, mother of two children, the youngest of whom was six years old, has had for three years painful hæmorrhoids, with paroxysms of headache and constipation; she complained of severe burning, smarting pains in the rectum, before and after each stool; colic pains, with attacks of faintness and heat in the intestines often follow the evacuations, after a constipation of several days. Allopathic physicians of the old school and one of the new school have attempted the cure. As I had overcome similar symptoms in another patient, six months before, I resolved to give this one Hydrastis can. Ten days after taking it she had an evacuation without pain, and in three weeks she was cured; the trouble has not reappeared, now one year after recovery. For fifteen years she had used tea and coffee.—*Dr. E. B. Brown.*

Case 3.—A young married woman, brunette, black eyes, delicate features, but strong and energetic, consulted me in May, 1865, for constipation and hæmorrhoids. She was in the second month of her third pregnancy, and under the treatment of the old-school, she had suffered severely from these same troubles in her former pregnancies. She was only able at that time to have an evacuation by the aid of injections. She complained at the present time of severe pain during stool, but no hæmorrhage. I gave without success, for four weeks, Nux. vom., at first in the 3d and then in the 1st; Hydrastis can., two drops of the 10th, at night, relieved her promptly, and after using this medicine for two or three months, the intestines resumed their natural functions, which continued until confinement.—*Dr. H. B. Clark.*

Case 4.—Mme. H—, 26 years of age, blond, pale complexion, delicate constitution, a tea-drinker since infancy; for 10 to 12 years, she has suffered with attacks of constipation with hæmorrhoids. Three weeks after the birth of her first and only child, she was seized, while at stool, with severe pains in the rectum and anus. These severe, burning, stinging pains, lasted often for 6–8 hours after each evacuation, and were accompanied with a sensation of heat in the intestines, colic pains, and fainting. She had every week one or two very hard, but natural-colored, stools. There was no prolapse of the rectum and no pain in this region, except during an evacuation and for several hours after. These symptoms persisted without any modification for two months, notwithstanding the use of Ignatia, Nux vom., Pulsat., Sulph., Nitr. acid, warm water injections, and warm sitz-baths. In seeking for some help among the new remedies, I chose

Hydrastis as the most appropriate, and gave it in the tincture, not having any other preparation at hand; three drops in a half glass of water, a teaspoonful every six hours. At the end of two weeks, the rectal pains had entirely disappeared and the stools were regular; the colic, fainting and abdominal heat soon disappeared, and the patient was well. There has been no return of the trouble for eighteen months.—*Dr. E. B. Brown.*

Case 5.—A child of one year of age, of a constipated habit since birth, was radically cured by the tincture of Hydrastis, one drop twice a day, after cathartics and injections had shown themselves ineffectual.—*Dr. G. C. Hibbard.*

Case 6.—S[illegible] aged 29 years, complaining of sore neck and throat, the la[illegible] much relaxed and inflamed; headache, cough and spit; pain i[illegible]e side while stooping and rising from a recumbent position; bad [illegible]ath; tongue foul and coated with a thick, white fur; appetite [illegible], and bowels for some six or eight weeks very much confined; had been obliged to resort to purgatives every Saturday; the bowels were generally moved three or four times every Sunday, and not again until the medicine was repeated on the following Saturday. Hydrastis (dose not given) was given every morning and evening. At the end of two weeks the cure was complete.—*Dr. Robertson* in Hempel and Arndt's Mat. Med.

Case 7.—A stout, large frame man, upward of 60 years of age, an inmate of The Little Sisters of the Poor, had been a few years ago unable to walk in consequence of severe spasmodic, drawing, contracting pains through the thighs and calves of the legs, but which Nux vom., tincture, seemed to relieve, (at least he began to walk and still continues to walk about the house), soon after taking this drug. But constipation has been persistent in his case, accompanied by "severe pains" (undescribed) in the region of the liver and extending around the body. Nux, tincture, Podophyllum, tincture, Dioscorea 1, Gelsemium 1; etc., failed to relieve. He could only obtain a scanty movement by the use of small pieces of rhubarb. When the bowels were free, the general conditions were better. Hydrastis, five drops night and morning and continued for several weeks, has caused a movement of the bowels to take place every day, while the pain in the side is markedly improved. The pain in the legs is unchanged and walking is difficult.—*T. M. S.*

Gleanings from Contemporary Literature.

PRIMARY AND SECONDARY SYMPTOMS AND THEIR RELATION TO DOSE.

BY EDWIN M. HALE, M.D., CHICAGO, ILL.

THIRTY years ago I wrote the above title to an article for some periodical of our school—I think the *North American Journal of Homœopathy*. That paper was the result of years of study based on experience. I wanted to arrive at some method by which the vexed question of dose could be settled logically. The law relating to dose, which I then enunciated, I still believe in. I do not claim that it is universal or that it will apply to all drugs. But it is a law which shows us why cures are performed by material doses when minute ones fail, and *vice versa*.

I am gratified that Dr. Van Denburg has called attention to this subject and solicited verification or the reverse.

Allow me therefore to state again my views:

1. That nearly all drugs, when given to healthy persons in pathogenetic doses, cause two series of effects.

2. The first series are what I term primary symptoms; the second, secondary symptoms.

3. These secondary symptoms are not merely the "reaction of the organism," for they are just as distinctive and individual as the primary symptoms, and are nearly opposite in character to the primary symptoms.

4. I do not include among drugs having this double action those which have an insidious alterative action on the body, like some of those termed "antipsorics" by Hahnemann, because they do not seem capable in crude doses of causing distinctive primary symptoms; nor do I include provings with attenuated drugs (above the third), for I have always doubted their power to cause pathogenetic symptoms, except in persons possessing an idiosyncrasy or great susceptibility.

My law of dose may be stated as follows:

a. When we meet with symptoms and conditions in disease which closely correspond with the primary symptoms of a drug, we shall cure most safely and quickly by prescribing the medium or high attenuations of the drug indicated.

b. When we meet with diseased conditions and symptoms simulating the secondary symptoms of a drug, we should prescribe that drug in the low attenuations or in small doses of the crude substance.

c. In order to conform to the law of *Similia* when we are prescribing for secondary symptoms, we should make sure that the primary symptoms, which have preceded them resemble the primary symptoms of the drug we have selected for the secondary symptoms.

I have practised in accordance with this theory for thirty years, and to me it is now no more a theory than the law of *similia*, but a veritable law. I admit it is very difficult, in the present state of our materia medica, where the symptoms are all mingled, with no division into primary and secondary, to practise according to this law. If materia medica were taught in our colleges, by giving a clear history of the consecutive symptoms caused by drugs, the student of materia medica could more readily separate the two series of symptoms. Provings, unless made with physiological doses of drugs, will not produce distinctive primary or secondary symptoms. This has been shown by the futile provings of digitalis in the third attenuation. It would require a book instead of a brief article if I were to attempt to record the verifications of this law which I have observed. It will be better understood by my readers if I mention some drugs which are examples of this law and its application.

1. We will first take up a group of drugs which we will term the febrile group, namely, aconite, belladonna, gelsemium, veratrum viride, baptisia, antipyrin and antifebrin. Their primary action is to depress the action and force of the heart; to reduce the pressure of blood in the arteries, and to lessen the bodily heat. Their secondary action is just the reverse in the majority of cases; there are exceptions, as when the vital powers step in and prevent the reaction against the primary effects, the normal equilibrium being restored without the intervention of secondary effects. But certain characteristic symptoms are caused by each drug during both their primary and secondary action.

None of these drugs are primarily homœopathic to fever; for this reason they will never, and have never, reduced febrile excitement and abnormal heat when given in highly attenuated doses. That they have seemed to do so in such cases only shows that those who claim to the contrary know but little of the natural history of febrile attacks.

All idiopathic fevers are preceded by a period of depression which resembles the primary action of this febrile group. To prescribe them intelligently we must ascertain the symptoms of this prodromal stage. If it resembles the primary depression of aconite, then aconite is the remedy. Hempel somewhere remarks that the most infinitesimal dose of aconite, if given during the chilly, depressed stage of a fever, will prevent its access. The same can be said of gelsemium or veraturm viride. A toxic dose of belladonna does not produce immediate fever, as some suppose, but a condition closely resembling collapse, and the fear of giving appreciable doses of belladonna in fever is a groundless one. I may as well state right here that none of these febrile drugs are of any use in fever due to zymotic or bacterial poisoning. They are only of value when the febrile state is caused by some idiopathic irritation in the central nervous system, and none of them should be given as sample antipyretics but only as palliatives. They should be used only as brakes, to prevent the too violent action of the heart, and modify the hyperpyrexia. The fear of high temperature, 100° to 103° F., is a groundless one. These temperatures are really a beneficent effort of the vital forces to burn up or expel morbid substances from the blood and secretions.

The dose of these febrile drugs should never exceed a single drop of the mother-tincture every two or three hours in febrile conditions, or less than the 3x, even in infants. Antipyrin, antifebrin and phenacetine, in doses of one grain every hour, acts as a gentle sedative to the nervous system. In depressing doses they always retard recovery.

2. A better group to illustrate this law includes those which act on the intestinal canal as irritants, causing various kinds of diarrhœa primarily, and secondarily, constipation. I will only refer to the most prominent: arsenic, veratrum albumen, croton oil, ricinus, podophyllum, iris, mercurius, bryonia, hellebore, jalap, rheum. senna, etc. Each causes a peculiar distinctive looseness of the bowels, which last a longer or shorter time, and is accompanied by its own peculiar pains and reflex symptoms. Now it is the experience of thousands of both medical schools that if the drug is closely affiliated, the smallest possible material dose will act curatively. Even the 1x trituration of castor oil will cure diarrhœa similar to that caused by large doses of that oil. All physicians are aware that after purgative doses of the above drugs an opposite condition—constipation—obtains. This constipation is just as characteristic of the drug as its diarrhœa. The constipation of bryonia is altogether different from the constipation of podophyllum.

Now suppose we are called upon to treat a case of constipation. It is necessary not only to get the symptoms of the constipated state, but we must get the symptoms, if possible, of the condition of looseness, if any, which preceded. If there was no such condition, then we must look to

nother for the remedy ; some drug which primarily caused constipation. If we find that both the precedent and existing symptoms resemble bryonia then that remedy should be given in attenuations below the 3x or even a few drops of the tincture.

The members of the hepatic group of drugs afford a good illustration of dual action and the law of dose.

According to the experiments of Rutherford and our physiological provings, the primary action of this group, among which the most prominent are podophyllum, euonymin, ipecac., iris v., mercurius, chelidonium, carduus, etc., is to cause an increased activity of the liver cells with free discharge of bile into the intestine, *i.e.*, a bilious vomiting or diarrhœa. Now as a bilious diarrhœa does not always have the same symptoms, nor is it due to the same cause in all cases, so there are no two cases of bilious diarrhœa caused by drugs which present the same sympt[illegible]

No Homœopathist (or allopathist, for that matter) would think of trying to cure bilious diarrhœa with large doses of merc[illegible]or podophyllum. In no instance of functional derangement is the [illegible]cy of minute doses shown better than in the treatment of bilious diarr[illegible]and dysentery. I am sure that I have seen severe cases cured in a short [illegible]by the 12th or 30th of merc. corr. or the 6th of podophyllum.

The secondary symptoms of the hepatic group are as marked as the primary. Who has not observed, after large purgative doses of mercury or podophyllum, an obstinate constipation, with pale, pasty stools, often containing undigested food and sometimes with jaundice ? Even if these secondary symptoms have not been experienced by provers, we can safely predict that they would be present in all cases after acute primary pathogenetic liver stimulation.

Now, in cases of jaundice with white stools, a urine saturated with bile, with constipation or lientery, due to torpor of the hepatic cells, what is the curative dose of the hepatic drugs ? Not the medium or high potencies—at least I have never found them of the slightest value. To be of real clinical value, the remedy should show its effects in a short time—a few days. One or more doses of the 10th or 30th, in such cases, with improvement only after ten or more days, cannot be called a drug-cure, for the *vis medicatrix* generally cures in ten days or less. If one desires to test the value of my law of dose in the above condition, let him prescribe the 2x trituration of euonymin or podophyllum, chelidonium ♀ (Burnett, *Greater Diseases of the Liver*, reports splendid cures with 10 drops of the tincture of chelidonium and carduus), mercurius dulc. 2x or chinanthus ♀ or 1x (5 drops), and it will be found that if the drug is properly selected, improvement will occur in a few hours or, at most, a day or two. There is not the slightest danger of medicinal aggravation from these doses if we suspend the medicine when improvement has obtained. The normal physiological function of the liver once started into action will continue, unaided by drugs.

I will add as a warning that if the above symptoms are caused by cardiac weakness or dilatation, hepatic remedies are poorly indicated. Digitalis and its congeners will cure such conditions more speedily. This leads me to call attention to another class of medicines, which I will term cardiac. Of these, there are two groups :

(*a*) Primary cardiac depressants.

(*b*) Primary cardiac tonics.

Group (*a*) numbers among its members aconite, veratrum alb., veratrum viride, antipyrin, antifebrin, hydrocyanic acid, kalmia, cimicifuga, gelsemium, kali carb., and other salts of potash. The primary action of this group is to depress the innervation of the cardiac muscle and ultimately paralyze it until the heart stops in diastole. They are primarily homœopathic to

weakness and threatening heart failure from deficient innervation, strain or shock. They may even be efficacious in deficient compensation or broken compensation, if we can closely affiliate the symptoms.

That their continued primary action would lead to dilatation of the heart, is proved from the recorded fact that veratrum album, hydrocyanic acid, kalmia, and gelsemium have caused that condition. It has been [illegible] effects of this group would comprise inflammation,

reaction from their primary [illegible]
closely allied to it. There is certainly violent action of the heart, with anxiety, delirium, and general circulatory excitement, which, if continued, might result in [illegible]rditis and thickening of the heart muscle.

Whenever I [illegible] any member of this group in the treatment of cardiac disorders, I st[illegible] follow my law of dose, namely, the attenuations above the third for t[illegible] primary symptoms, and below the third for their secondary. Those w[illegible]ve never given aconite and veratrum album, 3x or 6x, in cases of sh[illegible] or cardiac failure from any primary cause, will be surprised to fi[illegible] how much quicker they cause reaction than alcohol, ammonia, or other stimulant drugs.

Group *(b)* comprises quite a large number of drugs, many of them recent discoveries. They are now termed cardiac tonics. In physiologieal doses they possess the power, even in healthy persons, and more decidedly so in abnormal states, of increasing the innervation of the heart, raising the actual lifting-power of that organ, thereby increasing the blood pressure in the arteries, at the same time contracting the blood-vessels.

The best known and most powerful of this group is digitalis, whose analogues are strophanthus, convallaria, cactus, nux vomica, adonis, oleander, sparteine, erythrophleum, prunus virginiana, ferrum, apocynum cann., hellebore, and several others. While they have a general similarity of action, no two of them are exactly alike. No one can completely fil' the sphere of digitalis, while any one of them may follow it and carry on the work it commenced but failed to complete.

For several years I have studied the primary action of these drugs with great care. One object has been to define their usefulness when prescribed for symptoms simulating their primary effects. The result is that I find their sphere of usefulness in this respect extremely limited, for very rarely do we ever find their primary symptoms actually existing as primary symptoms of disease. It is only when the inhibitory apparatus which governs the action and rhythm of the heart or its internal innervation becomes deranged or excited by mental or central nervous influences that these drugs can be used successfully for their primary symptoms. In a few such rare conditions I have found the 6th attenuation of apparent benefit. It is evident that material doses in such conditions must be injurious and contra-indicated. Great and irreparable injury has been done to the cardiac apparatus by physicians not skilled in diagnosis, who give large doses of these drugs whenever the heart acts irregularly or tumultuously. There is no questioning about the dual action of this group. Weakness and loss of power due to exhausted innervation, irregularity and intermittence due to paralysis of inhibitory influence, and finally thinning with dilatation of the walls of the heart, are certain to follow long-continued excitation of the heart by these drugs. I have known chronic irregularity and paresis of the heart to be caused by toxic doses of digitalis. A single poisonous dose in health may throw the cardiac muscle into a tonic contraction, which brings the victim nearly to dissolution, to be followed by permanent weakness of the whole circulatory apparatus. The more violent the primary effects the more lasting the injury inflicted on the heart.

Prof. Balfour, in his late treatise (*The Senile Heart*), gives the following graphic picture of the secondary effects of digitalis: "When given in large doses, or in doses too frequently approximated (it) paralyzes the vagus and sets free from control the heart's idio-motor mechanism. If this paralysis comes on slowly we have first a slow pulse with an occasional quick beat; by and by the pulse becomes quick with an occasional slow beat or an intermission; and, finally, when the regulating power is entirely lost, the intermissons disappear and the pulse becomes regular but very rapid; the heart's sounds are embryo-cardiac, reduced to a mere tic-tac, the arterioles are dilated, and the blood pressure low."

Digitalis never causes these symptoms primarily. The pulse may be very slow but never irregular. The systolic contractions of the heart are forcible and complete. In fact, its systole may be so persistent as to cause death.

It is not generally known that an overwhelming dose of any poisonous drug may, if not lethal, induce secondary conditions and symptoms at once; the primary not occurring at all or only in a slight or unrecognized degree. In acute poisoning by digitalis such instances have occurred.

As an illustration, showing the manner in which a Materia medica should be written, in order to give the primary and secondary symptoms separate and distinct, I give heart symptoms of digitalis in two columns (the objective symptoms from Allen's *Encyc. Mat. Med.*)

Primary (Entonic Symptoms).	Secondary (Atonic Symptoms).
Violent palpitation, with full slow pulse, worse when lying on left side, with throbbing in the head.	Palpitation of the heart, with pale face, weak pulse and faintness. Tremor of the heart, with feeling of impending death; feeble, almost imperceptible pulse.
Suffocation, painful constriction of the chest as if the internal parts were grown together.	The contractions of the heart are tumultuous, irregular or intermittent (the systole not complete; the diastole prolonged), with pain down the left arm.
Dull uneasiness, with great anxiety in the region of the heart.	Pulse soft, feeble, intermittent or irregular or very quick and thread-like.
A sudden sensation as if the heart stood still, with great anxiety and single, violent, slow heart-beats, with sudden, violent beat in occiput and transient unconsciousness.	Palpitation and dyspnœa when lying on left side from any movement or from any emotion.
Abnormally strong, slow beats of the heart, with hard, small pulse.	Exhaustion of the heart-muscle from its violent primary contractions; a veritable muscle-strain, with pain from cardiac myalgia.
Contractions of the heart strong and violent, with congestion of the head, roaring in ears, pain in eye-balls, deranged vision and painful stitches in the region of the heart.	Deathly faintness and sinking at the pit of the stomach (from paralysis of the vagus).
Urination scanty, high colored and of high specific gravity; or profuse urine, with frequent urgings to micturate.	
Active arterial hæmorrhages, often from the lungs.	Dyspnœa; respiration irregular; sighing difficult; a constant desire to take a deep breath, with short, dry cough.
	Hæmorrhage from the lungs from venous stasis also from other tissues.

These violent spasmodic contractions of the heart are aggravated by movement, but the pulse is strong and hard.	Feeble action of the heart, which the slightest movement aggravates, with very feeble or absent pulse. Dilatation and thinning of the heart with empty pulse; dilated arteries which the blood does not fill, with scanty urine of high specific gravity, with sediment or profuse watery urine.
Vertigo, with dimness of vision, often with vomiting and fainting. (This primary vertigo is from contraction of the arterioles of the brain; the secondary vertigo is from emptiness of the arteries.)	Jaundice, with clay-colored stools, urine loaded with bile and slow, intermittent but weak pulse.
Death from tonic systole of the heart.	Death from paralysis in diastole.

For this reason the sphere of the curative action of this group, when prescribed for symptoms and conditions simulating their secondary effects, is wide and far-reaching. But it is futile to expect to get curative results from them when given in the attenuations above the 1x in adults or 2x in children. I do not wish to be considered egotistical, but my experience in treating cardiac diseases enables me to assert that the above statement cannot be successfully controverted. The following axiom may be relied upon: The greater the enfeeblement of the heart from secondary loss of innervation or loss of muscular power or thinning of its walls the larger the dose required. The maximum dose of the tincture may be stated as ten drops every six hours. The maximum dose of the alkaloids depends on their nature and inherent power. Digitalin, adonidin, convallamazin, nerein and cactin may be prescribed in some cases in one-grain doses of the 2x trituration every four or six hours, while sparteine can be given in doses of one or two grains of the 1x trituration and with safety continued until the condition of the heart is improved. (In the last edition of my *Diseases of the Heart*, and in a chapter on "Diseases of the Heart in Children," prepared for Dr. Tooker's late work, I have given as clearly as possible the indications for the unproven drugs in the above-mentioned group.)

The action of a group, of which nux vomica is the type, will be now considered.

Physicians who have studied the various forms of paralysis and the remedies therefor, must be interested in any logical explanation of the action of nux vomica and its congeners. We do not yet know precisely what the action of strychnia is on the elementary structure of the spinal cord, on its ultimate cells. But we do know what its primary effects are when given in toxic doses. Briefly recited, there is intense hyperesthesia of every portion of the body, tonic or clonic convulsions of the whole body, even the internal organs. If death occurs, there is tetanic rigidity to the last. There is at no time during the primary effects anything resembling paralysis of motion or loss of sensation. It is supposed that all the time during this primary action, the spinal cord or its membranes is the seat of active congestion, but this has been denied by several toxicologists. But it matters not to the practical physician just how strychnine causes these symptoms. It suffices for us to know that they originate in an irritation of the spinal cord. The secondary symptoms and conditions of strychnia may be included in one word—*Paralysis*. This may consist of many forms from simple weakness of motion to complete loss of motion; every organ and muscular tissue of the body may be involved, or only one organ

or local tissue. Now, how shall we apply my law of dose as applied to nux vomica? It is evidently the most homœopathic remedy we possess in spinal convulsions, and also in spinal paralysis.

But shall we use the same dose for the two opposite conditions? I contend that it would not only be unscientific, but improper.

Hahnemann could certainly not have advised any but the most attenuated doses for the symptoms simulating the primary effects of nux vomica, yet in his article on this drug in the *Materia Medica Pura*, he makes no mention of the dose. Yet he advised it for both its primary and secondary symptoms. I have carefully searched the clinical records of our school, and I find but few instances in which it has cured tonic or clonic spasms of spinal origin, and in those cases highly attenuated doses were used. Not even an old-school physician would dare to use more than the one-fiftieth of a grain in such cases.

But let us look at the other side. What is the dose of nux vomica or strychnia which will cure paralysis sooner than the *vis medicatrix naturae*? I ask the question in this way purposely, for all practical physicians know that paralysis after apoplexy or spinal injury will sometimes recover unaided by any drug. What we want to do is to cure paralysis sooner than the unaided efforts of the vital forces. I find reported cases of various forms of paralyses of cerebral or spinal origin treated by the medium and high attenuations of nux vomica, but the duration of the paralyses during the use of the drug precludes the belief in its curative action. I do not believe that the strychnine group will cure paralytic conditions unless given in the lowest attenuations, namely, as much as will be equal to one-fiftieth or one-thousandth of a grain of strychnia several times daily. I appeal to the experience of practical members of our school to bear me out in this assertion. I claim that this experience is conclusive proof of the truth of my law of dose.

All paralytic conditions of a spinal origin are due to two causes: *(a)* anæmia or *(b)* exhaustion of the cord. Both conditions often exist in the same subject. These conditions may be primary, as in general, anæmia, neurasthenia, poisoning from ergot, rhus tox., the potash salts (particularly kali carb., kali mur., and kali nit.), or the natrum salts (natrum mur., natrum phos., and natrum carb.).

These drugs are among those which it appears to me do not seem to be capable of causing secondary effects, and therefore should always be used in attenuated doses. But if the anæmia or exhaustion of the spinal cord has been preceded by a period of excitation, irritation or acute congestion, then we must select as remedial agents drugs whose primary effects will cause such excitation, irritation or congestion, and whose secondary symptoms or effects correspond with the case under treatment. Besides nux vomica, ignatia, arnica, brucine, thebaine, oxalic acid and others, there are but few drugs which produce this peculiar irritant action on the cells of the spinal cord followed by exhaustion, anæmia and paralysis. All are therefore useful in these conditions when the dose is selected according to the requirements of my law of cure. This argument, with illustrations, might be extended indefinitely, but I hope I have cited examples enough to convince my readers that there is an element of scientific truth in the theory I have attempted to substantiate. I have admitted many exceptions, as when certain drugs have properly no primary or secondary symptoms, to which I might add, that in certain low conditions of the organism, as collapse, shock and hæmorrhage, the power of absorption of a drug by the mucous surface is so small that a dose of the 1x is not as potent as the 6x when the absorbents are active. That singular condition in some persons called, "idiosyncrasy" has much to do with the selection of dose. Patients, who in health are not poisoned by rhus, are not susceptible to the curative

influence of that drug. Some patients are actually poisoned by the smallest quantity of mercury or iodide of potash.

As the law of cure, *Similia Similibus Curantur*, has its exceptions and limitations, so does the law of the primary and secondary action of drugs and the law of dose based thereon.

In conclusion, I hope this brief paper may open arguments on the subject pro and con, until some decisive rule is reached.—*Hahnemannian Monthly*, Dec. 1894.

THE REPRESENTATIONS OF THE INDIAN MEDICAL ASSOCIATION TO GOVERNMENT, ON THE GRIEVANCES OF CIVIL ASSISTANT SURGEONS AND CIVIL HOSPITAL ASSISTANTS.

In compliance with the notices issued, the third meeting of the Council of the Indian Medical Association was held at its Library on the 24th January. Present, Dr. Lal Madhub Mookerji, in the chair, Drs. K. G. Sircar, J. G. Anderson, Monohur Lal Dutt, H. C. Hodgkins and J. R. Wallace. After reading and confirming the minutes of the 2nd meeting of the Council and of the First Annual General Meeting of the Association and after duly electing the twenty-nine members who had applied since the Council's last meeting to become members of the Association, the report of the President and Secretary and the letters relative thereto, on the subject of representing to Government the grievances of Civil Assistant Surgeons and Civil Hospital Assistants, were considered, the letters were passed, and signed by the Council and were formally sent to the authorities on the 29th January 1895, in the following form:—

To

Surgeon Major-General W. R. RICE, M.D., C.S.I.,
Surgeon-General with the Government of India.

SIR,—We have the honor, on behalf of the Indian Medical Association, and of the parties concerned, to lay before you the following representation of the grievances of Assistant Surgeons of the Civil Medical Department of the Presidential and Provincial administrations under your command.

1. That though the standard of qualifications of Civil Assistant Surgeons, both classical and professional, has been greatly enhanced and their duties and responsibilities heavily augmented since the formation of this service in 1841, the status, salary, prospects and pension are the same to-day as they were 50 years ago. That as compared with other State services locally recruited, such as the Judicial, Engineering, Educational, Revenue, Administration, etc., an Indian or Anglo-Indian Subordinate of inferior academic qualifications than an Assistant Surgeon, has the prospects of rising to the highest position in the service to which he belongs, while the emoluments of these various locally recruited State services, when compared with the emoluments of Assistant Surgeons, are a cause for serious dissatisfaction, and become a grievance of a very marked character indeed.

The fact that an Assistant Surgeon's maximum salary is Rs. 200, that his travelling and officiating allowances are out of all proportion to the expenses necessary for the up-keep of his position, and that his professional work and worth find a most unsuitable recompense when compared not only with his own compeers in other subordinate services, but also when compared with junior medical practitioners having inferior qualifications, exhibits a strange and disparaging anomaly. It is important in this connection to point out that the work of Assistant Surgeons in the medical charge of districts, civil hospitals and dispensaries, as well as jails, and the

supervision of vaccination and rural sanitation, is admittedly large and onerous.

As a case in point for comparison of two subordinate services, it may be stated that a First Grade Assistant Surgeon is paid a fourth of the salary of a Deputy Magistrate. These two subordinate services, when created, were on the same footing with regard to pay and prospects. At the present time the subordinate Deputy Magistrate of 14 years' service draws a salary of Rs. 800, while the Assistant Surgeon of 14 years' service draws only Rs. 200. It is argued in connection with the small salary paid to Assistant Surgeons that they are allowed private practice. It is admitted on all sides, however, that the work of these subordinate officers is so burdensome that they have little or no time for private practice, so that their added remuneration from this supposed source of income in no way represents adequate emoluments, while the ever-increasing additions of qualified practitioners to the field of private practice, make the prospect of an income from such a source still more diminutive.

It is maintained that their impecuniosity has greatly handicapped their social status, rendering their condition both socially and pecuniarily one of great hardship.

2. That with regard to prospects, though Assistants Surgeons are eligible for promotion to the Uncovenanted or higher Civil Medical Service, they are not so promoted. There is, therefore, no avenue or prospect of promotion open to the Assistant Surgeon beyond the three grades of his own service, which terminate with a maximum salary of Rs. 200, with no other title or rank than that of Assistant Surgeon, and pension of Rs. 100 after 30 years of laborious work.

3. With regard to status, it is felt that, when compared with other subordinate services, the position of an Assistant Surgeon is very ill-defined, that he is subjected to the restrictions of the Arms Act which does not affect his compeers in similar subordinate services, and that in such State gatherings as Levées, Durbars, etc., he is without any definite status, and that the absence of some official recognition of his position, tends to degrade him and his class socially among his countrymen.

We have carefully considered the voluminous statements of the grievances of Civil Assistant Surgeons as published by them in the *Indian Medical Record*, the organ of the Association and of the local profession, but we feel that the lengthy correspondence referred to resolves itself into the points raised in this communication, and we do not desire to trespass too much upon the time and patience of the Indian Government.

With this brief statement of the grievances of Assistant Surgeons, the Council of the Indian Medical Association, as representing the local profession of this country, desires most respectfully, with a view of offering such help as it may towards the settlement of this important problem, to offer the following suggestions for the kind and gracious consideration of the Government of India, *viz.* :—

I. That Civil Assistant Surgeons be designated Assistant Civil Surgeons and that their service be merged into the present Uncovenanted Medical Service under the title of the *Indian Civil Medical Service.*

II. That such service be graded as follows :—

(*a*) Civil Surgeons (as at present graded in the Uncovenanted Medical Service).

(*b*) Senior Assistant Civil Surgeons. A new grade, promotion to which will be made after 20 years' service, for special merit.

(*c*) First Grade Assistant Civil Surgeon.

(*d*) Second Grade " "

(*e*) Third grade " "

4. That the grades, salary and pension be arranged as follows :—

Tabular Statement showing Grades, duration of Service, Salary and Pension in each Grade, together with Allowances of the Indian Civil Medical Service.

Grades of I.C.M.S.	Service for Grade.	Salary	Pension	Allowances.
1. Civil Surgeon.*		Rs.	Rs.	
2. Senior Assistant Civil Surgeon.	(Special)	500	250	The same as Civil Surgeons (U.C.M.S.) when in officiating charge. Grade allowances same as the subordinate Judicial Service.
3. First Grade Assistant Civil Surgeon.	25 years.	400	200	
	20 „	350	175	
4. Second ditto	15 „	300	150	
	10 „	250		
5. Third ditto	5 „	200		
	.....	150		

* Or present Uncovenanted Civil Medical Service, as it stands.

Having respectfully submitted the foregoing suggestions regarding change of service and grade designation, for better prospects in regard to promotion, pay, travelling and other allowances and pension, it now remains to mention the subject of official status.

In this matter we feel that the justice and merits of the case would be suitably met by according to the Assistant Surgeon class, the same public status as is at present recognised for the Subordinate Judicial Service.

In conclusion, we would most respectfully beg your generous consideration and support of this communication, as we feel that our recommendations for the amelioration of the grievances of Civil Assistant Surgeons will tend not only to the contentment and gratification of a large and worthy section of State servants, but will be the means of signal encouragement to medical education and progress in our Indian medical schools and colleges.

We have the honor to be,
SIR,
Your most obedient servants,

Lal Madhub Mookerjee, Rai Bahadur, L.M.S., F.C.U., *President*,
E. W. Chambers, L.M.S., L.S.A., Lond. and F.SC.S. Lond., *Vice-President*,
K. G. Sircar, M.B., L.R.C.P. Edin.,
Money Lall Dutt, M.R.C.P., Lond.,
J. G. Anderson, G.M.C.B.,
H. W. Jones, M.D., M.R.C.S., Lond.,
H. C. Hodgkins, *Treasurer*,
James R. Wallace, M.D., *Secretary*.
} *Members of Council.*

To Surgeon Major-General W. R. RICE, M.D., C.S.I.,
Surgeon-General with the Government of India.

SIR,—On behalf of the Indian Medical Association and of the parties represented, we have carefully considered the disabilities and grievances of the Civil Hospital Assistants in the various Presidential and Provincial administrations under your command.

The representations of these subordinates have been fully made known

in the *Indian Medical Record* from time to time during the past five years, and it is with a view of respectfully placing a brief statement of their disadvantages and difficulties before you and of soliciting your generous help for their amelioration, that the Council desire to approach you with this representation.

Briefly, the grievances of Civil Hospital Assistants may be classed under two heads :—(1) Status, (2) Pay, Allowances and Pension.

1. *Status.*—It is admitted that of recent years the educational and professional training of Civil Hospital Assistants has been greatly improved. They now undergo a full curriculum of four years' medical education, and are recognised officially as qualified practitioners of a subordinate grade. They are ordinarily made to fulfil the duties of assistants to Civil Surgeons, but they are frequently placed in independent charge of small districts, dispensaries and jails, and are largely used in promoting the work of rural sanitation and vaccination. It is felt that in keeping with these onerous duties the title of Hospital Assistant is a misnomer, since the compounders, dressers, and other menial servants of a hospital, are also known as hospital assistants. This appellation serves to keep them low in the social scale, and it is felt that a change of designation to that of Sub-Assistant Surgeon would adequately describe their professional and subordinate position, and at the same time remove a grievance which is the cause of much heart-burning and dissatisfaction.

2. *Pay, Allowances and Pension.*—There are three grades of Civil Hospital Assistants. The lowest receives a salary of Rs. 25 monthly, which, after seven years, constituting the second grade, is raised to Rs. 35 ; following which is the highest grade, which is entered after fourteen years' service and has a salary of Rs. 55. The independent charge of dispensaries is attended with an additional ten rupees per mensem.

In comparison with similar subordinate grades in the Public Works Department, Police, Judicial, Revenue Departments, &c., the pay, prospects and general allowances are very meagre indeed ; thus a Sub-Overseer in the P. W. D. can rise to be a Sub-Engineer on Rs. 400 per mensem ; a sergeant of the native police can rise to be an Inspector on Rs. 200 per mensem ; while subordinate clerks in the Sub-Judicial and Sub-Revenue departments, have an avenue of promotions open to them, which yield emoluments varying from three to six hundred rupees per mensem. In none of these subordinate services is the educational and professional training as rigorous as that required for this section of the subordinate medical service. It is felt that a small increase of salary and pension for each grade of Civil Hospital Assistants and the creation of a special senior grade, promotion to which would be made for special merit and qualifications, would fully meet the disadvantages under which they at present labor.

3. *Tabular Statement shewing Grades, duration of Service, Salary and Pension in each grade together with allowances.*

GRADES OF SUB-ASSISTANT SURGEONS.	Service for Grade.	Salary	Pension	Allowances.
		Rs.	Rs.	
1. Senior Grade	(Special)	100	50	Rs. 20 when in independent charge and 3 annas per mile as travelling allowance.
2. First „	25 years	80	40	
3. Second „	20 „	70	35	
4. Third „	15 „	60	30	
5. Fourth „	10 „	50	...	
6. Fifth „	5 „	40	...	
7. Sixth „	.....	30	...	

We respectfully solicit that the foregoing suggestions may meet with your kind approval and recommendation to the Government of India.

We have the honor to be,
SIR,
Your most obedient servants,

Lal Madhub Mookerjee, Rai Bahadur, L.M.S., F.C.U., *President*,
E. W. Chambers, L.M.S., L.S.A. Lond., F.SC.S. Lond., *Vice-President*,
K. G. Sircar, M.B., L.R.C.P. Edin.,
Money Lal [illegible]tt, M.R.C.P. Lond.,
J. G. Ander[illegible]n, G.M.C.B.,
H. W. Jones, M.D., M.R.C.S. Lond.,
H. C. Hodgkins, *Treasurer*,
James R. W[illegible]race, M.D., *Secretary*.
} *Members of Council.*

We sincerely trust that the action of the Council will meet with the approbation of the entire Association, and that our friends on whose behalf the Council has moved will heartily appreciate their unanimous and energetic efforts to seek redress for their grievances.

We cordially congratulate the Association on the action it has taken, and we most sincerely hope that success will attend their appeal on behalf of our brethren in these services.

Acknowledgments.

The Monthly Homœopathic Review. London, January 1895.
The New England Medical Gazette. Boston, Dec. 1894.
New York Medical Times. Dec. 1894. (No. for May not received.)
Indian Medical Record. Calcutta, Jan. 1 and 16, 1895.
The Medical Reporter. Calcutta, Jan. 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, Dec. 1st & 15th, 1894.
The Homœopathic World. London, Jan. 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, Dec. 15, 1894.
The Medical Visitor. Philadelphia, Jan. 1895. (July not received.)
The Medical Century. Chicago, November 1st and 15th 1894.
Southern Journal of Homœopathy. Baltimore, Dec. 1894. (Aug. not received.)
Journal Belge d'Homœopathie. Bruxelles, Oct. 1894.
The Hahnemannian Monthly. Philadelphia, January 1895.
Homœopathic Envoy. Lancaster, Dec. 1894.
The Indian Journal of Pharmacy. Calcutta, Nov. 1894.
The Homœopathic Physician. Philadelphia, Nov. 15, 1894.
The Clinique, Dec. 1894. (We should be thankful for the previous numbers of this year.)
Revue Homœopathique Belge. Nov. 1894. (We should be thankful for the previous numbers of this year.)
Organon of Medicine By Samuel Hahnemann. Translated from the Fifth Enition, with an Appendix, by R. E. Dudgeon, M.D. Birkenhead. Hahnemann Publishing Society, 1893.
Essentials of Homœopathic Materia Medica being a Quiz Compend upon the Application of Homœopathic Remedies to Diseased States. A Companion to the Essentials of Homœopathic Materia Medica. By W. A. DEWEY, M.D. Philadelphia: Bœricke and Tafel. 1894.

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **February 1895.** [NO. 2.

COMMENTARIES ON THE ORGANON OF HAHNEMANN.

Translated from the French of DR. LEON SIMON, Père, by the Editor.

(Continued from p. 8, No. 1, Vol. xiv.)

SYMPTOMATOLOGY CONTINUED.

Another example: All homœopaths know the excellent work of Bœnninghausen on *Fevers*, a work which he has reproduced with additions in his *Manual of Homœopathic Therapeutics*. What relation is it actually possible to establish between the works of allopathic pyretologists and this analysis so exact of a group of diseases of which the study is all the more neglected in our day as its treatment is confined to the narrow sphere of sulphate of quinine, of arsenic and of a few other agents? Does one think that it is a superfluous analysis, one that varies its means by reason of the differences which each stage of the fever presents; and more often still by reason of the varied shades under which the symptoms considered accessory present themselves? When one has read the work of Bœnninghausen and meditated upon it, and when one remembers the descriptions of paroxysmal fevers such as nosologists present them, one has a right to ask, who has better comprehended and studied symptomatology, —Hahnemann or his predecessors?

And meantime, however rich may be, in this relation, the works which have issued from the Hahnemannian school, they are

still only analytical works, faithfully registering empirical facts. But moreover upon what would synthesis exercise itself if analysis had not preceded it? Where then should it have taken its support?

Another example still: In the study of chronic diseases, Hahnemann wishes that a rigorous account should be taken of the principal phases of the diseases, the constitution of the patient, his disposition and his character, his age, his sex, and his domestic and social relations. Of all these conditions he makes so many symptoms which enter or ought to enter into the picture of the disease. In the same manner, when it is the question of hereditary diseases, he wishes that one should inquire into the state of the progenitors. And the informations that one can obtain on this subject become so many indicative symptoms fit to determine the indications and the means which it is suitable to employ.

Undoubtedly, one cannot say of Hahnemann that he has pursued the application of his method up to its last limit on any of the pathological principles which he has put forth. It would, in truth, be a great injustice to exact of the founder of Homœopathy that he had completed his work in the short space of a man's life, however prolonged it might be, unless it were to produce a system, easy work for one having but little study and imagination. What medical man has ever gone over thoroughly the extensive circle of medical knowledge? No observer has been successful in it. But whoever may be the physicians whose writings are studied, is there one among them who has produced a pathological method more exact and at the same time comprehensive? Let one compare the instructions given by Hahnemann with the descriptions of his contemporaries and his predecessors; let one make the balance-sheet of our real knowledge as regards pathology; while granting an immense value to modern works, while appreciating what pathological anatomy is worth, and knowing what it is not, one will admit that nosography having extended itself in some points has lost in many others; that the method which directs it is too narrow; that its researches do not comprehend the patient in all the conditions in which he may present himself; that in fine its method is more graphic than physiological; which is quite the reverse with Hahnemann.

Indeed, in allopathic nosography, the symptoms which occupy

the first rank, as long as they exist, are the anatomical symptoms; those which come after are functional troubles; last of all come the lesions of sensibility. The merit of this method consists in having a single symptom called tubercle, or encephaloid matter, ulcerated patches of Peyer, to which they connect all other symptoms. Its vice is to change the order of development of the characters of the disease and to confound a morbid product with the disease itself.

Hahnemann, on the contrary, in placing in the first rank the lesions of sensation, has the incontestible merit of taking the morbid characters in the order in which they present themselves, of arranging them according to their physiological, diagnostical and therapeutic importance. Indeed, what there is of primitive in all disease is evidently pain The disorders of functions and the alterations of organs come only after them, sometimes rather rapidly, but often after a rather long time. These symptoms will consequently have an immense value at once for diagnostics and therapeutics. As regards diagnostics, they will give to the other characters of the disease their real value; and as regards therapeutics these symptoms will lead directly in tracing the indications and in making a choice of the therapeutic agent. Such is the essential difference between the Hahnemannian and the allopathic symptomatology. This difference is summed up in the following facts:

1. Allopathic pathology is exclusive in its method of observation; homœopathic pathology admits all characters. It happens rarely to the first to take account of all symptoms, more rarely still to take account of the individual differences which they may present.

2. Of all the symptoms which are ascertained allopathy utilizes only a part of them for the benefit of therapeutics. Whereas homœopathy utilizes them all; with it all symptoms are more or less indicators of the conduct which the physician ought to pursue in the management of his cases.

These differences between the two schools are radical, and whatever may be the attempts at pathological systematization that may be made in the future, all will fail before the difficulties of practice, unless they take a rigorous account of the totality of the symptoms without excluding any.

This is an enormous rock on which will come to be wrecked many efforts. Griesselich and his specificism have succumbed in this task. Hartmann, notwithstanding the relative utility of his productions, has come to be lost in it. Several others will succumb to it. All the secret and all the future of Homœopathic pathology are comprehended in these two elements: Each fundamental cause discovered gives rise to a disease which is not susceptible of being brought on by any other; each fundamental cause engenders essential symptoms belonging to itself alone, as the venereal chancre for syphilis, the psoric pustule for the itch, the condylomata for sycosis, continued fever for the inflammations, continued remittent fever for typhoid affections, &c. And in the picture which one would trace of each of the grand pathological families, it will be necessary to know to utilize, by subordinating them after their degree of diagnostic and therapeutic importance, all the symptoms given by observation. So long as a similar work will not be faithfully executed, homœopathy will resist all efforts at systematization however ingenious it may be. It will resist in the name of the interests of practice and of the resources which the principle of the absolute individualization of diseases offers to it. It will moreover resist in the name of its method which would otherwise be compromised.

What to reply to those who would reject systematic pathology when they would contend for one or more symptoms neglected in the interest of system, and which would determine them in the choice of a therapeutic agent of which the employment would have brought incontestible success. Evidently nothing. In medicine every thing ought to be subordinated to practical interest. Before this interest ought to bow all ingenious theories, even logical ordinances apparently the best established, because everything ought to yield to observation and practical success when it is incontestible.

One cannot then speak of the pathological errors of Hahnemann, because simply they do not exist. It is permitted to say what there is of incomplete in the works which he has left to us; but still it is necessary to distinguish between what he has done and what he has counselled us to do. What he has executed is the doctrine of chronic diseases; what he has counselled us to do is to remain faithful to the pathological method described in

the *Organon.* From the point of view of pathology the doctrine of chronic diseases is rather a model than a completed work. Pharmaco-dynamics and therapeutics were the constant preoccupation of Hahnemann, much more than pathology. Two hundred and thirteen pages out of three volumes devoted, not to the description of chronic diseases but to indicate the manner in which they ought to be studied, did not suffice for the nosographic study of these diseases. If Hahnemann had ever pretended to do anything else than to indicate the way to follow in the study of these diseases, he would have merited the reproaches which have been cast upon him. Reproaches more severe, although of a different character, recoil upon his adversaries who demand of him an account of what he has not said and done, of what he had never wished to say and do. What Hahnemann wished was to demonstrate the perfect accord existing between the discoveries in the materia medica and the diseases such as are revealed by observation. What he had further wished was to indicate the route to follow in order to trace the monographies of each given disease; to demonstrate how the pathological states, considered before him as different by nature, ought to be brought under the dependence of one and the same cause; how these different states succeed one another in a regular order; how, in fine, it is possible to cure only so far as they are known in all their transformations. On all pathological questions, Hahnemann has been accused of profound ignorance. His accusers had wished that he had done the impossible; that is to say, that coming out of the sphere of his method and abandoning the point of view under which the study of the materia medica had revealed to him the characters of diseases, he had looked for the bond between the direction which he had traced, and the route which since Morgagni the old school had followed.

It has been said that it is very much a matter of astonishment that Hahnemann has ignored disease and diseases; that he has taken but a small account of pathological anatomy and the symptoms furnished by alterations of structure; that in the study of diseases and of medicaments, he has made no use of the means of investigation recently discovered; and which give a sufficiently great precision to modern diagnosis.

But they forget, on the one hand, the character of the Hahne-

mannian reform; on the other, how dominated by the nature of his researches, Hahnemann was obliged to neglect everything which had not a direct connection with the object of his studies.

The dominant character of the Hahnemannian reform was to re-instate to honor the experimental method and to follow it in the direction in which it was the most ignored. I wish to speak of the study of pharmaco-dynamics. Now pure experimentation can neither furnish nor ought it to furnish pharmaco-dynamics with any of the facts gathered by pathological anatomists. He knew their works; and if he neglected to take their service, it was not from ignorance; it was by reason of the impossibility to reconcile them with his own discoveries.

The second character of the Hahnemannian reform was to be essentially practical. Now every honest physician will be obliged to admit that the works of pathological anatomists, taken altogether, has been of very feeble help, up to the present time, in medical practice; that in making these works the basis of medical diagnosis they have helped to throw pathology and therapeutics on a path the most false and sterile. It was from this point that they saw as many distinct diseases as there were organs affected in the patient; and that reversing the terms of the whole pathological problem they saw the effect in the cause, and the cause in the effect. Under these circumstances could Hahnemann profess a great respect for pathological anatomy?

(To be continued.)

INTERNATIONAL HOMŒOPATHIC CONGRESS, TO BE HELD IN LONDON IN 1896.

The following circular letter, which was received by us long ago, somewhere about the middle of last year, will explain itself. It was published about that time by, if we mistake not, all the homœopathic journals of Europe and America. If we have deferred its publication in our pages till now, it is not because of any want of interest in the Congress. On the contrary it was with a view of awakening the interest of the homœopathic physicians in India in the Congress that we deemed it expedient to give publicity to the report and the letter of the British Committee sufficiently early for the purposes of the Congress, but not too early to lead to forgetfulness.

The British Committee very properly require, as appears from paragraph 5 of their report, that the members of the Congress should consist only of duly qualified medical practitioners, and to make sure of this they further require (para. 6) that "all who attend shall present their names and addresses and a statement of their qualifications," &c. We are glad to see the organizers of the Congress have taken precautions to keep it clear of quackery and of everything that savours of quackery. Without meaning any slur upon the kind-hearted lay gentlemen who have taken to the practice of medicine, we must say that this is irregular practice, that laymen, that is, men who have never passed through a complete regular curriculum of medical studies in a recognized institution and have not obtained licenses or diploma for practising from recognized authorities, cannot properly take the place, and ought not to take the place, of regularly trained practitioners. The profession can never be advanced except by professional men. The medical sciences are the most technical of all the sciences, and nothing short of a thorough acquaintance with and training in them can qualify any one to practise the art that is based upon them. The importance of this is being recognized throughout the civilized world. The curriculum of medical studies is being widened and the period of training is being lengthened everywhere in order to turn out duly qualified practitioners.

The number of duly qualified homœopathic practitioners in all India is very small. We do not think we would be much beyond the mark if we put down that number at a couple of dozens. We should like to give a list, but in order to prevent omissions we

would wish our colleagues to favor us with their names, their addresses, their degrees with the dates at which and the institutions from which they were obtained, and, if possible, the dates of their conversion to homœopathy. Such a list, if complete, would enable our confrères in Europe and America to know who are the regular homœopathic practitioners in India.

The apparent ease with which, it is believed, Homœopathy may be practised, has given rise to a host of irregular practitioners. We have all shades and grades of these practitioners in this country, from those who have just fallen short of completing their medical education and passing the necessary examinations to those who have not the slightest pretension to even an apology for medical education. Some of them have taken to the practice of homœopathy from genuine motives of philanthropy, with the object of placing its blessings within reach of the poor to whom these blessings are inaccessible from want of means, but chiefly from paucity of regular practitioners. But the majority of them have taken to it because they have no other easier means of earning a livelihood and at the same time of gratifying a morbid vanity of being a doctor.

As pioneers of homœopathy, as assistants and attendants, these practitioners have their use, and their services are often invaluable. But with few honorable exceptions they do not keep to their level, they unwarrantably encroach upon the province of the legitimate practitioner, and very often by their vauntings and pretensions they bring unmerited reproach upon homœopathy. It is a matter of very great regret and of no small surprise to us that cases and provings from these men, who do not scruple to pirate the title of "Dr.," are so readily accepted and published by our contemporaries in England and America. This is no doubt done from ignorance of the qualifications of these men, but the mischief done is incalculable and irremediable. The audacity and the vanity of these men are heightened beyond measure by the fact of their names appearing in respectable European and American Journals as authors of cases and provings, and thus they are enabled to impose upon their credulous countrymen with greater ease and success. We are of opinion that with the exercise of a little editorial discretion our contemporaries may save themselves and homœopathy from this unconscious encouragement of quackery.

It is a matter of very great regret also that some of our

colleagues of this city have, from the best of intentions no doubt, that of spreading homœopathy, been the instruments of the multiplication of such practitioners. By setting up so-called homœopathic schools, where the qualification for admission is only the payment of a fee, where no instruction is and can be given in the essential preliminary branches, anatomy, physiology, chemistry, &c., and where instruction in medicine, surgery, midwifery, &c., being conveyed through the vernacular, must necessarily be of the most meagre description,—by setting up such schools we are bound, in the interests of homœopathy, to say, that they have done, unwittingly of course, nothing but mischief to the cause we have all so dearly at heart. To speak of ignoramuses hurried through these misnamed schools as graduates in medicine and in homœopathy, cannot but be characterized as a misuse of words, and a sort of imposition upon the public.

It is for these reasons that, though we were requested to co-operate in establishing these homœopathic schools, we did not feel ourselves justified in taking any part in what we could not help looking upon as mere mockery. We plainly told those of our colleagues who did us the honor to consult us about the matter, that unless we can found an institution on the same footing as the Medical College of Calcutta and other similar colleges in India, with a professorial staff representing all the subjects which constitute the medical sciences, we ought not to found any. If we are to have homœopathic colleges, we ought to see that graduates from these institutions are not inferior in medical education to graduates of old school institutions.

The fact of professed laymen practising homœopathy has not proved so injurious to its cause as the fact of the homœopathic schools of Calcutta turning out graduates with no general education and with only a nominal medical education. This latter fact has given rise in the mind of the public to an impression about homœopathy which is absolutely false, namely, that there is no necessity for scientific or even general education for its study and mastery, an impression which has detracted considerably from its scientific character as the highest development of the healing art. It is because of this unmerited reproach they have brought upon homœopathy that we have been constrained to speak of the schools in question in the way we have done. We would entreat those of our colleagues who

have established them, to consider and weigh well the consequences which their well-meant efforts are leading to, and we are confident they will not be slow to rectify their mistake.

To return from this digression, which was necessary for the maintenance of the honor and dignity of the homœopathic profession in India. As will be seen from their circular letter, the British Committee "want promises of papers for discussion, and the formation of intentions to be present at the gathering —both to be made good when the time comes." We shall be glad to receive communications from our Indian colleagues as regards their intention to be present at the Congress, and the subjects of the Essays or papers they intend to read at or send to it; or, if they like, they can communicate direct with Dr. Richard Hughes, the permanent Secretary of the Congress.

Should Providence vouchsafe us better health than we are at present enjoying, we intend to take up one or more of the following subjects:

1. History of Homœopathy in India since the report presented at the last Congress.
2. Bacteriolgy, its bearings upon Homœopathy.
3. The relation between Homœopathy and Isopathy.
4. Food and drink as factors of Etiology, and auxiliaries of Therapeutics.
5. Hahnemann's Homœopathy and the Homœopathy of the present day.
6. Bio-Chemistry and Homœopathy.

To the Editor of THE CALCUTTA JOURNAL OF MEDICINE.

DEAR COLLEAGUE,—At the close of the fourth Quinquennial International Homœopathic Congress, held at Atlantic City, U.S.A., in 1891, it was determined that the next meeting should be held in England. On this decision being reported to the British Homœopathic Congress of the same year, a committee of four of its members was appointed to co-operate with the Permanent Secretary in organising the gathering. Its first report, which is herein enclosed, has been accepted at the Congress of 1894, and the Committee (with the addition of the President of the British Homœopathic Society) reappointed, with instructions to obtain adhesions and contributions.

In pursuit of this object we request your good offices towards

interesting your readers in the proposed Congress, by bringing the subject before them, and also towards making it known to the homœopathists of your city in such way as you may think best. We want promises of papers for discussion, and we want the formation of intentions to be present at the gathering—both to be made good when the time comes.

The exact date and place of meeting, with the office-bearers, &c., will be finally decided at the Congress we shall hold in September, 1895, and information thereof will be duly forwarded to you, and published in the British Homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain,

Very faithfully yours,

R. E. Dudgeon, *Chairman.*
A. Clifton,
J. W. Hayward,
A. C. Pope,
R. Hughes, *Secretary.*

All communications to be addressed to the Permanent Secretary of the Congresses, Dr. Hughes, Brighton, England.

RECOMMENDATIONS OF THE BRITISH COMMITTEE ABOUT THE INTERNATIONAL HOMŒOPATHIC CONGRESS TO BE HELD IN 1896.

The Committee appointed by the British Homœopathic Congress of 1891 to organise the Fifth Quinquennial International Homœopathic Congress presents the following recommendations :—

1. That the Congress shall assemble in London, at such time and during such number of days as may hereafter be determined.

2. That this meeting take the place of the Annual British Congress, and that its officers be elected at the Congress of the preceding year ; the International Congress being free to elect Honorary Vice-Presidents from those foreign guests and others whom it desires to honour.

3. That the expenses of the meeting be defrayed by a subscription from the homœopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near.

4. That the cost of printing the Transactions be met by a subscription from all who desire to possess a copy of the volume.

5. That the Congress shall be open to all qualified to practise medicine in their own country.

6. That all who attend shall present their names and addresses, and a statement of their qualifications, and, if unknown to the officers of the Congress, shall be introduced by some one known to them, or shall bring

letters credential from some homœopathic society or other recognised representative of the system.

(*a*) That members of Congress, as above characterised, shall be at liberty to introduce visitors to the meetings at their discretion.

7. That the committee be authorised to enter into communication with physicians at home and abroad to obtain—

(*a*) A report from each country supplementary to those presented at previous Quinquennial Congresses, recounting everything of interest in connection with homœopathy which has occurred within its sphere since its last report was presented.

(*b*) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings and publicatioa in the Transactions.

8. That all essays must be sent in by January 1, 1896, and shall then be submitted to a Committee of Censors for approval as suitable for their purpose.

9. That the approved essays shall be printed beforehand and distributed to such members of the Congress as may apply for them, instead of being read at the meetings.

10. That for discussion the essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

11. That a member of the Congress (or two, where two classes of opinion exist on the subject, as in the question of the dose), be appointed some time before the meeting to open the debate, ten minutes being allowed for such purpose; and that then the essay, or group of essays, be at once opened for discussion, five minutes being the time allotted for each speaker.

12. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

13. That the authors of the essays, if present, shall have the right of saying the last word before the subject is dismissed, ten minutes being granted them for this purpose.

14. That the following* circular letter be printed, and sent to all editors of journals, secretaries of societies, and deans of colleges throughout the homœopathic world, soliciting their interest and co-operation.

*To give it greater prominence we have given this letter *before* instead of *after* this report.—EDITOR, *Calcutta Journal Medicine.*

THE INDIAN MEDICAL CONGRESS.

II.

The Viceroy's Speech.

The projectors of the Congress were fortunate in having secured the patronage of the Viceroy from the very beginning. Sovereigns and their representatives have in all ages, and especially in the present, shown their willingness to extend their patronage to any movement which is calculated to promote the general weal. This is certainly very gracious on their part, considering how little time is left them after the conscientious performance of their own legitimate duties,—the duties of the state, involving the regulation of its affairs as regards its external and internal relations.

Next to the maintenance of peace within and without, the preservation of the health of the people is now recognized as a legitimate duty which it would be suicidal for any State to neglect. The medical department forms accordingly a most important department of all civilized Governments. Considering the as yet uncertain state of the medical sciences, the differences of opinion which prevail in and divide the medical profession, and the profound ignorance of matters medical which, from want of general education and enlightenment, still prevail among the laity, it must be admitted that it is no ordinary task for any Government to keep an eye over its medical department so as to maintain it in its full efficiency *au courant* with the progress that is being daily made. We have been led to this observation in view of the tendency to stereotyped conservatism and a bigoted and illiberal resistance to new discoveries to which men in official positions and power become but too prone.

We were present at the inaugural meeting, and it has appeared to us not a little singular that the Viceroy's speech should have appeared in a mutilated form in the medical journal, which, being under the editorship of a most important member of the Congress, no less than its projector and one of its joint secretaries, was expected to give faithful reports of the speeches made, addresses delivered, and papers read at the congress.

The *Englishman*, however, has done a service by giving a full report of the Viceroy's speech, which we look upon as a most important deliverance.

His Excellency began with expressing his inability to understand how it happened that this was the first Indian Medical Conference. Lord Elgin must have remembered that medical congresses, national and international, were being held for upwards of thirty years in Europe, and, therefore, could not help wondering how in the face of this fact Indian medical men did not till now realize the importance of such assemblies. Perhaps it would not be altogether idle and unprofitable to speculate as to what could have been the reasons of this apparent apathy and indifference, certainly want of earnestness and enthusiasm on the part of the medical men of India.

From what we have said in our last number about the composition of the Medical Profession in India, it must be evident that the idea of a medical congress could not possibly originate in the indigenous practitioners, the Kavirajs and Hakims. These men, though as we have said they do command success in practice which is sometimes striking, cannot possibly have, from their absolute ignorance of biology, any comprehensive idea of medicine as a science with all its relations to other sciences. Besides, these men are so wedded to their authorities that they cannot conceive of any possibility of advance upon their teachings, and necessarily look upon all progress with suspicion and distrust. And though some of the most enlightened of them have been startled by modern discoveries in medicine and surgery, their eyes have not been sufficiently opened for the reception of new truths and the improvement of their respective systems. Hence we could not expect them to entertain the idea of medical congresses for the purpose of taking a survey of the progress already made in order to lay down lines for further progress.

The idea of a medical congress, then, could only originate in the scientific section of the profession, and the homœopathic branch of it being in the position described above, the idea of a congress, however originated, could only be carried out by the oldest and the largest branch, which as we have, seen, constitutes the dominant majority. Now here in India this dominant majority is formed almost entirely by Government officials, in whose exclusive monopoly are still all the most important posts, and who alone, therefore, enjoy opportunities of observation and

research from which non-official medical men in a manner are excluded.

It must be said to the credit of the Indian Medical Service that the members of it have not neglected their opportunities, that as far as their multifarious administrative duties have permitted, they have done much to advance the medical and the collateral sciences. But we are of opinion that much more could have been done if they had not formed an exclusive service, if they had not been over burdened with work, and if the heads of the service had not been pampered with fat pays at the expense of the lower grades. Much more could have been done if the non-official members of the profession had been allowed free and fair play in the race of competition.

Nothing so forcibly supports the view we have taken as the fact at which the Viceroy expressed his surprise, and the fact that the idea of the recent Congress was conceived by a gentleman who does not belong to the service.

We have dwelt on this subject at some length because, as must now have been apparent, of its great importance, and we trust that it will lead to a revision of the policy of the Government as regards the recruiting of its medical service.

We now proceed to consider the other parts of the Viceroy's speech. As a non-professional utterance on a professional subject it cannot be expected to bear a rigorous criticism. Nevertheless a careful perusal of it shows that it is characterized by an amount of thoughtfulness and soundness of views which a professional man might well envy. In describing the medical profession and the qualities of the heart which the exercise of it calls forth, Lord Elgin spoke like a veteran professor delivering an introductory lecture. "No effort of oratory is requisite," said His Excellency, "to describe the noble profession, whose chief aim is the relief of human suffering, and which offers opportunities to those who follow it for the exercise of some of the highest qualities of which our nature is capable,—the prompt decision, the steadiness of purpose, the courageous, or, if need be, the heroic devotion to duty which we sometimes specially claim for man, the intuitive instinct, the quick and ready sympathy, the tender care which we gladly confess finds its highest examples in woman." How ingeniously and beautifully is it here shown that it would be to the advantage

of the patient world if the medical profession were followed by both the sterner and the gentler sexes, each having its special and necessary sphere of usefulness.

The Viceroy then assured the Congress that the Government of India was not indifferent to its proceedings, because he said, "no one will deny that one of the first duties of any organized Government is to consider how the health of those living within its jurisdiction can be improved or maintained." His Excellency with a thorough mastery and grasp of the subject added, —"As it appears to me, there are two distinct lines on which to approach this question; we may either pursue an enquiry into the nature of the diseases which especially affect the country, or we may turn our attention to the habits and mode of life of the people in relation to the prevalence of disease. It is obvious that on both sides great differences will arise according to varying circumstances of time and place. The diseases of the tropics, or, at any rate, the conditions under which we are attacked by them, are not the same as those of the temperate zone. The customs of the East are not those of Europe, and it cannot, I think, but be advantageous that the circumstances which affect us in India should be considered here in India."

Lord Elgin confined his observations to the second branch of this inquiry, namely, the connection of the habits and customs of the people with the subject of Public Health, as one with which Government was chiefly concerned. "It was here that the non-professional student of the subject," said he, "feels more at liberty to intrude, and indeed I cannot deny that occasionally a certain amount of jealousy of scientific sanitation is found amongst those who have to deal practically with questions which arise. I need not say that I have no sympathy myself with the jealousy; but I must honestly add that I think it sometimes finds an excuse—I will not say a justification—when theories are ridden too hard. I hold very strongly that in sanitary matters, as in many others, the best way to secure real progress is to begin by forming a public opinion in its favor, and that action in advance of, or in opposition to, public opinion, is often apt to retard, rather than promote the cause we have at heart."

The Viceroy thus handled with admirable delicacy a most delicate and difficult subject. As ruler of a vast population with time-

honored habits, customs, creeds, and prejudices more varied than the races of which that population is composed, he had to interpose between them and the scientific sanitarian who, in the ardor of his conviction, thinks that he cannot have any respect for prejudices and creeds and customs and habits of any kind when they interfere with health.

Having, in the course of his recent tours, met a large number of representatives of municipal committees and other local bodies who, in their addresses to His Excellency, always laid stress on what they had done, or proposed to do, in the matter of water-supply and the like, Lord Elgin could not help noticing not only that there were some signs of the growth of public opinion in India on sanitary questions, but that public opinion in England had not gone much further. He related the following incident that occurred in the course of his travels as evidence in point: "I was walking one day through a village in a remote district. The ruins that lay about it bore testimony to greater importance in days gone by. There was, I was informed, no pretence of any sanitary arrangement, or water-supply, and the people suffered severely at certain seasons from fever. But I was struck forcibly by the fact that, in house after house which I passed, the doorway and its surroundings were scrupulously clean.. My mind reverted to many an instance where the contrast was not favourable to Western civilization."

Candour and outspokenness are the noble characteristics of the genuine Englishman, and this candid comparison of Western and Eastern civilization, as regards sanitary matters, shows that Lord Elgin has not allowed himself to be prejudiced against everything Indian by Anglo-Indian influence. His Excellency thus meets any objection that might be taken to the inference he has drawn from a solitary instance: "I know the danger of arguing from a singular instance, but I can only use the opportunities I possess, and all I wish to argue from this little experience of mine is the necessity of tolerance. We hear a good deal of the opposition to and prejudice against reform arising from custom. I should like to seek for and gladly acknowledge, the encouragement which, if my example is worth any thing, I believe, can also be found therein. Somethings, of course, we must insist upon, but where there is a fair question of expediency,

—where the difficulty comes from religious feeling, local customs, financial pressure, or even personal prejudice, I believe there is only one safe rule which I ventured to define to a friend who once asked my advice in a case of the kind as 'unlimited patience." There can be no surer test of the sincerity of a man's belief in his cause than the good-humored acceptance of any reverse in the struggle on the ground that it can only be temporary."

Thus, throughout, the Viceroy spoke as a statesman of liberal and advanced views and as one well-informed even in a technical and professional subject. Nothing could be more sound and practical than the advice he gave as to how reforms generally are to be carried out. Tolerance and unlimited patience must indeed be the qualities which should characterize all true reformers. Of course it is not denied that there are, and may be, evils arising from custom, prejudice, and religious convictions which may so injuriously and deeply affect life and health and morals that tolerance becomes impossible and even unlimited patience gets exhausted. For instance, it is not possible to have any tolerance of and patience with Sati and human sacrifice, certain forms of religious practices which essentially consist in drunkenness and debauchery, the massing of large numbers of human beings in limited spaces in free defiance of the simplest and clearest sanitary laws, &c. And yet Government has only been able to deal effectually with evils which entail direct loss of life; and is yet impotent to deal with evils which undermine morals, or which indirectly lead to sacrifice of life. Hence even the most enlightened Government must feel its strength in enlightened public opinion before it can venture to eradicate evils which are flagrantly outrageous. The Viceroy's advice, therefore, remains practically unassailable.

We have spoken with unqualified commendation of Lord Elgin's speech so far as it has touched on one of the chief functions of the medical profession. We wish we could stop here. But duty compels us just to speak one word about a subject which we look upon as of vital importance to the profession. His Excellency urged reformers to cultivate the virtue of tolerance. The cultivation of this virtue is no less imperative upon those who, in the fancied possession of all truth, resist all reform, and are intolerant of any innovation upon their preconceived opinions and ideas. We had expected from His Excellency some expression of

opinion regarding the intolerance and bigotry which the majority of the profession to the present day are guilty of in respect of certain members of their body who have happened to differ from them in matters of theory and practice.

We cannot believe that a statesman of Lord Elgin's general culture and information could be ignorant of the New School of medicine. The promulgation of Homœopathy as a system of medicine based upon a natural law of healing superior to all other laws, and therefore constituting the greatest reform of the Healing Art, is over eighty years old. The reform sprung up in the midst of the profession. The reformer, on the admission of his contemporaries, some of whom were his bitterest enemies, was one of the greatest medical philosophers of the century, remarkable alike for his vast general erudition and encyclopædic knowledge of all the branches of medical science. The system, notwithstanding the most violent opposition of the majority of the profession, has been making solid progress, daily gaining adherents not only from amongst members of the profession of admitted reputation for learning and professional ability, but from amongst the most intelligent and educated laymen. All this could only arise from the practical success of the system, which is all that non-professional men care for, however much it may be derided and explained away by interested professional men. This practical success carries more weight with those who owe to it their recovery from diseases pronounced incurable by old school practitioners, than all the theoretical arguments that are advanced against the system. It is this practical success which has gained for it the support of all respectable lay journals throughout the world. We have not come across a single such journal which has not condemned in the strongest language the opposition to the system still being carried on by men who are never tired of boasting of their scientific culture.

Admitting then, as we have seen Lord Elgin has done, that it is a legitimate duty of a civilised government to look after the health of those under its jurisdiction, admitting, as we have seen it is impossible not to do it, that the homœopathic system of medicine not only professes to be based upon strictly scientific methods, but by its practical success is daily more and more gaining the confidence of the public, that is, gradually encroach-

ing upon the domain of the old school which notwithstanding still enjoys the exclusive patronage of our Government, admitting these two facts, the inference becomes irresistible that the recognition or otherwise of such a system cannot be a matter of indifference to that Government. Not to speak of its immense therapeutic superiority which leads to considerable indirect financial economy, the very great direct financial economy which would follow the adoption of the system ought to commend it to any government. It was, therefore, a great disappointment to us that Lord Elgin should not have availed himself of the splendid opportunity that was presented by the first Indian Medical Congress to allude to this subject of such grave importance to the people and the Government.

Considering the sensitiveness of men of medicine, and the temper and attitude of the dominant school to the new school, the subject, we admit, would have been a most delicate one to deal with. But from the way in which his Lordship dealt with sanitary enthusiasts, we are persuaded that if any one was able to deal with the subject we speak of it was His Excellency. There is one point in connection with the medical profession which might have furnished a justification for a passing allusion to the anomaly presented by it in its division into two schools, one of which is so dominated by the other as to be in a hopeless minority in the matter of urging its claims to public and government patronage, a fact which stands in the way of its further advancing medicine itself, and of doing that amount of good to humanity which it could otherwise do. The point is the disagreement among doctors, which has passed into a proverb, and which is particularly noticeable in the old school. Lord Elgin might have taken advantage of this fact to point out to members of this school not only the injustice but the absurdity of their excluding from fellowship some of their brethren simply for difference of opinion, when among themselves they agree only to differ. A strong-minded ruler bent upon removing this injustice and anomaly would, if we are not mistaken, not have omitted to perform this obvious duty.

REVIEW.

Essentials of Homœopathic Therapeutics; being a Quiz Compend upon the Application of Homœopathic Remedies to Diseased States. A Companion to the Essentials of Homœopathic Materia Medica. Arranged and compiled especially for the use of Students of Medicine. By W. A. Dewey, M. D. Philadelphia. Bœricke & Tafel. 1895.

THE author has intended this work to be a companion to his "Essentials of Homœopathic Materia Medica." "The latter," says he in the preface, "was a quiz compend of the Principles of Homœopathy, Homœopathic Pharmacy and Materia Medica, while the present work is a quiz compend of the application of homœopathic remedies to diseased states in like manner systematized, condensed and simplified especially for the use of students of medicine."

The diseased states are arranged in about one hundred and fifty classes, in alphabetical order, such as "abortion," "abscess," "acne," "after pains," &c., the therapeutics of each of which is given in the shape of questions and answers, the questions being printed in heavy and the answers in ordinary type.

The difficulties met with in the compilation of this work and the apparent omission of many remedies at their appropriate places are thus, and we should think, satisfactorily explained by the author: "One of the grand cardinal features of Homœopathy and one little understood by the Allopathic school is the fact that any drug in the entire Homœopathic Materia Medica may be a remedy in any diseased state. It is therefore evident that the preparation of this work entailed no little difficulty, and that many remedies may be missed where they would seem naturally to find a place. Especially have remedies indicated in diseases by their well-known general characteristic symptoms been omitted. For instance: *Arsenicum* is sometimes a remedy in pneumonia, but the symptoms calling for its use, such as extreme prostration, restlessness, pale face, periodicity, irregular pulse, red tongue, &c., belong to many diseased conditions, and would indicate *Arsenicum* wherever found; therefore *Arsenicum* has been omitted as a remedy in Pneumonia."

The reason here advanced will, we admit, account for many

other omissions than the one here indicated; but many other omissions are noticeable which cannot be so accounted for, as will be seen from the following example taken at random as a sample of the way in which the work has been compiled:—

MUMPS.

In what Diseases about the throat is Rhus tox often indicated?

Mumps or swelling of the parotid glands, with sticking pains when swallowing; they are dark red and worse on the left side.

When is Pulsatilla indicated?

When there is a threatened metastasis to the breasts or testicles.

Give indications for Belladonna?

Bright red swelling, especially on right side, or where the swelling disappears and cerebral symptoms ensue.

What are the indications for mercurius?

Swelling is pale; the jaws are stiff; much pain and salivation.

In this specimen of the therapeutics of Mumps or Parotitis we miss three most important drugs, Hepar sulph., Silecea, and Lachesis, which are often indicated in this affection not only by virtue of their general symptoms, but also and chiefly by virtue of their specific action on the parotid gland; and their omission, therefore, cannot be accounted for in the way the author has done in the case of the omission of *Arsenicum* in Pneumonia. Of course it is not to be expected, nor is it desirable, that all the drugs indicated in each diseased condition should be given in a compendium intended for students; but surely, in order that such a compendium may be useful at all, no important drug should be omitted. The bulk of the book would certainly have been increased by this mode of treatment, but in our opinion considerations of utility should not have been subordinated to those of size.

The work, we are glad to say, so far as it has been done, has been well done; and we hope that this first edition would soon be exhausted, as it deserves to be, and then we have no doubt that the author would be pleased to carry out our suggestion in order to render his work more complete, and more useful not only to the student but to the practitioner as well.

EDITOR'S NOTES.

PROF. CROOKSHANK AS A MAGISTRATE.

The *Homœopathic World* of the current month quotes the following from the *Herald of Health* of January 1st :—

"Prof. E. M. Crookshank has recently been appointed by the Lord Chancellor, a county magistrate. The force of Paradox can hardly be expected to go much further, when this eminent authority, who has had the courage of his opinions, who has taken his own advice, and whose own children are, and will remain, unvaccinated, is now to be called upon to sit in judgment of those of his fellow-citizens who, under his own instigation, have participated in his own crimes, and who will be called before him to receive at his hands the punishment assigned by the law for having done exactly what he has done himself."

CHLOROFORM DURING SLEEP.

The question as to whether a person can be chloroformed while sleeping without being awakened, is answered by the following interesting case. Dr. Brydon was asked to extract two teeth for a girl aged seven, who was very timid and nervous, and on that account chloroform was to be given. Upon calling, he found her in bed, lying on her back, sound asleep. Pouring chloroform upon a handkerchief, he gradually brought it to about two inches from her mouth, and held it there. She continued to breathe quietly, without any movement, and shortly was completely anasthetized. He then carried her into another room and laid her on a sofa, she giving no sign, but on opening her mouth she raised her hand, and a few inhalations were necessary to allow the extraction. When she awoke two hours later she was astonished to find the teeth gone.—*North American Journal of Homœopathy*, January 1895.

HAHNEMANN ON ISOPATHY.

At the end of the Introduction to the *Chronic Diseases*, occur the following paragraphs from which we may have some idea of the views of Hahnemann regarding Isopathy which is enjoying such an undue importance amongst practitioners of both the old and new school :—

"In the subsequent list of anti-psoric remedies no *isopathic* remedies are mentioned, for the reason that their effects upon the healthy organism have not been sufficiently ascertained. Even the itch miasm (psorin), in its various degrees of potency, comes under this objection. I call psorin a homœopathic remedy, because if the preparations of psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with the same ideatical virus. The psoric virus, by undergoing the processes of trituration and shaking, becomes just as much altered in its nature as gold does, the homœopathic preparations of which are not inert substances in the animal economy, but powerfully acting agents.

"Psorin is a *simillimum* of the itch virus. There is no interme-

diate degree between *idem* and *simillimum*; in other words the thinking man sees that simillimum is the medium between simile and idem. The only definite meaning which the terms "isopathic and æquale" can convey, is that of simillimum; they are not *idem*."

ARGON—A NEW OR RATHER HITHERTO UNRECOGNIZED GAS IN THE ATMOSPHERE.

In our number for October last we spoke of the, at the time doubtful, discovery by Lord Raleigh and Prof. Ramsay of the existence of a new gas in the atmosphere different from nitrogen in density and spectrum, but agreeing with it in inertness or rather being much more inert. As the discovery was the result of a purely physical investigation many eminent chemists were not satisfied as to its really being a gas distinct chemically from nitrogen; and the belief was entertained that the "new" gas might after all be but an allotropic modification of "old" Nitrogen. The progress of investigation (still physical) seems to be tending to prove its distinctness from nitrogen so far as to justify its being christened with a new name—Argon. The argon spectrum has been worked by Mr. Crookes, and found to be quite unlike that of nitrogen. It contains 199 sharp and brilliant lines. Prof. Olszewski, of Cracow, has condensed it into a colorless liquid under a pressure of 38 atmospheres and at a temperature of —128°C or —200°F, and frozen it into a crystalline mass at —191°C. Argon holds a most unique position in point of inertness or resistance to enter into chemical combination with other substances. This fact still stands in the way of the determination of its exact chemical nature. But conditions may yet be discovered under which it may be found to be quite energetic in its behaviour as an element.

MARVELS OF ORIFICIAL SURGERY.

The following extraordinary cures of cutaneous disorders by simple mechanical manipulation of the orifices, and without any internal medicine or external application, have been reported by Dr. M. O. Terry in the *Journal of Orificial Surgery* for January:—

"A nurse in Faxton Hospital, Utica, N. Y., was obliged to leave on account of chronic eczema which completely covered her face and hands. Her mother had died of cancer of the forehead. In this case internal and external medication seemed, if anything, to aggravate the disease. Slowly the thickening and breaking of the skin and ulceration increased until the girl informed me that she must leave the hospital. I stated that my services were at her disposal and, like the straw seized by a drowning person, I was requested to do whatever seemed best for her relief. Loosening of the hood of the clitoris, dilating and clipping of irritated points at the various outlets of the body resulted in a complete and permanent cure. To-day she is clerking in a store. Her face and hands are free from any skin disorder and without the aid of any drugs.

"A gentleman who had had cracks and squamous eruptions with swelled joints of the hands for nearly eighteen years, who had been

CONTENTS OF Vol. XIII. 1894.

No. 1, January, 1894.

No. 2, February.

No. 3, March

No. 4, April.

No. 5, May.

No. 6, June.

No. 7, July.

No. 8, August.

No. 9, September.

No. 10, October.

No. 11, November.

No. 12, December

under no less a light in the medical world than one of New York's most distinguished dermatologists, and who had been treated for syphilis by the same without any reason or cause, and had been under internal and external medication of all sorts most of the time, consulted me. I simply stretched the rectum, gave no remedies, nor used any external application, and in thirty days his hands were perfectly smooth and free from any skin disease. On his second visit I was surprised at this result as shown by his presence. He asked me if I anticipated that the joints would reduce in size. I said, 'I do not think so.' "Well, I think they are smaller, just the same,' he said, which proved to be true. This seemed to show that I had not sufficient confidence in orificial surgery; but I prefer to err on the right side. I have no fads in medicine or surgery."

"THE BEE LINE REPERTORY," UNDER VIEW OF THE AUTHOR.

The *Medical Recorder* for January has the following from Dr. Stacy Jones :—

In the friendly review of the "Bee Line Repertory," as copied from the *Southern Journal of Homœopathy* in the last issue of the RECORDER, I see the suggestion that *Apis* should be found indicated under "Hives," and *Cann. Ind.* under "Sense of duality."

I am aware that *Apis* is a prominent remedy for hives or nettle-rash, but as it is usually indicated for that condition during a chill, it will be found under that caption. See Repertory, "Chill."

In regard to the "Sense of duality," indicative of *Cann. Ind.*, I think that the meaning of this dual sense in respect of *Cannabis* is the being lifted, as it were, out of one's usual self, and implies that rapt condition expressed by trance; hence *Cannabis Ind.* will be found under "Trance;" and also by that state of mind implied by the symptom, "Saying one thing and meaning another." See "Absence of Mind;" under caption "Mind."

In regard to the suggestion in the preface of the Repertory, that special attention should be paid to the matter of "conditions of aggravation and amelioration," I presume the suggestion stands good, although the *words*, "condition, etc.," do not appear in the Repertory; nevertheless the word "Worse" will be found, referring to "Pain," and under "Pain" will be found the conditions alluded to. The word "Better" should have been introduced also into the Repertory, referring to pain. All the conditions of *better* and *worse*, not given under "Pain," will be found under the several headings, as sight, etc., better and worse, under "Eye;" hearing, etc., better and worse, under "Ear;" cough, etc., better and worse, under "Chest."

Of course the book is meant only to be "the world" of therapeutics in a "nut shell," and therefore must of necessity omit much that is valuable. If it were overloaded it would defeat the end for which it was intended; namely, to suggest those remedies only which may be *first* thought of. In regard to the low potencies suggested in some cases I would like to explain that they are not meant to announce that I am a special advocate of the *low* dilution in general, for in

reality I am not, my usual line of treatment mostly running along the grade of the "*thirties*," but in cases when the low potency is known to act well I have indicated the fact by giving the potency in connection with the remedy. When the potency is not given the medium and higher potency is meant to be understood.

THE LATE DR. ARCHIBALD REITH.

When, twenty-six years ago, we reviewed the facts connected with the conversion of Dr. Archibald Reith of Aberdeen to Homœopathy, little did we think that we, who were his senior by a few years, shall have to write his obituary; and yet, unfortunately for Homœopathy, such has been the case. After a protracted illness, extending over several years, Dr. Reith breathed his last on the 30th of December last in the 57th year of his age, mourned by a large circle of friends and patients. He was born in 1837, and had a brilliant career both at school and college. In 1838 he took his degree of M.B. at the Marischal College, Aberdeen, where he signalized himself as one of the first men of his year; and also obtained the M.R.C.S. of England. Earning his M.D. degree in the next year, he went to Paris to complete his medical studies; after which he established himself in Aberdeen, and obtained a large practice there. He was also appointed one of the physicians to the General Dispensary of the city. In 1864 he was appointed one of the physicians to the Aberdeen Royal Infirmary. During his four years' connection with this Institution, his attention was directed to Homœopathy, and his faith in it became established.

The history of his conversion to the new system, as given in the *Monthly Homœopathic Review*, is so interesting that we are tempted to give here a short account of it. In the Hospital in question, he had under his care a case of disease of the cervical ganglia of the sympathetic to which he paid constant attention in view to see what light it might throw on therapeutics. The case was published in the *Edinburgh Medical Journal* of 1868, with comments and suggestions as to the action of medicines. Dr. Reith communicated his views as to the condition of the dilated blood-vessels produced in the patient, including a theory of the action of medicines based on the facts observed, to Dr. Dyce Brown, a medical practitioner of Aberdeen, who at this time was a "Homœopath in every thing but open avowal," who found out at once that Dr. Reith's views were tending to Homœopathy, and who soon convinced his friend that such was really the case. Dr. Reith, who had hitherto been under the impression that Homœopathy was exploded long ago, now saw that the law which he was attempting to expound was, in fact, the law of Homœopathy. He now proceeded to put his views to test in private practice and at the hospital, and thus became convinced of the practical success of the law of similars and of its great superiority over the old system. Dr. Reith's conviction led Dr. Dyce Brown at once to avow publicly that he was a Homœopath. About this time Dr. Reith, having had to go on a tour to the Continent, left his wards in charge of his colleagues, Drs.

Harvey and Smith-Shand, who finding that the patients of the wards in question were taking strange medicines not mentioned in the British Pharmacopœia, and ordinary medicines in very minute doses, addressed a letter to Dr. Reith, protesting against his use of homœopathic medicines in hospital, and also to his using very small doses of medicines. Dr. Reith answered this in an able letter defending his views and practice. His opponents, however, ceased to hold any further communication with him, and handed over the correspondence to the committee of management of the hospital, who referred the matter to the consulting physicians, Dr. Dyce and Kilgour. These gentlemen decided against Dr. Reith, who now published a pamphlet on "Homœopathy: Its Nature and Relative Value." Dr. Dyce Brown also wrote an appendix to this pamphlet, showing the large extent to which homœopathy was unconsciously practised and recommended in the old school. "This pamphlet had a very large sale, and the local papers were full of letters on both sides, showing the keen interest taken by the public in the discussion."

The Committee of Management being unable to decide the question, referred it to the General Board of Managers, who determined to take it up on the 4th December 1868, the date of their annual meeting and of the election of the hospital staff. On the 12th idem, Dr. Reith's hospital colleagues sent a letter to the Managers threatening to resign in a body, if Dr. Reith were re-elected. This threat obliged the Managers to remove Dr. Reith from the Infirmary.

About two months before this event, Dr. Keith, the senior surgeon of the hospital, moved at a meeting of the Aberdeen Medico-Chirurgical Society, "that this Society considers the practice of homœopathy opposed to medical science, and injurious to human life." The first part of this resolution was passed by a majority of votes; but the second part was thrown out. At the next meeting of the Society, another resolution was brought forward to the effect, "that no man professing or practicing homœopathy should be admitted a member of the society, and that those who were already members should be expelled." This motion encountered great opposition, and was eventually withdrawn. Subsequently the reaction against the "proposed tyranny of expulsion" became so great, that Dr. Reith was elected president of the society.

Dr. Reith's connection with the Infirmary having thus terminated he confined himself to private practice, which was an extensive one. He was held in great respect and esteem by all who came in his way. From the beginning of his life, he was also an essentially religious man, "interested in all religious and philanthropic objects, and honorable and straightforward in every department of life." His religious work was carried on quietly and unostentatiously.

During his time there were two other Homœopathic practitioners in Aberdeen,—Dr. Dyce Brown referred to already, who has left Aberdeen for London and is now a leading homœopathic practitioner there, and Dr. James Walker, M.A., M.D., & C.M. of the University of Aberdeen, who was at one time House Surgeon to the London Homœo-

pathic Hospital, but whose failing health, brought on by dissection wounds, compelled him to return to Aberdeen, where after partial recovery he took up Dr. Dyce Brown's practice. Dr. Walker is said to have been well up not only in medical science, but also in general science and in literature. "Though practising homœopathy, his allopathic brethren were not only his personal friends but frequently referred to him for help in pathological and microscopical examinations, in which he was looked upon as an authority." But his health was delicate and he died on the 3rd of March 1894, leaving Dr. Reith the only practitioner of Homœopathy at Aberdeen. It will thus be seen that Dr. Reith's death has left Aberdeen without a Homœopathic practitioner.

CLINICAL RECORD.

A Case of Acute Bright's Disease.

By Dr. Amrita Lal Sircar, L.M.S.

S——, Hindu widow, about 48 years old, came under my treatment for general anasarca.

Previous history :—About seven months ago the patient felt a kind of tickling sensation all over the body. Wherever there was this sensation the patient felt itching of the part. She was then placed under a native Kaviraj who gave her the juice of हिंचा (*Enhydra Hingcha*, an aquatic plant) both to drink and paint her body with. The itching sensation of the whole body passed away but the patient began to suffer from fever which, however, was very slight. Unmindful of this fever the patient went on with her usual food. Then the patient began to feel very weak and noticed swelling of the feet. She was then placed under an allopathic physician who tried to relieve her without any effect. Gradually the swelling increased, and the face, the hands, and the abdomen were found to be markedly swollen.

She came under my treatment on the 21st Dec. 1894, with the following symptoms :—Hands and feet swollen, abdomen distended with fluid, heart sounds normal but weak in character. There was no very great thirst. The bowels moved daily but not very freely. Urine high colored and scanty and contained albumen. There was no fever. I gave her first *Apis* 6, which was used for three days without any marked improvement. Then on the 23rd I gave her *Colch.* 4. This was used for three days. And on the 25th the patient reported that she was much better and I gave her the same medicine, but in-

stead of the 4x I gave her the 6x, as at the very moment I found that I had exhausted the stock of the 4x in my box. But to my utter astonishment I obtained report on the 27th that she was no better, rather the benefit which she had obtained the last time was destroyed, and she was again worse. I gave her again the 4x, and she began to improve. This was continued till the 6th of Jan. 1895. The improvement was very rapid and marked. She got diarrhœa on the 7th which lasted for two or three days, (during which time no medicine was prescribed) and this brought down the swelling completely and the veins on the dorsal surface of the feet were distinctly visible like those of the normal feet. The patient was kept strictly on chapatis (hand-made wheaten bread) and milk, allowing as much milk as she could take during the twenty-four hours. Water was strictly prohibited, and in its place milk only was given during thirst. The patient is all right now. She can do her daily work without any difficulty. The heart sounds, though not so strong as they should be, have gained strength. The urine is free and devoid of albumen.

Remarks.

In this case after failure of *Apis*, I thought of *Colchicum*, not from any previous experience of its homœopathic use in similar cases, but from my knowledge of its diuretic properties when used in massive doses. This led me to think that it is likely to be useful as a homœopathic remedy in affections of the kidneys with diminished secretion. But before actually using it I consulted the Materia Medica and found that it has diminished urine as a pathogenetic symptom, and in Jahr's *Symptomen Codex* I found "œdematous swellings and anasarca" as a clinical symptom under Skin. Thus encouraged I used it in my case, and, as I have related, it proved curative. This case has brought to light a most important fact, which ought to be borne in mind by those who recommend only one class of dilutions, namely, that each drug is useful or curative in particular diseased conditions only in a particular dilution and in no other.

Two Cases of Intestinal Obstruction; Recovery.

By Dr. Amarchand Mukerjea, M.B.

Case 1. K's daughter-in-law, aged 15, a primipara, was placed under my treatment on the evening of the 15th Sept. 1894 with the following history and symptoms :—

The patient, a young girl of fully developed frame and vigorous constitution in the 7th month of gestation, complained a weak ago of a severe aching pain round the umbilicus, which was relieved after

a healthy natural evacuation. The day after, she suffered from a similar pain, a little to the right side, which continued to increase hour by hour, till it became most excruciating, when a quack was called in, who prescribed fomentation and a powder most probably the Seidlitz. This having had no effect, and tympanites having supervened, the assistance of a native doctor was sought for, on the 5th day, who gave her a powder, most probably containing calomel, to be followed in two hours by a dose of castor oil and a carminative mixture to be given every 2 or 3 hours. The next day, he administered an enema of castor oil, turpentine and warm soap water about Oii; but all these measures proving useless and her life being despaired of, I was called in, on the 7th day and found her in the following condition :—

Abdomen enormously distended; the womb displaced to the left side; tympanitic sound all over the abdomen, except over the uterus and the ilio-cœcal region; fœtal sounds weak but distinctly audible, patient thirsty with occasional hiccup; face anxious; constant ineffectual urging to stool; pulse very weak, small and frequent; respiration embarrassed; tenderness over the abdomen and the aching pain rather less; passing urine in very small quantities, every 6 or 8 hours with urging for stool; but no motion or wind for the last six days.

I gave her *Nux v.* 30, every 4 hours, and barley water for drink to assuage the thirst.

Next morning I was informed that the patient had begun to pass wind, after two doses of the medicine, and feels much relieved, although the tympanites remained the same.

The next day, I learnt that she had passed a hard fæculent stool at night. Since that, she began to improve and became all right within three days.

Three months later, she was safely delivered of a healthy male child.

Case 2. Sheik Deyan Ali's child, aged 8 months, was brought to my clinique on the morning of the 22nd Oct. 1894 for constipation and tympanites.

On enquiry I learnt that he had no motion for the last eight days; abdomen tympanitic; making water every now and then; purgatives had been administered to no effect; the child, notwithstanding, is quite lively, taking to the mother's breasts with avidity.

I gave him at first a glycerine injection, but finding no relief, administered an enema of warm water about Oss, which emptied the

lower bowels of about half ounce of fæcal lump. Prescribed *Nux v.* 30 every 3 hours

23rd Oct. Distension of the abdomen remains the same; no motion; abdomen very tender; ordered *Bell.* 3 every 3 hours and poultice over the abdomen, besmeared with glycerine and *Ext. Bell.*

14th. Bowels moved this morning; tympanites nearly gone; doing well.

27th. Had slight fever and catarrh which yielded to a few doses of *Gels* 1x.

A Case of Semi-confluent Small-pox.

By Dr. Amarchand Mukerjea, M.B.

Babu N. B. Ghose, aged 28, was placed under my care on the evening of the 30th April 1894 (the second day of his illness), for high fever, vomiting and severe lumbar pain. On enquiry I learnt that his father had contracted small-pox, while on a pilgrimage to Gaya, came home on the 5th day of his fever, was placed under the treatment of a quack, and died just a week ago, on the 13th day of his illness. I came to know besides, that my patient had chicken pox in his infancy and that neither he nor any other younger member of his family had been vaccinated. I advised vaccination for the children and gave the patient to understand that there is every probability of his being attacked with small-pox.

1st May.—Temp. 105°F., patient very restless and despairing of his life; was a little delirious last night; could not detect the presence of any eruption in any part of his body. Ordered *Aconite* 3x every 4 hours and barley water for diet.

2nd May.—Body sore all over. Temp. 104. Pulse full hard; no shot like feeling beneath the skin; a few scattered eruptions on the wrists and trunk, which was mistaken for bug-bites. Cont. *Aco.*

3rd May.—Distinct crop of eruptions all over the body, especially over the face; severe diarrhœa; had six greenish watery stools last night; temp. 104; pulse full and hard as before; Radialgia less agonizing. Ordered *Merc. Sol.* 6 every 4 hours; sponging with weak Condy's lotion; barley water for diet, the patient to be kept in a well ventilated apartment.

4th to 7th May.—Diarrhœa less; fever abating; eruption vesicular; face swollen. Cont. *Merc. Sol.* Ordered Santal paste application over the body.

9th May.—The eruptions becoming pustular, the face enormously

swollen and horribly disfigured; secondary fever with its concomitant symptoms and little delirium; diarrhœa nearly gone. Cont. *Merc. Sol.* and barley water with a little milk for diet.

11th May.—Œdema of the hands and feet; pulse less full; temp. 103.4; cont. *Merc. Sol.* 6 three times a day; ordered the application of vaseline, after puncturing the pustules with a needle dipped in carbolic acid and lifting out the pus.

15th May.—Convalescing.

Remarks.

We are seldom called in, in our village-practice, to treat cases of small-pox, which are generally placed under the care of a class of *Kavirajs*, who profess great erudition and vast experience in the management of these cases; but I am very sorry to say, that with some notable exceptions, their diagnosis, prognosis and treatment are not at all reliable. In this case, had the patient been advised vaccination during his father's illness, I think, he would then have been spared much of his troubles and anxiety.

This was a case of ordinary semi-confluent small-pox. I watched the case minutely and had the satisfaction of verifying the accuracy of Troussau's observation "that the later the eruption the milder the attack, and the swelling of the hands and feet indicates a good prognosis." It was interesting to observe the efficacy of *Merc. Sol.* in mitigating the diarrhœa and the sufferings of the patient.

Gleanings from Contemporary Literature.

ISOPATHY AND PASTEURISM.

THE TREATMENT OF RABIES—THE TREATMENT OF DIPHTHERIA.

By DR. MARC JOUSSET.
Physician to the Hopital St. Jacques, Paris.

THE communication of Dr. Roux to the Congress of Hygiene at Budapesth arouses a new interest in the work of Pasteur and his pupils, and seems to afford us once more the opportunity of establishing the fact that all of these discoveries have their origin in the grand law of Hahnemann, that they are all a natural consequence of homœopathy.

In a conference which took place on the 17th of May last, in the hall of the *Societe des femmes de France*, I claimed that serum-therapeutics was a natural sequence of homœopathy and predicted the importance that this new method would take on. I did not know at the time that its application in the treatment of diphtheria was so near at hand when I said: "Isopathy as a prophylactic and therapeutic means has not said its last word. With the numerous investigations being carried on in all quarters, serum therapy has but made a beginning and we do not know what awaits us. Now, homœopathists have a right to claim as a consequence of their doctrines, the protection from, or cure of typhoid fever by means of the serum of a man who has had typhoid fever, or with the serum of an animal that has received immunity from the disease by injections of the products arising from typhoid. This is nothing but isopathy, the *modus operandi* is new but the principle remains the same."

Let us examine successively the results of the methods of Pasteur in the treatment of rabies and the results of the treatment of diphtheria according to Dr. Roux. We shall show, ultimately, that the immediate disciples of Hahnemann have already endeavored, in employing methods of attenuation, to overcome and combat virulent diseases by the use of the virus of those diseases, and that Hahnemann and his pupils have been thus the predecessors of Pasteur and his school.

* * * * * * * *

The treatment of rabies according to the methods of Pasteur are so well known that a description of the technique of the treatment is unnecessary. We will therefore review only its results, borrowing the figures which we shall use from the report of Dr. Dujardin-Beaumetz to the council of hygiene *de la Seine*.

The number of people brought to the department of the Seine and treated at the Institut Pasteur, after being bitten by animals suffering from rabies, is as follows:

YEAR.	PATIENTS TREATED.	DEATHS.	MORTALITY RATE
1887	306	3	0.98 %
1888	386	5	1.29 %

YEAR	PATIENTS TREATED	DEATHS	MORTALITY RATE.
1889	236	4	1.27%
1890	95	0	0.
1891	201	0	0.
1892	355	1	0.28 %
1893	261	2	0.76 %

Thus the total number of cases treated was 1,840, the total number of deaths 14, and the average mortality 0.76 %.

These figures have a decided importance in serving to demonstrate the evident preventive action of the injections, but, unfortunately, unless we succeed in protecting a certain number of persons bitten, after the symptoms of rabies show themselves, the injections have not a curative action.

In order to show the superiority of Pasteur's method as a means of prophylaxis, we have only to compare the above report in which fourteen cases developed rabies out of 1,840 who had been bitten and received treatment at the Institut Pasteur, with the previous reports of cases where only simple cauterization had been used. The latter may be found in the report of M. Bouley, veterinary surgeon at Alfort, made up from observations extending from 1863 to 1868 :

"Out of 251 persons bitten, 134 were cauterized, of whom only 42 developed rabies, that is to say 31.34 per 100; 66 were not cauterized, of whom 56 developed rabies, that is to say 84.84 per 100 ; in 51 cases the indications for cauterization were not present, and in this category the mortality was 31, or 60.78 per 100." (P. Jousset, *Leçons de clinique medicale*, 2d séries.)

If we take a general mean of those cauterized and those not, we find for 251 persons bitten, 129 deaths, or 51.11 per cent. We must therefore conclude that if the 1,840 cases brought to the Institut Pasteur from 1887 to 1893 had not been inoculated, it is probable that in place of 14 deaths there would have been about 940. These figures are sufficient to demonstrate the efficacy of the treatment of Pasteur from the point of prophylaxis. Admitting even that Pasteur happened upon a fortunate series of cases and Bouley upon an unfortunate series, the fact must be recognized that a large number of people have been preserved by injections of the virus of rabies following the method of Pasteur.

This treatment is really based upon isopathy, since following an inoculation of the virus of rabies, which, if its virulence were not attenuated, would be capable of producing rabies in the person inoculated, there is, in reality an accumulation of the virus in the nervous centers which serves to prevent the development of rabies, and thus rabies is combated by rabies itself.

* * * * * * * *

Dr. Roux has brought to the notice of the International Congress of Hygiene at Budapesth, his researches upon the treatment of diphtheria by what he calls antitoxic serum. At the same time recalling the achievements of his predecessors, MM. Behring and Kitasato, who were the first to make known the therapeutic properties of the serum of animals rendered exempt from diphtheria and tetanus.

In rendering animals immune against diphtheria, he first cultivates the diphtheria bacillus in a current of humid air, thus producing a very virulent culture, which he filters through a *bougie Chamberland.* The clear liquid thus obtained is preserved in bottles, well filled, well stoppered and protected from the light. This liquid is very active, a dose of one-tenth of a cubic centimeter being usually sufficient to kill a guinea pig in forty-eight hours. By mixing this toxin with iodine, it is attenuated and may be injected in animals without danger. Dr. Roux mixes two-thirds of the toxin with one-third of *liquor de Gram.* Of this mixture a rabbit will take one-half a cubic centimeter. The injection is repeated for several weeks at increasing intervals, the proportion of iodine being diminished or the quantity of liquid used at each injection increased, until the pure toxin can be borne without inconvenience and the rabbit is exempt from diphtheria.

Dogs, sheep, goats and cows, may receive immunity in the same way and may be used for the production of the curative serum, but Dr. Roux has chosen the horse because it receives immunity more readily, it is capable of furnishing a large quantity of serum, it endures the injections of toxin better even without the addition of iodine, and after the injection has but little fever and a slight, local œdema.

Dr. Roux uses horses about six years old, that are in a good state of health, but suffering from some lameness that renders them unfit for active work. One of these horses has, in two months and twenty days, received more than eight hundred cubic centimeters of toxin, injected beneath the skin of the neck or behind the shoulder. It is said that the serum taken from these horses has a preventive power of more than 50,000, since a guinea pig can withstand the inoculation of half a cubic centimeter of virulent diphtheritic toxin, if twelve hours previous it has received an injection of serum, equal in quantity to one-fifty-thousandth part of its weight.

That this serum has both a preventive and a curative action is shown by experiments upon animals. 1st. When animals are injected with a mixture of proper proportions of antitoxic serum and toxin, there is no reaction. 2d. A guinea pig can overcome a surely poisonous amount of toxin when it has previously received a sufficient dose of serum, (preventive action.) 3d. The injection of serum may be made after that of toxin and it will prevent the death of the animal if given in the proper dose, (curative action). It may be noted here that the protective action, vaccinating, is transient.

The curative serum may be preserved for a long time without alteration if kept in a dark place in sterilized bottles, well filled and containing a little powdered camphor. It may be desiccated *in vacuo* and thus rendered more easily transportable ; when used it should be dissolved in from eight to ten its weight of pure water.

The results obtained upon animals were so encouraging that Dr. Roux did not hesitate to try his serum upon children, and experiments were begun in the diphtheria pavilion of the *Hopital des Enfants Malades,* extending from February 1st to July 24, 1894. The principal results are as

follows : The treatment was given in 448 cases brought to the diphtheria pavilion and 109 died, that is 24.5%. As a point of comparison let us see what was the mortality in preceding years. In the same pavilion during the four years from January 1st, 1890 to January 1st, 1894 there were entered 3,971 patients and of these 2,029 died, which gives a mortality rate of 51.71%. The rate for each year being 55.88, 52.45, 47.64, and 48.47 %.

Let us compare the mortality obtained by Dr. Roux with that observed during the same period, (February to July), in another children's hospital in Paris, the *Hopital Trousseau*, where among 520 patients entered there were 316 deaths, giving a mortality of 60%. If the mortality in the *Hopital des Enfants Malades* during the use of the serum is compared with the mortality at the same hospital during the four years preceding, there is a difference of 23.97% in favor of the serum-therapeutic treatment ; if the mortality during the same months in the two hospitals is compared, there is 35.5% in favor of the serum treatment.

If now we distinguish between simple diphtheria pharyngis and croup, we find in the former for the four years preceding the use of serum in the *Hopital des Enfants Malades* a mortality of 33.94% ; in the *Hopital Trousseau* during the same period 32%, while, under the influence of the serum treatment the mortality was 12%. We find in croup during the year preceding the serum treatment at the *Hopital des Enfants Malades* a mortality of 73.19%, with the serum treatment the mortality was 49%, at the *Hopital Trousseau* during the same time the mortality was 86%. All of these figures serve to demonstrate the efficacy of the serum treatment.

All of the children admitted to the diphtheria pavilion receive beneath the skin of the side, 20 c.c. of the serum furnished by the immunized horses ; the injection being made in the subcutaneous cellular tissue is not painful and the serum is rapidly absorbed. It is, if I may say so, never followed by any local reaction, sometimes a little redness and in three cases an abscess was observed which disappeared after incision. Twenty-four hours after the first another injection of from 10 to 20 c.c. is given. Some cases recovered with a single injection, many after two, while in a certain number of cases it has been necessary to repeat the injection a good many times. During convalescence, some days after the injection of serum, an eruption may appear, usually analogous to urticaria. Post-diphtheritic paralysis is more rare in cases treated by the serum than in others.

The general condition of the patient is ameliorated very rapidly, and, if we except the cases brought in with the disease in a very advanced stage, the aspect of the children remains good and the appetite returns quickly.

The faucial membranes may be increased during the twenty-four hours following an injection, but they ordinarily become detached in two or three days.

The glands are always enlarged but no infiltration of the neighboring connective tissue has been observed.

The temperature in less severe cases falls by defervescence in a day or two after the first injection, in more grave cases it falls more slowly and by lysis.

The pulse which reaches 140 in severe cases and 120 in less serious ones is less rapidly influenced than the temperature.

The extension of the false membrane to the larynx is more rare than in children not treated with the serum, only 121 tracheotomies upon 800 children treated by serum, or 12% instead of 50% at least in the same service at other times. It must also be noted that of the 121 operations 102 were done before the injection of the serum, fourteen from twelve to thirty-six hours after the beginning of the treatment, and five only, after thirty six hours. We may properly suppose, if the injections could be made prior to the onset of the disease, it would be almost sure to remove the necessity for tracheotomy and in most cases intubation would be sufficient since the action of the serum would be, under ordinary circumstances, sufficiently rapid to permit the re-establishment of laryngeal respiration.

Such are the great modifications effected in the natural course of diphtheria by Dr. Roux's injections of serum. These results are so favorable as to encourage us to persevere in this course and work for the further dissemination of the method.

* * * * * * * *

At a meeting held October 14th at the Institut Pasteur, M. Martin, a colleague of Dr. Roux, explained to a number of physicians the method of using the serum as a prophylactic and curative agent in diphtheria.

From a prophylactic point of view, when diphtheria breaks out in a family or boarding house, Dr. Roux advises that all the members of the family or all the occupants of the boarding house should receive an injection of five c.c. of the serum if they are under five years of age and ten c.c. if they are over that age. He thinks that in this way it will be possible to completely arrest the epidemic, so that no one will contract the disease or a very few be lightly attacked. It is impossible to say at present how long such acquired immunity will continue.

From a curative point of view, when diphtheria is discovered an injection of serum should be used, twenty c.c. at one time, in the skin of the side in children of less than five years ; above that age twenty to forty c.c. should be used divided in two portions, one beneath the skin of either side, containing from fifteen to twenty c.c. each. Experience having demonstrated that when used in cases not presenting the special microbe of diphtheria, the injection of serum does not produce any inconvenience to the patient, and as it seems well established that there will be a much better chance of curing the disease if the injection has been made in good time, we counsel the use of this first injection even though in doubt as to the identity of the disease. The presence or absence of the Klebs-Lœffler bacillus may be determined in about twenty-four hours by means of cultures in serum tubes. If found and the fever does not fall, another injection should be given and repeated every day in full and partial doses, according to the state of the temperature and the general condition of the patient. In the most simple and favorable cases a single injection has been sufficient.

Dr Roux stops the local treatment, such as corrosive sublimate and phenic

acid, because he believes that these substances only add further poison to that which has already produced the disease. We French homœopaths have long since abandoned the use of local treatment, as being not only inefficient but fatiguing to the patient, but we continue to give, in connection with injection of serum, the indicated homœopathic remedies, such as *merc. cyan., merc. iod., bellad., spongia, hepar sulph., arsenic, etc.*

We wish now to establish the right of homœopaths to claim these methods as the consequences of their doctrine, as a corollary of the law of similars. In 1896, just a century will have passed since Hahnemann prefaced the introduction of his doctrine by the publication of his "Essay on a New Principle." In this memoir lies the germ of all the modern discoveries.

It was a disciple of Hahnemann, the veterinary Luz, who first affirmed that virulent diseases have in themselves their antidote, that the virus thus administered in proper doses and in suitable preparations would cure the diseases which they themselves caused; in a word, the disease could be cured by the disease itself. It is true that Luz and his imitators used the Hahnemann methods of attenuation to prepare the virus, but finally the principle was established.

Dr. Tessier, in a conference in 1893, recalled the following successful therapeutic attempts, and again referred to them in a late number of *l'Art Medical* (October 1894), and we believe that we cannot do better than to follow him in saying that, in 1836, Dr. Weber, a German Homœopathic physician, published a memoir upon carbuncle in animals (der milzbrand und dessen richerstes Heilnis Helt), in which he reported the results of the treatment of animals, by the blood of rats, diluted in alcohol and given in infinitesimal doses. The results were very favorable and cannot be denied, for Dr. Weber's experiments were pursued for some years upon several hundred subjects, among whom were more than eighty farmers whose names were cited, under the guarantee of the principal civil authorities of the country who attested to the truth of the facts in writing. Dr. Weber cured carbuncle in men in the same way and Dr. Dufresne cured malignant pustule with the same preparation.

In 1847, Dr. Rapou, of Lyons, extolled the inoculation of dilute virus in rabies.

Joly, of Constantinople, in the following letter addressed to Hahnemann, December 2nd, 1835, describes the cure of the plague with the pus of buboes. ". . . . . M. Thenillé, whom I knew when practicing homœopathy in Moscow, had the happy idea of coming to Constantinople to study the plague and treat it isopathically. A favorable circumstance happened at his first appearance; M. Marcaty an apothecary in this city, having been treated unsuccessfully by five doctors, his brother-in-law sought Dr. Thenillé, who restored him to health in a few days. . . . . This M. Marcaty, who has the confidence of the chief Pasha, is the chief of two hospitals, and by his influence Dr. Thenillé was able to procure bubonic pus, of which he put two drops in a mixture of water and alcohol and carried it up to the thirtieth dilution. . . . . Every day Dr. Thenillé visited the pest

ward of the great *Hopital de la Marine.* When I accompanied him there the patients had been receiving treatment from him for six days. All were in a satisfactory condition and promised the most happy results. I shall go there again before my departure for Smyrna in a week. . . . . "

Such are the facts that establish the claim that not only are Hahnemann and his successors the inventors of the doctrine which consists in treating a disease by the virus which that disease itself produces, but, that they have passed from the domain of theory to its practical application, and in a certain number of infectious diseases, the homœopathic attenuation of this virus has transformed it into a curative medicament.

To-day M. Pasteur affords protection from rabies by means of the virus of rabies attenuated in a peculiar manner. M. Roux cures diphtheria by the aid of the serum of a horse that has been immunized from diphtheria by means of inoculations of diphtheritic toxin attenuated by the presence of iodine. It is impossible to forget that these *savants* have established isopathy. It is impossible to deny that between their methods and those of Hahnemann and his disciples there is a very great resemblance. The doctrine is the same, the method of preparation alone is different.

We ought to accept these results as a demonstration of our doctrines, but we ought also to demand for our master, Hahnemann, the glory of having been the first to point out the road to be followed. We ought to proclaim on high, that Pasteur and his disciples are the continuators of Hahnemann, as they are of all homœopaths whether consciously or unconsciously, that Pasteurism and isopathy are synonymous.—*The North American Journal of Homœopathy*, Jan. 1895.

THE DISCUSSION ON MONS. HAFFKINE'S PAPER ON ANTI-CHOLERAIC INOCULATIONS AT THE INDIAN MEDICAL CONGRESS.

With one exception the remarks made by the different speakers in connection with Mons. Haffkine's communication to the Indian Medical Congress on anti-choleraic inoculations were distinguished by hopeful views entertained for the future of this form of preventive inoculation. Like the members of the Congress our readers will doubtless be interested in what was then said, and accordingly we propose to give the report *in extenso*. It will be seen that Mons. Haffkine very effectually dealt with the objections raised by Surgeon-Lieutenant-Colonel Lawrie, pointing out in a clear manner what septicæmia really meant and the mistake which was made in attempting to apply such a term to the anti-choleraic process.

Surgeon-Colonel Harvey, who was the first speaker, was of opinion that after the observations which had been made, there could be little doubt that the inoculations were protective during an epidemic and for a certain period after the epidemic. The questions which now remained to be solved were whether the influence produced was lasting or not, and, if not lasting, whether it could be made so. The observations at Lucknow were against the idea of a lasting effect, but at the same time it should not be forgotten

that the vaccines used in Lucknow were very weak. In Chittagong and in Gaya, where he himself had been present at the inoculations, he had seen Mons. Haffkine obliged to put aside tubes of vaccine so imperfectly developed that it was useless to employ them for the inoculations, and, owing to the circumstances under which the vaccines had to be prepared in out-of-the-way places, it had been found difficult to obtain vaccines fixed at the required strength. It was evident that the method was still in the developmental stage, and he thought that every one in India and every medical officer in the country ought to give Mons. Haffkine every facility for continuing his work.

Surgeon-Lieutenant-Colonel Gregg, Sanitary Commissioner of Bengal, said that some time ago he applied to the Health Officer of Calcutta to be inoculated. He possibly would have hesitated to have done so if he had had to undergo the operation by a less skilful operator than Dr. Simpson. After the first inoculation he had a slight rise of temperature, a feeling of malaise and pain at the seat of the inoculation followed by severe headache especially on the top of the head, a feeling of sickness, drowsiness, and slight thirst, which continued about 30 hours. Five days later he was inoculated for the second time without his experiencing any particular effect. He made this communication for the benefit of those who still hesitated to be inoculated and who feared its effects. There was actually nothing to cause hesitation.

Surgeon-Captain Davies said that he would like to ask some theoretical questions regarding the life of the comma bacilli and the development of cholera as an epidemic. Had it been observed that the comma bacilli could increase in virulence? for instance that a race of these microbes would be unable at a certain time to produce a serious disease and then, later, by some modification in their development or otherwise acquire strength which would enable them to kill. He thought that if this was so, possibly the first were young and immature or undeveloped races, while the latter were old and fully developed. If it were like this, many circumstances in the history of cholera epidemics would be explained. One could understand how some epidemics of cholera are mild and others severe and how some epidemics start in a mild form and afterwards become virulent—circumstances which are also to be observed in scarlet fever, small-pox and diphtheria.

Dr. Cooper, a Parsee medical man, said that the papers which had been read represented the question of the comma bacillus as if all scientists admitted that it was the cause of cholera, but he might mention that at the Congress held at Budapesth Professor Metchinkoff maintained that the comma bacillus was not the cause of cholera. Mons. Haffkine had also referred to the Delta of the Ganges as the home of cholera. It was unfair to always blame this part of the country. Was it not possible for cholera to come from other parts such as from Hurdwar or from Mecca to Europe, or perhaps from Mecca to India.

Dr. W. J. Simpson said that the preceding speaker had mentioned Professor Metchinkoff as an antagonist of the comma bacillus theory. This

was a misconception, for Metchinkoff was one of the greatest supporters of this theory. Dr. Simpson proceeded to say that he would here refer to an observation in support of Mons. Haffkine's system. Some time ago the Chairman of a Suburban Municipality informed him of cholera having broken out in a particular village causing several deaths, and asked him to send a medical officer to vaccinate the villagers against cholera. The request was complied with immediately, and a short time after a letter was received from the Chairman expressing thanks for the steps which had been taken and giving the information that after the inoculations no more cases had occurred in the village. Dr. Simpson added that he would be happy to attend to applications of this kind any where near Calcutta, and would send officers with all the necessary appliances to perform the inoculations.

Professor Hankin, in reply to Dr. Davies, said he had been hard at work during the last eight months endeavouring to discover the exact artificial conditions apart from those induced by passing through animals under which comma bacilli increase or decrease in virulence, but he was unable at the present time to give any information on the subject. For the word "undeveloped" he preferred to use the word "unregenerated," and the question was whether particular forms of microbes were regenerated or unregenerated. This was not a play upon words, but the simple possibility of cholera microbes, under some unknown conditions, regaining their lost virulence and so giving rise to a fresh outbreak. As to the question whether the different forms of vibrios or the comma were varieties of a species, this was purely a question of words. In the present state of our knowledge the doctrine of evolution was universally accepted, and it was known to be nothing more than a matter of evidence whether two forms or families were to be regarded as belonging to different species or varieties. As a matter of fact, if the offspring of any particular form is not known it is usual to regard the form as belonging to a different species. If the offspring, on the other hand, is known, it is usual to regard the two forms as fresh varieties. In the case of microbes, owing to their not possessing classes, this mode of definition could not be observed. It would be very convenient to regard the different forms of microbes as belonging to the same species, if they produced the same disease. There was no doubt that the different forms of vibrios that had been worked up by Dr. Cuningham were nothing more than degenerated varieties of the cholera microbes.

[Surgeon-Lieutenant-Colonel Lawrie's observations, which were made after the above, were given in our last number under Editor's Notes.]

Dr. Arthur Powell said he entertained doubts as to the protection afforded by Haffkine's inoculations, owing to the fact that persons were sometimes attacked more than once with cholera. He himself had seen second and third attacks. He, however, was of opinion that the system ought to be thoroughly tried, and when Mons. Haffkine visited Assam, which he understood he would do next month, he (Dr. Powell) would bring to him as many people to be inoculated as it was possible in his power.

Mons. Haffkine, on the invitation of Dr. Crombie, the President, said

that he would offer a few explanations to the remarks made by previous speakers. In the first place it was necessary to say that it was an error to connect the question of septicæmia with that of the inoculations.

The inoculations were *not* based on septicæmia. About 10 years ago, in a controversy which was then carried on relating to the bacteriology of cholera, the question of septicæmia had arisen, but that question had been long set at rest. To make himself understood perhaps it was necessary to explain what septicæmia really is. Among pathogenic microbes three different groups have been distinguished by their relation to the diseased body. First there are microbes which, when introduced into an organism remain at the point where they have been placed and produce a localised infection. The microbes grow and multiply exclusively at the seat of inoculation; they there secrete their poison or toxin which is absorbed into the general system and produces the general symptoms of the disease. To such microbes belong the bacillus of tetanus which lives only on the surface of the wound, and at the seat of its introduction; the bacillus of diphtheria which remains exclusively on the affected mucous membrane; the bacillus of pneumonia which confines itself to the lungs, and the comma bacillus of cholera which lives in the intestines. These microbes never penetrate into the blood. Again, there is a second series of microbes which penetrate into the tissues of the affected organism and, not spreading uniformly, live in small isolated groups. These microbes cause the tuberculous diseases such as consumption, glanders, leprosy, actinomycosis, farcy of the Guatemala bullocks, diseases produced by *aspergellus fumigatus* and other fungi, &c. These microbes also do not penetrate into the blood. The last group of microbes are those which invade the circulatory system. When introduced in any part of the body, whether under the skin or in the muscles, or in the lungs or into the intestines, they do not remain there for any length of time, but very soon reach the vessels, multiply in the blood, and after a short time can be found in every drop of blood examined and in every tissue. To such microbes belong the bacillus of anthrax, of gastro-enteritis of fowls, of pig measles, of swine pest, of the cadaveric infection of students of influenza, of the Chinese plague, of Malta fever, and of the typhoid of mice. In these cases the blood is in a state of sepsis or of suppuration, and it is only these diseases which are called septicæmic diseases. Erysipelas in lupus does not act by *septicæmia*, nor can tuberculin, which does not contain living microbes, act on lupus by producing septicæmia. No substance, no poison, organic or inorganic, however deleterious it may be, can produce *septicæmia*.

Now in regard to cholera the question of septicæmia had been raised by Dr. Klein, of London, under the following circumstances:—While seeking for proofs as to the comma bacillus being the cause of cholera, the action of these microbes were tried on animals, and Koch published his method of infection of animals by the mouth, with the introduction of soda into the stomach and the injection of opium into the peritoneal cavity. Under these conditions guinea-pigs contract a disease in which the comma bacili multiply in the intestines, but in which the microbe can also be found in

the blood. Dr. Klein therefore objected to this result as a proof of comma bacilli being the cause of cholera, on the ground that *in man cholera is a localised infection* with the microbes in the intestines and never penetrating into the blood, whereas in guineapigs Koch's method did not reproduce cholera but gave a septicæmia. The fact of comma bacilli giving septicæmia to guinea-pig under these conditions is not, however, an objection to their being the cause of cholera. Microbes do not behave in the same manner in different species of animals, and there are some which in one species will produce a localised disease and in another a septicæmia. Thus the pneumo-bacillus of Frankel gives in man *pneumonia*, a localised disease, while in the rabbit and the mouse it produces a septicæmia and in sheep a localised disease similar to pneumonia in man. The comma bacillus therefore may very well give to man a localised infection of the intestines and, at the same time, when transferred into guinea-pigs, spread by the blood and give a general infection.

No one, who has given the subject his attention, has ever entertained the idea that the anti-choleraic inoculations have anything to do with septicæmia. Comma bacilli are almost instantaneously killed in contact with human blood, and the difference which is observed in this respect between cholera in man where no trace of microbes can be found in the blood, and Koch's disease in guinea-pigs, constitutes the very objection used against the doctrine of Koch. Persons who have not had the opportunity of studying the question confuse the details and transfer the word septicæmia from the controversy referred to, to the question of anti-choleraic inoculation. To say that this treatment is based on septicæmia, it is necessary to demonstrate, after inoculation, the presence of microbes in the blood, a demonstration which has never been made, nor has the slightest suspicion that these inoculations produce a septicæmia ever occurred to any competent authority.

With reference to the question of second and third attacks of cholera, Mons. Haffkine did not think that such a fact would be an objection against the possibility of producing an immunity artificially. Be this as it may, the question of immunization by one attack of cholera is far from having been elucidated. It cannot be solved by several instances of men being attacked a second or third time. Similar instances can be quoted as regards small-pox. The protection of one attack of small-pox has been proved not by isolated instances but by the comparison of the liability to the disease between a large number of men who never have had small-pox and those who have previously had one attack. In cholera such a comparison had *never* been made. The idea of an attack of cholera not protecting against a second attack rested solely on a general impression derived from isolated cases. He would quote an instance. The Chairman of the Calcutta municipality, after receiving Dr. Simpson's first memorandum on anti-choleraic inoculation and his recommendation to introduce the system into Calcutta, asked the leading medical men in the town their opinion on the subject. Dr. O'Brien replied that he did not believe in the protective effect of these inoculations because of second and third attacks in cholera. A short time after this Dr. O'Brien, with true sincerity, wrote a second letter to the Chairman, saying that he had met Dr. Simpson and Mons. Haffkine, and that when he had asked himself in the course of the conversation how many cases of second attacks of cholera he had come across, he was obliged to acknowledge that he could not remember having observed any. Mons. Haffkine was collecting information regarding the fatality of second or third attacks of cholera. He had observed that though it is not rare to meet physicians who know of such attacks it is rare to come across fatal cases. First attacks in cholera are on the average fatal in one case

out of two or 50 per cent., whereas second or third attacks seem to be fatal in 1 out of 20 or 30, *i.e.*, from 5 to 3 per cent. Surgeon-Colonel Harvy, the Inspector-General of Civil Hospitals in Bengal, and Surgeon-Lieutenant-Colonel Roe, the Sanitary Commissioner of the Punjab, had mentioned to him that they had never come across a single case of second or third attack of cholera, and were in doubt whether a single observation of this kind had ever been made. At present, therefore, a general impression cannot be used to oppose exact laboratory experiments.

Surgeon-Lieutenant-Colonel Crombie, the President of the Section, said that he could not allow the discussion to close without saying to Mons. Haffkine how much all those present admired the magnitude of his work and the devotedness and disinterestedness with which he was carrying it out. Mons. Haffkine had come to India at his own cost and it was only later on that the Government gave him some pecuniary assistance. He was carrying on his work without regarding sufficiently his own health which had suffered by the strain, but which Dr. Crombie trusted would soon be regained. The President concluded by hoping that every one in India would do all in his power to assist Mons. Haffkine and spare him as much trouble as possible.—*Indian Medical Gazette*, February, 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, February 1895.
The New England Medical Gazette. Boston, Jan. 1895.
New York Medical Times. Jan. 1895. (No. for May 1894 not received.)
Indian Medical Record. Calcutta, Feb. 1 and 16, 1895.
The Medical Reporter. Calcutta, Feb. 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, Jan. 1st, 1895.
The Homœopathic World. London, Feb. 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, Jan. 15, 1895.
The Medical Visitor. Philadelphia, Feb. 1895. (July 1894 not received.)
The Medical Century. Chicago, January 1st and 15th 1895.
Southern Journal of Homœopathy. Baltimore, Dec. 1894. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Oct. 1894.
The Hahnemannian Monthly. Philadelphia, January 1895.
Homœopathic Envoy. Lancaster, Jan. 1895.
The Indian Journal of Pharmacy. Calcutta, Nov. 1894.
The Homœopathic Physician. Philadelphia, Dec. 15, 1894.
The Clinique, Dec. 1894. (We should be thankful for the previous numbers of this year.)
Revue Homœopathique Belge. Dec. 1894. (We should be thankful for the previous numbers of this year.)
The Journal of the British Homœopathic Society. Jan. 1895, & Supplement.
L'Art Medical. Jan. 1894 to Jan. 1895.
Gentry's Record of the Homœopathic Materia Medica. Jan. 1895.
Journal of Orificial Surgery. Chicago, Jan. 1895.
North American Journal of Homœopathy. New York. Oct. 1894 to Jan. 1895.
The Homœopathic Eye Ear and Throat Journal. New York. Jan. 1895.

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **March 1895.** [NO. 3.

COMMENTARIES ON THE ORGANON OF HAHNEMANN.

Translated from the French of DR. LEON SIMON, Père, by the Editor.

(Continued from p. 50, No. 2, Vol. xiv.)

SYMPTOMATOLOGY CONTINUED.

1. *Rôle of Pathological Anatomy.*—Does it follow, then, that so much accumulated work may never be useful for medical practice? Assuredly not. The moment we decide to make a subordinate matter of pathological anatomy, the moment we see in the alterations of structure the product of an anterior pathological action, and in symptoms which express these alterations only secondary symptoms posterior in the order of development to lesions of sensation and disorders of function inferior to these as regards their importance, from that moment pathological anatomy will become a powerful help in fixing diagnosis, in simplifying pharmacodynamics, and in determining therapeutic indications. It is only, then, through homœopathy followed, developed and practised after the manner taught by its founder, that pathological anatomy may be able to yield all its fruits. Now, from the Hahnemannian point of view, pathological anatomy furnishes to the pathologist only secondary characters, undoubtedly important; precious when it is possible to verify them in the patient, as it comes to the aid of percussion, of auscultation, and of the

speculum; characters which Hahnemann did not neglect when they were presented to him, and which he never rejected as useless. The alterations of structure are only symptoms. He, who admitted that the whole disease is expressed by the totality of symptoms, tacitly admitted all the discoveries real or possible of pathological anatomy. It is true that preoccupied with other cares, he did not engage in pathological researches armed with the microscope, the stethoscope, and the speculum, that he did not even study pathology to the same degree nor with the same care as he did therapeutics and the materia medica; but this does not prove that the Hahnemannian method was incomplete, still less that it was exclusive.

But more: Whoever would utilize, for the benefit of homœopathy, the numerous recent discoveries in pathological anatomy, ought to proceed as Hahnemann did; that is to say, ought to place in the first rank the lesions of sensation, and consider them as essential characters in the determination of disease; in the second rank, the disorders of function; and in the third rank, the alterations of structure. This is what is done in practice by all physicians, notwithstanding the contrary pretensions of the school. If it (the school) teaches that the psoric eruption and the itch are one and the same thing, it nevertheless preoccupies itself with the general state of the patient, when the latter happens to disappear. Those, who believe that the variolous, rubeolous, and scarlatinal eruptions are sufficient to diagnose variola, rubeola, and scarlatina, do not believe that these different exanthems may be sufficient to establish the prognosis and treatment of these diseases. The gravity of a pneumonia, of a peritonitis, is induced much less by the state of the lung and of the peritoneum, than by the general state of the patient. If the demonstrated presence of tubercles in the different tissues where they are produced is an important thing for the diagnosis of a pathological state, this demonstration never indicates the more or less rapid progress of the latter. In a word, when one utilizes all the facts that may be furnished by pathological anatomy, the utility of this latter is always limited in the eyes of the practitioner. In a great number of pathological states, the alteration of structure is precisely what the physician ought to prevent, of which the development of which he ought to avert.

This alteration of structure is preceded by other symptoms which indicate possible danger. This is true of tubercle and of various cancerous maladies. In eruptive typhoid fevers, the eruption is always preceded by a pathological state to which the name of prodromata or premonitory symptoms has been given, symptoms which allow of the prevention of an acute exanthem about to appear, as it arrives at what Frank has called *variola sive varioliis, rubeola sive rubeolis.* Hahnemann, in admitting that all disease is characterized by totality of symptoms, has, in principle, done for pathological anatomy all that there was to do. In fact, he has utilized for the benefit of his therapeutics, as much as it was useful and necessary, the results to which pathological anatomists have arrived. His disciples are called on to fill up the gap. Every one of us is in the face of a rock. Let us take heed that we do not allow ourselves to be carried away by the false glimmer of this delusive science, called pathological anatomy. Let us not believe that it expresses and sums up the whole of disease; that it is possible, in setting out from the characters which it furnishes, even to infer other symptoms, and that thus it may be the foundation of diagnosis. No more let us believe that its facts ever suffice to determine the choice of the medicament to be employed. In a word, let us absorb pathological anatomy in the Hahnemannian method; let us never bring this method to follow this science. Let us, in particular, disdain the vain clamours of those who have refused to Hahnemann the title of physician because, in place of following the school in the path in which he was engaged, he had opened for himself a new path. He is the physician who cures, and proceeds methodically to the work of cure. Take the works of Hahnemann, consider the results of his practice, and compare his principles with those of Corvisart, of Bayle, of Laennec; and, among the contemporaries, compare them with the teachings of Andral, Louis, Chomel, and even of Bouillaud, and decide on which side, even in pathology, is found a method wider and more comprehensive, and which most directly connects pathology with therapeutics. Evidently in considering the works of Hahnemann according to the two first elements of the pathological problem, etiology and symptomatology, we do not find elsewhere anything so precise and so complete.

But, it has been said, Hahnemann ignores disease, and takes account of only morbid symptoms: without doubt, the illustrious master has set himself against what he has called *cure by name*; he has rejected all the names given to diseases up to his time; he has repudiated the pathological methods generally followed and their results. But has he denied disease considered in the *abstract?* Has he denied the possibility of arriving at the determination of morbid species? Far from making such negations, Hahnemann has made contrary affirmations.

When he said that for the physician disease consists in the totality of the symptoms, he did not mean to say anything else than that it was necessary to rely upon these latter in order to recognize diseases and to distinguish them one from another. Disease, then, is something in the eye of Hahnemann, since he gives the means to recognize it. There are then only symptoms in pathological states. He goes further: He admits dissimilar diseases (*Organon*, §§ 36, 38, 40) and recognizes that they differ from each other necessarily and by their characters and their form. Diseases, which differ one from another, are not one and the same thing. Hahnemann has not, then, denied disease. He has done more, he has recognized morbid species so different from one another that it is impossible to confound them.

"The diseases of men," says he, "form two classes. One class is formed by the rapid operations of the vital force gone out of its normal rhythm, which terminate more or less quickly, but always in a moderate time. These are *acute* diseases. The others, less distinct and often even imperceptible at their beginning, attack the organism each in its own way, derange it dynamically, and little by little so causes it to deviate from the state of health, that the automatic vital energy destined to maintain this last, can only oppose to them an imperfect, ill-directed and useless resistance, and that in its impotence unable of itself to extinguish them, it is obliged to allow them to grow till they bring on the destruction of the organism. These are known by the name of *Chronic Diseases.*" (*Organon*, § 72)

He goes further still when he says: "As regards acute diseases, they may be distributed into two categories. The one class attack isolated individuals who are exposed to the influence of injurious causes, &c. The others attack several individuals at

the same time, and develop here and there (sporadically) under meteoric or telluric influences, to the action of which only a few persons are found to be susceptible at a time. To this class are closely allied those diseases which attack several persons at the same time, depend upon the same cause, manifest themselves by similar symptoms *(epidemics)*, and have a tendency to become contagious when they prevail among masses of human beings densely congregated together. These diseases and these fevers are each of a peculiar nature, and as the individual cases have an identical origin, they set up in those attacked an identical morbid process everywhere; but which, when left to itself, terminates in a short space of time in death or in recovery. War, inundations, and famine are frequently the causes of these diseases; but they may depend also upon acute miasms which appear always under the same form, and to which consequently have been given particular names; miasms of which some attack persons but once in a lifetime, as small-pox, measles, whooping cough, the scarlet fever of Sydenham; and others may attack the same individuals several times, as the plague of the Levant, Yellow fever, Asiatic Cholera, &c." *(Organon*, § 73).

I have reproduced, on purpose, this long paragraph of the *Organon*, because it is a triumphant reply to those who reproach Hahnemann for having denied disease, and because well understood, it proves on the contrary how the founder of homœopathy recognised it explicitly, since he sanctioned with very little differences the classifications long since admitted by pathologists. Thus the two classes of acute diseases;—one attacking isolated human beings by reason of injurious causes to which they are exposed; the other due to acute miasms, and may be sporadic or epidemic, and may become contagious, according to determined circumstances. These fevers, says Hahnemann, have each a special nature; and, as they have the same origin, they produce in those they attack the same identical morbid state everywhere. So far the founder of homœopathy has conformed to all the epidemiographers of all time. Because, if the fevers, of which he speaks, have each a special nature, they may be distinguished from each other; and each constitutes a particular disease. If, as he adds, they produce in those they attack the same morbid state everywhere, their study ought to lead to the same therapeu-

tic indications, and their cure demands the employment of the same means. Whence arises this identity? Because all the individual cases of these diseases or fevers have the same origin. In pathology, the same origin, in other words, the same cause produces, in all individuals who are exposed to their influence, identical effects; and this community of cause and effects, of origin and symptoms, is the condition the deviation from which determines morbid species. This is what Hahnemann teaches. Where is the ground for saying that he had denied disease? If they mean to speak of the pictures which nosographists of all times have drawn, the negation is absolute. If they pretend to say that this negation confounds at the sametime the past and the future of science, I deny that it was ever in the thought or in the teaching of Hahnemann.

2. *Individualization of Diseases.*—But it will be said, what becomes of the absolute individualization of diseases? How reconcile paragraphs 72 and 73 of the *Organon* with paragraphs 7, 14, 17 and 18 of the same work? Nothing more simple. What does Hahnemann say in the paragraphs in question? That besides the totality of symptoms there is nothing to find in diseases by which they can express their need of aid; from which we ought to conclude that there is no other indication for the selection of the remedy than the sum of all the symptoms observed in each individual case (*Organon*, § 18). Here he throws out a therapeutic principle which leaves pathological problems in their integrity, and does not contradict in the least the enunciations of paragraphs 72 and 73. In paragraph 7, he says that the totality of symptoms, the outward reflectedly image of the internal essence of the disease ought to be the principal, the sole means by which the disease makes known the medicament it has need of, the only thing which determines the choice of the most appropriate remedy. Does not this reproduce in the most explicit manner the therapeutic principle of paragraph 18? Where is the contradiction? When in paragraph 17, Hahnemann says that the cure which follows the annihilation of all the perceptible signs and accidents of the disease, having at the same time for result the disappearance of the internal change upon which the disease depends, that is to say, in all cases the whole of the disease, the physician has only to remove the sum total of

the symptoms in order to cause the simultaneous disappearance of the internal changes in the body, that is to say, the totality of the disease, the disease itself. I do not see any contradiction between these different citations and the principles enunciated above about disease and its different species. How, in fact, is it possible, from the homœopathic point of view, to find out the curative agent of a disease, outside the totality of symptoms by which it manifests itself? How, I ask, can a disease with a fixed character, such as are the diseases derived from a chronic miasm, exempt us from taking into consideration the totality of their symptoms? Let us take heed that we do not allow ourselves to be prepossessed by the lassitude which the difficulties of homœopathy may bring to every one of us, and how we transmit to this doctrine the reproaches which apply only to our weakness. That the application may be difficult, no body denies; that these difficulties have been up to producing momentary discouragement, that they have given rise in many of us a desire to lighten the weight, and induced us to find out means for simplifying research, I understand. I also believe that, more or less, all homœopaths have undergone this influence. But this is far from denying the Hahnemannian principles and attributing to the master pathological errors which he has never committed. Mereover, the principle of absolute individualization of morbid states would remain unshaken, even though homœopathy should produce a pathological system exact and complete.

As for chronic diseases, as soon as they pass their primitive form, they are characterized by symptoms, very variable in different individuals. The reason is that every poison which has sent its roots deep into a human organism, express the symptoms which are peculiar to itself, brings into play and develops morbid predispositions existing in every person, is often added to pre-existing diseases, and forms a combination which will perpetually defy the most subtle nosographer. As for diseases derived from the presence of an acute miasm, it is rare that they present themselves under the same form and with the same fundamental characters during two successive years. This variability of epidemics made Sydenham say that he pitied the first patients who came under his care during the outbreak of a new epidemic; and in the epidemic constitutions of which he has

given us pictures, he noted with particular care the differences which they presented from year to year.*

The same fact is reproduced under our own eyes. It is in winter when we may observe the grippe (influenza). To those who had witnessed the epidemic of 1839, and who compare what they then observed with what they have been able to observe at the present time, what differences are presented! Hahnemann speaks of physicians who, after 1804, confounded a miliary purpura which came from the West with scarlet fever. These two affections, says he, appear to be, in these latter times, mixed up in some localities with an eruptive fever of a particular species, against which neither *Arsenicum* nor *Belladonna* has been found perfectly homœopathic. I strongly suspect that these two medicaments, associated in the same prescription, might have better succeeded, whilst *Bryonia* and *Mercurius*, but specially Bryonia, succeeded perfectly as any one of us has been able to remark. Every year presents us with isolated cases in which these two species are mixed up.

Hahnemann had reason, then, to present as an absolute principle of Homœopathy the necessity of individualizing diseases; and this principle, far from leading us to see in morbid states only groups of symptoms, does not prevent us from tracing the outlines of a nosology which will be enlarged and completed when we are seriously engaged in it. But when such a work will be produced in order to arrive at a more easy application, the principle of individualization will not be abandoned. We shall be attached to it the more so, as it will produce fruits more abundant and more easy to obtain.

* Sydenham's actual words were: "This lasts until the first form of epidemic becomes extinct, and until a fresh one sets in. Then I am again in a quandary, and am puzzled to think how I can give relief. And now, unless I use exceeding caution, and unless I exert the full energies of my mind, it is as much as (nay, it is more than) I can do to avoid risking the lives of one or two of the first who apply to me as patients."—Editor, *Cal. J. Med.*

(To be continued.)

HOMŒOPATHIC INSANE ASYLUMS IN THE UNITED STATES.

One of the most certain proofs of the great progress of Homœopathy in the United States of America, is the rapidity with which separate hospitals for the homœopathic treatment of Insanes are springing up. As far as we have been able to ascertain, six such hospitals have already been established in the country, and two new ones are about to be founded. We purpose on the present occasion to give some account of five of these institutions.

The Middletown New York State Homœopathic Hospital for the Insane was established more than twenty-four years ago. This institution is now in a very flourishing condition, and during the entire period of its existence, the "appointees of the board have faithfully performed the task assigned to them, and have been true to the interests of the hospital and the cause of suffering humanity." During the year ending the 30th September 1894, the total receipts of the institution amounted to 2,93,970·68 dollars (about Rs. 11,75,882·72), and the total disbursements to 2,76,498·84 dollars (about Rs. 11,05,995·36). The institution is capable of accommodating 1,000 patients, but during the year in question the average daily admission was 1,050, and the number discharged from the hospital was 205, of whom 73 died, 80 recovered, 51 not recovered, and one was not insane. Of those who died of dementia, 6 were 60 years old, 5 were over 70, 2 over 80, and 1 over 90. There were 250 paid patients in the hospital who contributed 80,830·72 dollars. The cost for each patient per week was 3·65 dollars, or deducting the amount contributed by paid patients, the cost was 2·12½ dollars. The present accommodation for patients being insufficient, application has been made for the enlargement of the building, "in order to provide for present wants and to anticipate future requirements."

In addition to the information supplied by the twenty-fourth annual report of the hospital, from which the above has been extracted, it contains five papers contributed by the Medical Officers of the institution on subjects connected with Insanity, viz., on "Paranoia" by Dr. George Allen, which we have reproduced elsewhere; on "Ancient and Modern Treat-

ment of the Insane" * by Dr. C. Spencer Kinney; on "General Paresis mistaken for Chronic Alcoholism, a case," by Dr. Daniel H. Arthur; "on Gynæcological disorders and their relation to Insanity," by Dr. Clara Barrus, the woman physician; and a paper by Dr. Maurice C. Ashley containing a synopsis of 21 critical cases and some of the special features of treatment of the same. These papers have drawn forth much commendation from many quarters, and show the great amount of care and attention bestowed upon the patients.

The next institution of importance is the Westborough Homœopathic Hospital for the Insane, which was established in 1884, has got accommodation for 550 patients, and is the only State Hospital in Massachusetts under homœopathic management. The Boston Homœopathic Medical Society takes a great deal of interest in the work done by this Hospital, keeps a careful and constant watch over the cases treated in the institution, and is satisfied that it fulfils all the purposes of an insane asylum "with a higher degree of success than any other in the State." The following extracts reproduced from a paper on "the Curability of Mental Diseases," read by Dr. James F. Bothfeld of the Hospital before the Massachusetts Homœopathic Medical Society, shew the working of the Hospital during the past five years. (*Vide New England Medical Gazette* of February 1895.):—

In these five years there have been admitted to the Westborough Insane Hospital 782 cases of the different forms of mania, melancholia, and of alcoholic insanity, and of these 409 recovered, or 52 per cent.; deducting the alcoholic cases, the recovery rate was 52 per cent. also. During the same period there were admitted to the four other State hospitals—Worcester, Danvers, Taunton and Northampton—a total of 3,515 cases of mania and melancholia, with 866 recoveries, giving a recovery rate of 24.64 per cent.

We find these generally classed mania and melancholia to be made up of subdivisions, as acute, chronic, recurrent, puerperal, &c., but it is noticeable that almost all the recoveries occur in the acute mania and melancholia. In Westboro there were admitted in the last five years 267 cases of acute mania with 147 recoveries, or a rate of 55·05 per cent.; during the same period in the four other State hospitals 1,033 cases were admitted with 361 recoveries, a rate of 34·94 per cent. In Westboro there were 365

* This paper has been published in the Transactions of the Forty-seventh Session of the American Institute of Homœopathy.

cases of acute melancholia admitted, 185 recoveries, a rate of 50·68 per-cent. ; in the four other hospitals 896 cases were admitted, the recoveries were 248, a rate of 27·68 per cent.

Since our hospital was opened and up to October 1, 1893, there have been admitted 348 cases of acute mania ; of these 54·30 per cent. were discharged as recovered ; 12·64 per cent. as much improved ; 8·07 per cent. as improved ; 4·41 per cent. as not improved ; 10·63 per cent. died and 9·76 per cent. are remaining. Of melancholia there have been admitted 535 cases ; of these 48·97 per cent. were discharged as recovered ; 21·31 per cent. as much improved ; 8·97 per cent. as improved ; 4·29 as not improved ; 6 per cent. died, and 10·46 per cent. are remaining."

Besides the above, 455 incurable cases were admitted during the last three years, of which 10 per cent. were suffering from general paresis, 34 per cent. from paranoia, 47 per cent. from dementia and the remaining 9 per cent. were not classified.

These facts and figures, though embodied in the reports of the Asylum, were, however, unknown to His Excellency, Frederic T. Greenhalge, Governor of Massachusetts, who relying on certain unfavorable reports made to him by a Committee of the Executive Council, made the following remarks in his annual address :

"The institutions of the Commonwealth are generally in a satisfactory condition. The hospital for the insane at Westborough and the hospital of dipsomaniacs at Foxborough are perhaps exceptions. But improvement is already apparent at Westborough."

Surprised at this remark in connection with the Westborough Insane Asylum, the Boston Homœopathic Medical Society addressed a letter to the Governor requesting to be informed of the grounds on which His Excellency's unfavorable opinion was based. Governor Greenhalge assured the Society that His Excellency was not "swayed by any narrow prejudices against, or in favor of, any so-called school of medicine," recognized "the intelligent and benevolent purposes" of the society, and expressed anxiety to have "the best homœopathic hospital in the country" (what a contrast this to the attitude of the governing bodies of this unfortunate country towards homœopathy !). The matter was again referred to the Committee of the Executive Council for a full and fair enquiry, and the Asylum came off unscathed from the ordeal, as the following extract from the report of Dr. Harvey, the Chairman of the Committee, will testify :—

"Our Committee visited Westborough, and were for several hours at

the hospital, which time was spent in a thorough examination and inspection. Many of the Committee spent the day at the institution. We have no adverse report to make, but, on the contrary, unanimously agree that it is one of the best managed institutions in the State, if not in the country. The public funds are used economically and wisely, and there is no extravagance as there is in other institutions of the State. As to the care of patients there, I would say that the treatment accorded is on a par with that given in any like institutions in the United States."

The unjust aspersions thrown on the management of the Hospital have led the Trustees to be more watchful and circumspect, and the consequence is the establishment of a Consulting Board consisting of ten Physicians and Surgeons, whose duties will be to become "acquainted with the general medical and surgical treatment of the patients in the hospital," and to assist the Superintendent and the Trustees, by counsel and service "in the examination and treatment of both medical and surgical cases." The Board is now devoting itself to "the consideration of a possible extension of the present usefulness of the Hospital, to more constant and thorough work in pathology, to an encouragement of the original work now in progress by each one of the medical staff, and to improving still further the training school for nurses." The great success of the Westborough hospital is attributed to three things—rest, proper attention to diet, and homœopathic treatment. No sedatives are used; hot baths, hot milk, free exercise, and the indicated remedy are generally sufficient, and in extreme cases light mechanical restraint is preferred to "*chemical restraint.*"

Then there is the Homœopathic Insane Hospital established at Collins, New York, more than a year ago, to which Governor Flower has appointed three medical officers, whose tenure of office has been fixed for different periods varying from two to six years. A large number of the insanes chiefly residing in the western part of the State, are alleged to be in need of homœopathic care and treatment. To make adequate provision for this class of patients, the Legislature of New York has, by a Special Act, set apart a fine tract of five hundred acres of land known as the Collins farm, on which the Hospital is to be built. A sum of at least 2,00,000 dollars is said to be required for the erection of suitable buildings, the placing of a system of underdrains and sewers, the establishment of steam plants for provid-

ing a supply of potable water, and the care and improvement of the farm premises.

The efficacy of the mode of treatment pursued in the above institutions, have led the people of the States of Pennsylvania and Illinois to have homœopathic hospitals in their own States. Bills have accordingly been introduced into the Legislatures of those States for the establishment of Homœopathic Insane Asylums. We avail of this opportunity to give a succinct account of the measures, which have been, and are being, taken to give local habitations to these institutions. In the Legislature of Illinois, a bill was introduced two years ago by Representative Payne for the creation of a state hospital for Insanes. We learn from the *Medical Century* that this bill has been revived in the senate by Senator Fisher. Representative Kilcourse of Cook County has also introduced another bill into the House of Representatives at Springfield. We heartily join with our Chicago contemporary in his earnest appeal to the Homœopaths of Illinois to spare no efforts to induce Messrs. Fisher and Kilcourse to unite together in having a state hospital for the treatment of the insane upon the homœopathic principle. Homœopathy is already receiving favorable consideration at the hands of a large number of senators and representatives of Illinois; and if a combined action is now taken on behalf of a State Homœopathic Insane Asylum, there is every probability that the attempt will be crowned with success.

As to the proposed state hospital for the homœopathic treatment of the Insane in Pennsylvania, a bill has already been introduced into the Legislature of that State. We owe to the *Hahnemannian Monthly* for the particulars of this bill. The Hospital is to be built on a tract of land not less than two hundred acres in extent. It is to be under the charge of a board of Trustees, and the Governor, judges, members of the legislature and board of public charities, are to be *ex-officio* visitors. "The hospital is to receive insane patients of the commonwealth, preference being given to recent cases, and as far as capacity of the hospital will permit, the indigent insane shall have precedence of paying patients." In Pennsylvania five large asylums are in existence for the allopathic treatment of insanes, and the expenses of these institutions are partly met from taxes, one-third at least of which are paid by the patrons of homœopathy. Hence the origin of the bill under

notice, and the recognition by the commonwealth of the necessity for affording state aid to a homœopathic institution. Great praise is due to the people of Pennsylvania for the liberal views and the strong sense of justice manifested by them on the present occasion; and the Homœopaths of the State are to be congratulated for being citizens of a commonwealth, in which the impropriety and injustice of class legislation are not countenanced. We hope the movement will meet with the hearty cooperation and support of all concerned in the establishment and dissemination of Homœopathy.

REVIEW.

The Universal Homœopathic Annual of 1894. A Yearly Report of all the Homœopathic Literature throughout the World, and a Review of Allopathic works interesting Homœopathy. Edited by François Cartier, M.D. Paris, France. Issue of 1895.

For twenty years, since the discontinuance of Dr. Raue's *Annual Record of Homœopathic Literature*, after 1875, our school, notwithstanding the increase in the number of its periodicals, generally monthly, sometimes fortnightly, has been without annual summaries of this ever-growing and voluminous literature. Of the importance of such summaries there cannot be two opinions. The old school has more than one annual, and, if we mistake not, at least a couple of half-yearlies, in the English language. These summaries, if well done, are not only useful to the busy practitioner, but no less to the specialist and the man of research. It is not possible for any professional man to take in and read all the journals in all the languages throughout the world. To be in touch with the progress that is being made everywhere, he must have recourse to such summaries. It must not be understood that these summaries can take the place of the periodicals of which they are excerpts. Their function is not only to record work already done and thus to serve as ready refreshers of the memory, but also to serve as stimulators of fresh work.

It was, therefore, a happy thought of Dr Cartier to revive the Annual discontinued by Dr. Raue, and he is to be congratulated for having succeeded in carrying out the thought well. The

plan of the *Universal Annual* is very nearly the same as that of the *Annual Record*, with a difference which is a great improvement upon the latter. The *Universal Annual*, like the *Record*, is divided into two grand sections, Materia Medica and Therapeutics (called Practice in the latter). The Therapeutics is divided into chapters each of which has been prepared under the supervision of an associate editor whose speciality is the subject of the chapter.

Thus chap. i is devoted to the therapeutics of Diseases of the Circulatory System under the supervision of Dr. Pierre Jousset; chap. ii to that of Diseases of Children and Infectious Diseases under Dr. Alphonse Teste; chap. iii to Gynecology and Obstetrics under Dr. Burford; chap. iv to Mental and Nervous Diseases under Dr. Talcott; chap. vii to Diseases of the Lungs under Dr. Simon, *fils*; chap. viii to Constitutional Diseases and Poisonings under Dr. Giuseppe Bonino; chap. ix to Ophthalmology under Dr. Norton; chap. x to Diseases of the Nose and Throat under Dr. Horace Ivins; chap. xi to Diseases of the Skin under Dr. Kippax; chap. xii to Diseases of the Genito-urinary Organs under Dr. Alexander Villers of Dresden; chap. xiii to Diseases of the Digestive Organs under Dr. Timothy F. Allen; chap. xiv to Surgery under Dr. Van Lennep.

The difference that we have spoken above as constituting an improvement in the *Annual* upon the *Record* is that each chapter but the last in the former has a preface by way of editorial comment from the associate editor, which is very valuable as giving a general summary of progress made in the particular department of which he treats. The last chapter, that on surgery, the Editor-in-chief says he has been obliged to publish without the editorial comments of his colleague and friend, Dr. Wm. Van Lennep, having waited as long as possible (till Jan. 1895). While agreeing in the main with the opinions expressed in these editorial comments, we are bound in the interests of bacteriology and of the progressive character of homœopathy to take exception to a statement which has been made by our excellent colleague, Dr. V. L. Simon in his remarks on Tuberculosis. "Dr. Straus," says he, "has found bacilli in the nasal fossa of persons in perfect health, who frequent places where tuberculous patients reside. The contents of the nasal fossa inoculated into guinea pigs caused them to show signs of tuberculosis. These state-

ments, which are, it is true, very interesting, do not appear to us to be conclusive in favor of microbism, latent, or non-latent. We own that on this question we do not share the general opinion of our brother practitioners. First of all, in our opinion, *the microbe is not a being, not an individual; it is not an animal, still less a vegetable, it is simply a deteriorated anatomical element.* The microbe is not pathogenous, in the sense that the power to cause disease in the individual into whom it penetrates, does not properly belong to it, but it holds this power from the subject who secreted it. It does not create by itself, it does not secrete, as has been wrongly taught, a morbid product; it is only the vehicle of the disease from which the patient was suffering in whom it was created. This is why many organisms may remain in perfect health and at the same time be full of the microbes which are found in subjects suffering from the most dangerous diseases. The microbe coming from a healthy individual is inoffensive, that which comes from a diseased person is virulent; the microbe must therefore be called *pathophorus*. The most recent discoveries reduce to the true value in the etiology the character of the non-amorphous elements, for the most virulent liquids, like those of Pasteur and those used in serum-therapy, are carefully rid of the microbes. It does not do to accord much importance to inoculations in guinea-pigs, for this animal becomes tuberculous for the least thing; inoculated with no matter whatever, they become tuberculous, for that is about the only manner they can react against traumatisms and hurtful reagents coming from outside. It is therefore the last of all animals on which one should trust in experiments of this nature."

It is too late in the day to maintain that the microbes, which have formed the subjects of bacteriology, are not beings, are neither animals nor vegetables, but deteriorated anatomical elements. Whether animal or vegetable, that these microbes are not mere deteriorated anatomical elements, but living beings which grow and multiply after the manner of living beings, has been proved beyond the shadow of a doubt, and for any body to question this would only be showing want of familiarity with modern microscopic research. The tendency of such research is to refer these microbes to the vegetable kingdom. Barring this erroneous statement about the nature of the microbes, the view

expressed about their function in the etiology of disease, appears to us very sound.

The materials of the *Annual* have been drawn from no less than fifty-three Journals, chiefly homœopathic, and over and above the collaboration of the eminent associate editors mentioned above, the editor-in-chief has been assisted by Physicians especially attending to the translation department of German, French, Spanish, Italian, Russian, Dutch and Danish. The work has been well done, and we wish the editor the success he richly deserves. No homœopathic practitioner should be without a copy.

A Pathogenetic Materia Medica, based upon Drs. Hughes' and Dake's Cyclopœdia of Drug Pathogenesy. By the Medical Investigation Club of Baltimore. Boericke & Tafel. 1895.

We hail with pleasure the appearance of this work as one which will serve as a model on which the materia medica ought to be constructed. We fully share the conviction of the authors, "that this compilation fills a place occupied by no other work, that it is needed, and that it is in accordance with the requirements of science."

The authors state in the Introduction "that this book is not offered as a substitute for all other works on materia medica. Its mission is two-fold; first, to show the need of a thorough and scientific re-testing of effects even of our best known drugs upon the healthy; and second, to furnish an illustration of the character of work believed to be necessary for the establishment of a practical working materia medica for the future. While believing heartily in the value of these synthetic symptomatologies, the necessity for collecting all reliable clinical indications for drugs is also recognized. The one essential point to sustain is that, however we may confuse the purely pathogenetic and the purely clinical observations of drug effects, in our own minds, these two classes of indications should be kept separate in works on materia medica purporting to be scientific, and in our medical colleges our students should also be taught the difference in the value of the pathogenetic and the clinical indication, and so far as possible they should be taught, first, the pure pathogenetic effect, and in

corroboration of the theory the clinical verifications should then be introduced together with whatever of value is known empirically of the use of drugs. The study of materia medica needs systematizing, and this is the authors' idea of how to begin to systematize it."

The treatment of each drug, in this work, is under four heads:—(1) Remarks on Provings, (2) General sphere of Action, (3) Symptomatology, and (4) Therapeutic Application.

To give our readers an idea of the way in which the plan of the work has been carried out we shall take one drug, *China*, as a specimen. The following are the

"*Remarks on Provings.*

"Of the nineteen proving and poisoning-records of cinchona in the Cyclopædia of Drug Pathogenesy, fourteen in all have been used; thirteen out of seventeen 'provings,' and one of two 'poisonings.'

"The reports rejected are as follows:

"Provings Nos. 1 and 2 are simply notes referring to Hahnemann's Fragmenta de Viribus. No. 15 is a record of the effects of cinchona rubrum, and No. 6 is a generalization. Of the poisonings No. 1 is refused because it is a generalization of effects produced in men who work in the bark.

"In this compilation we are pleased to note an experiment made by the great Doctor, Samuel Hahnemann. Including this all the tests were made with the crude drug in either the tincture or the powdered bark; the poisoning case was the result of a strong decoction.

"Of the thirteen experimenters, eleven were men and two were women."

The following remarks come under

"*General Sphere of Action.*

"From the above-mentioned material it is possible to form only a superficial idea of the general effects of cinchona. We are able, however, to conclude that the drug deranges the sympathetic nervous system, the intestinal tract, and the circulation.

"The vegetative nervous system evidences its disturbance by excitement or anxiety, tremulousness, cold sensation and disturbed cardiac action.

"The circulatory apparatus through the nervous system, shows perversion in the palpitation.

"The mucous membrane of the stomach and intestines is affected, but whether from the local drug effects solely, or through the local irritation *plus* the nerve centres, our data do not allow us to decide.

"Upon the question of the affinity of cinchona for the liver and the spleen we can say nothing, and our records show but slight suggestion of its applicability to ague or diseases of malarial origin. In fine, Peruvian bark needs a scientific re-proving."

Then we have the following symptoms under

"*Symptomatology.*

(Provers, fourteen: men, eleven; women, two; sex unknown, probably male, one.)

Generalities.—Trembling. Restlessness.

Mind.—Irritation of nervous system: Sense of excitement, anxiety.

Head.—Head affected in some manner: headache.

Face.—Face congested. Cheeks red.

Mouth.—Increased salivary flow.

Stomach.—Anorexia. Appetite good: increased. Thirst. Eructations. Nausea.

Abdomen.—Sensations of warmth in abdomen. Intestinal disturbance: 'colicky' pains in abdomen; rumbling; abdomen distended.

Stool.—Intestinal functions stimulated: stools pappy; diarrhœaic. Flatulent discharges.

Heart and Pulse.—Rapid action of the heart: palpitation.

Limbs.—Cold feet.

Sleep.—Unquiet sleep: frequent waking.

Chill. Fever. Sweat.—Cold sensation. Chilliness. Sweat."

Last of all we have the following observations under

"*Therapeutic Application.*

"So limited is our reliable pathogenetic knowledge of Peruvian bark that we shrink from suggesting its use in pathology; neither its general sphere of action nor its symptomatology furnishes more than the merest outlines of hints.

"Debility from loss of fluids, dropsical affections, icterus, chlorosis, hæmorrhages, fevers of malarial origin, rheumatic, catarrhal

and neuralgic affections may all find their simillimum in china, but there is no proof of this in our study of the drug. The chief symptoms gleaned point as follows:

"*Digestive Derangements.*—The drug may relieve disturbances of digestion when there is a sensation of warmth in the abdomen, eructations and discharges of flatus, nausea, thirst, *headache, palpitation of the heart and diarrhœa.* The appetite is, however, either unimpaired or increased.

"*Bulimia* may find a remedy in cinchona.

"*Colic.*—Pains in the abdomen with eructations and flatulent discharges suggest the drug in colic.

"Since cinchona has such a reputation as a remedy for intermittent fever, we can do no less than call attention to all the data contained in the symptomatology.

"*Intermittent Fever.*—For this malady a few indications may be found among the symptoms produced by china, viz.: A sense of nervous excitement with trembling, headache, rapid pulse, wakeful sleep, intestinal disturbance, red cheeks, nausea, but with a good appetite; though occasionally there is anorexia.

"The foregoing is about all we know of the reliable pathogentic effects of cinchona, and the therapeutic application of the drug as given is as large as our data will permit. There is probably no drug that more strongly teaches the fact that a thorough re-proving of the materia medica is a necessity."

With slight difference in typography the above presents faithfully (*verbatim et literatim*) the whole article Cinchona as given in the work, and this serves, as we have said, as a specimen of the way in which forty-six other drugs have been treated. We should state that under symptomatology a figure is affixed to each symptom in the form of an exponent to indicate the number of provers who had experienced it. The small number of drugs treated in this work is accounted for by the authors having selected those only which have been tested by not less than ten experimenters. But small as the number is we believe with them that "this is sufficient to make a respectable nucleus for an exhaustive, pure pathogenetic symptomatology of the future."

Homœopaths may be startled, and we should not be surprized if most of them would feel indignant to learn, "that with few exceptions Hahnemann's provings have been excluded from this

work. "This is not because they may not have value," say the authors, "but it is because sufficient details cannot be obtained to prove this, as the records at command give neither dose, preparation of drug, nor other important points, and as this method of condensation necessitates working from individual records, Hahnemann's provings as now extant are not admissible." In excluding isolated symptoms, *i e.*, those appearing in one record only, the authors are very careful to say that "the single symptom is not condemned as of no value, but it is omitted simply because it has no verification and may be a mere peculiarity of the individual. Future drug tests must decide the point."

With the paucity of provers that he could command, Hahnemann was obliged to include single symptoms in his pathogenesis, and as he subjected both himself and his fellow-provers to the most searching examinations, it was very seldom that he could mistake individual peculiarities for genuine symptoms. And there could not be a better test of this than the success which has attended their application at the bed side. The authors admit this when they say, "simple clinical facts verifying the curative power of a drug may be as trustworthy as *a priori* pathogenetic information, but," they add and we think very properly, "the difficulty is to prove them to be *facts*." The difficulty is not, however, insurmountable. Repeated verification cannot be due to chance or accidental coincidence. Hence, in our opinion, symptoms repeatedly verified by curative effects should not be rejected.

To reject such symptoms would be to mutilate the materia medica that we already possess to such an extent that homœopathy based upon it would scarcely have any therapeutic superiority over the old methods. Compare the few therapeutical applications that may be made of Cinchona from the scarcely two dozens of symptoms given above, with the numerous successful applications we are daily making of it, and the result of the mutilation we speak of will be seen at once. That the authors are duly impressed with the importance of this fact is shown by their repeatedly insisting upon a thorough reproving of the materia medica; and by the following observation: "In setting forth the merits of work possessed by the synthetic method, it is not intended to give the impression that clinical observations are considered

of *no* value; such an intention is disclaimed. Dr. Farrington's Clinical Materia Medica, for example, is a valuable work and fills its place admirably, but a work on pure pathogenetic materia medica for the active practitioner is also necessary, and in the present advanced state of all branches of science and art it is incumbent upon the medical profession to approximate as closely as possible correct knowledge in medicine, through which prescient therapeusis may accompany correct diagnosis. To this end it is necessary that drug action should be more thoroughly understood, and certainly this is only attainable by study of drug effects upon the healthy and the reduction of the results of our observations to a synthesis expressive of the undoubted effects of the drug upon the whole group of experimenters as a composite type."

But even if the repeatedly clinically verified symptoms were taken in, there would still remain a mass of so-called symptoms in our materia medica which are in all probability nothing but individual peculiarities or mere subjective imaginings of the provers. Hence, from the strictly scientific point of view, it must be acknowledged, as this work has shown, "that far less is known of drug action, as founded upon the relation of pathogeny to pathology, than has heretofore been supposed" and "that a small proportion of prescriptions of homœpathic practitioners (especially the pure symptomatologists), is based upon pathogenetic knowledge, and a large proportion is the result of clinical observations or of arbitrary inference." Once this fact is admitted the necessity of reconstructing the materia medica on the basis of reprovings for the sake of the scientific status of Homœopathy will be recognized. Such reconstruction can only be accomplished by an institution or institutions specially organized for the purpose; and we believe with the authors that "a properly managed college of provers would do more in ten years for the foundation of homœopathy upon a scientific basis than will the usual desultory work in fifty or a hundred years." And we are in perfect accord with the authors when they say that "no layman is qualified for drug proving unless possessed of considerable anatomical, physiological and pathological knowledge, or is under the constant surveillance of a physician."

The limited space at our command forbids us to enter into a further discussion of the merits of the work, which we have no hesitation in pronouncing to be one of the most valuable and important that have issued from the homœopathic press. We hope we have given a sufficiently fair idea of it to induce those of our readers, who have not already seen it, to lose no time in possessing it, and we have no doubt they will derive from its study both pleasure and profit.

EDITOR'S NOTES.

PREMATURE MENSTRUATION.

The *British Medical Journal* of 16th February reproduces from the *Vratch*, (No. 44, 1894) the particulars of the case of a girl of 6 years showed by Dr. G. E. Rein at the Kieff Obstetrical and Gynæcological Society, "who had commenced to menstruate regularly about a twelve month previously. The catamenia recurred every three or four weeks and lasted on each occasion from four to ten days. The breasts, external genitals and pubic hair-growth resembled those of a girl 13 or 14 years old. The abdomen proved to be considerably enlarged, the circumference amounting to 85 centimetres. The examination revealed the presence of a fluctuating thick-walled ovarian cyst."

THE CHEMICAL RAYS AND VARIOLA.

Finsen was the first to speak highly of the isolation of small-pox patients in red rooms, sheltered from the chemical rays of light. He shows the action of light on the tissues, the teguments, and the favorable results that should be obtained in this disease of cicatricial tendency. The ointments and compresses used for variolous patients weaken the intensity of the pustules by opposing the passage of the chemical rays. To obtain the best results of this treatment the light must be filtered through a sufficient coat of red to intercept all chemical rays. The treatment should be commenced as soon as the exanthem appears, and continued without interruption.—Dr. Alphonse Teste, in the *Universal Homœopathic Annual* for 1894.

WHEN DO OYSTERS BECOME UNWHOLESOME.

Anent the inquiry about the connexion of typhoid fever with the ingestion of uncooked diseased oysters now being conducted in England and elsewhere, the following facts respecting the common oyster, are reproduced from the *Hahnemannian Monthly* (March, 1895):—

"In addition to the established fact that oysters are affected by polluted water, eminent naturalists assert that during the spawning period they are also unwholesome. Oysters spawn in spring, each oyster producing from 1,000,000 to 2,000,000 of eggs. These eggs are not cast forth at once, but are carefully lodged between the gills, where they undergo the process of incubation. Hence from May till September—the months without the r— oysters are considered unfit for food. Mussels are equally unwholesome, and it has also been asserted that both bivalves eat the spawn of the star fish at this period, thus producing in themselves a species of decomposition."

MERIDEN CITY HOSPITAL, CONNECTICUT.

We learn from the same Journal that a homœopathic branch has lately been added to this hospital, and a homœopathic staff consisting of Doctors C. E. Hewitt, E. C. Newport, and F. H.

Monroe, has been appointed to it. All the hospital patients who desire the treatment of the new school, will be placed under the care of this staff. In the allopathic branch of the hospital the attending physicians and surgeons are twelve in number; six in each department who serve one month each by rotation, and at the end of the six months, begin another round, making the term of service two months for each physician and surgeon during the year.

CHICAGO INTER-COLLEGIATE ASSOCIATION.

The same Journal notices a meeting of the faculty of the National Homœopathic Medical College which was held at Chicago on the 24th January last, to discuss the question of forming an intercollegiate association for the purpose of raising the standard of medical education, and of securing a uniformity in requirements for graduation. It was decided that the association should be composed of two members from each medical college of good standing in the State of Illinois. The Board of Directors of the National College will appoint a committee to settle all points of detail. We hope that this association will demand from candidates for admission to the Homœopathic Medical Colleges a higher general education than that required at present.

A CHEAP AND EFFICIENT DISINFECTANT FOR THE SICK-ROOM.

The Paris correspondent of the *Lancet* of 9th February 1895, recommends, on the authority of M. Meillere, the following powder as a cheap and efficient disinfectant:

Sulphate of zinc, 1,000 grammes.
Sulphuric Acid, 5 to 10 c. c.
Essence of Mirbane 2 c. c.
Colouring matter (e.g., indigo blue), 15 centigrammes.

Five grammes of this salt are to be placed in the bedpan before it is used. The salt is readily dissolved when brought into contact with urine or liquid stool, "deodorisation is instantaneous, and the liquid excreta are at once sterilised." The fetor is transformed into a rather agreeable odour, and therefore the excreta may be preserved for microscopical examination.

THE INFLUENCE OF MENTAL IMPRESSION OF THE MOTHER ON OFFSPRING.

Dr. H. Lewis Jones reports in the *British Medical Journal* of 23rd Feb. of a woman who was attending the Electrical Department in St. Bartholomew's Hospital in the early months of her pregnancy. One day while sitting upon a bench in the waiting room, she was startled by a little boy who had two fingers of one hand fused together. "The boy was standing on the bench, and put his hand upon her shoulder; she turned to see what it was that touched her, and then saw for the first time his deformed hand, and was agitated at the sight of it. Her baby now has a double fifth toe upon each foot. The right one is almost completely double, and the left one is

so to a less degree, being bifurcated, and having two separate toe nails. The deformity had not occurred before in any of her children or relations."

BOTTLE FEEDING *vs.* BREAST FEEDING.

In a discussion on the connexion between female factory labor and infant mortality, carried on at a meeting of the Society of Medical Officers of Health held on the 21st of January last, Dr. Turner expressed it as his opinion that the mortality from infantile diarrhœa was wholly a question of septic artificial *versus* aseptic breast feeding; and he supported this opinion by the facts that the disease in question was almost unknown in old London, insanitary as it was, because feeding bottles had not been invented and used, and that at Much Hadham, a large village in Hertfordshire, where the children were invariably breast-fed, the opening up of an ill-constructed system of cess-pits and sewers, was followed by an outbreak of diarrhœa which spared the infants even when their mothers were attacked. This opinion of Dr. Turner does not appear to have been contradicted by the other Health Officers present at the meeting.

CONGENITAL ABSENCE OF RIGHT KIDNEY, OVARY AND FALLOPIAN TUBE.

Dr. F. W. Edridge-Green reports in the *British Medical Journal* of 23rd February, the case of a female child aged 1 month who had died suddenly without any apparent cause. She was stated to have been quite well in the early morning, "when her mother left her in the bed alive, and returned after about an hour's absence, and found her dead. The child had two thumbs on the right hand, the four fingers being normal. She had also two accessory auricles in the position of the upper branchial cleft, and the intermaxillary cleft." After *post mortem* examination, it was found "that the right kidney and right Fallopian tube and ovary were absent, and there were not any rudimentary structures in their place. The right superior angle of the uterus was rounded off, and completely covered by peritoneum. The left kidney was normal in size and deeply congested. The pelvis contained a small quantity of purulent urine; the bladder was quite empty."

HORSESHOE KIDNEY.

Oleson (*Annals of Surgery*, No. 6. vol. XX.) reports a case of a Swede, aged 26, who died of pneumonia. On *post mortem* examination, apart from the changes in the lungs, the most interesting point disclosed was the state of the kidney which was single. The organ lay with two extremities in the usual situation of the kidneys. The lower margins of what should be the normal kidneys were continuous. Two adventitious kidneys existed, their hila being directed obliquely outward and downward, and their inferior margins continuous across the front of the aortic bifurcation, Each of the four kidneys was anatomically, and apparently functionally, perfect, with pelvis, ureter, vein and artery. The renal arteries were normal, one on each side. In addition there was an adventitious vessel from the front

and just above the bifurcation of the aorta. This separated into two, and supplied the supplementary kidneys. The veins were similarly arranged.—*British Medical Journal*, 23, Feb.

INCREASING CATHOLICITY OF THE OLD SCHOOL.

At a meeting of the Cleveland Medical Society, which has several hundred physicians (all of the allopathic or "regular" school) as its members, held on the 8th Feb. last, a resolution was introduced making all legally recognised practitioners of whatever school eligible to membership. According to the *Hahnemannian Monthly* (March, 1895) this resolution had special reference to the Homœopathic practitioners. The word "regular" was defined to mean any physician who was a graduate of any recognised medical institution and held the necessary diploma. The resolution was put to the vote, and adopted by a very large majority, half a dozen members only being of a contrary opinion. We hope that the manifestation of this good feeling of the Allopaths towards the Homœopaths in at least one of the cities of the United States of America will go a great way towards allaying the strong antipathy which one school of medicine entertains towards the other in almost every part of the globe.

SEA WATER AND MENSTRUATION.

"Houzel (*Ann. de Gynec.*, December 1894.) has published a series of statistics on menstruation in fisherwomen on the French coast. They lead a hard life, and are ill fed. They spend a great part of the year shrimping, which involves immersion for hours in sea water, often above the waist. They walk about in their wet clothes afterwards selling their shrimps. In winter they pick mussels out of rock pools at ebb tide, and return to town carrying baskets full of the molluscs, dripping over their clothes, the water sometimes freezing as it falls. All the 123 fisherwomen interrogated by Houzel insisted that the catamenia were always easier when they were actively at work at their calling. Some found that the period became painful or scanty, when they led a temporarily dry life, and returned to its normal state when once more they walked in the sea to earn their bread. Puberty comes on rather earlier than in landswomen, the menopause later and the fertility is markedly high. In short, fisherwomen are strong and their period is maintained at a normal point more steadily than is the case with other women. Houzel, however, sees a direct relation between the immersions and the normal catamenia. He notes that lady visitors, after a few days' acclimatisation, find that sea bathing is excellent for regulating the catamenia."—*British Medical Journal*, 2nd Feb. 1895.

FINGER AND TOE DISEASE OF CABBAGES.

We learn from a note on the Disease of cabbages and allied plants, known as Finger and Toe, by George Massee of Kew Royal Gardens, that this disease, found to be caused by a minute organism related to the *fungi*, to which the name of *Plasmodiophora* has been given, has

done a serious amount of damage to the cabbage and allied crops in Britain and Russia. A series of experiments carried out during four successive years at Kew, demonstrate the following points:

(1). That in addition to cultivated plants, several common weeds belonging to the order *Cruciferæ* are attacked by the *Plasmodiophora*. Hence the necessity for preventing the growth of such weeds in fields and hedge-banks.

(2). That the germs of disease are present in soil that has produced a diseased crop, and retain their vitality for at least two years.

(3). That the development of *Plasmodiophora* is favored by the presence of acids, and checked by the presence of alkalies, agreeing in this respect with the fungi rather than with bacteria.

(4). For the purpose of sterilising infected soil, experiments prove that either a dressing of lime or a manure containing potash salts is effective, the last being most valuable, as it not only destroys the germs in the soil, but also arrests the disease in seedling plants, and at the same time supplies one of the ingredients necessary for the healthy growth of turnips.—*Nature*, 7th March 1895.

CONGENITAL HEMI-HYPERTROPHY.

Samuel. S. Adams has recorded (*Arch. of Ped.*, Dec. 1894) a remarkable case of over growth of one side of the body observed in the person of a boy aged 10. He was of white parentage, and a native of Washington, U. S. A. His mother died in a confinement; his father was alive and well, but "dissipated;" his five brothers were living, without deformity; his only sister had an ankylosed hip-joint from old disease of the joint. The boy was stated to have been deformed at birth, though to a less degree. He had had none of the "diseases of childhood," and his general health had always been good. He was of average intelligence. During the five months he had been in an orphanage it was thought (by the sisters) that the disparity between the two sides of the body had increased. The hypertrophy affected the face, tongue, tonsil, mamma and scrotum, as well as the bones and soft parts of the limbs. The right lower limb, measured from the anterior superior spinous process to the external malleolus, was 4¼ inches longer than the left; the difference in the circumference in the middle of the thigh was 4¾ inches. The skin on the affected side presented in many parts telangiectatic areas. The weight of the body was apparently carried by the sound leg.—*British Medical Journal*, 2nd Feb. 1895.

THE LATE DR. MARY WOOLSEY NOXON.

The February number of the *North American Journal of Homœopathy* contains a notice of the death of Dr. Mary Woolsey Noxon, one of the most noted of the female physicians of New York, which took place suddenly at her home, No. 28, West Fortyfifth Street, on the 16th of January last. She was born at Beekman near Poughkeepsie in the State of New York about the year 1844, whence she went to the city of New York to study medicine at an allopathic college; but she soon betook to the study

of Homœopathy, and was graduated in 1873 from the New York Homœopathic Medical College and Hospital for Women. She then engaged herself in active practice in that city, devoting her special attention to gynecology. Many of the wealthy and noted women of New York were among her patients. She was a member of the American Institute of Homœopathy, and of the New York State and County Homœopathic Medical Societies, and was consulting physician at the New York Hahnemann Hospital. Her age was above fifty at the time of her death, and although practising continuously for more than twenty years, she seemed to be quite hale and hearty, and looked as if she was in the prime of life both physically and mentally. On the morning of the day mentioned above she was quite well and attended on her patients as usual at her own office, but in the afternoon, while entering the house of a patient, she was suddenly seized with what seemed to be apoplexy, and breathed her last almost immediately.

DUAL ACTION OF THE BRAIN.

"A case of dual brain action presenting points of special interest, both in physiology and psychology, is described in *Brain* (Part LXIX) by Mr. L. C. Bruce. The patient who formed the subject of observation varied considerably in his mental condition, and the most obvious phenomena observed during these changes were that in one condition he spoke the English language, and in the other the Welsh language. When in the former state, he was the subject of chronic mania. He was right handed, and exhibited a fair amount of intelligence. He remembered clearly things he had noticed in previous English periods, but his memory was a blank to any that occurred during the Welsh stages. He wrote by preference with his right hand, his letters were fairly legible, and he wrote from left to right. If asked to do so, he would write with the left hand, but then produced mirror writing, traversing the paper from right to left. When in the Welsh stage, however, he was left handed and the subject of dementia. His speech was almost unintelligible, but what could be understood was in the Welsh language. In this stage he had no idea of English, and his mental and physical conditions altogether were the reverse of what they were in the English stage. From these observations, Mr. Bruce is led to believe that 'the cerebral hemispheres are capable of individual mental action, and that the mentally active cerebrum has a preponderating influence over the control of the motor functions, the patient living two separate existences during the two stages through which he passes; the mental impressions received during each of these separate existences being recorded in one cerebral hemisphere only.' If the cerebral hemispheres did not act independently, it is difficult to account for the patient's ignorance of events which happened to him in the Welsh stage when he passed into the English condition."—*Nature*, 7th March 1895.

FOOTBALL AND ALBUMINURIA.

Albuminuria being pretty often found after violent exercise, long marches or severe runs, Dr. Macfarlane of the Albany (New York) Medical College, (*British Medical Journal* of 2 Feb.) made a series of observations on the urine of football players, which are of considerable interest, showing that in the urine passed immediately after a game albumen and tube casts were present in every one of the twenty players examined. The presence of small quantities of albumen in the urine, seems to pass the boundary between pathology and physiology. In the cases observed by Dr. Macfarlane, the test employed was Heller's with cold nitric acid; and in the majority of them, the line of opacity was very well marked, in most of them being from one-sixteenth to a quarter of an inch in thickness. The specific gravity in five cases only was above 1025, and in no case above 1030. Sugar was absent in all cases. The striking thing, however, was the presence of tube casts which were found in every case, mostly of the granular, but sometimes of the hyaline, variety; and in a few cases blood casts. These observations led Dr. Macfarlane to propose two questions: (1) Can such a condition be repeated twice or oftener a week without doing to the kidneys some damage, which although it may go for years unrecognised, will eventually lead to serious renal change? (2) Is it not dangerous for men whose kidneys may have been weakened by previous disease, as scarlet fever, to subject themselves to such a violent strain? These are questions of very great importance, but can be solved only after careful and prolonged enquiry. In this City of Palaces, there are medical men of repute who take a keen interest in football. We hope therefore that the questions raised by Dr. Macfarlane, and other questions of a cognate nature connected with football, will soon find satisfactory solution.

ACUTE INFECTIVE DISEASES AND ABORTION.

The same journal reproduces the following remarks of Klautsch [*Munch. Med. Woch.*, December 26th, 1894]:—Premature pains may be caused by (1) increased body temperature; (2) altered blood; (3) changes in the uterine mucous membrane as in endometritis exanthematica; (4) toxins present in the blood. Abortion may be induced either by the death of the fœtus, or less frequently, by premature uterine contraction. The fœtus may die from (1) deficiency of oxygen; (2) alteration in temperature; or (3) direct transmission of the infection; or from a combination of these conditions. If the deficiency in oxygen occurs rapidly, the fœtus dies; if gradually, pains are induced. The inconstancy of the transmission of the infection can occur only when the normal connection between the maternal and fœtal circulation is disturbed. "In typhoid fever abortion occurs in more than half the cases, and the fœtus is mostly born dead, the death being very often due to the transmitted infection. Cholera is not transmitted to the fœtus, the death being here due to the altered blood, to an endometritis, to a diseased fœtal placenta, and

to temperature variations. In measles the fœtus rarely dies. In severe malaria the fœtus is more often born alive, but soon dies of malarial cachexia. In pneumonia the death of the fœtus is not uncommon, and is due to asphyxia. Variola frequently kills the fœtus, yet many are born alive. As regards the pains, the fœtus may be expelled in variola even during the suppurative stage; in malaria after the paroxysm; in erysipelas most often when the eruption appears; in cholera during the transition stage; in influenza soon after the onset of the febrile symptoms; and in pneumonia on the third or fourth day. In typhoid fever the abortion may be accompanied by much hæmorrhage, or strong contractions and little hæmorrhage. In cholera the hæmorrhage is profuse, and the contractions violent. The fœtus is mostly much more threatened by the altered temperature, disturbed circulation, and pathological changes in the endometrium, than by the transmission of the infection." The subject brought forward is one of considerable importance, and the remarks made will doubtless lead others to make patient and prolonged enquiry in connexion not only with the diseases mentioned, but with reference to other diseases also.

CLINICAL RECORD.

Cases of Malarial Fevers.

By Dr. Tinkari Mookerji, L.M.S.

Case 1.—I was called to attend a child, aged 8 years, on the 4th Nov. 1894, at 4-30 p. m., at No. 62 Grey street, suffering from severe fits of convulsions. The child has got fever since the 2nd Instant; the temperature rose to 105°F. Skin hot and dry, hands and feet cold; head hot, eyes congested, pupils dilated; tongue and lips are dry and parched. Abdomen slightly tympanitic. Had two loose scanty motions, severe convulsive fits coming on every 15 or 20 minutes since 2 p. m. The child was almost unconscious. Gave *Belladona* 30th, every 4 hours. After taking one dose of the medicine he had one fit of convulsion at 6 p. m., the temperature came down to 102.°8 F, consciousness returned and the child had a good sleep at night.

Next morning the temperature was 100°F; had one stool. No tympanitis and is perfectly conscious. Continued *Bell.* 30th, 3 times during the day. At 4 p. m. the temperature rose to 104°F., and patient was very thirsty.

6th. The morning temperature was 102°F. Pulse full and quick, thirst, tongue dry, head hot, hands and feet cold. Continued *Bell.* 6x, 3 times during the day. At 2 p. m. the temperature rose to 106°F. but patient was perfectly conscious, there was no delirium, no convulsion, nor any congestion of the eyes. Head hot, skin dry and hot. Hands and feet warm. Had two scanty motions but there was much ineffectual urging, abdomen slightly tympanitic, soreness and pain on pressure over the hypochondriac region; wants to be covered up; feeling of giddiness on rising. Ordered *Nux Vom.* 6x, one dose to be given when the temperature comes down.

Next morning the temperature came down to 99°.4 F., when I gave Quinæ Sulph. gr. ii for a dose, every 2 hours up to 3 doses.

The fever came as usual and the temperature rose to 106°F. Next morning I repeated quinine, 3 doses, and the child was cured.

Case 2.—On the 4th January 1895 I attended K at 3 p. m. at Cornwallis street. He had an attack of Intermittent fever about a month and half ago; after 10 or 12 days he was quite well and free from fever for 4 days, when he was again laid up with remittent fever which continued for a fortnight. Then the fever became Intermittent with severe throbbing pain over the vertex and forehead. This paroxysm of fever and headache used to return every day about 11 a. m. The temperature never rises to more than 102°F. At first he was under the treatment of a Kaviraj, subsequently he had allopathic treatment also. Present symptoms: The temperature was 101°F. Head hot and painful, the headache is apparently relieved to a slight extent by pressure and tight bandage. Very thirsty. Drinks glassfuls of water at a time. Profuse and frequent urination during the hot stage. Sometimes the fever comes on with slight chills. Perspiration absent.

Gave *Nux Vom.* 30th, 2 doses. At 2 A. m. on the morning of the 5th I was called again on account of the severe headache ; the patient had no relief from *Nux Vomica.* I gave him 3 doses of *Ignatia* to be taken every 3 hours. On the morning at 7 a. m. the patient was free from any complaint and was rather lively. The fever came on again at 4 p. m. and the temperature was 100°F. The headache was not so severe. Dr. M. L. Sircar was called in the evening in consultation. He advised me to give *Argentum Nitr.* 6x, if *Ignatia* fails. Finding some relief from *Ignatia* I gave it a fair trial, one dose for two successive mornings.

On the 8th Instant I followed Dr. Sircar's advice and gave him *Argentum Nit.* 6x, 3 doses daily. But finding no change for the better I prescribed *Belladonna* 30th twice a day. After which, the patient began to improve gradually, and after 4 or 5 days he became quite well.

Case 3.—Babu B. K. Ghose, residing at Circular Road, came under my treatment on the evening of the 6th March 1895. He was at Chittagong for 3 weeks and came down to Callcutta on the morning of the day I was called to attend. He had slight fever on the day previous while coming by steamer. To-day the fever came on with violent shivering. Temperature rose to 104°F. Very thirsty, constant nausea with occasional vomiting. Slight headache. I gave him *Ipecac.* 30th, 2 doses. Next morning the temperature came down to normal, could not sleep at night, was very restless. As the fever abated he felt severe dull pain in the head. Tongue coated with yellow fur. Noticed some red eruptions on the hands, face and body. These were very suspicious and as there were several cases of small-pox in the neighbourhood and as the disease was raging like an epidemic throughout the town at the present time, I withheld giving him any medicine for two days. I was called again on the morning of the 9th when I found the temperature was normal, but he complained of severe headache and thirst with constant nausea. Bowels had moved. Tongue coated with yellow fur. The eruptions had partly gone down. Gave *Ipecac.* 30th. At 4 p. m. the temperature rose to 106°F. Vomited once with nausea and thirst but very little headache ; at 8 p. m. the temperature came down to 100°F. and at midnight it became normal.

10th. I gave him grs. x of hydro-bromate of quinine in 2 doses. The fever came on as usual, but the temperature did not rise more than 102°F. Next day I repeated the quinine and he was thoroughly cured.

Gleanings from Contemporary Literature.

PARANOIA.*

BY GEORGE ALLEN, A.M., M.D., MIDDLETOWN, N. Y.,
FIRST ASSISTANT PHYSICIAN, MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.

PARANOIA is a term which has come into use during recent years to describe a common form of mental disease. The term has been of occasional use for years, but in a vague and ill-defined manner, and only recently has its meaning and acceptance become well-defined. Its derivation is from two Greek words, *para*, near to, and *noes* to be wise, implying that the subject of paranoia was "near to," or had narrowly escaped the possession of wisdom. Etymologically, however, the term is rather descriptive of insanity in general than of any particular form.

Paranoia may be defined as systematized insanity or systematized delusion, this being the one universal characteristic of the disease admitted by all authors.

Paranoia is, in the main, synonymous with the following terms, which different writers have used to describe, practically, the same disease, viz.: Monomania, or monopsychosis (Clouston); delusional monomania (Spitzka); partial delirium (Bra); primare verrucktheit (Greisinger); delire systematise (Morel); monomanic intellectuelle (Esquirol); paranoia universalis (Arndt); chronische wansinn (Schule); paranoia originaria degenerativa (Morselli.)

With exception of the English, however, most writers upon insanity are gradually concurring in the adoption of the name paranoia as a general and embrasive term for all the systematized insanities. By this term, "systemtized," is meant insanity characterized by delusions of a systematized nature, *i. e.*; in the language of Spitzka, delusions which "have a complex logical organization," which are "plausibly based, elaborately expressed," and susceptible of skillful defence by the person holding them; *e. g.*, a patient who was for years an inmate of this hospital, believed that he was persecuted by the Jesuits, whom he accused of making repeated attempts upon his life by poison, and thwarting all his business enterprises, and finally, of securing his incarceration in an asylum upon the false charge of insanity, because they knew him to be a man of great literary and scientific ability, and they were determined that he should succeed in nothing so long as he refused to join the Roman church. His delusions of persecution took a variety of forms during a period of nearly forty years, but were always firmly held, the supposed reasons therefor clearly stated, and, supposing his premises to have been correct, no fault could be found with the logical process by which he convinced himself of the correctness of his position.

The delusions of other forms of insanity are, as a rule, unsystematized. They are illogical, having no basis of plausibility; they are often expressed in a confused and uncertain manner, and the patient cannot argue with any skill or show of reason in their defence, but merely reiterates his false beliefs in the face of the most convincing proofs of their falsity; *e. g.*, a case of melancholia who persists in believing that his bowels are obstructed, and that nothing passes them though having regular daily evacuations, is the victim of an unsystematized delusion.

Most authorities hold that paranoia is a chronic form of insanity, and though Westphal described an acute form, other competent observers have not concurred in recognizing an acute variety of the disease.

* Read before the Forty-third Semi-Annual Meeting of the Homœopathic Medical Society of the State of New York, September 26, 1894.

Some writers maintain that paranoia is always a primary form of insanity while others affirm that it is always secondary to mania or melancholia. Still others, and this is evidently the correct view, believe that, while it is often primary, it may occur as a secondary form. Some Italian writers would classify all forms of paranoia as secondary, because they hold that the primary cases are always hereditary, and are, therefore, really secondary to an insanity or neurosis in some ancestor.

Clouston says the disease may arise in four different ways :

(1) It may be the gradual evolution of a natural disposition—a proud man becoming insanely and delusionally proud ; a naturally suspicious man becoming insanely suspicious.

(2) It may be secondary to mania or melancholia, remaining as the permanent brain result and damage after these forms of insanity have subsided. Such patients seem to recover up to a certain point, but no further.

(3) It may be due to the action of alcoholic or syphilitic poison upon the brain and body, or to traumatism of the brain, to sunstroke or to gross lesions.

(4) It may arise from perverted organic sensations in constitutional diseases characterized by lack of trophic power and brain anæmia, notably tuberculosis.

He further says that there is usually a predisposition to insanity in these cases.

Spitzka agrees with these views in the main, believing that the disease usually develops on an "inherited taint of insanity or a transmitted neurotic vice." He also thinks that great emotional strain and the continual harping of the mind on one subject may be an important factor in its ætiology.

There occurs in some cases as a primary or developmental stage of the disease a period of introspection and self-examination, a sort of hypochondrical stage, in which the patient feeling that something is wrong is disposed to look within for the cause. He accordingly analyzes his feelings, studies his functions and is disposed to exaggerate any physical or mental peculiarities or defects which he may note in himself. Paranoia is, however, not often recognized in this stage. But it is not improbable that cases of hypochondrical melancholia, if their history were carefully followed, would be found to develop into well-marked cases of paranoia. It is, therefore, well to bear this possibility in mind in examining cases of insanity which show an exalted personality with hypochondrical tendencies. Cases thus beginning gradually develop delusions of persecution as an explanation of their supposed sufferings. Paranoia is usually first recognized as such in the stage when delusions of persecution become most pronounced.

Sanders, in 1868, first described inherited or degenerative cases of paranoia under the name of "Originare Verrucktheit." Such cases show certain somatic signs or stigmata indicating a defective or unstable, nervous and mental organization. Among these are asymmetrical cranial development, one-sided bodily defects, strabismus, lack of musical sense, inability to pronounce certain consonants in childhood, and in general bodily defects similar in kind, though not in extent, to those which characterize imbecility. Often, too, these persons show precocious and unusual intellectual abilities in certain directions similar to that which is seen in some imbeciles. In both instances the manifestations are those of imperfect development or unstable nervous organization, usually the result of heredity. These ill-balanced and erratic individuals seem often to have narrowlly escaped the possession of genius. W. W. Ireland, in *The Blot on the Brain* and *Through the Ivory Gate*, discusses numerous great historical characters whom he believes to have been insane, some of whom might be classed as victims of paranoia.

As children, these cases of heredity, which afterward develop into paranoia are peculiar. They are considered "queer." This may cause them to be unpopular and lead to them being much by themselves. They are given to musing and dreaming; they read much in a miscellaneous and desultory way. They are usually egotistical, impressed with their own importance, easily angered, given to violent outbursts of temper. Naturally suspicious, their treatment by others, whether real or imaginary, increases their suspiciousness, till the condition becomes a morbid one. This condition once inaugurated finds abundant material for growth on every hand. His diseased imagination sees actions which he deems suspicious in every passer-by; in every conversation he finds a hidden meaning, till, finally he comes to believe himself a victim of organized persecution. Around this central delusion of persecution once firmly established, in whatever variety of the disease, he may arrange his ideas in ways which give rise to the different forms of systematised insanity described in the books. One finds an explanation of his supposed persecutions in "celestial or diabolical intervention," and he becomes a so-called "religious paranoiac"; another his explanation in the love of some "ideal or earthly beauty," and he becomes a case of "erotic paranoia"; imaginary offences against conjugal felicity give rise to "jealous paranoia," and so on. Each, starting from the original central delusion of persecution, may develop any one of the different forms of the disease, according to the explanation which he adopts to account for his imaginary discomforts; and yet the disease in all is essentially the same, having been evolved out of the systematized delusion of persecution common to all.

As the disease progresses, hallucinations are likely to arise. In fact, hallucinations may be among the early manifestations of the disorder. Any of the senses may be involved, but hallucinations of hearing are commonest; those of touch and smell are less frequent; and the visual are quite rare, their presence being denied altogether by some observers. The auditory hallucinations may be the basis of the patient's delusion, *e.g.*, he may believe that he is a prince, an emperor or a prophet, because he hears a voice which tells him that he is. His hallucinations coincide with and confirm his own egotistical notions, and furnish him with an explanation for the persecutions which he believes he suffers, viz.: the jealousy of his enemies on account of his exalted rank. His actions are made to harmonize with his false beliefs. His faith, in the voices which speak to him, increases because he believes that they interpret to him the will of a higher power and as this belief becomes fixed his obedience to the voice becomes absolute and implicit. He will obey commandments thus received even though involving a homicidal attack upon his dearest friend. He comes to believe that he is not subject to those moral and civil laws which are binding upon the rest of mankind, but that he is guided by that higher Power which is the author of all law. He comes practically to believe himself sane, and all the world beside insane.

We can readily see how dangerous to society this class of insanes may become. There is no act criminal or otherwise to which they may not be impelled under the guidance of their delusions. Their false beliefs become absolute, and dominate them without reserve.

The delusions of the paranoiac may be reduced to two, giving rise to the two recognized forms of the disease, viz.:

1. Paranoia with delusions of persecution.
2. Paranoia with delusions of ambition or grandeur. The latter has been subdivided into.
   (*a*) Religious paranoia.
   (*b*) Erotic paranoia.
   (*c*) Jealous paranoia, etc.

Delusions of persecution and grandeur may be associated primarily, or the ambitious delusion may arise as a logical outcome and explanation of the delusion of persecution. He believes he is persecuted, therefore he must be great; or he believes he is great, hence his persecutions. In either case his greatness is assured, and his supposed persecutions explained. His hallucinations do not by any means always confirm his belief in his greatness, but if not they usually add to his persecutions. He hears vile names applied to him, people on the street mock at him, the cough or sneeze of a passer-by is a signal of his enemies, and means harm to him, therefore he argues that he is a person of importance of whom others are envious and whom self-interest impels to compass his suffering and death. If he lives in a monarchy some fancied resemblance to the reigning family leads him to believe that he is of royal blood, and thus an explanation is furnished which satisfactorily accounts for his persecutions, and at the same time flatters his egotism and self-love. And so in countless ways arise delusions of pride, ambition, or grandeur. When this stage is reached there occurs what seem like an actual transformation of personality. The patient actually believes that he is the exalted personage that his hallucinations or false logic tell him that he is, and he accordingly assumes the bearing, the air of command and the manners, and even the dress of the king, general, prophet, or Messiah that he believes himself to be. And with it all there comes to him a feeling of satisfaction amounting almost to exaltation, in place of the previous condition of annoyance and depression which he suffered on account of his supposed persecutions.

But these states of exaltation and depression differ from the similar states that characterize mania and melancholia. The exaltation of mania is accompanied by excitement, incoherence, and a general carelessness of manner not witnessed in the logical, self-satisfied demeanor of the paranoiac with exalted delusions. On the other hand, the depression of melancholia has its centre in self and one's own shortcomings, while that of the paranoiac is occasioned by the supposed misconduct of others.

The paranoiac's belief in persecution is not always, at the outset, clearly defined, either as to its source, character, or purpose. A vague belief that people, for some unknown reason, are harming him in some way not clearly understood may be all that the patient will admit, but sooner or later his false beliefs take a fixed and definite shape. The patient's place of residence, the times in which he lives, his education and moral and religious training, may have much to do with determining the character which his delusions assume. Since the use of electricity has become so general, paranoiacs, have come to entertain delusions of persecution by this agent, believing that wires run into their rooms conducting electrical currents for their torture. They believe that they hear voices speaking to them by telephone; or they have heard of mind reading and the like, and they believe their thoughts are known to others, or that others influence their thoughts, compelling them to think vile thoughts, or presenting vile pictures to their minds, or forcing profane and obscene speech from their lips. In former days, when demoniac possession and the influence of witches were matters of common belief, delusions upon these subjects were more frequent; and there are even now patients in the Middletown Hospital who firmly believe that they are persecuted by witches; and in an adjoining county a homicide was recently committed by a son in order to rid his father of supposed persecution by witches.

Some bodily irritation, due to a pathological condition, or, possibly, to hallucinations of touch, may determine the direction of the paranoiac's delusion. Thus, an abdominal tumor may, by the irritation of its growth, lead a woman to believe that she is pregnant; and from this, if a virgin, she easily acquires the belief that her condition is due to some

angelic or satanic visitant. Other female paranoiacs imagine that they are ravished by men who visit their couches at night, and by making specific charges of this kind against particular individuals may cause much trouble. Male paranoiacs, who suffer from seminal losses, often acquire the delusions that their substance is being taken from them by malign influences, and are very revengeful against those whom they believe to be the perpetrators of this sort of persecution.

Paranoiacs are often impelled to make a change of residence in order to escape from their supposed persecutors. They move from place to place, gaining at times temporary respite from their troubles, but, eventually, as a rule, some overt act of peculiarly insane manifestation leads to their apprehension and confinement. Under restraint, recognizing the necessity of self-control, they are often able so effectually to conceal their true mental condition as to deceive experienced observers. In this hospital, paranoiacs have so effectually concealed their delusions for weeks as to defy the efforts of the entire staff to discover them. Time and careful observation will, however, usually make manifest the insanity which they are trying to conceal. The greatest care should be exercised in setting at liberty these patients, particularly if they have ever shown dangerous or homicidal tendencies.

Paranoiacs are sometimes the subject of imperative conceptions which are beyond their control, and may lead them to the performance of certain acts. These are sometimes harmless, and attract attention only on account of their eccentric character. Of this class, the great Samuel Johnson was a notable example, and often upon the street, and in the presence of others, would go through certain strange motions, to which he seemed impelled by some powerful impulse. His was a harmless imperative conception, but not all are of this kind. With some there is a homicidal impulse, with others an impulse to burn or destroy property, while with others strange sexual perversions exist, to the practice of which their victims are impelled by these controlling morbid influences. These influences should not be exalted into forms of insanity *per se*, as has been done by some writers, who speak of homicidal mania, pyromania, kleptomania, and the like. These are merely symptomatic indications, showing the directions in which the impulses of a lunatic may lead him.

Spitzka says that paranoia or, as he calls it, "monomania" includes at least one-fourth of the chronic insane population. Certainly there can be no doubt that in its wider sense paranoia furnishes a large and important part of the chronic insane population of any country.

The prognosis in paranoia is, as a rule, unfavorable. Those cases which show physical signs of degeneration may have remissions, but recovery is hardly looked for; nor in any form is treatment likely to be of avail except in the earliest stages. If recognized early the physician may possibly, by wise, kind and judicious management, so gain the confidence of his patient that he will listen to advice which, if kindly and wisely given, may assist the patient in surmounting his false beliefs. As a rule, however, argument and entreaty are alike of no avail and only serve to place the one giving them in the ranks of his so-called persecutors. It is not common for paranoia to terminate in dementia, though it may do so, and some degree of mental failure may be apparent after the disease has existed for years. As a rule, however, the disease, when once established, remains without special change for long periods of time.

The diagnosis of these cases finds its only difficulty in the reticence and concealment of his delusions by the patient. If the patient can be induced to talk freely of his beliefs the recognition of the disease becomes an easy matter. Treatment should be directed primarily toward the preservation of the patient from the dangerous acts into which his delusions may lead him, as well as to the preservation of society from the acts of the patient.

This necessitates his seclusion in some hospital or retreat where he may be subjected to regular habits and methods of living and surrounded by such judicious means of control as are lacking in himself.

The careful study of the patient's symptoms and the administration of the proper homœopathic remedy should not be neglected.

The following are some of the mental symptoms which seem to indicate the usefulness of the remedies named in paranoia:

Aconite.—"Ideas haunt the patient; he cannot get rid of them." "Ideas seem to come from the stomach." Here we have, apparently, the fixed and annoying ideas of the paranoiac with the location from which he thinks they come.

Apis mellifica.—The patient is apt to be jealous and more or less erotic—symptoms which may lead to the use of this drug in the jealous form of paranoia.

Baryta carbonica.—When walking in the street the patient imagines people are laughing at her or criticising her to her disadvantage. The patient is overwhelmed with an evil apprehension. This drug may prove useful in degenerative cases, who, even as children, "do not want to play, but sit alone in a corner, doing nothing."

Chamomilla.—The patient imagines he hears the voices of absent persons at night. Chamomilla is likely to correspond well to the irritable, easily-angered, self-assertive victim of paranoia.

Cuprum.—The patient is "imperious" in manner, "announces himself as a commander-in-chief."

Drosera.—The patient is depressed by the persecution of others on all sides.

China.—The patient has the fixed idea that he is unhappy and persecuted by enemies. Thinks she is very unfortunate and harassed by enemies.

Hyoscyamus.—Jealous, with a predominance of sexual ideas; amorous and obscene.

Ignatia.—The patient has the delusion that she is married and pregnant; very apprehensive; fearful of some great misfortune.

Sabadilla.—The hypochondriacal case who imagines she is pregnant, and has numerous erroneous impressions as to the state of the body; that he has a cancer; that his limbs are shrivelled, etc.

Lachesis.—The patient believes he is under the influence of some superior power. Uses exalted language, is jealous and loquacious.

Staphisagria.—Hypochondriacal cases believed to be caused by unmerited insults. Useful in masturbators.

Veratrum alb.—Imperious. Delusions of pregnancy or cancer. Religious cases.

Platina.—Mania of pride and grandeur. Patient is very haughty and dictatorial, overbearing and fault-finding, looks down with disdain upon others.

If, in addition to the mental symptoms, other well-marked characteristics of the drug are found in the patient, the remedy may be prescribed with a reasonable assurance of benefit. Careful attention should, of course, be paid to the diet, which should be liberal and nutritious. The bowels should be carefully looked after, and great benefit is likely to result from frequent enemata of large quantities of hot water, slowly injected so as to secure free and thorough flushing of the large bowel. By frequent baths and massage, the functions of the skin and superficial circulation should be stimulated. Careful examination should be made for all reflex causes which may be operative, and their removal secured as speedily as possible. This may require treatment of diseased conditions existing in the various orifices of the body, gynæcological procedures, the fitting of proper glasses, the treatment of nasal disorders, or any of those measures which remove disease

whenever existing, and tend to render the entire man sound, for only thus can we hope to secure *mens sana in corpore sano.*

The following few of many cases from the hospital records are given as illustrations of paranoia :

E. T. H., was admitted in 1893, with a history of having been arrested in New York for firing a pistol at some children whom he believed to be annoying him. He was formerly a resident of Norfolk, Va., where he lived during the late war. He was a college graduate, and had two brothers who were homœopathic physicians, and he had himself studied homœopathy as a layman. In a letter written to one of the trustees of this hospital he gives an account of supposed persecutions as long ago as 1858. Having loaned a young man some money to go into business, and the return not proving successful, he says : "How I was baffled it would be useless to detail, except so far as I believe it was done (by corrupting the poor young man) through the instrumentality of the Jesuits, who had, for peculiar reasons known to them but not to me, been watching and noting me as a remarkable person from my youth, particularly after an *eclat* gained at college, and who had resolved to keep me in obscurity, so long as it was possible, if they could not get me into their Roman church ; and to baffle me, as they are very able to do, under ignorant surroundings, in any attempt to exhibit either talent or benevolence, in business or otherwise, or to, in fact in any way, escape from obscurity. . . . . During the civil war I was at home in Norfolk ; was not concerned in the war in any shape, manner or form. . . . . Being at leisure whilst the war was in operation, I devoted the four years to study and improvement, and developed into a first-class poet, with the purpose finally adopted of making a special profession of dramatic writing of the very highest type." He believed himself able to write poetry and dramas in no way inferior to the productions of Byron, Shakespeare, or any of the great English poets and dramatists. His literary ventures, however, did not gain a ready publication, and he again speaks of his enemies : "No person in the South was better understood and appreciated in Washington than I was, except by General Butler and others in the interest of Romanism and plunder." He had now added General Butler to the list of his persecutors, and long after coming to the hospital the mention of General Butler's name would call forth fierce maledictions upon this his supposed enemy. Speaking of General Butler, he says: He and that party, which was and is strong in the government initiated, and have continued a base and groundless persecution, to prevent my appearance in any form before the public. My business has been headed off in every direction ; and since the year 1864 I have been liable to disparagement, calumny, and ruffian attacks, which have culminated finally in my incarceration here on pretence of insanity, which every one concerned in the affair knows is a fraud and a lie of the worst, because most infamous, most false, and most injurious character." After his arrival here, he believed that poisons were constantly administered to him in his food, and that from his knowledge of the symptomatology of the homœopathic materia medica he was able to recognize the particular poisons given him from time to time. He kept a record of these poisons, and the following is an excerpt from a record he kept for years on this subject :

1883.—*Mem. Drugs in food. Asylum, Middletown, N. Y.*
April 23d.—Something bad in tea. Chilly this morning.
April 25th.—Coffee tasted of a tincture.
July 3d.—Some drug affecting bowels.
July 4th.—Arsenic. Felt badly all day.
July 10th.—Toast set particularly before my plate, always bad. Opium.

August 13th.—Have been trying white bread for a week or more. Effect, drowsiness and constipation. Opium.

October 3d.—Cantharides in coffee for some days.

October 23d.—Decided opium symptoms.

November 4th.—Drugs again in beef and cabbage. Talcott called yesterday, and I have noticed that the drugging is always worst after his visits.

And so he goes on for many days. The patient continued in these beliefs to the time of his death in 1893, having been a victim of delusions of persecution for about thirty-five years or more. His delusions were fixed, systematized and chronic, and probably developed upon an unstable neuropathic basis due to hereditary taint. He did not suffer from mental failure during his residence in the hospital, and he died of a chronic bladder trouble, with his mental vigor unabated, and cherishing his delusions of persecution to the last. He had also delusions of grandeur so-called, for back of his delusions of persecutions was his belief in his great ability as a scholar, a scientist, and a poetical and dramatic writer. His supposed persecution and his final incarceration being, as he believed, a scheme of the Jesuits and general Butler to prevent his coming into prominence unless he would embrace Romanism. He kept a journal in cypher, and pretended to predict eclipses, earthquakes, and unusual natural phenomena. He read the daily papers, and when not upon his delusions would converse in a very intelligent, scholarly, and agreeable manner.

No. 2. (Case-Book No. 3992.)—Female; æt. 42; married; father and mother were first cousins; one sister died insane, and another sister is said to be "queer."

This patient has for some time had delusions of persecution, believing that her sister-in-law was a medium, and exercised malign influences upon herself and husband. Believed that her husband, who was an old man, was most subject to these evil mediumistic influences, and that she (patient) must combat the "medium combination," as she called it. To accomplish this, she threatened her husband with a revolver, and beat him and made attacks on him at night, till he became afraid of his life. Besides threatening and maltreating her husband, she burned pork and used horse shoes to counteract the malign influence of the "medium combination." Her belief was evidently in no way different from a belief in witchcraft, and the persecutions of the supposed witches, she met in the regulation way by charms ceremonies, beatings, etc.

The patient was a case of paranoia inheriting a neuro-degenerative taint of insanity, and presenting delusions of persecutions only. While in the hospital she developed the same delusions of persecution against the nurses and certain patients.

No. 3. (Case-Book No. 3312.)—Female, æt. 45. Is a bright, handsome, intelligent woman, who had been insane for one year at the time of admission. She believes she is the victim of a conspiracy, and that she is persecuted by persons unknown to her and by unseen agencies, which she believes to be electrical. She says her trouble began in November, 1890, when her persecutors began shaking her bed at night and preventing her from sleeping. Later, by electrical influences, they worked upon her face and eyes at night, torturing her terribly, and distorting and disfiguring her face, making her chin more prominent and her cheek bones higher, and producing an aged and wrinkled appearance of the face and eyelids. Sometimes she explains her supposed persecutions by saying it is a battle between the aristocracy and the plebians to alienate her from the ranks of the aristocracy. She reads the newspapers carefully, and imagines that various articles refer to her. Having read in the papers something about Peter

of Rome, she told the doctor one morning that Peter of Rome was trying to secure her photograph by means of a kodak pointed through a ventilating register in the wall of her room. At another time she says she thinks her persecutions are in some way connected with the number 6. Again, she dreads the influence of the Dog Star, etc. Her nights are evidently filled with suffering, when she is sleepless, on account of these imaginary tortures, which she believes are due to electricity in the hands of her enemies. A woman named Gray having been placed in her room to sleep, she imbibed the idea that her persecutors were about to change the color of her eyes from brown to gray, and appealed to the doctor to prevent it. The character of her suffering is usually the same, and it is likely that the sensations upon which her false beliefs are based are much the same at all times; but her interpretations of these sensations vary as various explanations are suggested to her by newspaper reading, companions, surroundings, etc. She, at times, suffers from disturbed digestion, and at such times her delusions are more active. She is not demented; her memory is good. She is bright, vivacious, a good musician, etc., but is a paranoiac, and dominated almost entirely by delusions of persecution by unseen agency.

No. 4. (Case-Book Ny. 4074.)—Male, æt. 25; well developed physically, except an unevenness and irregularity of the cranial surface posteriorly. This patient has always been disposed to worry unduly about unimportant matters; naturally of a suspicious nature. At one time, seven or eight years ago, became suspicious of those with whom he worked. Believed that they were talking about him. After awhile this passed off. Later, he acquired the belief that he was influenced by others, and made to think, say, and do things against his will. After an attack of grip this false belief took more definite shape, and he believed that Superintendent Byrnes, of the New York police, was shadowing him; that the superintendent was able to read his thoughts and compel him to commit certain acts. Since his admission to the hospital he has improved somewhat. To some extent he realizes his condition and is anxious to get well. But he easily becomes suspicious of patients and others with whom he associates. At times he has hallucinations of hearing.—*The Hahnemannian Monthly*, January 1895.

ARGENTUM NITRICUM.—A FEW CHARACTERISTICS.

BY MARVIN A. CURTIS, M.D., WASHINGTON, D. C.

The individual.—Those of an old, withered and "dried-up" appearance.

Mental and moral symptoms.—The patient is reserved, sad, low-spirited and melancholic, with complete indifference to his usual vocation. Does not care to attend to his business, because he knows it will prove a failure; besides, he fears his health will suffer. Feels deserted by family and friends. Always under a dark cloud, and a feeling as if something awful was going to happen. He has a sensation as if the body, or some part of it, particularly the head and face, was expanding. Again, the time seems to pass very slowly.

Characteristics.—The great melancholy, and weakness of memory; the sensation of expansion of the body; the slowness of time.

Organs of digestion.—The stomach seems as if it would burst with wind, accompanied with great desire to belch, which is accomplished with difficulty, when the air rushes out with great violence, with decided relief. Dyspepsia, with distension of the stomach, violent palpitation of the heart by spells, and an intermittent pulse. Ineffectual efforts to eructate, causing strangulation, which is finally relieved by loud belching. In obstinate cases of incessant vomiting of food, with a smooth, dry tongue, apparently destitute of papillæ, with excessive nervous irritability. Cannot bear pressure of clothes about hypochondria. Violent pains in the stomach, radiating in all directions; pains and violent belching immediately after eating; pains increase and decrease gradually.

The stools consist of green mucus, like chopped spinach in flakes; expelled forcibly with much spluttering. The diarrhœa is aggravated from drinking and the eating of candy. Fluids appear as though they went straight through the intestinal canal without stopping.

Characteristics.—The flatulency; the relief from belching; the pains increasing and decreasing gradually; the green mucus stools, expelled with force and with much spluttering; the aggravation from drinking and from eating candy.

Urinary and sexual organs.—Urine scanty and almost suppressed; urine dark-red, deposits red crystals of uric acid; urine passes unconsciously and uninterruptedly. The urethra feels swollen; ulcerative pains in the urethra as from a splinter. Urine burns while passing, with sensation as if the last drops remained behind.

The male sexual organs are shrivelled, with feeble erections, and want of sexual desire; impotence.

Female sexual organs: Prolapsus uteri, with ulceration of the os and cervix. Metrorrhagia, with pain in the region of the ovaries, extending into sacrum and thighs; with cutting pains in the right ovarian region; with nervous erethism at the change of life; also in young widows and those who have borne no children.

Characteristics.—Resembles cantharides, and is useful when that remedy fails. Incontinence of urine at night; the metrorrhagia at the change of life; the prolapsus uteri, with backache and weakness of the lower limbs.

Organs of circulation.—Palpitation and irregular action of the heart, with melancholy, coming from dyspepsia, means Arg. Nitr.

Organs of respiration.—The larynx is raw and sore; much titillation in the larynx, causing spasmodic cough: deep inhalation takes away the breath; many persons in the room takes away the breath; desire to breathe cold air into the lungs; spasm of the respiratory muscles.

Characteristics.—Chronic laryngitis, particularly with singers, with rawness and soreness of the larynx; tubercular laryngitis, with rawness and soreness of larynx, and spasmodic cough; great desire to breathe cold air.

Eyes.—This medicine is the sheet-anchor for purulent ophthalmia. Few if any, subjective symptoms, with an enormous purulent discharge, are characteristic indications for Arg. Nitr.

Nervous system.—Hemicrania, with pressing, throbbing pains, relieved by binding something tightly around the head; prosopalgia, with sour taste in the mouth; periodical trembling of the body; trembling of the hands, causing the patient to drop things; great weakness of the lower limbs, with a bruised feeling in the calves; paralysis of the lower half of the body; spasms, preceded by dilatation of the pupils, followed by restlessness and trembling of the hands; cannot walk in the dark or with closed eyes.

Characteristics.—The relief obtained from tightly bandaging the head; the trembling of the hands; the weakness of the lower limbs.

General characteristics.—Withered and "dried up" appearance of the patient; sadness, with indifference to everything; sensation of expansion of the body or some part of it; time seems to pass slowly, every thing done seems done so slowly; gradual increase and decrease of the pains; marked relief from belching; trembling of the hands; weakness of the lower limbs. —*The Medical Visitor*, January 1895.

DR. CONSTANTINE HERING ON VACCINATION.

EDITORS, *Hahnemannian Monthly:*

In your February issue appears a short communication from Dr. E. M. Hale of Chicago, headed "a Letter from Dr. Constantine Hering," in which Dr. Hale says: "I would call the attention of Hahnemannian Isopathics to his opinion of the value of varioline in small-pox." Referring to Dr. Hering's letter, we find that it was written to Dr. Hale under date of December 14, 1871, and that his allusion to variolinum is singularly brief, he only saying, "But variolin is not sufficient in small-pox." This, after showing that sulphocyanates were contained both in the pus of small-pox pustules and in variolinum, thus establishing the necessary homœopathicity or isopathicity, whichever the reader may prefer.

Please permit me to call attention to another "letter from Dr Constantine Hering," on an allied subject written during the same decade, appearing in an English newspaper in the middle of 1878. This letter was republished by Mr. W. Young, in England, as an anti-vaccination tract, in which Dr. Hering is spoken of as "the Father of the Homœopathic School of America." In this letter Dr. Hering characterizes all vaccination as "a poisoning of the blood." Another passage reads: "In Jennerian vaccination there is the production of a real contagious disease, acting by zymosis or fermentation in the blood, thus endangering the organism." After alluding to the mix-up in the styles of vaccination and the danger of thereby inoculating diseases, he says: "If it had been a poisoning even with the very best real cow-pox, it now became a poisoning of nearly all children with the most horrible diseases; many even were murdered, and an indefinite number poisoned for life." He remarked, in closing: "It is no doubt an intolerable tyranny to compel vaccination by law." In the language of Dr. Hale, "I would call the attention of [the whole medical profession] to his opinion of the value of" vaccination, or rather, to its dangers. As to its value it has absolutely none, and it is a wonder that the medical profession, or any part of it, persists in hugging this superstitious delusion. It must be through ignorance. Therefore each one should stock up with the literature of the subject and peruse it. I say, peruse it; for it will not need study to carry conviction that vaccination does not prevent small-pox. A good example of this fact is fresh from your city in the statistical record of 5,000-

cases of small-pox in Philadelphia, contributed to the *New York Medical Journal*, March 17, 1894, by Dr. Welch, which shows that at least 3,550 of the cases were among vaccinated persons.

As to the compulsory phase of the subject, Dr. Hering was right in stigmatizing it as "intolerable tyranny." In fact the rock of ages on which anti-compulsory vaccination stands is that the moral sense of mankind is outraged by the official enforcement of the preposterous proposition that it is necessary to poison healthy blood to insure health; and it is this moral sense that gives each man the right to refuse to obey such criminal legislation either for himself or for his children. W. B. Clarke, M.D. —*Hahnemannian Monthly*, March 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, March 1895.
The New England Medical Gazette. Boston, Feb. 1895.
New York Medical Times. Feb. 1895. (No. for May 1894 not received.)
Indian Medical Record. Calcutta, March 1 and 16, 1895.
The Medical Reporter. Calcutta, March 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, Feb. 1st, 1895.
The Homœopathic World. London, March 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, Feb. 15, 1895.
The Medical Visitor. Philadelphia, Feb. 1895. (July 1894 not received.)
The Medical Century. Chicago, February 1st and 15th 1895.
Southern Journal of Homœopathy. Baltimore, Jan. 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Janv. and Fev. 1895.
The Hahnemannian Monthly. Philadelphia, February 1895.
Homœopathic Envoy. Lancaster, Feb. 1895.
The Indian Journal of Pharmacy. Calcutta, Nov. 1894.
The Homœopathic Physician. Philadelphia, Jan. and Feb. 15, 1895.
The Clinique, Jan. 1895.
Revue Homœopathique Belge. Janv. 1895.
The Journal of the British Homœopathic Society. Jan. 1895, & Supplement.
L'Art Medical. Mars 1895. (No. for Fev. not received.)
Gentry's Record of the Homœopathic Materia Medica. Jan. 1895.
Journal of Orificial Surgery. Chicago, Jan. and Feb. 1895.
North American Journal of Homœopathy. New York. Feb. and March 1895.
The Homœopathic Eye Ear and Throat Journal. New York. Feb. 1895.
The Medical Advance. Jan. and Feb. 1895.

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **April 1895.** [NO. 4.

VACCINATION AND SMALL-POX.

Being the Presidential Address at the Hahnemann Anniversary Meeting, held at the Indian Association for the Cultivation of Science, April 10th, 1895.

BY DR. W. YOUNAN, M.B., C.M. *(Ed.)*

GENTLEMEN—I was sorry to learn from Dr. Protap Chundra Majumdar, our worthy secretary, of the illness of Dr. Mahendra Lal Sircar at Baidyanath, and of his inability in consequence to preside at this anniversary meeting. Dr. Sircar has so long and so ably filled the presidential chair at the Hahnemann Anniversary meetings that it is a matter of regret to us all to miss him here to-day. We sincerely hope that he will soon be restored to health. Dr. Salzer, whom we hoped to have here this evening to do the honours of the chair instead, is unfortunately unable to attend. Our worthy secretary, rather than postpone this meeting, which would naturally lose some of its virtue by being held on any other day than the anniversary of Hahnemann's birth day, has asked me to come to the rescue and take the honours of the presidential chair. Need I say, gentlemen, you have conferred upon me an honour as unexpected as it is undeserved, and my only regret is that our secretary's notice was too short for me to prepare anything like a suitable paper for this meeting; with the health of the town in such a sad condition, my time, like that of the rest of the profession, has been considerably occupied, and

we doctors will be glad of a respite when our present epidemic scourges have ceased to be. However, I made the promise to Dr. Majumdar to try and do something towards keeping up the anniversary festival, and if you find that my endeavours fall far short of the mark, I crave your indulgence freely.

What was I to say to you, was the question I put myself over and over again. The minds of doctors and of laymen are full just now of one engrossing subject—the small-pox epidemic. The panic that has spread like wildfire through the town and driven people by hundreds to the vaccination stations and depots; the compulsory vaccination that the authorities have adopted in many cases, and would adopt in all cases, were it possible; the many successes and the many failures of vaccination as a prophylactic against small-pox; the undecided points whether calf-vaccination or vaccination from arm-to-arm gives, gave or would give the best results;—all these have suggested to my mind the advisability and even the necessity of laying before you *the* question relating to Vaccination for discussion, namely, whether we are one with our brethren of the old school in this matter in its every detail, or whether we have a method of our own that we deem superior in both theory and practice.

I need not go over the whole ground of the history of vaccination. Suffice it here to state that we owe to Jenner the introduction of Vaccination in 1798 as a substitute for inoculation, which was practised in the East long before his time, and introduced into England about the year 1721 by Lady Mary Wortley Montagu, who, in her travels in the Orient, learnt that the Turks combated small-pox by subcutaneous inoculation with the small-pox virus. To the credit of Jenner be it said that he perceived the danger of inoculation with the small-pox virus, every inoculated person being converted into a case of small-pox however mild, and being a centre of contagion to his neighbours. The effect of the Jennerian vaccination is, as we know, very different in this respect, however much the vaccinated individual may suffer, and does often suffer in himself. What then is vaccination? It is the use of a disease-virus, the lymph of cow-pox, in protecting from or mitigating an attack of a similar disease, the small-pox, and what is the essential therapeutic nature of the procedure but an illustration of Hahnemann's law

of similars, the law of Homœopathy. The Master, however, took great pains to teach us that, in the application of the law of similars, the question of the dose was next in importance to the selection of the right drug, the simillimum, and Hahnemann's maturer experience of his system of therapeutics made him recommend the smallest dose, i.e., the highest potency as the most efficient in the treatment of the sick. Even in matters of prophylaxis you will remember his instructions about the use of Belladonna in the 30th potency as a prophylactic against Scarlet Fever. It is no wonder then that the homœopathic school, while acknowledging the homœopathicity of vaccination, believe and teach that it is a very crude homœopathy which, in many cases, is liable to aggravate and even do harm, for, after all, what was Hahnemann's object in reducing his doses to infinitesimals but to secure an immunity from aggravation of symptoms and the production of drug diseases, which multiplied experiments and experience showed him to result from material doses of the similar acting remedy. Homœopaths, therefore, vaccinate in their own way and by the use of the potentized virus, the higher the better By this method they are enabled to use the virus not only as a prophylactic but also as a remedial agent in the course of the disease.

It is believed that for Jennerian vaccination to be successful the operation must be performed not later than the third day after the patient has taken the infection. With potentized lymph, especially highly potentized lymph, we are able to considerably modify the disease in all its stages. The question has been more than once put to me whether I prefer the vaccine or the varioline lymph, and my answer has always been that there is no essential difference between the two, the cattle disease and the human disease being believed by many to be identical. Those of you who are fortunate enough to possess the best Materia Medica, viz., Hering's Guiding Symptoms, will notice that Vacciniuum and Variolinum are included in the same proving. The clinical genius of Father Hering, as he has been affectionately called, has left us a work of mighty structure. Admitting then that the homœopathic vaccination is the better way, and that it obviates the many dangers incidental to the method of Jenner, I would ask the following question : Is vacci-

nation a specific against small-pox even when performed in the homœopathic way? I am obliged to admit that it is not. There is no such thing as a specific in the whole domain of medical science. What is specific in the case of one individual, one epidemic, one locality, is not so in the case of another, and the case of the vaccine virus is no exception to the rule. There are cases, and they may be many, to which the vaccine virus is specific in which it acts as the simillimum, being prophylactic and remedial as well, but there are other cases to which vaccine virus is not specific because it is not the simillimum, acting neither prophylactically nor remedially. The matter lies, therefore, in a nutshell, and we perceive at a glance what is the truth and what the error in vaccination. "Vaccination" writes Dr. Stuart Close, in the *Homœopathic Physician* for Nov. 9th, "owes any degree of efficiency it may possess, either as a prophylactic, or as a therapeutic measure, to its homœopathicity to the case in which it is employed, and the extent of the protection afforded, or of modification secured, is proportioned to its degree of similarity."

We see then that vaccination, even when done homœopathically, is apt to fail us in some cases, though succeeding admirably in others, and the present epidemic of small-pox may have taught you this very lesson that I have learnt to advantage to myself and to my patients. With your permission, gentlemen, I shall relate a few of my experiences, and I trust you will do so after me, that the homœopathic profession in Calcutta may not forget the keynote of successful prescribing, viz., the individualization of symptoms.

(1). The mother of two children, who were just convalescent from a severe attack of measles and whose care and nursing had tried her strength considerably, took high fever with symptoms suspicious of small-pox. I saw her on the second day of the fever and put her upon Variolinum 30, a few pellets in water, to be used as a fever mixture according to the temperature. Punctually on the third day the eruption appeared, and in a few days she was covered from head to foot, that on the face becoming confluent as time went on. The weak solution of varioline 30 was given at lengthening intervals, and I had the satisfaction of seeing an early convalescence without complication or sequelæ.

(2) The husband of the patient, who was in close attendance upon her, and who, since the disease appeared in the house, had taken one or two doses of the lymph prophylactically, came in for fever with suspicious symptoms; the lymph was given at varying intervals during the fever, and on the third day *no* eruption appeared and the fever left in profuse sweating.

(3) The two children, who were never vaccinated in infancy and who had taken two or three doses of the homœopathic lymph, took fever next, and, in spite of a repetition of the lymph, came in for a severe attack of confluent small-pox, with extensive bronchial and pulmonary complication in the maturation stage, when matters looked very critical and the temperature for days stood steadily at 105° and 106°. I put the patients upon Antimonium Tartaricum 200 and tided them over the crisis. Convalescence was slow but complete, and the little patients are in the bloom of health again. The younger child had almost succumbed to convulsions in the eruptive stage. Here apparently Ant. Tart. was the specific, the similimum, and if I had only remembered that this very remedy did sovereign good in the attack of measles the children went through I should have given it from the first and been perhaps more quickly successful. Need I remind you of the homœopathicity of Tartar Emetic to small-pox? Some practitioners there are who vaccinate with Tartar Emetic and with good results.

(4) I was called to a case in the maturation stage, where matters seemed stationary and where a single dose of Mercurius Vivus 200 in pellets was all that the patient needed to ensure a speedy convalescence. This was probably a mercurius case from the first.

(5). A child suffering with a general papular rash after a second vaccination, and ill in many ways, was speedily restored to health with a single dose of Thuja 200 in pellets.

(6) A nursing infant in the best of health was made very sick by vaccination from the calf. For two months neither child nor mother had proper rest, until a single dose of Silicea 200 in pellets was administered with the happiest result—a homœopathic antidote is, as you know, a similar acting substance. Thus we see how individual cases differ and require not the same but different remedies.

Having pointed out the amount of truth there is in vaccination and the amount of error, I would like to say a few words on the subject of compulsory vaccination. Our legislators are such slaves to official medical opinion, that they are ready to sacrifice their own liberty and the liberty of the people in their mistaken zeal for the public weal. For, is not compulsory vaccination an infringement of the sacred liberty of the subject? You compel a healthy man and his healthy family to make themselves sick by the introduction into their bodies of a nasty product of disease which we euphemistically call "lymph," but which is nothing more or less than pus, which pus, in many instances, does material damage to the system which a whole life-time may not entirely efface. It is the recognition of this fact that has led hundreds of families to incur the penalty of the law, even to imprisonment and banishment, rather than yield their sacred liberty. Any one, who has read Mr. William Tebb's recent work on "Leprosy and Vaccination," will remember the instances without number he records of the simultaneous spread of Leprosy with vaccination, in the West Indies for instance, and the crowds of people who resisted the public vaccinator at the cost of their liberty. Fortunately a healthier opinion is gaining ground, and our legislators are beginning to see that their past impregnable position is being slowly but surely attacked, for the antivaccination party have a strong voice in our legislative assemblies, and we may sooner or later have an antivaccination act. The world will have to thank the school of Hahnemann for having taught it the wisdom of truth. But some people may persist in believing in the innocuousness of calf-lymph, however staunch their opposition to human lymph, to arm-to-arm vaccination for instance. To such I would say that calf-lymph is at best calf-pus; that by virtue of its being a disease-product, it is capable of making the organism sick in one way or another; that the virus is liable to be compounded of its own disease and of the disease or diseases of the organism of the calf; tuberculosis, for instance, that cattle are so subject to; that finally what guarantee is there that the *primary* inoculation of the calf was *not* from human lymph, from the small-pox of the human subject.

We cannot get the vaccine disease in cattle to order, and when an epidemic similar to ours is scourging a town whence comes

the primary lymph ? All these difficulties, these drawbacks, these dangers, are removed by the use of homœopathically potentized lymph, which homœopathic practitioners in a body can certify to as being thoroughly reliable in cases to which it is adapted and their number is fortunately large. You see then, gentlemen, I have tried to shew you a few points in the practice of vaccination that we are apt to overlook in our zeal for the use of a time-honoured institution. We do not, as homœopathic practitioners, object to vaccination absolutely, we say that it answers admirably in many cases that it suits, but we also say that, because of its homœopathicity to small-pox, it is necessary to potentize it, so as to obviate all risk of doing harm which the crude substance is often observed to do, and we finally say that vaccination, in any form is not an absolute specific against small-pox, for the simple reason that it is not and cannot be the homœopathic simillimum in all cases. It behoves us, then, gentlemen, to turn to our extensive materia medica for help in this difficult matter. The materia medica is the sheet anchor on which we largely depend for our own safety and the safety of our patients; without it we are sure to go adrift, and the good ship of homœopathy become a total wreck.

BURIAL VERSUS CREMATION.

SINCE April 1894, when we referred to Cremation as "the only scientific way of disposing of the dead," the question has received much attention both in Europe and America, and many are the contributions on the subject which have been recently published in Medical Journals, or read and discussed in Health and other Societies. Our attention has lately been drawn to two of these papers—one on a "Plea for Cremation" by Dr. J. Arthur Clement published in the January number of the *Southern Journal of Homœopathy*, and the other an address on "Sanitary Burial" read by Dr. I. N. Taylor, Member and late President of the Indiana State Board of Health, before the Indiana Institute of Homœopathy, and published in the April number of the *North American Journal of Homœopathy*. As the subject treated of in these and other papers, is a matter of supreme importance from hygienic considerations, we propose to deal with it in some detail, making large use of the materials brought together in these two papers.

From the remotest antiquity, burial seems to have been resorted to by all nations except the Hindus,* (who always held corpses as unclean, and turned away from them in horror), as the only mode to be followed for the disposal of the dead. The reasons which led them to adopt such a step cannot now be traced with any degree of certainty. But they had apparently some notion of the danger which contact with the dead has a tendency to produce; and each nation tried by the light of the knowledge it possessed to reduce this danger to a minimum. The mummification practised by the ancient Egyptians, which has justly been pronounced to be one of the most approved means of preventing contagion or infection, is a remarkable instance in point. "Moses forbade contact with the dead, and the Hebrews buried their dead without the city walls." Zoroaster impressed upon the ancient Persians the doctrine that both earth and water might be polluted by fetid corpses, and the lesson is still held in veneration by the

* It will appear from recent archæological researches that "Anglo-Saxons, during the period of their heathendom, which may be spoken of roughly as corresponding in England to a period of some 200 or 300 years onwards from their first invasion of the country in force, were interred in the way of cremation" (Bellesten), and that "they relinquished cremation only when they assumed Christianity" (Kemble).

modern Parsees, whose "Towers of Silence" are matters of great curiosity to Travellers at Bombay. The ancient Greeks and Romans buried their dead on ordinary occasions, but in times of great mortality, they resorted to cremation, as the most harmless mode of disposing of their dead; and Aristotle is said to have "advised Alexander to withdraw from the field on which Darius had been overthrown with great slaughter, declaring that pestilence would attack his army in consequence of the stench arising from the dead."

Contact with a corpse was thus regarded by most of the civilized nations of the pre-Christian period, as detrimental to health. They seem therefore to have avoided it as much as possible. It is the growth of Christianity, whose "very doctrine inculcated a contempt for death and a belief that it was but a passage from trial and tribulation, to eternal happiness and rest," that has taken off from men's minds this salutary dread of contamination from the dead. When the Emperor Constantine became a convert to Christianity, and issued his edict of toleration in A.D. 313, Christians ceased to be persecuted, and began to reap the fruits of freedom in matters connected with their religion. They then "gathered up the bones of the martyrs, and buried them beneath the altars dedicated to their God."

"On his death-bed," adds Dr. Taylor, "Constantine desired that his body might be buried in the vestibule of the Basilica of the Holy Apostles, which he himself had built. The request was granted; a like favor was also granted to his successors, and was gradually extended to those who achieved the distinction of saints, to benefactors of the church and to all esteemed worthy of that high favor. The common people came to think it necessary for their soul's welfare to be buried near the church, under whose altar reposed the bones of saint and martyr. Within a half century, burials within the walls of Rome, Constantinople, and the other principal Roman cities became general. As Christianity spread, this custom also spread. It was in vain that enlightened rulers issued decrees against this practice. They could only check it for a time. One of Charlemagne's bishops, Theodolphus, complained that the churches of France were being converted into Mausoleums for the dead. That great ruler issued a decree forbidding interments in churches, and even went so far as to order the disinterment of those buried therein, and the destruction of the monuments erected to their memories. Subsequent councils were compelled to modify the edict, and finally permit it to become a dead letter. Belief that death was but a sleep, and that the body would finally be resurrected, stripped of corruption and glorified, was in the hearts"

of all Christians, and so their interest in the bodies of the beloved dead ceased only with life. This belief as a steady quantity was too much for the edict of Emperors and Bishops, and so the practice went on until the evils therefrom became unmistakable, but still the custom survived and our own century has witnessed such interments."

The great progress which has been made in our time in science and learning in general, has tended considerably to shake off the belief referred to among the educated and enlightened classes; but the masses still cling to it, and will continue to do so for a long time to come.

During the last sixty or seventy years, numerous instances have come to light showing how deaths are brought about by contact with, or exhalations from, putrid dead bodies. For our present purpose, however, we shall take notice of the most palpable cases cited by Drs. Taylor and Clement. The pestilence which decimated the army of Hannibal, after the digging out of the tombs of Agrigentum, is well-known to every careful reader of Roman history. The next instance we shall notice, is the one which occurred about the year 1822, when the air and water supplies of the neighbourhood of Trinity church-yard in the city of New York, were somewhat contaminated by the presence in it of certain cemeteries, and when the yellow fever which then visited the city, "displayed the greatest mortality and virulence" in this particular spot. Again, in the autumn of 1843, a graveyard of Menchenhamptom, which had existed for five hundred years, was disturbed, and about 1,000 cart-loads of earth were dug out from the surface of the old church-yard and thrown loosely about in the rector's yard, and the adjoining ground. Shortly after this occurrence, the recter's wife and daughter, his patron and his gardener died from the attack of a virulent fever; many of the children who attended the parish school met with the same fate; and upwards of two hundred other children of the neighbourhood had measles, scarlet fever and various peculiar eruptions. In this very year, a report "on the condition of the laboring population of England" was submittied to the British Parliament, together with a supplementary paper prepared by Edwin Chadwick, in which the results of a special enquiry into interments in cities and towns of the kingdom, were embodied, including all the information obtained from an examination of physicians, coroners, sanitary inspectors, pew-openers and persons

living adjacent to burial grounds, also "the representatives of all persons having to do with the burial of the dead," such as clergymen, undertakers and sextons. The facts and figures collected in this supplementary report, are said to "establish unmistakably," that "contiguity to burying grounds affects the health more or less positively, according to the state of the atmosphere and the conditions not so well-known," that "nervous and putrid fevers arise directly therefrom, and often a typhoid or putrid character is imparted to simple and ephemeral fevers," and that "epidemics always rage with greater violence in populous districts adjacent to burial grounds, and that meats and vegetables exposed for sale, taint more quickly here than elsewhere." Again, in the yellow fever epidemic of 1853 in New Orleans, the mortality in the fourth district, where three large cemeteries existed, amounted to 43·2 per cent., and in the third district containing all the other cemeteries, the mortality was 50·8 per cent.

In 1865, Baron Seebach, the Saxon minister to Paris, reported to M. Pasteur that:

"Some luxurious clover had been cut and stolen from a spot on his farm, where had been buried sheep that had died of splenic or anthrax fever. A peasant woman, a few days afterward in great distress, acknowledged that she had stolen the clover, and that her goat had died, and her cow had become very sick with splenic fever after eating the clover."

The great French scientist "found the earth at the surface and beneath it, where the sheep had been buried, to be swarming with procreating germs of the disease." In the same way, the outbreak of cholera in Hamburg last year, has been traced to the widening of some streets in the process of which a number of graves was disturbed.

In England, Sir Henry Thompson* was one of the first to direct attention to the subject of the disposal of the dead. In January 1874, he published an article on Cremation in the *Contemporary Review* in which, "after explaining the process of animal decomposition, and describing the various modes of disposing of the dead," he proceeded to urge that the mode of burial then practised in the Christian countries of Europe and America, was "certainly injurious to health, either now or in the future, and constituted in reality a social sin of no small magnitude." The evils of burial were next dwelt upon, more

* *Vide* Bettaney's Eminent Doctors, vol. ii.

particularly as shewn in the conditions of many church-yards, where damp was produced, and loathsome effluvia so fruitful of fell disease, was generated. Lastly, "the new, yet old plan of cremation was advocated as practically following nature's indication, and hastening the process so as to make it safe without unpleasantness." According to him, "funeral rites could be most appropriately associated with cremation," and 'ashes to ashes and dust to dust,' "would express a literal and evident fact." It may be mentioned here that the decision of Mr. Justice Stephen to the effect that cremation is not illegal, has given a practical turn to the subject, and has rendered it accessible to those who are not priest-ridden, but ready to listen to the dictates of common sense, and the conclusions of sanitary science.

During the last few years, opinion in favor of burning the dead is being ventilated in all directions, and cremation is finding favour with scientists and enlightened men. The celebrated Virchow has declared for it. Mr. Simon has described the supporters of burial, "as a crew of sentimental and well meaning homicides." Mr. Koechlen Schwarts, whose death has been announced in the *British Medical Journal* of 23rd February, was one of the principal founders of cremation. Dr. Clement asserts that "our knowledge as physicians, and our common sense, teaches us that it (i. e. burial) is wrong and cremation is the remedy." An "Army Doctor" has proclaimed in the *British Medical Journal* of 9th February, that in a field of battle, if fuel be plentiful, and the number of dead limited, "cremation of the slain would be a highly sanitary method of disposal." Dr. Taylor looks upon cremation as "the ideal mode of disposing of the dead, which leaves nothing to be wished for, but which answers all the requirements, religious and sanitary." In his address on the "Disposal of the Dead" delivered by Mr. C. G. Wheelhouse at a recent meeting of the Leeds Sanitary Aid Society, he discussed the advantages and disadvantages of cremation, and concluded by expressing the opinion *(vide British Medical Journal,* 23rd February) :—

"If cremation could be resorted to for the immediate destruction of bodies charged with infected germs, thereby avoiding the danger of the spread of such disease, we should have arrived at the ideal of burial from a sanitary point of view."

In the United States of America the subject of cremation has begun to pass from the region of theory to that of practice. 'The great physician, Dr. Gross of Philadelphia, has been cremated by his express command.' The first cremation in the new retort at Cincinnati was that of the Rev. Joseph Vincent of Macon, Mo., followed by that of Mrs. Benn Pitman, wife of the celebrated educator. A few cases of cremation have also occurred in Christian Europe. We may here remind our readers of the case of Mr. Karl Hammergreen, a native of Sweden, who died of dysentery in Calcutta, and was cremated at Nimtollah Ghat on the 3rd July last; and refer them to the utterances of Bishop Jenner quoted in this Journal in its issue of July 1894.

It will thus be seen that the subject of Cremation has arrived at a stage at which it is impossible for the enlightened public to condemn it, and we hope it will, in due course, be as prevalent in Europe and America as it now is among the Hindus.

THE ROYAL COMMISSION ON VACCINATION.

We are indebted to the *British Medical Journal* for a report of the answers given by the Lord Chancellor in the House of Lords to the questions asked by Lord Ashbourne as to what was being done by the Vaccination Commission and when their report might be expected. It appears that this Commission was appointed on May 29th 1889, and held its first meeting on the 26th June following, so that it is engaged in its work for nearly six years. Lord Herschell was the first Chairman of the Commission. When he became Lord Chancellor he wished to dissever himself from the Commission; but at the request of his colleagues, he consented to remain a member of it, the chair having been taken by Sir James Paget. Referring to the Blue Books that had been published from time to time, the Lord Chancellor said that if his noble and learned friend had seen them, he must have observed how wide had been the field of the inquiry. The Commission did not think it desirable to shut out evidence, or to give any excuse "to the supporters, or opponents, of the present system for stating that they had not been fully heard." Besides the Blue Books, "cases of injury from vaccination that had been brought before the Commission had been

specially investigated by a medical man appointed for the purpose," and the reports furnished by him had received careful consideration. When the oral evidence was concluded, small-pox broke out in several parts of the country, and the Commission found it necessary to appoint "skilled persons" to make a careful inquiry into these epidemics. These inquiries, being of a searching character, and ranging over the whole period of the continuance of the epidemics, occupied a considerable time. The reports of the last three inquiries were complete, and would very shortly be in the hands of the members of the Commission. "Steps had been taken for the preparation of the reports of the Commission, but there was an enormous mass of matter to be dealt with, going often into points of very great detail, which, nevertheless, had to be noticed and considered. Several of the members of the Commission, moreover, were gentlemen, whose time was very fully occupied, and it was impossible to make more than a reasonable demand upon their services; but the Commission individually and as a whole, were desirous to see their labours brought to a close, and the report would be presented as expeditiously as possible, consistently with its being complete and satisfactory." It may also be mentioned here, that some of the Medical officers of the Local Government Board, such as Dr. Ballard and Sir George Buchanan, were for sometime prevented by indisposition from giving their evidence before the Vaccination Commission; and it is doubtful whether the valuable informations which it is within the power of Sir George to furnish, have yet been placed before the Commission. The *British Medical Journal,* not satisfied with Lord Herschell's explanation, which does not seem to our contemporary to be a sufficient vindication of the long delay in the publication of the Commission's report, makes the following remarks:—

"According to Lord Herschell the delay is due to the exhaustive nature of the inquiry. Not content with the evidence of a cloud of witnesses for and against the use of vaccination, and not content with the mass of State statistics of various countries, the Commission is holding its own special investigations. We venture to say that the Commission was not appointed to investigate local outbreaks of small-pox, and that though no doubt actuated by the laudable desire to do its work thoroughly, it is committing an error of judgment in doing so; for it runs the risk of widening the issues instead of narrowing them. We may say that the Commission ought to have made up its mind upon the subject years ago,—

it is now nearly six years since its appointment. Surely there are already in existence reports on plenty of outbreaks and plenty of statistics. The Lord Chancellor's excuse is a poor one. The delay in the publication of the report of the Commission has already done a great deal of harm, because Boards of Guardians have in many instances used the delay as an excuse for not doing their plain duty, as if the law on the subject were dubious. The inconvenience of the situation, to use no stronger term, is plainly shown by Mr. Shaw Lefevre's confession that he finds it very difficult to call upon Boards of Guardians to enforce the law pending the report of the Commission."

We confess we fail to perceive the force of our contemporary's arguments. He admits that the desire to do a work "thoroughly is laudable," and that there are opinions both "for and against the use of vaccination." He cannot also be unaware of the fact that the most important point to be determined by the Commission is whether vaccination affords sufficient protection from small-pox; and whether it does not sometimes become a medium for communicating other diseases. If the "reports on plenty of outbreaks and plenty of statistics" "already in existence" be found to be inadequate to decide the point at issue, we do not see why the Commission is to be blamed for "holding its own special investigations," and for making an exhaustive inquiry, instead of "narrowing" it. The fact is, the subject to be dealt with by the Commission is one of the most important practical questions of the day, and if it succeeds in deciding once for all as to whether there is or is not a means of protection from the fell disease which causes untimely death to myriads of men, it will render signal service to the cause of humanity, and we ought not to grudge it taking its own time to produce a careful, exhaustive and impartial report.

Moreover, in epidemics of small-pox, isolation and vaccination are carried out concurrently, so that it is very difficult to apportion to each of these means the part it plays in checking the outbreaks. This may be another difficulty in the way of the Commission to arrive at well-considered conclusions. The *British Medical Journal* says, considering the mass of statistics which have already been collected, "the Commission ought to have made up its mind upon the subject years ago." But any man of good general education accustomed to weigh evidence, and to distinguish the chaff from the corn, the relevant from irrelevant matters, will see how a preconceived belief in the efficacy of

vaccination has a tendency to lead the general run of statisticians to overlook facts that go against them, and to found hasty conclusions upon insufficient premises.

It is about a hundred years that vaccination has come into use, and a long array of statistics and the enforcement of vaccination by official coercion, have failed to make it universally acceptable. So long ago as 1805, one medical officer said, "For my own part I tremble to think on the perils which await society, from the prevalence of Vaccination"; and as recently as 1889 another medical officer expects a time will come when "vaccination will disappear from practice, and will retain only an historical interest." Then again, there are medical officers who would subject themselves to legal penalties rather than vaccinate their children. Under these circumstances, we fail to see how the Commission can be blamed for taking its own time to complete its report. As to the admission of Mr. Shaw Lefevre that he finds it difficult to call upon Boards of Guardians to enforce the law regarding vaccination, pending the report of the Vaccination Commission, it seems to us that if the Boards, composed as they are of well-informed men of strong common sense, had been quite convinced of the efficacy of vaccination in stamping out small-pox, they would have done their best to carry out the behests of the law as interpreted by the Local Government Board.

Since writing the above, we learn that the Commission has had a sitting on the 20th March last, under the presidency of Lord Herschell, at which after discussing the method of preparing the report, and adopting a resolution of regret at the death of one of its members, Sir William Savory, it adjourned for about three weeks. The long expected report may, therefore, make its appearance at no distant date. Another Royal Commission, that on Tuberculosis, appointed a year after the Commission on Vaccination, has just submitted its report to Parliament. Considering the much narrower field of inquiry of the former, the time taken by the latter cannot be said to have been too long.

REVIEW.

The Accoucheur's Emergency Manual. By W. A. Yingling, M.D., Ph.D., Member of the International Hahnemannian Association. Philadelphia: Boericke & Tafel. 1895.

We have nothing but unqualified praise for this beautiful little book. It is perhaps the most useful pocket book we have come across. Both author and publishers are to be congratulated on its issue and appearance. The matter and the outward form are excellent.

The accoucheur's vocation is perhaps the most sacred and solemn of all in the world. He has the responsibility of two lives in his hands. He must be prepared for any emergency, and these emergencies in civilized life are almost innumerable. The slightest error of judgment on his part, and either child or mother or both may be lost, or be subjected to avoidable suffering or life-long misery. Of all classes of practitioners he requires the greatest decision, coolness and firmness. But these qualities require for their basis a thorough knowledge of his art, of his tools and implements. These tools and implements are for the homœopathic practitioner not so much surgical appliances as the materia medica. It has been the glory of homœopathy to reduce surgical interference to a minimum. Nothing, in our opinion, has so forcibly vindicated the truly scientific character of homœopathy, as its ever broadening humanity. With its advancement, with the multiplication of its materia medica pura, the barbarities of the surgeon are becoming curiosities of the past.

In no other branch of the healing art has this humane character of homœopathy been so marvellously displayed as in obstetrics. The gratitude of future generations will relate what untold sufferings have been relieved, how innumerable mutilations and even murders have been averted, aye, and how much of that precious article, female modesty, has been spared from unnecessary outrage, by homœopathy. The author speaks sober truth when he says, "Homœopathy is the woman's best friend. It is the only means whereby she may procreate with the minimum of suffering. It is the only means whereby normal labor, with all that that term implies, can be certainly secured. This, of course, is applicable to those cases where the bony structure is not mis-shapen or the soft parts made undilatable by local

disease. Even these may be somewhat controlled by timely treatment, on the principle that a 'stitch in time saves nine.' By the use of pure homœopathy the vast majority of cases resulting in loss of life or in excruciating suffering from the supposed irregularities of the parts would terminate happily and easily."

As a practical obstetrician the author does not say that the use of instruments can be dispensed with altogether. But what he says, we can fully endorse from our own experience. "The homœopathician has not much use for the forceps and other obstetrical instruments, and yet he should always be prepared to use them in cases of *real* necessity. I would advise, however, that the remedy be given a fair trial first, and that the instruments be the last resort. By this means their aid will be very seldom needed. I make no complaint against the instruments, as they are sometimes necessary, but I protest against their indiscriminate and hasty use, frequently to the detriment of the mother and child."

We are in perfect accord with the author in what he has observed about chloroform and anti-septic injections. "I do not believe in the use of chloroform in labor except in extreme cases, where the simillimum cannot be found or where instruments are necessary." "Neither do I believe in the anti-septic injections following labor. * * I have been present where confinement took place in a dug-out of one small room, which was used for every purpose of the family; where the floor was mother earth covered with pools of dish water and besmeared with disgusting expectoration; where bed-bugs were an active army, and the bleeding was so dirty that I was most anxious to strain my back to prevent contact; where I was disgusted with odors and distressed with hunger; and, yet, *without vaginal injections*, the woman was free from all outward conditions, was up and doing her work in ten days, and performing the full functions of a *wife*. I have attended others nearly as bad without evil results." Ever since we have taken to homœopathy we have never had occasion to use chloroform in labor, nor vaginal injections after labor. On the contrary, we have found them both injurious when used by other practitioners without the discrimination which homœopathy alone can teach.

The plan of the work is simple. It is divided into two parts.

"The first contains the therapeutic indications of the remedies under the various rubrics" of LABOR, of ABORTION, of HÆMORRHAGE, of CONVULSIONS, of AFTER-PAINS, of RETENTION OF THE PLACENTA, of the NEW BORN BABE, and GENERALITIES. The second part contains the repertories under the same heads. With reference to the first part, the author observes: "Whilst the rubrics are distinct in their general features, yet the peculiarity of the given remedy may be consulted by taking the therapeutics as a whole. The repetition of symptoms under the various rubrics is intended to impress upon the attention of the prescriber those red-string peculiarities that will generally be found present when the remedy is called for. In the Generalities we endeavour to give a bird's eye view of each remedy so as to enable the prescriber to decide definitely in case of doubt. Definite pictures are presented of each remedy which, if the eye focuses aright, will aid materially in selecting the true simillimum."

We give the following as a sample of the way in which 109 drugs have been treated in the first part. It is not, however, every drug that has been studied from the points of view of all the rubrics enumerated above:

CHINA OFFICINALIS.

Labor:

Pains cease from hæmorrhage, a protracted diarrhœa, etc. Atony of the uterus. She cannot bear to be touched (even the hands) during a pain. Digging, tearing pains in the uterus. Fainting and convulsions from the loss of blood and other animal fluids. Desire to be fanned gently. Desire to have fresh air. *Ringing in the ears, cold skin, loss of pulse* (or nearly so), *and cold sweat.* Vertigo. Exhaustion from loss of fluids. Intolerance of examination from nervousness.

ABORTION.—Sensation of distension, or as if bloated, of the abdomen, as if it were packed full. She wishes to discharge flatus, but its passage upward or downward, gives no relief. Hæmorrhage and its sequelæ. The membranes of an early ovum remain for weeks, keeping up a constant hæmorrhage. Profuse bright-red hæmorrhage, with most alarming prostration. *She may be unconscious, pulseless, breathless, limp and pallid.* Hæmorrhage predominates. From anæmia; uterine congestion; uterine inertia. Discharge black and clotted; dark; in bright red gushes; intermittent; passive; profuse; watery with clots.

HÆMORRHAGE.—From atony of the uterus. From abuse of Chamomilla. Paroxysmal discharge of clots of dark blood. Uterine spasms, colic. Frequent urging to urinate, and painful tension in the abdomen. Coldness and blueness of the skin suitable to persons who have lost much blood, even in severe cases; ringing in the ears; vertigo; vanishing of the senses; sopor; fainting fits; cold extremities; gasping for breath; pale and bluish face and hands with convulsive jerks across the abdomen; twitching and jerking of single muscles. Intermitting with uterine cramps, colic and painful distension of abdomen. She sees persons or objects on closing the eyes; these disappear as soon as the eyes are opened. Wants to be fanned gently. Fainting. Discharge of black, dark clots; clots mixed with pale watery blood; very profuse; passive.

RETAINED PLACENTA.—Attended by hæmorrhage, as above.

CONVULSIONS.—*From great loss of blood.* Rush of blood to the head, throbbing carotids. Twitching of the limbs.

THE BABY.—Syncope, after great loss of blood by the mother during labor.

Generalities.—Swarthy skin. Debility of the system from the loss of fluids, whether much or little. Sensitive in the whole nervous system; the least noise or excitement is unendurable. Ringing in the ears. Face pale; red; red spots on cheeks; blue color around the eyes; sallow complexion; hollow eyes. Hunger without appetite. Chilliness, with shivering. Great thirst. Pain as if bruised in various parts. Fainting from loss of animal fluids. Lassitude of the body; wants to sit down or rest. Desire for motion. Nervous debility; general debility. Shuddering of single parts. Slow train of ideas. Delirium after depletion. Inclined to reproach and vex others. She thinks she is very unfortunate and constantly harassed by enemies. Low-spirited, gloomy, has no desire to live. Inconsolable anxiety even to suicide. Enlarged spleen. Palpitation with rush of blood to the face. Heat of the face, with cold body. Single parts feel pithy, numb. Intolerance of sexual impressions. Intense throbbing headache. *Slight touch* aggravates the pain, which is relieved by a *firm steady pressure.* In breathing a *puffing* noise is produced. She can only distinguish the outlines of distant objects. When reading, the letters appear pale and surrounded by a white border. She sees better after sleeping. Sensation in abdomen of distension.

The only fault one may find in the above is the "repetitions" which the author has justified on the ground of making a forcible impression upon the mind of the importance of the "repeated"

symptoms, and which, remembering the Sanskrit proverb, "in excess there is no harm," we can well over-look.

The second part of the work devoted to the repertories is, we are glad to say, "as complete as needful." Here again we meet with repetitions, but these repetitions are a necessity. References are, therefore, properly made in each (repertory) to others as required by the demands of the case. And a careful study of them all is calculated to "facilitate greatly the search for a remedy in an emergency."

It is but fair that we should add, before concluding, that the author is a high dilutionist, though he has not definitely said what his high dilutions or potencies are From the way in which he speaks we suspect they are not les than the 200ths. He "acknowledges that the low potencies act, and at times most brilliantly." But from experience he has learnt that the higher potencies "act much more promptly and efficiently, and in many cases will cure where the low entirely fail." He has seen their best and their quickest action in the most alarming cases. "We have seen the most profuse hæmorrhage cease," says he, "in a very few moments after the exhibition of a single dose of a high potency. We have seen the most distressing pains cease like magic into genuine labor-pains,with delivery following speedily and naturally after a high potency. My own experience with high potencies has been so satisfactory and gratifying that I feel it a duty to urge every user of this manual to give them a fair trial."

The author's advice as to repetition and change of remedy corresponds exactly with what Hahnemann taught, and which every practitioner of homœopathy ought to follow. "If there is improvement, it would be folly to repeat or change as long as that improvement is decided and continuous. If there is no change for the better within reasonable time, it would be folly to wait longer." Our experience, extending over thirty years, has convinced us that unnecessary repetition, not only in labor but in all cases, is almost as injurious as unnecessary change.

We think we have given a sufficiently fair idea of this charming little work to convince our readers that every practitioner of homœopathy, who has to attend on labor cases, ought to carry it in his pocket. In India where specialities have not yet developed themselves, no homœopathic practitioner should be without it. We can confidently say that it will eminently prove the Accoucheur's Emergency Manual.

EDITOR'S NOTES.

A NEW EPIDEMIC.

The Berlin correspondent of the *British Medical Journal* (March 16th) reports that "a curious epidemic has broken out in one of the southern districts of Berlin, the Friedrichstadt and Hallesche Vorstadt. The symptoms are vesicles in the mouth and on the tongue, which after a time burst occasioning great pain. Only liquid food can be taken; the illness generally lasts four to five days, and leaves great weakness behind, but is not otherwise of a serious nature. It is said that Virchow sees in the epidemic a modified foot-and-mouth disease, and that he thinks the milk supply responsible for the infection. Disinfecting gargles and rinsings with camomile tea relieve the symptoms."

LIVING PREMATURE INFANTS.

Villemin (*Annales de Gynec. et d'Obstet.*, February 1895) read notes last autumn at a meeting of the Paris Obstetrical Society, on a child, which was delivered at 5½ or 6 months, which at that date was thirty-one months old, and "of a fine physical and mental development," and which weighed at birth less than 2 lbs. (950 grammes). It was successfully reared by the aid of the *couveuse* and the most careful feeding. Charpentier had successfully reared an infant which weighed less than 2lbs. 5oz. at birth. "The respiration was almost purely bronchial, the lungs did not float, and the vesicles were found full of epithelial cells." It is said that a strong premature infant can succeed in clearing the pulmonary vesicles and live.—*British Medical Journal*, March 16th.

COMPLETE UNILATERAL ARREST OF DEVELOPMENT.

At a meeting of the Clinical Society of London, Dr. Wallis Ord showed "a case of complete unilateral arrest of development with unilateral arcus senilis, and without hemiplegia, in a girl aged 12. There was nothing in the history of the case that suggested any cause for this condition, except that the mother had suffered during her pregnancy from extreme mental anxiety, due to nursing an elder child, who died of hydrocephalus. The whole of the right side of the body below the eyebrows was distinctly smaller than the left, bones and soft structures being alike affected. Above that level the conditions were reversed. There was no paralysis, no rigidity, no contraction; ordinary sensation and faradic insensibility were unimpaired and the child's intellect was good. In the right eye was a thin sharply defined arcus above and below, and there was also considerable myopic astigmatism."—*British Medical Journal*, March 16th.

POISONING BY DRUGS.

Binz (*Berl. klin. Woch.*, January 21st, 1895) refers to cases of poisoning by corrosive sublimate, opium and chloral, morphine, chloral, carbolic acid and atropine, administered by the rectum. The subli-

mate and carbolic acid were both used as vermicides. In all the cases the dose of the agent employed was large. The medico-legal aspect of such cases is obvious. The vagina probably absorbs less readily than the rectum, yet cases of poisoning have also been recorded here. Recently it has been shown that potassic iodide, iodoform, salicylic acid, salol, antipyrin are absorbed from the vagina, and that during pregnancy, the puerperium, and fever this power of absorption is increased. Agents administered *per rectum* or *per vaginum* should of course be classed as internal remedies, and not as external ones. The same caution ought to be used in injections into the bladder or uterus.—*British Medical Journal,* March 9th.

A NEW METHOD OF MAKING DIGESTIBLE MILK.

Dr. Robert T. Edes of Boston recommends the following mode of preparing palatable and digestible milk :—

A pint of milk is to be gently warmed, and into it is to be poured, very slowly and with constant stirring about twenty minims of dilute hydrochloric acid of the United States Pharmacopeia. The milk should be stirred until it cools. In this way, a very fine flocculent coagulum is produced floating in the whey, which can be easily acted upon by the digestive secretions, while the whole fluid has lost somewhat of the flat and insipid taste which makes it unacceptable to so many. The milk prepared in this way differs from the various wheys in the highly important particular that the casein is retained and used, instead of being separated out as a distinct produce, while it avoids the bitterness of pancreatised milk.—*Medical Record* quoted in the *Homœopathic World* of March 1895.

STRYCHNINE NOT AN ANTIDOTE TO COBRA-POISON.

The April number of the *Indian Medical Gazette* contains a paper on "Is Strychnine an Antidote to Cobra-Poison?" lately read by Surgeon-Captain R. H. Elliot in one of the monthly meetings of the South Indian Branch of the British Medical Association. In this paper, he gives a full account of the experiments made by him chiefly with cobra poison, and also with the venom of Russel's viper, and the krait upon frogs, ducks, lizards, fowls, hares, guinea-pigs, dogs, goats, pigs and monkeys. These experiments show unmistakably that the antidotal power of strychnine in cobra poisoning as claimed for it by Dr. Mueller does not exist, but that it hastened death in almost all the cases, instead of preventing or arresting it. We hope the Government of India will now order the discontinuance of further trials with this dangerous drug, and stop the expenditure of any further money on a worse than useless pursuit.

CAUSES AND PREVENTION OF SUFFOCATION IN MINES.

Dr. Haldane, Lecturer on Physiology in the University of Oxford, has brought forward sufficient evidence to shew that most of the deaths by colliery explosions and fires in the workings, are due to suffocation. The conclusions he arrived at are that "poisoning by carbonic acid

is never the cause of death in cases of suffocation by choke-damp, black-damp or after-damp, and that deprivation of oxygen is always the cause in the cases of choke-damp or black-damp, and usually the cause in the case of after-damp, although after-damp, even when much diluted, is sometimes poisonous from the presence in it of products of incomplete combustion, such as carbonic oxide or sulphuretted hydrogen. He also discussed the effects of white-damp, and drew attention to the exceedingly poisonous character of the gases from the explosion of blasting powder." We recommend to the notice of the colliery authorities the portable apparatus, which our author exhibited, and which will enable miners "to escape through an atmosphere of after-damp to the fresh air in the neighbourhood of the shafts, and for rescue purposes."—*Report British Association*, 1894.

DOES VACCINATION PROTECT?

The *Medical Advance* for March reproduces the following facts from the *Homœop. Monatsblatter* : A child in Saxony one year old was vaccinated at the end of May, 1894. Shortly after, the child, which up to that time had been perfectly well, grew seriously ill, and in the last week of September, the father and neighbours, who had observed the small-pox epidemic in their midst in 1870, noticed the breaking out in the child of genuine small-pox in the worst form, and brought the fact to the notice of the attending physician, who did not contradict them. The child died Sept. 30th, under protracted and terrible sufferings. The mother and three children of the same family of various ages up to 16 years, who were also vaccinated and partly revaccinated, showed genuine small-pox pustules, which gradually healed up. Though the father announced small-pox as the cause of death, and the children were forced to be absent from the school as small-pox patients, no protective measures at all were taken by the doctors (was this due to the belief that compulsory vaccination was not a protection from small-pox ?). The press, it is said, takes no notice of cases like this, but reports only cases favorable to the theory of vaccination.

MILK IN TYPHOID FEVER.

From the facts that the majority of digestive disturbances of children are due to bacteria which decompose milk and that typhoid fever is essentially an intestinal affection, Professor A. Seifert drew the inference that milk was contra-indicated in this disease, and so for the past five years, he has withheld milk in all cases of typhus and typhoid, and also employed methodic irrigations of the rectum. His patients, with typical typhoid symptoms, varied in age from seven to seventy-five years. In all the cases the temperature fell 1°C after beginning treatment, and reached the normal in ten days, provided no complications as pneumonia, phlebitis, thrombosis, or nephritis appeared ; besides this, within 24 hours, the delirium decreased, the abdomen became less distended, the pulse slower and stronger, the headache, sleeplessness, vomiting and diarrhœa much

less pronounced. He does not think much of baths or cold packs, for if the milk is withheld the result is prompt. As a diet, large quantities of water every three hours, a cupful of barley, or oat soup mixed with bouillon, and from the third day, alternately, pea soup, were ordered. If the modern gynecologist or surgeon evacuates all infected cavities, and attempts to keep them free from accumulated products of infection, the clinician should, in typhoid fever, keep the patient's intestines free from substances favoring infection.—*Deutsche Medizinal Zeitung* quoted in the *Hahnemannian Monthly* for March.

USE OF CHLOROFORM IN INFANTS.

We find from the *American Medico-Surgical Bulletin* (March 15th) that Dr. Charon (*vide* Jour. de Med. de Brux., 1894, 23, p. 355) gave preference to chloroform in treating diseases of children, when operations are to be performed and for surgical explorations, especially if the child cried or struggled against the examination. Among the 8000 cases of children of all ages, in which chloroform was used only two deaths occurred with the first few inhalations of the anæsthetic. In the first case the child was under examination for vesical calculus, and the autopsy showed that there existed a cystitis with dilatation of the ureters and pyelonephritis. The second was during an operation for empyema in a child with a sudden attack of dyspnœa. The autopsy revealed not only a purulent pleurisy upon the left side, but an extension of the sero-purulent process to the pericardium. The most interesting observation made in these cases was that the younger the child the larger the amount of chloroform necessary to produce complete narcosis. Mr A. F. Stanley Kent, Secretary to the Committee appointed by the British Association for the Advancement of Science to report on the structure and function of the Mammalian heart, found exactly the same thing in his experiments on young anæsthetised animals. He says: "in my experiments I have often found it almost impossible to anæsthetise animals only a few days old. Gradually as age increases, they become less refractory and at a few weeks old (in the case of kittens) chloroform produces the same effect as in the adult." "Again, "in the newly-born animal it is almost impossible, push the anæsthetic as you will, to produce stoppage of the heart, though this is one of the accidents most to be feared in administering chloroform to an adult animal."—*vide Report of the Association* for 1894, page 465.

TUBERCULOSIS OF THE HUMAN PLACENTA IN RELATION TO CONGENITAL TUBERCULOSIS.

Schmorl and Kockel *(Beitr. Z. Path. Anat., XVI, Part 2)* give an account of three cases, of acute miliary tuberculosis during pregnancy, in which placenta as well as some other organs were affected with tubercle:

(1) This case was brought to the Hospital in an unconscious condition. Autopsy revealed acute miliary tuberculosis; the subject was

in the eighth month of pregnancy. Cæsarean operation was performed, but the child died after two hours.

(2) This patient died during pregnancy with acute miliary tuberculosis.

(3) A case of chronic laryngeal and pulmonary tuberculosis: died suddenly of profuse hæmoptysis. Cæsarean operation was performed soon after death, but the child was found already dead.

"In all the cases placental tubercle was found but only very little in case 3, and less in the placenta than in other organs in the other two cases. The tubercle bacilli were probably in all three cases carried to the placenta in the circulating blood; but in No. 2, where there was also tuberculous peritonitis, the bacilli, though less likely, might also have been carried from the peritoneum into the uterus by the fallopian tubes. In cases of acute miliary tuberculosis the bacilli circulating in the blood must be equally distributed to all organs; and the only way to explain why in cases 1 and 2 less tubercle was found in the placenta than in the other organs, is to suppose that the placenta is more resistant than other organs to the bacillus. In all three cases, tubercle bacilli were found in the fœtal placenta villi, but only in case 2 were any bacilli found in the body of the fœtus; even in this case there were no microscopic changes, but bacilli could be detected by the microscope in the liver, and a lymph gland in the neighbourhood of the liver." "The reason why only few bacilli had passed into the fœtal circulation is to be found in the changes produced in the vessels of the tuberculous villi. These changes, consisting in the closure of vessels by the formation of hyaline thrombi and the overgrowth of the endothelium, to some extent form a barrier hindering the spread of tubercle to the fœtal circulation."—*American Medico-Surgical Bulletin*, March 15, 1895.

HOW JUGGLERS GROW PLANTS.

"A French scientist, M. Ragonneau, has just discovered how to make a plant grow from the seed in thirty minutes as much as it would under ordinary circumstances in as many days. Heretofore nature has shared this secret with the Yogis of India (should be Indian Jugglers) alone, and the methods pursued by these clever magicians in performing this trick have been often described. They plant a seed in the earth and cover it with a cloth. In a few moments the cloth begins to be pushed upward by the growing plant, which in a short time attains the height of several feet. Various theories have been advanced as to the *modus operandi* of this miracle, one of the latter being that the spectators are all hypnotised. During his travels in India, M. Ragonneau saw this trick performed frequently, and noticed that the Hindoos always embedded the seed in the soil which they brought with them especially for that purpose. At last he learned that they obtained this earth from ant hills." As ants contain a large quantity of Formic Acid, the soil of the place in which they live becomes in course of time surcharged with this acid, which "has the power of quickly dissolving the integument surrounding a seed, and of greatly stimulating the growth of the germ within. After a

little experimenting with this acid, the learned Frenchman was able to duplicate perfectly the Hindoo trick. His further researches have led him to believe that this discovery may be profitably applied to agriculture. By infusing ants in boiling water, acid as strong as vinegar may be obtained. M. Ragonneau has achieved the best results and most perfect growth by using earth moistened with a solution of 5,000 parts of water to one of acid."—*The New York World* quoted in the *Homœopathic World* of April 1895.

MALE FŒTUS SHOWING REPTILIAN CHARACTERS IN SEXUAL DUCTS.

On the 19th February last, Mr. S. G. Shattock exhibited before the Pathological Society of London a malformation of the sexual ducts which was "associated with extroversion of the bladder and prolapse of the posterior segment of the intestine which terminated blindly at the umbilicus. The particular characters referred to, however, consisted: (1) In a remarkable elongation of one of the kidneys, recalling the condition in certain lacertilia and ophidia, and it was noteworthy that the kidney so altered was the right, for in ophidia the right kidney was normally much longer than the left. (2) In the persistence of both Mullerian ducts, which remained quite distinct from one another throughout, and opened in the neighbourhood of the ureters on the extroverted surface; this resembled the persistence of both oviducts in an ununited condition in the females of reptilia. (3) On one side the vas deferens opened into the ureter. This was a persistence of the primitive embryological condition in man, and it represented what was a permanent one in the males of lacertilia, where these canals opened together in the cloaca. (4) There were in addition, two blind sacs representing the anal pouches of reptilia." The author further remarked "that the extreme degree of hypospadias in the human subject, though usually regarded as strictly pathological, might really be viewed as a reversion to a reptilian type, for in the crocodile and tortoise the penis was single, and the urethra represented merely by a groove on the lower or posterior surface, near the base of which lay the openings of the vasa deferentia in the cloaca."—*The Lancet*, February 23 1895.

STUDY OF CELL LIFE BY PHOTOGRAPHY.

At the Philadelphia Academy of Natural Sciences, on February 5th, Dr C. L. Leonard directed attention to a new method of studying one of the functions of the cell, which have become the subject of much investigation since 1858, when Virchow enunciated his theory of cellular pathology. "The method consists in making a consecutive series of instantaneous photomicrographs of the same microscopic field, taken at definite intervals so that a comparative study of the series can afterwards be made. The results obtained by this method are the elimination to a greater extent of the personal equation of the observer, the procuring of incontestable proof of phenomena observed, the extension of the observations over any length of time, and the possibilty of studying the changes occurring over the entire field at any moment. The method also enables the student to study

the condition of a fresh, living, unstained specimen for any length of time, in fields taken at definite intervals. So far Dr. Leonard has confined the greater part of his study to cell motion as exemplified in the movements of the red and white blood corpuscles. He exhibited to the Academy a number of photomicrographs illustrating the amœboid motion of the white blood corpuscle, and also showing motion in the red blood corpuscle. Some of the photographs seem to show that diapedesis is not a filtration due to pressure, but is due to a truly amœboid motion and power of the red blood corpuscles. Further photographs illustrated the position of the corpuscles within the capillaries, and showed the presence of nuclei in the red corpuscles of the frog while in the living tissues."—*Nature*, April 4.

AGE OF FIRST MENSTRUATION IN INDIA.

Surgeon-Lieutenant-Colonel C. H. Joubert read at the Indian Medical Congress of December 1894, a paper on the" Supposed Influence of Tropical Climate on Menstruation." (*vide Indian Medical Gazette* for April). The facts and figures collected by the Doctor are not sufficient to admit of a correct inference being drawn from them; but so far as they go they tend to shew that residence in a tropical climate does not determine early menstruation so much as "precocious knowledge and too early sexual excitement,"—a conclusion the same as that we arrived at about 24 years ago. The following table exhibits some of the figures collected by Dr. Joubert :—

Races.	12-13 Years.		13-14 Years.		14-15 Years.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
Europeans.	24	13·4	42	23·4	38	21·2
Europeans, Country born. ...	42	10·8	100	25·8	96	24·8
Eurasians.	175	22·0	253	31·8	176	22·0
Natives.	648	36·4	515	29·3	244	13·9
Jews.	7	9·5	25	34·2	24	34·2

The figures given below also go to prove the correctness of the conclusion arrived at by the Doctor: out of 65 members of the Brahmo community (who marry their girls late) whose statistics were collected, 44·6 per cent. menstruated for the first time between 13 and 14, and 40·0 per cent. between 14 and 15 years of age. Again, out of 40 cases in which sexual intercourse was alleged to have taken place previous to menstruation, the first menses appeared in the 10th year in 2 cases; in the 11th year in more than half; in the 12th year in rather less than half; in the 13th year in one case only. We hope Dr. Joubert will continue his enquiries, and favor the public with at least another contribution on the present subject.

CAUSE OF DEATH AND CHANGES IN THE ORGANS AFTER SCALDING.

Markusfeld and Steinhaus (*Centrabl. f. allgem. Path.*, January 15th, 1895) performed a number of experiments on rabbits in order to determine the cause of death after scalds. The scalding was produced by placing the ears in water treated to a high temperature. The rabbits generally died when a temperature from 56° to 66°C. was reached. "In the blood small globules were found, similar to those which can be produced by the influence of heat on a hanging drop of blood, and which are due to the separation of globular processes from the red blood corpuscles. The blood also contained microcytes and poikilocytes, and broken-down red corpuscles. Thrombi were found in numerous veins and arteries in the kidneys, liver, lungs, cardiac muscle, brain and spinal cord. These thrombi were composed of blood plates which in some cases occupied the whole lumen of the vessel; in other cases only a portion of the same; whilst the remaining part was filled with red corpuscles, broken down red corpuscles, and more or less leucocytes. Often the blood plates were mixed with granular masses, and sometimes the lumen of the vessel appeared filled with almost homogeneous hyaline substance. The arteries and many of the veins of the ears were filled with compressed masses of red blood corpuscles; the other veins contained finely granular or almost homogeneous masses. During the experiments the temperature of the rabbits rose considerably, but the same changes were found in the blood vessels when the rise of temperature was prevented by pouring very cold water over the animals. To furnish conclusive evidence that death and the pathological changes are due to the action of heat on the blood flowing through the vessels of the scalded ears, it would be necessary to determine the result of ligaturing the vessels of the ears, and so preventing their contents from entering the general circulation. Owing to the numerous capillary anastomoses this is impossible. But by ligaturing the main vessels only a small amount of blood from the ear reaches the general circulation." In these cases, although the ears were exposed to water at a very high temperature (70° to 75°C.), "death did not occur during the course of the experiment, the temperature did not rise, the blood changes occurred later, and were much less marked, and thrombi were exceedingly rarely seen. The authors conclude that as the result of scalding, morphological, and probably chemical, changes occur in the blood which give rise to thrombosis (blood-plate thrombosis), and that the thrombi, met with in the organs and especially in the brain and spinal cord, are the cause of death."—*British Medical Journal*, March 16th, 1895.

CLINICAL RECORD.

A Case showing the value of High Potencies in Serious Conditions.

By Dr. Roger S. Chew, M.D., M.Sc.

Not very long ago I was called in to see M. P—, an Eurasian female, aged 22, who exhibited the following symptoms:—Pulse bounding, 160, temperature 103°·8F, respiration stertorous, gasping, difficult, and both lungs decidedly pneumonic; throat and fauces highly congested; tonsils much enlarged, the left one more so; bronchi more or less clogged; a good deal of coughing, but expectoration somewhat difficult, sticky and glairy; sublingual gland and left maxillary gland hypertrophied and painful to pressure; face flushed, eyes glazed but watering freely, and a good deal of coryza; left ear blocked up with encysted and hardened wax; with total loss of hearing on that side; great nervous prostration and a little delirium while temperature was high; but patient moves about between the febrile paroxysms. Urine of peculiar color and odor, with a specific gravity of 1034·5 and containing 4·736 per cent. of grape sugar. No history of syphilis or other organic disease. Habits very regular; but of a hysterical temperament and rather obstinate disposition. I gave her one globule (size No. 10) of *Antimonium Tartaricum* 30th on her tongue, and dissolving two more globules in 8 ounces of water, directed a teaspoonful of this mixture to be given every fourth or fifth hour.

The evening after next I was summoned post-haste to her house where I saw the girl lying almost comatose, face swollen, conjunctivæ puffed, hands and fingers continually twitching, tongue thickly coated, nose running, chest symptoms intensely aggravated, and over scapulæ, sternum and inner arms there were luxuriant crops of pustules very much like those of confluent small-pox. The mother showed me a concertina temperature chart, irregularly flying from 103°·6 to 99°·4 F., and told me that the girl, who always spoke in a loud discordant tone, had been utterly voiceless for the last twelve hours and could not articulate her wishes even in a whisper. Auscultation and percussion of the thorax with spatular depression of tongue and laryngoscopic examination of the throat together with the peculiar character of the sputa revealed intense inflamation of the mucous surfaces, and these added to the aphonia and cutaneous condition distinctly pointing to medicinal aggravation. I gave her two (No. 10) globules of *Antim. Tart.* 1000th, and noting marked improvement in the symptoms in an hour's time I made up a placebo solution (Sacch. lact. grs. ii in aqua ℥viii) of which I directed a teaspoonful to be given every hour for five days when I again saw her and administered another placebo. She was entirely well in twelve days, and my only regret was that I had not employed the higher potency in the first instance instead of using the 30th.

Two Cases of Carbuncle.

By Dr. Amarchand Mukerjea, M.B.

Case 1: D. N. Ghose, aged 65, of weak constitution, and a shop keeper by profession, was placed under my care on the morning of the 2nd March 1895, with the following history and symptoms.

About thirteen days ago, he noticed a swelling over the left shoulder, attended with heat, pain and redness. This he thought was due to glandular irritation and he applied all sorts of nostrums to disperse the swelling. A week after, just five days ago, he had shivering followed by fever and the part became tense, intensely red, hot and painful. He was advised to apply poultice every 4 hours. The day I was called in, I found him in the following condition :—

A transverse swelling about 4 in. long 2½ in. broad, extending from 1 inch to the outside of the spine to the end of the acromial process of the left scapula along the whole length of the supra-scapular region, encroaching up to the middle of the supraclavicular region and reaching downwards to the lower end of the spine of the scapula. The central part of the swelling, to the extent of about 3 inches, was soft, but red and hot, and presented three minute apertures, which, on being probed, exuded a sanious discharge. The upper, inner and the lower parts of the circumference were red, hard, tense, hot and enormously swollen, so as to present the appearance of a palkee-bearer's shoulder. The acormial region presented a doughy black appearance, and crackled on pressure. Temp. 102°F, pulse hard and full; had a restless night; pain of an aching character though not excruciating; appetite bad; thirst great, no history of diabetes.

My first impulse was to make a free incision, but taking into consideration his age and health and the gangrenous aspect of the acromial region, I desisted from my purpose and intended to wait for two days more to see the effect of medication.

I poured into the apertures, a solution of Glycerine and carbolic acid (1 in 2), prescribed *Bell.* 6 and *Hepar Sulph.* 6 alternately every 4 hours, and ordered poultice to be applied every three hours; bread and moog soup in the morning and milk and sago in the evening, for diet.

3rd. March. Slept well last night; fever in the evening was less than before; the aspect of the swelling remains the same, but healthy pus exuding from the apertures. Cont. *Bell.* and *Hepar*, and Carbolic acid application after washing with decoction of Neem leaves.

4th. March. A perceptible improvement was noticed this morning; the patient feels better; discharge sweet and free; had very slight fever last night, but is free from fever now, no spread of the erysipelatous swelling; pulse less full and hard, almost normal. Omit *Bell.* and cont. the rest.

7th. March. Improving; no fever; swelling going down. Omit carbolic acid application; poultice was ordered to be applied over the inner margin only. Ordered *Hepar Sulph.* 6 thrice daily.

9th. March. Doing well; long shreds of slough were drawn out of the apertures which now presented a healthy granulating

aspect ; discharge less ; ordered bread and soup twice daily, and milk and sago at intervals ; *Hepar Sulph.* 6 twice daily and Carbolic acid application (1 in 20).

12th. March. Doing well ; no fever ; discharge scanty ; swelling less. *Silicea.* 6 morning and evening.

14th March. The whole surface presented a red granulating aspect with a cicatricial line at the margin ; pus scanty and healthy, the upper and inner borders only are a little indurated ; feels better ; Cont. *Silicea.* 6.

17th. March. Doing well.

Remarks.

Treatment of Carbuncles by free incisions is now-a-days rarely resorted to, except where there is extreme tension ; the introduction of crystals of carbolic acid into the apertures of the swelling is generally attended with good results. In this case, I think the tendency to gangrene was averted and the recovery of the patient was expedited by administering *Hepar.* I do not know whether carbolic acid application alone would have been sufficient for the cure of the patient, but so far it is certain that supplementing its use with internal medications brought in the improvement within 24 hours, which is rarely observed in the management of these cases with carbolic acid alone.

Case 2. I was called in to see Babu A. N. Bose, aged 28, on the 14th Feb. 1895. He had been suffering from fever since the 12th inst. This morning he noticed a small black pustule in the middle of the right infra-axillary region. On examination I found him suffering from high fever, (Temp. 103°·6F), with full bounding pulse, flushed face, intense thirst and costive bowels ; the whole of the right infra-axillary region about 4 inches in circumference was hot, hard, tense, not very red, with a black pustule of the size of a pea in the centre.

I prescribed *Caustic solution* (℥ii to ℥i) application over the inflamed area, and *Bryonia* 3 every 4 hours.

17th Feb. Fever less ; inflammation subsiding.

19th Feb. The heat and tension of the inflamed area are perceptibly less, nearly gone ; no discharge from the pustule which seemed to be shrivelling up; the axillary glands a little tender and inflamed; omitted *Bry.* and prescribed *Bell.* 3 and *Merc. S.* 6, in alternation, every 4 hours.

23rd Feb. Doing well.

Remarks.

This is a case of ordinary cellulitis and the timely administration of *Bry.* brought the case to a speedy favorable termination.

Gleanings from Contemporary Literature.

THE HUNTERIAN ORATION
ON
JOHN HUNTER THE BIOLOGIST.

At the Royal College of Surgeons of England, February 14th, 1895.

By J. W. HULKE, F.R.S., F.R.C.S.,
President of the College.

Mr. Vice-President, Visitors, Fellows, and Members of the Royal College of Surgeons of England,—We meet to-day to commemorate the 166th anniversary of the birth of John Hunter, that remarkable man, whose name in this College is as a living presence, who did so much and with such great success last century to raise surgery from the lower grade of an empirical handicraft, which it then too greatly resembled, to the dignity of a branch of science by basing the principles that should guide its practice on the combined foundation of anatomy, physiology, and pathology.

His great achievements as a surgeon, his life-history, and his personality have been so frequently dwelt on here, that I may pass these by, and at once take up the theme on which I would speak to you; its subject is John Hunter the Biologist, the sagacious investigator and interpreter of "organic Nature." Of John Hunter in this character I can, however, offer you only a very incomplete sketch, since even if the time at my disposal permitted, and had I the necessary ability for such a task—a gift I may not claim—the materials for a complete presentment of him as a biologist do not now exist, for ten large bound volumes of manuscript written, mostly by his assistants at his dictation, and then revised, added to, and corrected by himself, embodying the records of the labours of many years, purchased, together with his museum, by the nation, which made our College their custodian, were, about thirty years after John Hunter's death, designedly burned by his brother-in-law and executor, Sir Everard Home. When interrogated respecting this act, he alleged that he had destroyed these MSS. by John Hunter's expressed desire, as being by him considered too imperfect for the public eye. That these ten volumes of MSS. were included under the words "collections and everything belonging thereto," which John Hunter in his last will directed should be offered to the Government "in one lot," is not open to doubt; yet Sir Everard Home, shortly before the transfer of Hunter's collections from Leicester Square to Lincoln's Inn Fields, and therefore after their purchase by the Government, had them removed to his own house. The Board of Curators of the College Museum appear not to have known that they had ever existed until after their destruction.

This irreparable loss looms the larger when we study John Hunter's anatomical and physiological collections, when we ponder on the fragments of his writings rescued from destruction by the solicitude of William Clift, his devoted assistant, our first conservator; and when we read his lectures and other papers collected and published by this College, and by Palmer, Ottley and R. Owen.

The better my knowledge of the extensive series of anatomical and physiological preparations—nearly all made by John Hunter's own hands, a series which may properly be regarded as the centre around which are clustered our own now very greatly extended and in some respects unsurpassed collections—the more profoundly am I impressed with the vastness of our great master's anatomical and physiological work, which, it should

be remembered, was all accomplished within the relatively short space of thirty years, broken in upon by frequent and severe illness and by the many interruptions incidental to the life of a busy practising surgeon: the better my acquaintance with the Hunterian series, the more am I impressed with John Hunter's sagacity, for in this series of preparations we have not the bald presentments of disconnected facts, but each preparation unfolds a tale, each conveys a lesson, each is a link in a chain, and not infrequently one clears up something which is obscurely represented or only hinted at by another.

The overshadowing greatness of his zootomical work, perhaps, accounts for the imperfect recognition by so many of us of how much John Hunter also occupied himself in botanical research. In one of several physiological papers, after discussing the agreements and the differences between that which he terms "common or original matter and animate matter"—or, as we now should say, between inorganic and organic substances—and affirming the derivation of the latter from the former, for the reason that "animate is found to return to inanimate matter," he proceeds to analyse the resemblances and the differences of the matter of which animals and vegetables are composed. He restricts to vegetables the power of immediately converting common that is, inorganic—matter "into their own kind;" and from this he draws the inference that "a vegetable seems an intermediate link between common and animal matter."

In his lectures on the *Principles of Surgery* he reviews the "accord" between the physiological endowments of vegetables and those of animals. He mentions that a self-moving power has been observed and is universally allowed in vegetables"; and he adds that "this principle seems to be as much a property in vegetables as in animals." He illustrates internal mechanical work done within the vegetable tissues by reference to Hale's notable experiments on the rising of the sap in trees; and he contrasts the magnitude of the force employed in this movement with that exerted in the heart's systole.

Having defined irritability as the power of responding to stimuli by internal and external work, he calls attention to the visible movements of "whole parts of plants" as examples of this property. He adduces the movements of the leaves of the leguminous plant, the Hedysarum gyrans, as an example of this phenomenon; and he comments on an apparent analogy between these movements and those of respiration in animals suggested by their periodic repetition in both divisions of organic nature. Here, he is, however, careful to avoid the error of attributing to these superficial resemblances an essential correspondence of function. With characteristic cautiousness he proceeds, "This (that is, the recurring leaf movements) is an action apparently similar to breathing in animals, though perhaps it does not answer the same purpose."

The circling movements of tendrils, as if seeking for a mechanical support, and their twining round this when they have come into contact with it, did not escape John Hunter's notice. Neither did he overlook the remarkable circumstance which characterises the twining of the stems of certain climbing plants—namely its constant direction for each plant. He cites the honey suckle (Lonicera) and the hop (Humulus) as climbers, of both of which he says, "their stems turn to the left, whereas the stem of Clitoria (a pea) and that of convolvulus turn to the right." He instances Dionœa muscipula (Venus's flytrap) and the Mimosa pudica (sensitive plant) as plants endowed with considerable powers of movement. He remarks that "the leaf of Dionœa, upon being touched, closes up, and as it were confines the stimulating cause;" that is, shuts it, and so entraps the insect which, in alighting on its upper surface, has touched the little cluster of extremely irritable hairs there projecting above the general level of the cuticle.

Of the Mimosa pudica he observes that it bends its leaflets in response to a coarse mechanical stimulus, and also to the subtle excitation of varying quantities of light incident upon them. In connection with excitation by light he mentions the goatsbeard (Tragopogon) and Calendula pluvialis, two plants in the large order Compositæ, and he says that they and many other plants close their blossoms towards night or at the approach of rain. Of this habit an indigenous Centaurias (Erythræa), once of high medicinal repute, and the scarlet pimpernel (Anagallis arvensis) supply familiar examples. Then he passes on to tell us that some other plants, as certain species of "convolvulus, open their flowers in the evening, and close them at the approach of the sun." In striking contrast to these dusk-loving plants, he mentions that nearly the entire class Diadelphia (now designated Leguminosæ), which comprises, he adds, "chiefly wing-leaved plants," close their leaflets "towards night, not expanding them till morning;" and he remarks that this phenomenon had been called by Linnæus the "sleep of plants."

This reference to the great Swedish botanist is interesting, because it proves John Hunter to have been acquainted with Petrus Bremar's remarkable treatise bearing the Latin title *Somnus Plantarum*. It is included in the *Amœnitates Academicæ* of Linnæus, published at Stockholm in 1759. In this instructive memoir Bremar asserts that "plants possess most qualities in common with animals; they feed, they have movement and rest, they have excretions, and they celebrate their nuptials." To Bremar we are indebted for an anecdote of the circumstances which first brought to the great botanist's notice the phenomenon of the folding of the leaves of certain plants at night, before unrecognised. Linnæus, he tells us, had placed in the charge of an assistant a lotus (Ornithopodioides), and had enjoined him to take particular care of it. The lotus blossomed. Throughout the day its conspicuous blossom attracted notice, but in the evening, when the assistant visited the plant, the blossom, to his consternation, was not to be seen. The unhappy man, conceiving that the blossom might have been surreptitiously plucked by an evilly-disposed person, watched the lotus more closely than before. Next morning a blossom again appeared; in the evening it had again vanished. Perplexed, and unable to account for the singular occurrence, but convinced that the blossom had not been stolen, the assistant hastened to Linnæus and told him what had happened. Linnæus at once went to the lotus, and on closely inspecting it he detected the vanished blossom still actually there, only it was closed and hidden from view, mantled by the green leaves wrapt about it. Attention once aroused, this phenomenon was quickly found to be common to many other plants. That it should have so long escaped recognition, and then owe its discovery to an accident, is but one of many instances that could readily be adduced to illustrate how easily circumstances for which we are not looking, pass unnoticed, even though occurring daily under our very eyes.

John Hunter made the Mimosa pudica the subject of a study into which he threw himself with characteristic energy. He writes: "In order to have the greatest part of the day before me, I began my experiments at 8 in the morning, while the leaves were in full expansion, and I continued them till 4 in the afternoon, as longer would not have been just, for they begin to collapse of themselves between 5 and 6 o'clock." With his peculiar aptitude for planning an experiment, he contrived a small screen upon which he could trace and measure the arc through which a selected leaflet moved in response to a certain stimulus. In this way he found that "the leaflets are less affected as they become accustomed to the stimulus;"..... "that they require a stronger and quicker stimulus to produce motion after being some time accustomed to it;".....and "that they erect themselves less after a repetition of such actions." Here the analogy to the corresponding occurrences in connection with excitation of animal tissues is very

obvious. Searching for the mechanism concerned in the movement of the mimosa leaflets, John Hunter discovered that "the motion is principally confined to one part, and this differing from the others in external appearance, which difference is its increased thickness and uniformity of surface." Then he locates the motor mechanism in the swelling at the base of the pedicle, and in the homologous parts of the stalks of the leaflets. Next he tells us that he slit longitudinally the swelling on the "foot stalk," and also that part of "the stem on which it stands," and he is about to record what he saw in these parts ; but here unhappily, as Ottley notices, there occurs a blank in the manuscript which leaves us ignorant of what he actually discerned in them. I do not gather from the context that John Hunter employed the compound microscope in this investigation. The contrary appears more probable, for the use of the microscope was then only dawning, and vegetable histology had made relatively little advance since Malpighi began to cultivate it in the latter half of the preceding century. We at our standpoint can hardly conceive the possibility of Malpighi holding concurrently the Chair of Botany and that of Zootomy in his university —Bologna, yet in both these chairs he made discoveries which gained for him enduring fame. We *medici* are wont to think of Malpighi as an anatomist only, whose honoured name has come down to us chiefly in association with certain minute bodies in the kidneys and spleen, and with a certain layer in the skin, but botanists revere Malpighi as the founder of vegetable histology. For John Hunter it may fairly be claimed that he pushed his investigations into the motor mechanism of the mimosa leaflets as far as was then practicable with the means at his command.

Later investigators have demonstrated that when in a young, vigorous succulent mimosa plant a cut is made with a sharp knife into the petiolar swelling, dividing its parenchyma down to the central strand of vascular tissue, a drop of water oozes from the wound, upon which follows the well-known movement of the leaf. In the absence of this effusion of water, no movement of the leaf occurs. Julius Sachs, who in recent years has done so much to advance the study of vegetable physiology, has further demonstrated that the visible leaf movement is caused by the afflux of water in the petiolar parenchyma, distending the tissue and thus causing it to become elongated more than the less extensile axile band of vessels. By such distension of the mass of parenchyma situated above the axile vascular bundle the upper part of the petiolar swelling is lengthened disproportionately to the lower part, and the leaf of necessity bends down ; whereas when the lower mass of the parenchyma is turgid with water, the opposite occurs, and the leaf erects itself. By the device of removing first the upper and then the lower mass of parenchyma, J. Sachs was able to demonstrate that only the latter mass—that lying below the axile vessels—is endowed with this irritability. It is now known that the movements of the mimosa leaflets are attended with the production of feeble electric currents. Such currents have also been demonstrated by Professor Burdon Sanderson to attend the movements of the leaf of Dionœa muscipula. Dr. Kunkel, working in Sachs's laboratory, has since then demonstrated that weak electric currents accompany the movement of water. In the vegetable tissues, however, this movement is originated, and thus the generation of such electric currents proves not to be peculiar to leaf movement excited by external stimulation.

Whilst experimenting on the mimosa, John Hunter observed that when he touched the leaflets the visible effect of the local stimulation spread to the neighbouring leaflets which he saw laid down in pairs until all the leaflets of the compound leaf were folded. He noticed also that this progressive effect of the stimulus spread from the point where it was applied more readily in the direction towards the stem of the plant than in the opposite direction towards the peripheral end of the leaf.

J. Sachs and with him some others appear disposed to regard the petiolar, axile, vascular bundle as the path along which the molecular disturbance initiated by the application of the stimulus travels; but whether this or the parenchymatous tissue is the path, it seems probable that a molecular disturbance in the living, active cell protoplasm is the efficient cause of the afflux of water that produces the leaf movement. The protoplasm of adjoining vegetable cells is now known to be continuous through minute openings in the cell walls, so that we are warranted in regarding the protoplasm in living vegetable tissues as a *continuum*; and thus the propagation of a molecular disturbance to considerable distances beyond the point of application of a mechanical stimulus originating it becomes readily intelligible. John Hunter's experiments on the mimosa were not limited to the effects of mechanical stimulation. He also experimented on this plant with heat, with chemical solutions, and with ether. He tried also the effect of a tight ligature placed around the stem or branch, and he found that when the part below the ligature was cut, very slight or no movement of the leaf occurred.

Continuing his discussion of the resemblances between animals and vegetables, Hunter remarks that "vegetables are supposed, with great reason, to have an action analogous to breathing, for the same kind of air which kills animals which do breathe certainly kills vegetables also." He touches this subject so briefly that he leaves us in uncertainty whether he had himself experimentally investigated the influence of gases on plant life, or had merely adopted the conclusions of others. This latter appears to me more probable, when we bear in mind the standpoint of the chemistry of the gases in his day. Carbonic acid gas was discovered by Black in 1754, nitrogen by Priestley in 1772, oxygen also by Priestley in 1774, and hydrogen by Cavendish in 1776, the year of John Hunter's Croonian Lecture, from which I have just quoted.

We know (as Palmer has noticed) that John Hunter and Cavendish were personally acquainted, for Hunter himself tells us that Cavendish examined for him "air" contained in certain bladders present in the intestines of a hog sent to him by Jenner. There is, then, no improbability in the supposition that John Hunter may have derived from Cavendish his knowledge of the influence of gases on vegetable life.

However this may have been, botanists have long recognised as a general principle the necessity of the presence of oxygen for vegetable life; further, that vegetables take in free oxygen from the surrounding atmosphere; and also that they are able to seize upon oxygen when this is presented to them in weak chemical combination. Of this latter action the reduction of oxyhæmoglobin to hæmoglobin in the circulating blood by the bacillus of anthrax in animals dying of cattle plague has been thought a significant example.

In the absence of oxygen plants are asphyxiated, vegetable protaplasm loses its irritability, though less quickly than does animal protoplasm, becuase the processes of vegetable life are less actively carried on than are those of animal life. When a plant is deprived of oxygen, as when it is placed in an atmosphere from which the gas is absent during a short period the want of the external supply of oxygen is in some measure compensated by the atmospheric oxygen previously enclosed in the air spaces of the vegetable tissues; perhaps also some oxygen is derived by the plant from the decomposition of weak chemical combinations of oxygen normally present in certain chemical substances contained in the tissues, but these limited sources of oxygen are soon exhausted.

To this general law of the necessity of the oxygen for the maintenance of vegetable life certain low forms appear to offer notable exceptions. Thus the yeast plant (Saccharomyces cerevisiæ)can live and even increase in an atmosphere devoid of oxygen. Its highest life phase, however, requires

the presence of oxygen, for spores are not produced unless the plant has access to the atmosphere. Then, also, there are certain Schizomycetes to which free oxygen seems to be positively hurtful; they die in its presence. The explanation of this singular phenomenon still awaits solution.

The final products of the oxygen taken into the tissues of the plant are carbon dioxide and water. Of these the former is exhaled from every part of the plant's external surface. This, von Tighem says, is the most constant phenomenon of plant life; and thus in the matter of gas exchanges we find confirmed the impression mentioned by John Hunter as current in his day, namely, that a very close correspondence exists between vegetable and animal respiration.

That plants like animals have "the power within themselves of producing or generating heat" did not escape John Hunter's notice. He investigated also their power of resisting very low temperatures, employing in some experiments freezing mixtures, and noting the effects of these on succulent and on woody plants, and he found that the latter better resisted great cold. He also carried out a series of observations, prolonged over a year, on the internal temperature of trees relatively to that of the external atmosphere. He mentions that he "read his thermometers at six o'clock in the morning and again at the same hour in the evening;" and he says that he was obliged to discontinue these experiments because the sap froze in the holes bored in the trees treated for the reception of his thermometers. He records that he was careful to allow a sufficient interval to elapse between boring the holes and inserting the thermometers in order that the heat generated by the friction of the gimlet might be dissipated; and he tells us also that he enclosed in a box the part of the thermometers projecting externally beyond the hole, and packed it in wool in order to protect it "against all immediate external influences either of heat or of cold.

Hunter also made a series of thermal experiments on vegetable seeds similar to others he had made on eggs, and he mentions his intention to record these. No trace of such record has come down to us, if actually made; it may, perhaps, have been amongst the MSS. burned by Sir Everard Home. John Hunter has left us a brief account of experiments in connection with the movement of the sap. We possess, also short statements of his views concerning the influence of light on the production of the "green colour" of vegetables, on the changes undergone by the leaf in dying, on the natural decay of the vegetable tissues, on the morphology of the bud, and on "germination and generation in vegetables."

I cannot now enlarge on his work in relation to these several subjects, nor is it necessary that I should do so, since the evidence adduced is more than sufficient to justify me in claiming for our great master that he was a very close observer, and an acute reasoner upon many of the phenomena comprised under vegetable physiology.

Leaving botany, John Hunter's title to a place in the foremost rank of original investigators in zoology, the other primary division of biology is so universally acknowledged that more than a passing reference to his researches in the animal kingdom may seem unnecessary, particularly within these walls; yet on this occasion I may not dismiss them with a bare allusion. His memoirs on *The General Principles of the Blood*; on *The Vascular System*; on *Digestion, Absorption and Nutrition*; and on *The Growth of Bones*, even at the standpoint we have reached, require attentive study. They show how far he was in advance of his contemporaries.

John Hunter's devotion to physiology, which had its root in his conviction of the necessity of this "discipline" for the intelligent practice of surgery was made a reproach by empirical surgical contemporaries, who called him a theorist and not a practical surgeon; indeed, the tardy recognition of John Hunter as the leading surgeon in this metropolis was probably in no small degree due to this misconception of him. This comment has

also been made by others. His memoir on *The General Principles of the Blood* is certainly one of the most important written by him. From it we learn how much patient investigation, how much concentrated thought he bestowed on the striking phenomena of its coagulation. "This," he remarks, "is not a property of the blood as a whole, but only of one of its component parts—the coagulable lymph." Then with nice discernment he adds; "This would better be termed 'coagulating lymph,' since blood serum also contains a coagulable substance which, however, needs the addition of a chemical agent for its change from a liquid to a solid state." John Hunter considered "coagulable lymph"—fibrin, as we term it—to be the most important constituent of the blood chiefly because he found it universally present in it. He sought to ascertain the influence of temperature on the coagulation of fibrin and he established that this latter is retarded by cold and hastened by heat.

The effect of rest and of motion on coagulation of fibrin also occupied his attention, with the result that he was led to regard rest as an important direct factor but not its immediate cause.

The final outcome of all his experiments and observations on the blood was the view of its coagulation, which I state in his own words: "That the fluid state of the blood is connected with the living vessels, which are its natural situation, and with motion; and that where there is a full power of life the vessels are capable of keeping the blood in a fluid state." These views appear to harmonise closely with those of the present day.

The white corpuscles of the blood appear to have been unknown to John Hunter, which will not surprise us if we bear in mind the imperfection of the compound microscope in his day, and also the entire absence of our numerous aids, of which I need only instance the use of differential staining agents, by which so many delicate details of minute structure have been disclosed.

How narrowly John Hunter scrutinised every unusual circumstance that came before him is shown by his remarks on Liphæmia. He writes: "The serum of the blood is often wheyish, and then upon settling it often throws up a whitish scum like cream."....."This was most probably first observed in human blood, but it is not peculiar to it." He had noticed it "more frequently in the blood of breeding woman, but he had seen it in others and sometimes in man." Examined with the microscope, he found this serum to be composed of "globular particles which are not soluble in water, and which rise to the top." This pathological condition has in recent years attracted much attention.

Numerous and varied experiments were made by John Hunter to determine the cause of the different colour of venous and of arterial blood. He noticed the influence of respiration on the colour, and to the objection advanced by some "that in the lungs the blood cannot come into contact with the air," he opposed the familiar fact that the bright red colour assumed by the outer surface of a blood clot when exposed to the atmosphere "extends some depth into the clot," whence "it is evident that air can and does penetrate animal matter."

Passing to the "vascular system" we find that John Hunter notices the predominance of muscular over elastic tissue in the coats of the smaller blood vessels; and then he comments on their respective influences on the calibre of the vessels. He also notices the branching and the anastomosis of arteries, and he discusses the effects of these arrangements on the velocity of the blood current. Then he investigates the pumping force of the heart in relation to the resistance offered by the arterioles; the relative capacities of the venous and arterial systems; the retardation of the blood current in the veins; and the form, structure, and distribution of the valves in the last named vessels.

John Hunter's observations on *Digestion and Nutrition*, though much

less extensive, are scarcely less instructive than those I have noticed. I shall cite one only, namely, that on "The Digestion of the stomach by its own juices after Death," occasioning appearances that had previously been regarded as pathological, and respecting the real nature of which acute difference of opinion continued long subsequently to exist, notwithstanding the thoroughness of John Hunter's exposition.

In a communication to the Royal Society, made at the instigation of its President, Sir John Pringle (read on June 18th, 1772), John Hunter insists on the prime importance of a correct knowledge of the appearances produced in the tissues of the body by those changes which they naturally undergo in persons dying suddenly, as from fatal violence inflicted on them when in perfect health. He significantly remarks that, in the absence of this knowledge, appearances, collectively products of putrefaction, may easily be mistaken for others the results of disease, pathological in their nature and occurring during life; and thus confusion and misapprehension will arise. He goes on to state that "there is a case of mixed nature which cannot be reckoned a process of the living body, nor of the dead; it participates of both, inasmuch as its cause arises from the living, yet it cannot take effect till after death." He adduces the suggested fact that "animals or parts of animals possessed of the living principle, when taken into the stomach, are not affected by the powers of that viscus so long as the living principle remains. Thence it is," he adds, "that we find animals of various kinds living in the stomach or hatched or bred there; but the moment that any of these lose the living principle they become subject to the digestive powers of the stomach."

At a loss to explain these appearances, John Hunter had supposed them to have been produced during life and to have been the cause of death; but the absence of associated symptoms and their frequency in persons who, being in good health, had died violent deaths, occasioned him perplexity and made him, as he says, "suspect that the cause was not even imagined." He tells us that the first time he had observed this 'appearance" was under circumstances that precluded its causation by disease—the man had just before his death made a hearty supper of cold meat, cheese, bread, and ale. On opening his body a large hole was found in the stomach, through which part of the ingesta had escaped into the general cavity of the belly. Doubtful as to what this might mean, John Hunter made "many "experiments on digestion, on different animals, all of which were killed at different times after being fed with different kinds of food; some were not opened immediately after death, and in some of them (he says) I found the appearance thus described in the stomach."

This memoir is worthy of study if only as an illustration of John Hunter's method of work; whenever puzzled by anything of which the explanation did not immediately present itself, he turned to experimentation for its solution.

These very incomplete references to some of his more important physiological researches prove that as an original investigator in this branch of biology John Hunter was in line with the foremost workers of his day.

How great an anatomist he was is evidenced by his published papers; by the great value in which his lectures delivered in the Windmill Street rooms were held by those who made the effort to understand them, and is told yet more eloquently by his preparations on the shelves of our museum. In anatomy, as I have already said, John Hunter was not a mere accumulator of facts, not a mere describer of figure, colour, and relative position of the organs and members of the animal body, but he sought for the explanation of these. He tried to import into the art of anatomy the character of a science. He was ever seeking the how, the

why and the wherefore of the facts disclosed by his scalpel, ever reasoning inductively from particular instances, and ever trying to deduce general laws.

But John Hunter was not only a distinguished Zootomist, anthropotomist and physiologist; he also assiduously prosecuted researches in embryology previously little studied, and he reaped in it a rich harvest. How keenly, how penetratingly he observed, and how sagaciously he interpreted what he saw is apparent in the article he wrote on "The Development of the Chick." In order to secure a supply of eggs for this research he kept large numbers of fowls and also a flock of geese during several years.

John Hunter's labours were not limited to ontogeny, the development of the individual; he pressed onwards to the study of phylogeny, the evolution of the "stem." He writes, "We may observe that in natural things nothing stands alone; that everything in Nature has a relation to a connection with some other natural production or productions; and that each is composed of parts common to most others but differently arranged. Therefore in every natural production there is an appearance of an affinity in some parts of its composition with those of some other natural production, and where there are the greatest number of these affinities, or corresponding parts, the correspondence or affinity between those of one production with those of another, the nearer are those (natural productions) allied.

In another passage, after premising with characteristic vigour of language that "definitions are the most damnable things," he defines species as "things having the same relationship in their most essential properties however much they differ in others." "So," he continues, "animals breeding in the full extent of that process constitute the species, although this may differ in some of their parts or other circumstances but which differences are less essential, only constituting a variety."

He comments on the greater tendency of domestic species to variation than obtains in wild animals, and he illustrates this difference by the many diverse breeds of dogs and the few distinct races of wolves. He attributes this difference to the existence of domestic animals under other than their natural circumstances—in short, he recognises the plastic influence of environment. He perceives "in a great many species a considerable variety in the same, and from variety in this same species it becomes a doubt whether they were all original or none of them, or, if any be original, which that one is."

He alludes to the variability of species in more than one passage, and he makes the significant comment that some variations are transmissible to offspring. He tells us that "it may certainly be laid down as one of the laws of Nature for species to deviate from their type under certain circumstances:" and he adds, "it is neither necessary, nor does it follow that all deviations from the original must be a falling off; it appears just the contrary, therefore we may suppose that Nature is improving her works, or, at least, has established the principles of improvement in the body as well as in the mind"

In these passages—laboured and somewhat deficient in perfect clearness of expression—we find John Hunter enunciating the principles of the "inherent variability of species;" of the "modifying influences of environment;" of the transmissibility of variations from parent to offspring; and of evolution from lower to higher life forms—in short, in those of his memoirs which we possess there is to be found abundant evidence that his mind was often and deeply engaged in the consideration of the pregnant questions comprised in the idea of evolution, around which so much and such fierce controversy has been waged in our own day.

The significance of past forms of life did not escape him; he studied their fossil remains, of which he collected a considerable number. In a

memoir communicated by him to the Royal Society on a series of fossil bones from caves at Gailenreuth presented to the Society by His Serene Highness the Margrave of Anspach, we find John Hunter investigating the circumstances of their fossilisation, comparing the forms of these bones with those of extant animals, reviewing the geographical distribution of animals in past time, and speculating from the *gisements* of fossils upon the form, etc., of the earth's surface in past ages.

From these and similar considerations John Hunter inferred a duration of our earth prolonged through "many thousand centuries." This chronology was so greatly at variance with that then universally accepted that a second memoir sent in by him to the Royal Society, in which it was stated, caused so much misgiving in its Council as led to a suggestion being conveyed to him that he should substitute years for centuries. With characteristic adherence to his convictions, John Hunter would not modify his original statement, and he withdrew the paper.

John Hunter's researches were not limited by the walls of the dissecting room, museum, and study; outside these he was a close observer of living Nature. He was fully alive to the great value of both these lines of work. In some fragmentary notes on *Natural History*, edited by R. Owen, he remarks: "Writers on the natural history of animals have been of two kinds—one (concerned) only in what they could observe externally, such as form and mode of life; the second (studying) only the internal parts, and the structure of the whole animal which was performed by the anatomist. As (the subject of) the first has an immediate connection with (that of) the second, the describers of form conjectured what the structure ought to be by consulting the anatomist; and the anatomist conjectured what the living history is, or ought to be, from the natural history of others, filling up what he conceived to be just, and fancy supplying the rest. But such union of knowledge does not properly match. It is one building built at different times, an addition to an original plan. It is no wonder therefore that the whole is imperfect." Can we pronounce all later anatomists and writers on natural history free from this reproach?

John Hunter's remarkable memoirs on the life-history of the bee testifies to his excellence as a naturalist. We find that for the convenience of close observation without molesting his bees he had hives constructed with glass windows which allowed him at all times to watch their occupants. He inquires into the causes of the death of certain bees in winter. He mentions that "there was plenty of honey in their hives; that on closely examining the dead bees he found they all died with their proboscides extended; their stomachs were full of honey, and their intestines, especially the last part, also full of excrement." No circumstance, however minute, eluded his notice! Then we find him making observations on the heat of bees. Without warmth, he observes, they became dull, inactive, and torpid. He tells us that "on July 18th at 10 P. M., wind northerly, thermometer at 54°F. in the open air, I introduced it into the top of a hive full of bees, and in less than five minutes it rose to 82°F. I let it stand all night; at 5 o'clock in the morning it was down to 79°; at 9 on the same morning it had risen to 83° and at 1 P.M. to 84°; and at 9 in the evening it was down to 76°. December 30th, air at 35°, bees at 73°."

John Hunter also made the discovery that "the wax is not gathered by the bees from flowers as is 'farina' (pollen), but it is formed by the bees themselves." "It may," he says, "be called an external secretion of oil."....."It is formed between each scale on the under surface of the belly." He detaches the minute flake, warms it on the point of a needle at the flame of candle, sees it melt and run into a bead, and then burn in the manner of wax—in short, it is wax. He describes the building of the comb and of the royal cell; the deposition of eggs by the queen, their attachment to the bottom of the cell, and their occasional transference

to other cells from those in which they were originally placed ; the storing of bee bread for feeding the grubs ; the development of the grub, its pupal phase, and its final escape out of the cell as the imago. He notes the different life forms present in the community—the queen, the males, and "the working bee, which cannot be called either sex." Finally he describes the anatomy of the bee, and comments on its special senses. He investigated with similar care the life-history of wasps and hornets.

We find him occupying himself, also, with the economy and anatomy of the humble bee (Bombus terrestris), on which subjects he has left quite a long note. With unflagging industry he examined all the occupants of a nest, and found them to comprise 157 females and 25 males ; and he noted that the former had longer proboscides than the latter. He observed that the humble bee does not colonise as does the honey bee—it does not swarm, the queen does not leave the hive accompanied by a large train of followers ; but "the family is begun by a single female, later assisted by her offspring." None but young queens live through the winter. On its approach they leave their nest, and seek winter quarters in holes in dry banks and similar places, from which they emerge in the spring. Humble bees construct their hives or nests generally underground. These he describes in some detail. Then he notices the disposition of the eggs by the queen, the grubs which emerge from them, and the imago or perfect insect.

The habits of the black humble bee (Anthropora retusa) and those of the leaf-celled bee (Megachile centuncularis) also occupy his notice ; the custom these bees have of cutting pieces out of the leaves of the rose, strawberry, or dogwood, and the neatness with which they adapt these in the construction of their cells.

His attention was not limited to Hymenoptera, for every living creature that frequented his garden or that he met with in the country attracted him. Thus he has left us notes on three familiar beetles. Of the dung-beetle (Geotrupis stercorarius) he records that in June he found the grubs nearly ready to assume the pupal phase ; and that the perfect beetle escaped from the chrysalis at the end of July or the beginning of August. He found the grubs in nests at the bottom of holes 12 to 18 inches below the surface of the ground, and usually near cow dung. He treats at some length of the common cockchafer (Malveontha vulgaris), giving its life-history and anatomy, and with less detail he notices the rose beetle (Cetonia aurata.)

It is scarcely possible for him not to be interested by two common Orthoptera, and so we find him noting down the appearance and the structure of the grasshopper (Acrida viridissima), describing particularly its eye and speculating on its vision. He detects the predatory habits of the dragon fly (Œstrus grandis), and records his discovery in the following very characteristic note.

"August 18th 1778, at 8 in the evening, I saw the dragon fly flying about, making short turns, which were performed very quick. I also observed gnats flying, and what took my attention most was his making up to a gnat, and the gnat was seen no more, therefore I conjectured he was feeding on them. I caught him and opened him next morning, and could observe in the stomach the scales of some insects."

What a picture this little anecdote gives of the acuteness of John Hunter as a field naturalist !

As a zootomist and morphologist, John Hunter could not be satisfied with the highly artificial zoological classifications of his time. He remarks that the want of an adequate knowledge of these preliminary and indispensable studies had led even the great classifier Linnæus into some very singular arrangements in the earlier editions of his *Systema, Naturæ* of which he mentions one, namely, the placing together in one order of, Mammalia, mouse, the elephant, and the bat, because in each of these the mammæ are

pectorally situated. Such classifying as this John Hunter caustically observes may be pertinent in respect of breasts, but not as regards animals. He did not stop at showing the defects of this then current system of classification, but he suggested as basis for natural classification the arrangement of the vascular, the respiratory, and the nervous system ; and he tentatively drew out the scheme of a natural classification founded on a combination of what he termed essential and circumstantial characters. Thus of the order Mammalia he gives as essential characters "a four-chambered heart ; lungs confined to a proper chamber, the enlargement of which is the cause of respiration ; lungs divided into small cells ; respiration quick ; viviparous, etc.; whilst circumstantial characters are found in the structure of the auditory organ." This illustration will suffice to prove how sound and how advanced were John Hunter's views as a systematic zoologist.

If in this sketch of John Hunter—imperfect, incomplete as I know it to be—I have in some small degree succeeded in presenting to you our great master as one of the most indefatigable workers, one of the most earnest seekers after truth, one of the very closest of skilled observers, one of the most sagacious expositors of the facts of vegetable and animal life, I shall not, I trust, have altogether failed in the design I aspired to place before you on this commemorative day—a presentment of John Hunter as a biologist in the widest and truest sense of this now much used word. For this I have made large use of John Hunter's own words, because these best show his mind, and "the mind is the man."—*British Medical Journal*, February, 23. 1895.

Acknowledgments.

The Monthly Homœopathic Review. London. No. for April 1895 not received.
The New England Medical Gazette. Boston, March. 1895.
New York Medical Times. March and April 1895. (May 1894 not received.)
Indian Medical Record. Calcutta, April 1 and 16, 1895.
The Medical Reporter. Calcutta, April 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, Feb. 15, March 1,&15, 1895.
The Homœopathic World. London, April 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, March, 1895.
The Medical Visitor. Philadelphia, March and April 1895. (July 1894 not received.)
The Medical Century. Chicago, March 1st and 15th 1895.
Southern Journal of Homœopathy. Baltimore, Feb. and March 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Janv. and Fev. 1895.
The Hahnemannian Monthly. Philadelphia, March and April 1895.
Homœopathic Envoy. Lancaster, March 1895.
The Homœopathic Physician. Philadelphia, March 1895.
The Clinique, February and March 1895.
Revue HomœopathiqueBelge. Janv. 1895.
The Journal of the British Homœopathic Society. Jan. 1895, & Supplement.
L'Art Medical. April 1895. (No. for Fev. not received.)
Gentry's Record of the Homœopathic Materia Medica. Jan. 1895.
Journal of Orifical Surgery. Chicago, Feb. 1895.
North American Journal of Homœopathy. New York. April 1895.
The Homœopathic Eye Ear and Throat Journal. New York. Feb. 1895.
The Medical Advance. March 1895.
Diseases of the Heart and Arteries: Their Causes, Nature and Treatment. By John H. Clarke, M.D., C.M. London, E. Gould & Son. 1895.

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **May 1895.** [NO. 5.

COMMENTARIES ON THE ORGANON OF HAHNEMANN.

Translated from the French of DR. LEON SIMON, Père, by the Editor.

(Continued from p. 96, No. 3, Vol. xiv.)

SYMPTOMATOLOGY CONTINUED.

3. *Diagnostics.*—If the Hahnemannian etiology and symptomatology are irreproachable, if the method indicated by the founder of homœopathy to arrive at the determination of species of disease is no less so, let us see how Hahnemann understood that part of pathology known as diagnostics ?

If diagnostics may be defined as that part of pathology which has for its object the distinguishing of diseases, we may say that Hahnemann has done much in this relation. If it is maintained that the science of diagnostics has for its object to reveal the existence, the seat, and the nature of diseases, as well as the stage at which they arrive and their state of simplicity or of complexity, we may still say, provided the terms of the proposition are defined, that on each of these points he has left us wise precepts. To those who would demand where to find in the writings of Hahnemann full instruction on this part of pathology, I would reply that they will not find it in his works. Hahnemann has no more written a treatise on diagnostics than he has upon any other branch of medicine. As a reformer of the Heal-

ing Art, he has given us a method. It is for us to sufficiently master the instrument which he has put into our hands in order to construct the edifice of which, like a skilful architect, he has sketched the plan.

This science of diagnostics, which physicians of all time have prized so highly, which each age or rather each school begins to study with fresh vigor, has its method, and draws its material from definite sources. Could it be that Hahnemann had nothing to tell us on this subject ?

As regards the method, it suffices to read the *Organon*, from paragraph 84 to paragraph 104, in order to understand its *mechanism*. It is very simple, and it answers to all the exigencies of different cases that may present themselves. Only, in perfect concord with the Hahnemannian doctrine, that this doctrine is essentially experimental, in the relation of diagnostics as regards symptomatology, Hahnemann has not gone beyond what is necessary for therapeutics, which is the essential object of all his researches, the last term of all his works. We shall see, in studying the materia medica, that the whole of his pharmacodynamic method reduces itself to the ascertainment of the properties of medicines by means of pure experiment; similarly his method in the matter of diagnostics reduces itself to the ascertainment of the signs and symptoms of diseases. In order to do that, he requires as the first condition that the patient and those who attend on him should relate to the physicians the sufferings endured by him. This done, he requires of the physician that he should elicit more precise information regarding each symptom mentioned, informing himself of the period of the occurrence of each symptom, of the kind of pain that was felt, and of the conditions under which each symptom presented itself. He recommends the physician to revert to each symptom to ascertain carefully as to whether the patient had it before taking any medicine, or some days after having ceased to employ it, in order to have a pure picture of the disease (§91). The thing is always easy for chronic diseases, as they leave a certain latitude. Moreover, one may profit by the delay which they allow for their study with all desirable rigor, which, according to Hahnemann, ought to take notice of the most minute peculiarities (§95). In these diseases the patients become so used to their long sufferings that

they pay little or no attention to the lesser symptoms which are often characteristic and even decisive in relation to the choice of the remedy. But when he has to deal with acute diseases, with those which do not admit of any delay and which have been treated allopathically, the homœopathic physician ought to content himself with observing the totality of the symptoms though modified by the medicines employed, in order to include, in one and the same picture, the conjoint primitive and the medicinal affection (§92). In the investigation of diseases from *acute miasms*, whether sporadic or epidemic, Hahnemann enjoins that the physician should study them every time that they present themselves, without any thought as to whether something similar had ever existed in the world before under such and such a name. One ought always to regard, says he, the pure image of each prevailing disease as if it were something new and unknown, and investigate it thoroughly for itself, if one would be a true physician, that is to say, never substituting hypothesis for observation, never regarding a given case of disease as known except after thoroughly examining it in all its manifestations (§100). In the course of noting down with care several cases of the same species, the picture of the disease will become more and more perfect, and neither more spun out, nor more verbose, but more graphic, more characteristic, including more of the peculiarities of the collective disease. On the one hand, the general symptoms acquire more of precision ; on the other, the salient and special symptoms, rare in the same epidemic, and peculiar moreover only to a few diseases, become more prominent and constitute the character of the disease (§102). Hahnemann afterwards made an important remark which, in his diagnostic method, acquires the value of a general principle.

All persons affected by the same epidemic have, it is true, a disease proceeding from the same source and therefore the same, but the whole extent of this epidemic disease and the totality of its symptoms, the knowledge of which is necessary to form a complete image of the morbid state and to select from it the homœopathic remedy most in harmony with this array of symptoms, cannot be observed in one single patient, but should be drawn by abstraction from the sufferings of several patients of different constitutions (§102). This method ought to be

applied with still greater rigor in the study of chronic diseases; because here each patient offers, so to say, but a portion of the morbid phenomena of which the entire collection forms the complete picture of the cachexia considered in its entirety (§103).

The Hahnemannian method then, in so far as it touches diagnostics, reduces itself to a small number of principles easy to remember, and still more easy to carry into practice:

1. To ascertain the distinctive characters of a disease by taking account, first of all, of the producing cause, and then, of all the symptoms by which it is characterized, considered in all the shades which they may present, and in all the conditions which aggravate or ameliorate each of them.

2. To consider each individual case of disease as a part more or less extended of a morbid state more general than itself, which Hahnemann has rather improperly called cachexia, but others have called diathesis; hence to characterize this disease partly by general, diathetic symptoms which each patient attacked by it presents, partly by symptoms peculiar to each patient, symptoms which vary from one subject to another, none of them presenting, either in epidemic diseases, or in chronic diseases, all the symptoms of the diathesis.

3. To distinguish, as much as possible in the sufferings of the patient, the primitive from the associated medicinal affection, when he has been subjected to an allopathic treatment before seeking the aid of homœopathy.

4. To study each case of disease, which is presented to the observation of the physician, as a new fact, resembling in several respects other cases of the same genus, without being identical with them.

The necessity of this study proceeds from the fact which was the profound thought of Hahnemann in the matter of diagnosis, namely, that every patient is characterized as much by particular symptoms as by symptoms common to all patients of the same kind.

The diagnostic method of Hahnemann offers then this in particular, that it is conceived much more in view of therapeutics than in view of pathology properly so called; that the illustrious reformer never deviated from the essentially practical object of his reform; and that thus one cannot apply to him the measure commonly adopted in nosography. Because, it is very necessary

to remark that, in opposition to pathologists of the old school who infer from a known disease and from effected cures the properties of therapeutic agents which are supposed to have brought on the cures, Hahnemann, without exactly inferring from known properties of the medicament the nature of the disease which he has to treat, is always dominated by the therapeutic point of view. Thence it follows that the method taught by him as regards diagnostics is at once more precise, more easy and more practical than the method commonly adopted. Denying the possibility of penetrating into the essential nature of diseases, the founder of homœopathy had not to find out what he believed to be undiscoverable. Declaring every disease to be general, he could not, after the example of organicians, form an equation between a group of symptoms and a disease. The rigor of his method consisted in two points: to guard the physician against the possible errors which he might commit in the study of symptoms, whether these errors might proceed from the patient or from himself; and to indicate the conditions by which every symptom may be converted into a therapeutic sign, that is to say, into an element of indication. It has constituted from his point of view what since has been called semeiotechny or the art of diagnosis; and no body has more deeply studied the symptoms of diseases in themselves and in their diverse shades than had Hahnemann. What the ancients did for disease taken in its totality when they studied the times of its paroxysm and remission, Hahnemann has done for each of the symptoms of which a disease is composed when he pointed out the various conditions under which the symptoms are aggravated or ameliorated. When pathologists sought to characterize the kind of pain felt, as the stitching pain in pleurisy, lancinating pains, shooting pains, &c., in other diseases without these characters ever leading them to any precise indication, they were in the way of pathological analysis fertile in practical results. What they sometimes did, Hahnemann did always; and one may say that as regards symptomatology, the basis and the first work of diagnostics, he had attained all possible limit.

But semeiotechny is not the whole of diagnostics. After the symptoms come the signs. After the observation of changes taking place in the organism as the result of the action of one or

more causes, there remains to appreciate the diagnostic, prognostic and therapeutic value of these changes. *Every symptom is a sign,* said Fernel, who of all physicians after Galen, has made the greatest effort to distinguishing one from the other, *but every sign is not a symptom.* "A patient," said also Zimmermann, "may be acquainted with all the symptoms of his disease without however knowing it, because although the symptom is appreciated by the senses, the disease can only be discovered by the reason." The knowledge of symptoms constitutes what certain commentators of Hippocrates called *epilogism,* in opposition to *analogism,* which comprehends the knowledge of signs. What then is a sign, and in what does it differ from the symptom ?

"A sign," said Galen, "is that which once known (or being known) gives us the knowledge of another thing unknown before." "The sign," said Double, "is that which striking our understanding, instructs us about what is hidden in the interior, of the past present and future state of disease." "We comprehend under the name of *diagnostic* signs," said Chomel, "all the circumstances proper to throw light upon the genus and species of a disease." "A sign," said M. Racle, "is...every circumstance, of whatever nature it may be, which can help and contribute in establishing diagnosis."

After the definition of Galen, was it necessary to propose others much more vague, and betraying a complete lack of knowledge of the problem the solution of which has to be found. When Galen defined a sign to be *a known thing leading to the knowledge of an unknown thing,* he admitted the two terms of symptom and sign ; of symptom, as character given by direct observation, which the patient experiences and the physician observes ; and of sign, which is only symptom or symptoms interpreted ; but of which the interpretation may be made from three points of view : one relating to the species or kind of disease ; another, relating to its certain or probable issue ; the third, relating to the treatment to be employed. Well, have they said anything more, when with Double they defined sign as that which instructs us of what is hidden and obscure, of the past, present, and future of disease? Such a definition, being purely diagnostic without ever allowing to think of the prognostic and therapeutic value of the sign, does it not confine semeiology in a very

narrow circle? It is, however, this definition which has served as a model of all those which have been given since, as it is easy to see from Chomel, and from Racle the latest authority.

[There is still a good deal of confusion of ideas about the terms symptom and sign. The distinction between them has not, up to the present day, been properly and definitely drawn. Hahnemann used the words indifferently. He speaks more of symptoms than of signs. He seldom speaks of signs except in association with symptoms. "The changes in the health of the body and of the mind, which can be perceived externally by the senses," are what he calls "morbid phenomena, accidents, symptoms." He speaks of "these deviations from the former healthy state of the now diseased individual" as those "which are felt by the patient himself, remarked by those around him and observed by the physician." To him "all these perceptible *signs* represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease" (*Organon*, § 6). In § 19 he says, "diseases are nothing more than alterations in the state of health of the healthy individual which express themselves by morbid *signs*." He most often speaks of "totality of *symptoms*," but sometimes of "totality of *signs* and symptoms," as in § 22, where also he speaks of "*effects* and symptoms." We find him speaking even of "symptoms *and* feelings of the patient," as if the latter were other than the former. Numerous other instances might be cited to show that Hahnemann, a profound thinker and a voluminous writer, was not free from the fault of using loose and confused language in regard to matters in which precision was of the utmost importance.

Unfortunately the looseness of language spoken of above prevails to the present day, though an attempt has been made to draw a distinction between the two terms; the word *symptom* being restricted to denote modifications of functions, which we chiefly learn from the patient's own account of his sensations, feelings and ideas; and the word *sign* to modifications of structures which the physician can observe by his own senses, unaided, or aided by instrumental appliances, as the stethoscope, ophthalmoscope, microscope, &c. "It would be well," says Dr. Richard Quain in his *Dictionary of Medicine*, "if the meanings of the words

—symptoms and signs of disease—as above stated were to come into general use; but there are many difficulties in the way. For example, if the ear be applied to the chest in the case of incompetence of the aortic valves, we hear a murmur, and we say that there are 'physical signs' of aortic valve imperfection; but the locomotive pulse, and its peculiar beat, would by many be called a symptom of incompetence of the aortic valves. It is therefore extremely difficult to draw the distinction between the terms 'symptom' and 'sign.'"

But there ought to be a distinction between the two terms. And we think we may well adopt, as Fernel and other French authors have done, the distinction which flows from Galen's definition, as indicated by Dr. Simon. In Nysten's *Dictionaire de Medicine* by Littré, under 'Sign' and 'Symptom' we have: "One ought not to confound *Sign* with *Symptom*. *Sign* is a conclusion of the reason from *symptoms*. The *sign* appertains more to the judgment, the *symptom* to the senses. The signs of diseases cannot exist without the symptoms." "*Symptoms* become *signs* in the mind of the observer who appreciates them," that is, as Dr. Simon has put it, who interprets them. Hence a purely subjective symptom, an altered sensation, feeling, or thought, may become a sign. A sign, therefore, need not be physical, to be recognizable by the senses alone, though it is not denied that an abnormal psychical manifestation is always dependent upon some lesion of physical structure. Besides, it must be remembered that the word *sign* is of more general applicability. We use the word symptom to denote diseased conditions only. We speak of *symptoms* of disease not of health, but we speak of *signs* of health as well of disease.—Ed., *Cal. J. Med.*]

(To be continued.)

ANÆMIA IN A BIRD, WITH REMARKS ON THE USE OF IRON.

By Dr. W. Younan, M.B., C.M. Edin.

"Can Homœopathy do anything for the ailments of birds"? asked a lady patient of me one day, whose faith in the new system of Therapeutics was not a little remarkable. Upon my smiling at her question, she added: "Look at this canary, Doctor, how sick the poor thing looks, it refuses food and seems so weak that it can hardly perch."

The bird was indeed ill, and a little inspection showed that it was suffering from anæmia; for its back and legs and parts of the neck and body stripped of feathers during the process of moulting were pale and bloodless. So weak the poor creature seemed that it trembled with every movement and could hardly keep its feet. The bird was a little favourite in the house, and its mistress was at a loss to explain the cause of its illness.

On looking into the cage I noticed that the food cup had not been touched, the water cup contained a dark-brown liquid, at the bottom of which lay a rusty nail.

Here seemed to be the cause of the little creature's sufferings, the rusty nail imparting more Iron to its drinking water than was good for it, and thus poisoning the blood; for even Iron, which is considered by some a food-medicine, is capable of producing in the system the very condition which it cures in appropriate doses, viz. anæmia. Its action is therefore an illustration of the law of similars, the law of Homœopathy.

There is a popular belief that a moulting bird requires a little extra Iron in its food or drink, and a solution of a rusty nail is considered a very good and convenient form of administering it. The rusty nail was removed from its drinking water and in a few days the bird was well again. On my remonstrating with my lady patient on the injuriousness of the practice, she remarked that the bird had had the treatment for two or three months, and that two other birds had been medicated in the same way with apparently no bad results. Here was an illustration of another homœopathic principle, viz., that individual constitutions respond differently to the same drug and also to the same doses of that drug. That is

why Hahnemann, who commenced Homœopathy with substantial doses of the simiar-acting drug, was led to gradually reduce his dosage to infinitesimals, when he found that aggravation of symptoms was a frequent result.

It will not do to say in the case of Iron that it is of the nature of a food-medicine, inasmuch as it is one of the constituents of the blood in the state of health. Iron is found in the blood in infinitesimal quantity, and any excess above the standard will and must act prejudically. The corpuscles take up only as much as they require for the performance of their functions and are injured by an excess of the Iron element. It is for this reason that the homœopathic school condemns the use of massive doses of Iron as a medicine and prefers its dynamic to its physiological action. The indiscriminate use of this powerful drug in the old school is productive of much harm, and its administration to anæmic patients, whenever and wherever met, is as deplorable as it is mischievous; for, after all, Iron will not cure all forms of anæmia, but only that which it is capable of producing in the healthy, in which case the smaller the dose administered the better.

If then the drug is given unsuitably, either the anæmia is made worse, or a new train of drug symptoms is set up, which adds considerably to the patient's suffering. For instance, it is pretty generally allowed that Iron should be very cautiously administered to tubercular patients, however much their anæmia may *seem* to demand it. Professor Trousseau, in his excellent Clinical Lectures, has some very apposite remarks on the subject, and points out the danger a phthisical person runs from inducement of hæmoptysis by a continued use of Iron. What is this but a reflex of Hahnemann's teaching and a verification of the proving of Iron, which we know to produce anæmia as well as *congestion* in different parts of the body, especially the head, chest and pelvic organs. So much so that we make a *red face* a characteristic indication, a sort of keynote, for the use of Iron. Our use of the drug in hæmoptysis is therefore strictly homœopathic, and as such it is advisable to adopt the safeguard of the small dose. We see here illustrated the double or alternating or opposite action of drugs, a fact pointed out by Hahnemann in almost every proving, and made free use of in Therapeutics.

Iron produces anæmia in the healthy and cures it in the sick. Iron produces congestion in the healthy and cures it in the sick —similia similibus curantur.

In the introduction to the proving of Iron in the Materia Medica Pura Hahnemann has pointed out the fallacy of old school physic in considering Iron a simple, harmless *tonic* which could be taken with advantage for any length of time. He has shown in how many ways people are made sick who drink chalybeate waters at Iron springs and watering places, and the blindness and prejudice of physicians who persist in not seeing and understanding the harm done by their indiscriminate prescription of Iron. Even in our day every patient who suffers from debility gets what is called "tonic" treatment, which, in most instances, is synonymous with a prolonged course of Iron, Cinchona, Ammonia, and stimulants generally. The temporary improvement which necessarily occurs as a primary result is pointed to as a brilliant achievement, which Homœopathy could not perhaps so easily and so speedily accomplish. But wait a little and see what occurs. To every action there is bound to succeed a reaction, and, when it occurs, the patient's last state becomes worse than the first; for, to the debility consequent upon his natural disease, are added the debility and many worse troubles of drug disease, and the patient's compounded sufferings are a sad picture truly. A patient is weak because he is sick. Cure the sickness by the right medicine which, in nearly every case, is the similar acting drug, and lo! both sickness and weakness disappear. Of course no one denies that there is a form of anæmia and debility which Iron will remove, just as there is a form of anæmia and debility which Cinchona bark will remove, and a third form which Arsenic will remove and so on. The objection of the homœopathic school is to the indiscriminate use of these drugs, and above all to their combined administration. Leave alone the disgusting inky appearance of the mixture, by what show of reason can we expect the combination of Iron and Bark to retain properties of its components, both chemical and physiological? Cinchona is the physiological antidote of Iron, and Iron of Cinchona. The old school do not know this because they have no "provings" of drugs on the healthy to guide them, and no law of nature to establish their prescriptions on a scientific basis.

Polypharmacy is acknowledged by many conscientious members of the allopathic school to be a radical mistake, but the matter ends there unfortunately, and Polypharmacy still lives and flourishes.

It has more than once occurred to me that the heavy dosage of the old school is *apparently* well borne, as much because the drugs are not similar to the disease as that their combinations with each other are frequently antidotal, so that the *balance* of drug action alone is to be considered. Iron and Bark, Ipecacuanha and Opium, and a host of other antidotal combinations are to be seen in allopathic prescriptions daily.

These reflections on the use of Iron remind me forcibly of a very sad case in which the excessive use of this drug had probably done more harm than the disease itself, and where the organism of the patient was made irreparably ill: A gentleman was under the care of a leading physician in one of our large hospitals. He was liberally drugged with Iron, Quinine and Strychnine, but got steadily worse. Notwithstanding this, he was enjoined on leaving the hospital, to go on with the "tonic" for a long time continuously. I counted over a dozen large empty phials of the medicine, and, as he placed them side by side upon the table before me, I gave him the pitiful assurance that he needed to be saved more from his drugs than from his disease. He was indeed a sad object to behold:—Jaundiced to a degree, emaciated to a degree except where dropsical effusion had occurred, his liver considerably enlarged and tender, his heart organically diseased, his lungs loaded with serous effusion, his kidneys diseased and threatening to strike work (for he was passing only 12 or 15 ounces of albuminous urine in the 24 hours), his abdomen and lower limbs dropsical, his mind and body sick as sick can be. This patient had taken ounces of steel drops, and had received the comforting assurance that he could take Iron *all his life* with perfect safety. I suppose *all his life* meant a very short time indeed, for he was both willing and ready to die.

And what could poor homœopathy do to relieve this patient of his complexities? Little or nothing I feared. But the poor man's wife was importunate in requesting me to treat her husband, and I undertook the case with much reluctance.

To get his liver reduced, to remove congestion from his heart,

lungs and kidneys, to remove dropsical effusions was a labour of many long months. But the patient's organs were very seriously damaged by the excess of Iron in his system (the metal was was found in appreciable quantity in the urine). Organic changes in the heart, lungs, and kidneys had either been set up or much aggravated by the heavy drugging the patient had undergone, and to-day, now three years since I first saw him, his life is a badly damaged one. He is truly grateful to homœopathy for the comparative relief afforded him and for the prolongation of his life. How long his life will last we cannot definitely tell, this much is certain that the heart is failing in its compensatory action, and the lungs and kidneys are failing to respond to the medicines that kept them going for the past three years. Dropsy is slowly but surely accumulating, and, when the end comes disease and drug will have had at least an equal share in its production.

To us homœopaths it is a matter of consolation that our patients die of their natural diseases, and their sufferings are not induced or multiplied by excessive drug action. Let our brethren of the old school laugh at our infinitesimal posology. Let them glory in their substantial doses of powerful drugs. But let them try them on themselves and be honest enough to let the world know the result. This is what Hahnemann did in all honesty and beneficence, and the homœopathic materia medica was the excellent result!

ANTHROPOLOGY AS A BRANCH OF EDUCATION.

THE chief function of education is to train men to be fit for the duties of practical life. One class of these duties, perhaps the most important, is that which is concerned with government. Men engaged in, or charged with, the duties of carrying on the arduous work of the government of a country, or of an empire, must possess attainments and qualifications of a varied character, of which the most essential and indispensable is a thorough knowledge of human nature. The *raison d'être* of all governments, even of the most despotic and arbitrary, is the good of the governed. No government can last long, can remain permanently established, which is absolutely unmindful of the happiness of the governed. Every government must feel this sooner or later, and must at least make a show of its concern and solicitude for those over whose destinies it pretends or has been commissioned to rule.

Hence to the members of a governing body a knowledge of human nature in its various phases is a *sine qua non*, especially when the governing body has to deal not with one race or nation but with a variety of races and peoples. The more thorough this knowledge, the better, the more complete, will be its success in securing the happiness of the people under its care, and thus ensuring its own stability.

The poet has said, "the proper study of mankind is man." We would satisfy modern ideas and modern requirements better if, with a slight modification, we should say, "the proper study of man is mankind." For it is the study, not of man in the abstract, but of man as he has existed in the past, and as he exists in the present, that is really profitable, that will not only lead to the true conception of man in the abstract, but will lead to practical applications of supreme importance to man in his multifarious relations.

Now, the science which treats of mankind as a whole, which embraces the study of the physical, mental and moral constitution of man as exhibited both in the past and the present, is Anthropology. It is a science of recent growth, indeed, "it is," as Prof. Sayce said, "the last of the sciences to come into being." It is an all-absorbing science, which 'invokes' the aid of zoology, comparative anatomy and physiology, and

geology, "in its attempts to estimate the distinctions and resemblances between man and his nearest allies, and in fixing his place in the scale of living beings." The rise and progress of anthropology, shows that there is evolution even in our knowledge, a struggle for existence as it were among its various departments, as there is in organic nature. The nearest progenitor of anthropology, which it has now well-nigh supplanted, is ethnology, and it has so absorbed archæology as to make it a member of itself.

If then there be any nation on earth, to which the subject of Anthropology is of the greatest importance, it is the English. Systematic teaching of this branch of science ought therefore to be carried on among that nation on the most extended scale not only as an abstract science but as one of great practical utility. For, as Sir George Campbell, one of the late Lieutenant-Governers of Bengal, observed with pride, but without the least exaggeration, at the meeting of the British Association for the Advancement of Science in 1886, "in our vast empire we have every race and every shade, every stage of progress, from the lowest to the highest, every institution and every method of living. As rulers, as explorers, as merchants, as employers of labor, as colonists, we come into the nearest contact with almost every people and every tribe on the face of the earth, we are indeed a people who, if we make but the most moderate use of our opportunities, may bring together such a mass of knowledge as to leave nothing wanting." Let us see what use the English nation has made of these unrivalled opportunities.

Sir W. H. Flower, Director of the Natural History Departments of the British Museum, and President for 1894 of the Section of Anthropology of the British Association for the Advancement of Science, has, in his presidential address, given an account of the history and present position of Anthropology in the British Isles, and of what the Association has done and is doing to promote its study. We learn from this address that Ethnology first attracted the attention of the Association in 1846 in which year the 'Ethnological sub-section of Section D' (then called 'Zoology and Botany') was formed, and continued to exist till 1851, when Geography separated from Geology, and became

Section E., under the title of 'Geography and Ethnology.' In 1866, Section D, changed its name to 'Biology,' with Physiology and Anthropology as separate 'Departments,' but the latter did not apparently regain its distinct position as a branch of biological science until 1869, when Section E, dropping Ethnology from its title, became Geography alone. In 1869 and 1870, the Department retained the designation of Ethnology; but in 1871, the designation was changed to Anthropology, the name given to it in 1866. In 1884, this Department was 'constituted into a distinct section,' and a great deal has since been done to cultivate and disseminate a knowledge of Anthropology.

The next subject dwelt upon by Sir W. H. Flower was the first general association for the study of man in England, which was established in 1843, under the title of the "Ethnological Society," that is, three years before the subject engaged the notice of the British Association. Twenty years after this, another Society was formed under the name of "Anthropological," which existed for some years along with the other society, "each representing in its most active supporters different schools of the Science. This arrangement naturally involved a waste of strength and it was felt that the interests of the subject would be better promoted by an amalgamation of the two Societies." After much discussion and wrangling, a compromise was effected, and in 1871, the two institutions were amalgamated under the title of "Anthropological Institute of Great Britain and Ireland." This society is doing its work for twenty-three years. Papers are read, and subjects of interest to Anthropologists brought forward and discussed, and a quarterly journal is being published; and the institution is now in a flourishing condition.

The establishment of anthropological museums is another great means (perhaps the most efficacious) for promoting the study of man. Of the collections thus made, those "illustrating the physical structure of man and its variations in the different races" and those "showing his characteristic customs and methods of living, his arts, arms and costumes, as developed under different circumstances and also modified by different racial conditions," represent the two chief sides in which anthropology manifests itself. These collections bid fair to expand themselves in all directions, especially in the greatest national institutions.

In the British Isles, systematic teaching of the science of man has not yet been undertaken on a scale commensurate with its vast importance though much has been done in this direction during recent years. Indeed, the subject, to quote Sir William Flower, "offers little field for distinction in the examinations for degrees, and has therefore never been taken up in a thorough manner, by students."

In London, scarcely any steps have been taken to teach Anthropology. But the great collection of arts and customs at the British Museum, and that of osteological specimens at the Royal College of Surgeons, "have, by their steady augmentation, done valuable service in preserving a vast quantity of material for future investigation and instruction, and students have at present all reasonable facilities for pursuing their own researches in them."

In Oxford, however, the post of Reader in Anthropology was created in 1883, and the attractive lectures delivered by Dr. E. B. Tylor have bred a great liking for some branches of the subject. We are glad to notice that Dr. Tylor has lately been constituted Professor of Anthropology during the tenure of his office as Reader in Anthropology. Besides these lectures, Mr. H. Balfour, Curator of the Pitt-Rivers Museum (who has been obliged on account of serious illness to be absent from Oxford for the present term), gives courses upon the arts of mankind and evolution; and instructive lectures on Physical Anthropology are also delivered by Dr. A. Thomson, Professor of Human Anatomy in the University. The extension and organization of the Ashmolean Museum under the care of Mr. A.J. Evans, and the establishment of the Indian Institute under the supervision of Sir Monier Williams (which offers facility to the study of the characteristics of the Indian races), are also lending a helping hand to the study of Anthropology.

In Cambridge, arrangements have been made for the teaching of Anthropology, and the subject has found a place in the scheme of University examinations. Dr. A. Macalister, Professor of Human Anatomy in the University, gives a course on the methods of Physical Anthropology, and also museum demonstrations on craniometry and osteometry, by the aid of a greatly increased and continually augmenting collection of specimens. Dr. Hickson of

Downing College also delivers a course of lectures on the Natural History of the Races of Man; and Baron Anatole von Hugel, Curator of the Ethnological and Archæological Museum gives a course of museum demonstration on the weapons, ornaments and other objects of the museum, which is open to all students, and of which many take advantage.

In Scotland, the University of Edinburgh is the only place where Physical Anthropology is recognized as a branch of human anatomy, and a course of lectures in it is delivered every year, but as human anatomy, including Anthropology is "only one of a series of nine subjects in any three or more of which a final science examination on a higher standard has to be passed," few students are found to take it up.

In Ireland, Trinity College is the only place where anthropological work is done, but even there no systematic teaching is undertaken; but demonstrations in anthropological methods are given to such students as are interested in the subject.

It will be remarked that although much has not yet been done towards promoting the general study of anthropology, considerable attention is being paid to one of its most important branches,—namely, Physical or Anatomical Anthropology, or "the study of the modifications of the human body under its various aspects, the modifications dependent upon sex and age, the modifications dependent upon race, and those dependent upon individual variability." To this branch the name of Anthropometry (or the measurement of the human body) has been applied. But measurement is not its only feature. "It includes," to quote Sir William Flower again, "such other methods of comparison as can be reduced to a definite standard, or to which definite tests can be applied, such as the colour of the hair, eyes and complexion, the form of the ear and nose. The great desiderata that have been sought for, and gradually attained, in measuring either the skeleton or the living person have been two in number: 1. Exact definition of the points between which the measurements should be taken. 2. Exact methods and instruments of measurement. In both these cases the object looked for has been not only that the measurements taken by the same observer at different times and under different circumstances should coincide, but also that those taken by different observers

should be comparable." The methods of measurement and standards of comparison which have already been attained, will, it is hoped, "give data which may be absolutely depended upon," and thus accurate information may be formulated "as to the physical conformation of all the groups into which mankind is divided," and "a natural classification of those groups and a knowledge of their affinities one to another," may be arrived at in course of time.

We may add here, that modern Anthropometry is not a mere theoretic science. Its application "to elucidate various social problems as the laws of growth, of heredity, of comparative capacities of individuals within a community, and the effects of different kinds of education and occupation, as worked out first by Quetelet in Belgium, and subsequently by Francis Galton, Roberts and others" in England—"and its still more concrete application as an aid in administering justice by methods perfected by Bertillon in France," are notable illustrations of the practical utility to which the science has been turned.

The Bertillon system of personal identification has been found effective in France, Austria and other continental countries, "in the identification of habitual criminals, and consequently in the prevention and repression of crime;" and the representations of the British Association on the subject led Her Majesty's Government to appoint a Committee, which recommended the adoption into England of that system with certain modifications, "with the addition of the remarkably simple, ingenious and certain method of personal identification first used in India by Sir William Herschel but fully elaborated in this country (i.e. England) by Mr. Francis Galton, that called the 'finger-mark system'." The recommendations of the Committee have been adopted by the Home Secretary, and are being carried out.

The other subjects which have engaged the attention of the British Association are a complete ethnographical survey of the United Kingdom based upon scientific principles, and a searching investigation into the physical characters of the inhabitants of the British Isles, and into "the Physical Characters, Languages, and Industrial and Social Condition of the North Western Tribes of the Dominion of Canada."

In India, the study of Anthropology has been almost entirely

neglected, though of all countries in the world, India offers the greatest opportunities for that study. "Both in regard to the greatness of our dominion," said Sir George Campbell, "the vastness of the population, and its infinite variety, India is by far the greatest of our fields, as it is that in which we have the most complete and effective official machinery. India is remarkable not only for its many countries, climates, and races, but also for the divisions of the populations into what may be called horizontal strata. There, under the caste system, every rank, occupation, and profession represents in some sort a race, and that in enormous variety. Whatever infiltration of blood there may be, every caste in India is at least as much a peculiar and separate race as were till lately Jews or gipsies in our own country, and more so. Every one of them has, too, its own institutions, its own rules of marriage and inheritance, its own laws and customs; and I need scarcely add that outside this Hindoo agglomeration of many races there are the various aboriginal races—also in great variety, and in a state of excellent preservation—tribes not of one family of the human race, but of almost every great family, from the purest Aryans of the north-west to what I may call extreme Mongolians in the east, and primitive blacks in the centre and south."

Thus, as Sir George Campbell happily observed, "India is in some sense an epitome of the world;" so Bengal, including Bihar, Orissa, Assam and the eastern frontiers, is an epitome of India, as in no other province in India, indeed, in no other single country in the world, are there such a great variety of races. Bengal, therefore, presents opportunities for the prosecution of anthropological studies, more than any other province of India. But notwithstanding "the most complete and effective official machinery," of which Sir George speaks, not much till lately has been done for the furtherance of anthropological research by the British Government in India, though it must be obvious that such research would not only be beneficial but is a positive necessity to that Government. The account of the western aborigines by General Dalton, and a similar account of the tribes of the north-east frontier by Sir A. Mackenzie, may be said to have been the early contributions to anthropology by Indian officials. But the most valuable contribution on the subject is

that which has been made by the Hon'ble Mr. H. H. Risley. His four volumes of the *Tribes and Castes of Bengal*,—two of which are devoted to a most complete Ethnographic Glossary, and two to Anthropometric Data, "obtained from nearly 6,000 persons, representing 89 of the leading castes and tribes in Northern India, from the Bay of Bengal to the frontiers of Afganistan,"—are a monument of the unwearied industry with which the author has worked and made "the first attempt to apply to Indian ethnography the methods of systematic scientific research sanctioned by the authority of European anthropologists." It is rather unfortunate that the author should have decided to bring out these volumes as an official edition "to invite criticism with the object of supplying omissions and correcting mistakes," for a revised second edition for the public. We are afraid the official criticisms have not yet been all received, and from this circumstance probably that the expected second edition has not seen the light. Now that the talented author has returned from his native land with recovered and renewed health, we trust he will not wait for further official criticism, but court the more open criticism of the public.

In the early years of the Calcutta University, the Physical History of Man, under the name of Ethnology, formed one of the subjects for the M. A. examination in History, but it has long been excluded from the university curriculum, we believe since 1864. Now that Anthropology has been raised to the dignity of "a science as well recognized and as defined as chemistry, astronomy, or social economy," and is gradually finding its way into the courses of the British Universities, the University of Calcutta has no excuse for the continuance of the exclusion. A general knowledge of the subject is necessary for the successful carrying on of researches on the anthropology of the numerous varieties of races and tribes inhabiting the vast Indian peninsula so well begun by Mr. Risley and others. And it is to be expected that Indian Universities should turn out graduates who will be capable of prosecuting studies for which their own country offers such splendid opportunities.

EDITOR'S NOTES.

THE FAYRER TESTIMONIAL.

The British Medical Journal announces that subscriptions, limited to Rupees ten in India, to this fund which has for its object the painting of a portrait of Sir Joseph Fayrer, to be hung in the officer's mess at Netley, should be forwarded to the Honorary Secretary, Surgeon-Captain W. W. Webb, M.D., Odstock, Netley Abbey, Hants.

CAUSES PRODUCING THE COLOUR OF BROWN BREAD.

At the Paris Academy of Sciences, April 29., M. Leon Boutroux read a paper on the causes which produce the colour of brown bread, which shows that gluten may give the colour in bread by dessication, but not by fermentation. By oxidation with air in presence of water bran may produce the colouration of bread, but fermentation has no such effects. The acidity of the yeast is a protectton against browning.—*Nature*, 9th May.

HEADACHES.

In his article on "Headaches" contributed to the *National*, and referred to in *Nature* of 9th May, Mr. A. Symons Eccles gives the opinion of a distinguished neurologist, that almost every man of science of distinction in London suffers from sick-headache or migraine, on account of excessive intellectual activity. Mr. Eccles justly says if they "will sit down to dinner in a state of nervous exhaustion, or do brain work directly after taking food, they can hardly hope to escape from an attack of migraine." All scholars who consign their bodies and souls to study, ought to have this remark engraved in their memory.

TRANSMISSION OF INFECTION BY FLIES.

At the last annual conversazione of the Royal Society held on May 1st, Mr. W. T. Burgess showed the results of experiments in connection with the transmission of infection by flies. "Flies having been placed in momentary contact with a cultivation of *Bacillus prodigiosus* (or other suitable chromogenic organism) were allowed to escape into a large room. After some time they were recaptured, and caused to walk, for a few seconds, over slices of sterile potatoes, which were then incubated for a few days. The experiments showed that the flies' tracks on the potatoes were marked by vigorous growths of the chromogenic organism, even when the flies spent several hours in constant activity before they were recaptured. The use of pathogenic organisms in these experiments would be attended with obvious dangers, but the results obtained with harmless microbes indicated the constant risks to which flies expose us.—*Nature*, 9th May.

PARKES MEMORIAL PRIZE FOR 1894.

We are glad to learn that this triennial prize of 75 guineas and a gold medal for the best essay on "Malarial Fever: their Causation

and Prevention," illustrated as far as practicable by facts personally observed by the writer, has been awarded to Surgeon-Major Ronald Ross, of the Madras Medical Service. The committee by whom the prize was adjudged consisted of Dr. Veal, Dr. Patrick Manson and Professor A. E. Wright. Of all the diseases prevalent in this country fevers are undoubtedly the most destructive; and of the different classes into which fevers have been grouped, malarial fevers attack the largest number of people in every part of India. Thanks are therefore due to Dr. Ross for the trouble taken by him in producing a book on such an important practical subject. We hope he will devote all his available time to the study of this subject during the entire period of his stay in this country in view to find out the means for stamping out this fell disease from India, and thus lay the country under everlasting obligations.

HOMŒOPATHY IN MASSACHUSETTS.

At the joint dinner of the Massachusetts Homœopathic Medical Society and the New England Hahnemann Association given in honor of the 140th anniversary of the founder of Homœopathy, His Excellency, Frederic T. Greenhalge, Governor of Massachusetts expressed himself as follows in reference to the progress of Homœopathy in the State under his charge:—

"Nothing that interests the people of Massachusetts can fail to interest me, and as I mark the brilliant gathering (about six hundred persons were present) before me, I realize in all its force the fact that the day for the discussion of the principles you stand for has gone by, and that homœopathy has become a fixed institution, not only in this country, but also in the whole world. Massachusetts has always been friendly to the principles you represent. In 1855 it granted a charter incorporating the Homœopathic Hospital, and the next year the Homœopathic Medical Society was chartered, and since then the state has always taken a great interest in the progress of Homœopathy. Good and earnest work is being done by those who represent your principles, and in the name of the Commonwealth I bring you my best wishes and heartiest good will."

AN IMPROVED METHOD OF FINDING THE SPECIFIC GRAVITIES OF TISSUES.

We learn from *Nature* (9th May) that in a research on the pathology of the œdema which accompanies passive congestion, published in the *Philosophical Transactions* of the Royal Society, Dr. Lazarus-Barlow used "the solutions made up with glycerine introduced by Roy for the estimation of the specific gravity of blood, but found that difficulty arose from the large quantity of muscle used in obtaining the correct specific gravity, and from the fact that glycerine abstracts water from the muscle with such rapidity that after a very few seconds the piece of muscle invariably sank. He therefore has used for the past year solutions of various specific gravities made with gum arabic, which he arranges in a wide test-tube in their order of density. Alternate layers are coloured blue. Diffusion occurs with extreme

slowness, so that 48 hours after arranging the test-tube the various layers are quite evident. The special advantages of the method are that one piece of muscle is sufficient for an estimation, as it sinks through the layers of lower specific gravity until it reaches that layer with which it is identical; that water is abstracted from the muscle by gum much more slowly than by glycerine, and that, as has been shown by Heffter, the vitality of cardiac muscle is better maintained by gum arabic solutions than by any other solution."

SULPHONAL POISONING.

The *British Medical Journal* (March 30) publishes the following case reported by Surgeon-Captain C. Birt of the Army Medical Staff, Bombay Command:—

"W. G., aged 14, weighing 23 kilogrammes, took from 5 to 6 grammes of sulphonal in the form of tabloids, which he mistook for harmless lozenges. Two hours later his stomach was artificially emptied. He was then very drowsy, and shortly afterwards fell into a deep sleep, from which, however, he could be partially roused. He remained in a semi-comatose state for twenty-four hours. When he had so far recovered as to be able to answer questions he complained of headache, lassitude, extreme giddiness and sleepiness. Two days passed before he could stand. When he attempted to walk he staggered and fell. His attitude and look bore a striking resemblance to the effects of alcoholic intoxication. Giddiness, somnolence, and muscular inco-ordination continued for a week after taking the tabloids. The last sign to disappear was inability to walk in the dark. His urine was increased in quantity, and was of low specific gravity (1002 to 1012). It contained at no time hæmatoporphyrin, albumen or formed elements. The red corpuscles of his blood were found to form rouleaux, as in health. There was no disposition for the corpuscles to remain separate, as E. Schäfer has observed in instances of chronic poisoning with this hypnotic. Constipation was the only disorder noticed in his digestive system. The temperature and pulse remained unaffected."

EFFECTS OF ELECTRICITY AND MAGNETISM ON DEVELOPMENT.

"Dr. Bertram Windle contributes a paper to the *Journal of Anatomy and Physiology*, "On the effects of Electricity and Magnetism on development." The observations recorded were made on developing silkworms, trout and chick embryos. In the case of the chick, the number of abnormally developed embryos was much greater in eggs incubated around the poles of a strong magnet than usual. With one exception all the malformations were associated with deficient development of the vascular area. Dr. Windle has not conclusively shown that this large proportion of abnormal embryos was actually due to the presence of the magnet, yet his results on the whole agree with those of Maggiorani, although certain points of difference were observed in the defective embryos. The eggs of the silkworm moth were found to develop quite normally in a strong

magnetic field. An electric current passing through a tank in which trout ova had been placed, seemed to produce an arrest of development. Dr. Windle concludes from his own observations, and those of other authors, "that electricity produces an arresting effect upon development," while it is, "very doubtful whether a magnetic field has any definite effect upon development or not."—*Nature*, 2nd May.

CARBOLIC ACID GANGRENE.

"Lannay (*Annales de Med.*, March 1st, 1895) states that a considerable number of cases have already been recorded in which carbolic dressings have caused gangrene. He relates the following case to show that this may result, as he believes, even when a weak solution of carbolic acid is used. The patient is a man aged 50, who, during the war in 1871, suffered from a frost bite of the right foot. From this, however, he recovered without losing any of his toes. In 1894, after exposure to cold, the same phenomena as in 1871, showed themselves, but after three months the patient was again cured. In Dec. of the same year, after exposure to cold the toes of the right foot again became bluish, and the pain being worse in the following month, a doctor recommended a carbolic foot bath. Three baths of three quarters of an hour were taken each day, a solution of about 3 per cent. being used. In the interval between the baths the patient kept a wet dressing of the same solution wrapped round the fourth toe, the one most affected. After three or four days of this treatment the fourth toe began to show signs of dry gangrene, but the patient persisted for some days in continuing the treatment without consulting his doctor again. He was then found to have a dry gangrene of the whole of the right fourth toe, which Lannay considers to have been determined by the carbolic acid. He points out that the solution used was made without any alcohol or glycerine, that under these circumstances, the carbolic acid may not be completely dissolved, and undissolved crystals may come into direct contact with the skin."—*British Medical Journal*, 23rd March.

BACTERICIDAL PROPERTIES OF THE VAGINAL SECRETIONS IN THE NON-PREGNANT.

K. Menge (*Deutsch. med. Woch.* November, 1894) gives an account of researches on this subject. His first series of observations "were made on 150 women who had undergone abdominal section, and who had thus been under exact observation for some time. He demonstrated the fact that in 44 out of 150 there were no pyogenic micro-organisms either at the fundus or the introitus vaginæ. He next proceeded to investigate the fate of such germs when introduced experimentally. On 35 women he made 23 experiments with bacillus pyocyaneus, 30 with staphylococcus pyogenes and 27 with streptococcus. The result was the same in all cases: after a longer or shorter time the vagina was found to be free, and the question as to whether the vaginal secretion was acid or alkaline did not affect the result. Further investigations were made to determine the mechanism of the

germicidal process, and he reached the conclusion that it depends upon several factors, which rank in order of importance as follows: (1) The antagonism between the normal bacilli of the vagina and the micro-organisms which happen to penetrate there. (2) The products of the vaginal bacilli. (3) The acidity of the vaginal secretion. (4) The properties of the secretion of the anatomical elements of the vagina. (5) Leucocytosis. (6) The absence of free oxygen from the vagina. In one of these experiments Menge found that if two similar samples of acid vaginal secretion be taken, and one of them be sterilised by heat, the sterilised sample loses its bactericidal properties, but the other sample retains them. If by the addition of alkali the acid secretion be made alkaline its germicidal powers are lessened, but not destroyed, but if the sample be then sterilised by heat, it loses them entirely, and becomes an excellent cultivation soil. These properties are active in the vaginal secretion of the new-born, notably so when the secretion contains no vaginal bacilli."—*British Medial Journal*, 23rd March.

THE ROYAL COMMISSION ON TUBERCULOSIS.

The Tuberculosis Commission appointed in July 1890 to inquire into and report on 'the effect, if any, of food derived from tuberculous animals on human health,' and, if prejudicial, 'the circumstances and conditions with regard to the tuberculosis in the animal which produces that effect upon man,' has lately presented its report to Parliament. The following is an abstract of the summary appended to the report, as reproduced in *Nature* of 2nd May:—

Food derived from tuberculous animals can produce tuberculosis in healthy animals, both carnivora and herbivora, the proportion of animals contracting the disease after experimental use of such food being different in the different classes (it is high in pigs). The actual amount of tuberculosis disease among cattle (especially among the full grown cattle, and among cows kept in town cow-houses than in those bred for the purpose of slaughter) and in swine, is so large as to give to man frequent occasions for getting the disease through his food (specially raw milk). The circumstances and conditions with regard to the tuberculosis in the food animal which lead to the production of tuberculosis in man, are ultimately, the presence of active tuberculous matter in the food taken from the animal and consumed by man in a raw or insufficiently cooked state. Tuberculous matter is but seldom found in the meat substance of the carcase; it is principally found in the organs, membranes and glands. Tuberculous matter, when present in meat sold to the public, seems to be generally due to the contamination of the surface of the meat with material derived from other diseased parts than to disease of the meat itself. It is also found in the milk of cows, when the udder has become affected by tuberculous disease, and seldom or never when the udder is not diseased. Tuberculous matter in milk is exceptionally active in its operation upon animals fed either with the milk, or with dairy produce derived from it. No doubt the largest part of the tuberculosis which man obtains through his food is by means of milk containing tuberculous matter.

The recognition of tuberculous disease during the life of an animal is not wholly unattended with difficulty: in the udders of milch cows, it can, however, be detected in most cases with certainty. "Provided every part that is the seat of tuberculous matter be avoided and destroyed, and provided care be taken to save from contamination by such matter the actual meat substance of a tuberculous animal, a great deal of meat from animals affected by tuberculosis may be eaten without risk to the consumer. Ordinary processes of cooking applied to meat which has got contaminated on its surface are probably sufficient to destroy the harmful quality. They would not avail to render wholesome any piece of meat that contained tuberculous matter in its deeper parts." The practice of drinking raw cow's milk is attended by danger on account of possible contamination by pathogenic organism. "The boiling of milk, even for a moment, would probably be sufficient to remove the very dangerous quality of tuberculous milk." The Commission did not make any remarks on the administrative procedures available for reducing the amount of tuberculous material in the food supplied by animals to man, as this did not form a part of the subject on which it was called upon to report.

THE LATE DR. D. HACK TUKE.

Daniel Hack Tuke was born at York in 1827. His great grandfather, a prominent Friend at York and the founder of the York Retreat, was one of the first to adopt the humane treatment of insanity, and his family has continued famous for carrying on the good work. Nothing is yet known as to the first twenty-seven years of Dr. Tuke's life. His first appearance as an author may be said to date from 1855. In 1858 he was associated with Bucknill in producing the large and still valuable *Manual of Psychological Medicine*. His first great independent work was on the *Influence of the Mind over the Body*; later on he produced a very large number of books connected with insanity. "He was the great authority on the history of the treatment of insanity in all countries; he also early took an interest in the study of hypnotism and allied states. He always felt that beyond the mere drug treatment of insanity there was a great field open for the moral treatment of the insane. Dr. Tuke made also a special study of moral insanity and one of his later contributions to medical literature was a description of the first recognition of this by Prichard and Symonds." Some eighteen years ago, he was appointed, with Dr. Savage, editor of the *Journal of Mental Science* and up to the time of his death he took a leading part in the production of that journal, and kept its readers accurately informed as to every publication connected with insanity in whatever country it appeared. His greatest work a *Dictionary of Psychological Medicine* was published in 1892 in two large volumes. He was a frequent contributor to the pages of the *British Medical Journal*, to which we are indebted for the materials of this obituary notice, and also took a prominent part in the discussions of the Section of Psychology in the British Medical Association. He was also President of the Medico-Psychological Association, which owes its every thing almost

to his fostering care. "He suffered a severe shock from the early death of his eldest son, a brilliant student of University College Hospital, to whom he had looked to carry on the medical reputation to the Tuke Family."

The practical part of Dr. Tuke's professional career commenced at the York Retreat, and was carried on there for about five years; after which he proceeded to the south of England, and passed years at Falmouth, to protect himself from lung disease. In 1874, he repaired to London and began to mix himself with London Society. About this time he became a Governor of the Bethlem Royal Hospital, and a few years later "was appointed on the committee of that institution," and took an intense interest in the management of its affairs. He paid much attention to the clinical and pathological work of the hospital, and kept notes of every case that came in his way. In 1880 he succeeded in obtaining a large consulting practice, and five years later he removed to Welbeck Street, where he breathed his last. Towards the close of his life, he had become a lecturer on Insanity at Charing Cross Hospital, and Examiner in Mental Pathology at the University of London.

Dr. Tuke had a great reputation in the department of mental science both in and out of England; and was recognised even in America and the Colonies as a great authority in disorders of the mind and their treatment. He was very kind and a great encourager to the younger members of his profession. He occasionally ventured into "lighter paths of literature" instead of confining himself to medicine, and had a wide reputation for being a man "with enthusiasm, energy, kindliness, and the deepest feeling of his responsibility to humanity in regard to his professional work." In his death 'the profession has lost a great worker,' and a gap has been left, 'which at present seems impossible to be filled.'

PIGEON'S 'MILK.'

At the last annual meeting of the British Association for the Advancement of Science, Mr. E. W. Reid, Professor of Physiology in University College, Dundee, read an interesting paper on Pigeon's 'Milk'—a substance resembling the curd of milk formed in the lateral pouches of the crop of both cock and hen, on which the early 'squab,' is fed. As this method of feeding is as yet known only in this tribe of birds, a short abstract of the paper is given below:—

"The change in the crop membrane necessary for the formation of the 'milk,' commences during the incubation of the eggs, and though not visible to the naked eye till two or three days before hatching, makes itself evident by the appearance of fat-droplets in the cells ten days before this event. The main change consists in a great thickening of the epithelium, accompanied by rugose folding with reticulation, while at the same time the structure becomes enormously vascular and capillaries penetrate the epithelial layers. Small pellets of curd-like matter form in the pits of the reticulated surface, and as soon as the young are hatched, these are transferred by the parents to the crops of the 'squabs,' often to the extent of 40 per cent.

of the weight of the bodies of the young. In its histological features the process of formation of the 'milk' resembles more closely that of the formation of sebum than of milk, for whole masses of fat-holding cells are cast off from the walls of the pits in the membrane; yet unlike the sebaceous process the nuclei of the cells persist. Interpapillary involutions, then, of the thickened stratified epithelium of the crop act as sebaceous glands during the period of formation of the 'milk.' This period lasts for from seven to nine days after hatching, and the maximum of activity is reached about the second day after hatching."

The young are fed almost exclusively on this substance for the first three days, though a few crushed grains are at the same time also supplied by the parents, by whom uncrushed grains are supplied later on. The horny secretion of the tubular glands of the mucosa takes some days to consolidate. The proventriculus of the young pigeon, even at twelve hours, is rich in proteolytic ferment, its glycerine extract digesting fibrin with ease (the parents do not supply any digestive ferments). The crops of pigeons do not form any amylolytic or proteolytic ferment, but multitudes of bacteria and cocci are present, and the acidity of the contents (reaction of Uffelmann, but no reaction with phloroglucin and vanillin) may be due to lactic fermentation. The pancreas of the 'squab' is capable of digesting starch at the time of hatching. The cell bodies of the 'milk' are dissolved off in the 'squab' by the secretion of the proventriculus, and the fat set free in the gut is found in the cells of the villi, and also in the leucocytes of the blood. The fœces of the young pigeon are fat free, though at an early stage they contain considerable proteid.

Though sugar appears to be absent from the 'milk,' a young pigeon contains sugar, before it has received any food. In one case, a triple alcoholic extract of a minced and pulverised young pigeon, yielded over ·2 per cent. of its body weight of reducing sugar, but a subsequent triple aqueous extract gave ·16 per cent. of the body weight of an amylose yielding sugar on boiling with dilute sulphuric acid. This amylose struck no color with iodine, and attempts to demonstrate glycogen in the bodies of unfed young pigeons have failed, though the pectoral muscles of adult birds are very rich in this substance. Extracts of proteids of the 'milk' with 'normal saline solution' by trituration and digestion with thymol at 40·C. show absence of albumins, proteoses and peptones; presence of globulin and of caseinogen (clot with rennet, with and without calcic chloride). The chief proteid appears to be of the nature of nucleo-albumin (Halliburton's sodic-chloride method).

Mucin is present in variable amount, and originates from the glands of the gullet below the crop. These glands enlarge and become more active during the feeding of the young. "When a cock or hen 'in milk' is separated from the young, the involution of the crop changes occurs with great rapidity, for within twenty four hours, the temporary 'sebaceous glands' are loosened and cast off, the hypertrophied papillae which lie between them being subsequently reduced. Such birds swallow their own 'milk'; their villi contain more fat than normal birds and fatty leucocytes are seen in abundance in the blood. Some days, however, after separation, though the gross changes in the crop membrane have disappeared, fatty cells are found in the epithelium. The 'milk' in the crops of such separated birds is also in finer particles than normal and poorer in solid constituents. An analysis of pigeon's milk made by Leconte for Bernard gave casein and salts—23·23; fat—10·47 and water—66·30.—*Report, British Association*, 1894, page 812.

CLINICAL RECORD.

A Case of Colic, cured by Bovista.

By Dr. MAHENDRA LAL SIRCAR, M.D.

Babu U. N. Das, aged 26, came to me on the 1st May last, for an intermittent colic pain in the abdomen which was described by him as very severe and distressing. The pain first made its appearance on the 26th April. For about 15 days previous to this first appearance of the pain the patient had given up taking *Chapatis* (unleavened, hand-made wheaten bread) which he used to take since December last for his evening meal in place of rice. He went back to rice, thinking that during the excessive heat of the season, it would prove a less heating food than wheaten bread. The first effect of this change was the diminution of appetite, which gradually became less and less, and in fifteen days it came to be associated with the pain in the abdomen, for the relief of which the patient sought my help.

On the first day, that is, on the 26th April, the pain was first felt in the morning; it passed off after the morning meal. It recurred in the afternoon at 3 p. m., but was of lesser intensity and duration, lasting for an hour or so, and going off after eating something. The pain recurred every day with increased intensity twice as on the 1st day, for 4 or 5 days. Afterwards the pain used to come on after evening also, going off after supper. The pain was of a griping

twisting character. It used to start from below the umbilicus and diffuse itself up above to the epigastrium. It was not relieved by bending double or by pressure, but only by eating something. There was some constipation, and the urine was scanty and reddish in the morning, free and natural at other times. There was no thirst, no heart-burn.

When the patient first came to me on 1st May, I simply regulated his diet. He came to me again on the 2nd inst., reporting no improvement; I still gave him no medicine. On the 3rd the pain not getting better, on the contrary, being very distressing, and the patient insisting upon medicine, I gave him *Nux v.* 6 in the evening. The next morning, the patient reporting some amelioration, the medicine was continued on that and the following day. On the 5th the pain increased, and it appeared to me as if it was an aggravation of *Nux v.* I therefore gave *Camphor.* On the 6th some improvement being reported, *Camphor* was continued. The pain, however, became very bad on the 7th, and I was obliged to look into the Materia Medica. I found under *Bovista* the following symptoms: "Twisting pain in the abdomen; cutting pain in the fore part of the abdomen, in the morning, relieved after eating; cutting in the the abdomen, extending toward the stomach." I gave *Bovista* 3x. This had the effect of relieving the pain at once. In two days he was quite well, and continues so.

Remarks.

This is a case which shows how symptoms alone, notwithstanding our inability to refer them to their true seat, can help in the selection of the appropriate remedy. It was not possible from the symptoms elicited from the patient to determine the exact seat of the pain, as to whether it was the stomach or the intestines, and if the latter which part. Hence such a case could not be treated, if we had to depend upon a strict pathological materia medica or a materia medica which takes note of only the pathological lesions produced by drugs. Even if we had a perfect pathological materia medica, we could not dispense with symptoms. For several drugs may affect the same organs or the same parts of one or more organs. But their differentiation can only be effected by the difference of symptoms which develop under their action; the order of their appearance and the conditions of their aggravation and amelioration furnishing the differentiating characters.

A Case of Cholera.

By Dr. Amrita Lal Sircar, L.M.S.

Rambharas, a Hindu male, aged 30 years, a domestic servant by occupation, got an attack of cholera on the 9th of May. Before this he had been suffering from fever for about two days. Being free from it on the morning of that day he took two or three *chapatis*, after which he had to walk about 4 miles in the sun. He got nausea in the afternoon after his return, and vomiting and purging commenced from 5 o'clock. The vomiting was very severe. *Ipec.* 6 was prescribed by a medical practitioner. The vomiting stopped a little but not to a very marked degree. I was not at home then when this occurred. I returned at about 9 p. m. when I heard about this poor creature. I gave him *Camphor* Q in a lump of sugar, as the season was very bad and cholera was raging almost everywhere. The first dose did some good to the patient; I therefore repeated a second dose at about 10½ p. m. The stools were stopped but the vomiting was not altogether checked. At about 12 midnight I was informed that the man was very restless and has got a very very intense thirst for large quantities of water. I visited him and found his condition to be very bad. The pulse at the wrist was weak, almost imperceptible, and was intermittent almost at the 10th or 12th beat. The vomiting also had not stopped altogether. The eyes were sunken into their sockets, and showed every sign of rapid exhaustion. The thirst was of so violent a nature that he went out of his bed and ran here and there in search of water. I saw him to run in my presence to the place where an earthen jar of water was kept and to hold the pot to drink from it. In fact he was driven mad by the severe thirst. I gave him a dose of *Ars.* 12x exactly at midnight, and within ten minutes he fell asleep. I kept watch over him till 1½ a. m., up to which time he did not even move his limbs. Next morning I saw the man and found him doing well in every respect. He was quiet, free from restlessness and the thirst which had troubled him so much. The prostration was nearly gone. He had slept the whole night, not waking even once. In the morning, a little barley water was given for food. He passed the day well. Next morning, i.e., on the 11th May, he took rice with little soup of fish. He has since been all right.

Remarks.

Notwithstanding that the thirst was for large quantities of water, Arsenic acted like magic in this case and saved the life of the poor man, which no other drug could have done.

Gleanings from Contemporary Literature.

THOUGHTS ON MATERIA MEDICA.

By Fritz C. Askenstedt, M.D., Bryantsville, Ky.

(Read before the Kentucky State Homœopathic Medical Society.)

Homœopathy, as a distinctive school, stands or falls with its materia medica. Comparative statistics everywhere show a smaller-death rate in homœopathic practice than in that of the dominant school. Yet in an age of progress like ours, when our old school *confrères* are making slow but steady advance in scientific medicine—indeed, in a gradual adoption of our own tenets—the future of our school depends upon elimination of whatever is imperfect or inaccurate in the practical application of our therapeutic law. Of course, no physician would claim that *similia similibus curantur* is the *only* method of cure. A change of climate has sometimes proved more beneficial than the well-selected medicines; hygiene is regarded as essential by physicians of all schools; it would be gross ignorance to neglect dietetics in a case of scurvy; the best interests of a patient with hæmorrhage, eclampsia or threatened heart failure demand a palliative, and various results of pathological processes imperatively call for the surgeon's knife; nevertheless, any physician who has resorted to all these and neglected the indicated homœopathic remedy has done only part of his duty.

The importance of a predisposing cause in the etiology of disease is gaining confirmation by recent discoveries in bacteriology, especially by the experiments made by Prof. Pettenkofer and his followers, and while this predisposition at times may be a mere temporary depression of the vital forces, it frequently manifests a peculiar proclivity to certain maladies with apparent immunity from the infection of others, as hereditary influences prove. That this original disturbance of health or dyscrasia, which has escaped detection by the dissector's scalpel and the most powerful microscope, cannot be corrected by palliation of its results, is a self-evident proposition. In the aim to remove this latent cause of disease homœopathy stands practically alone.

A disordered or impaired function of any part of the human economy will, if not corrected, through the cerebro-spinal or the sympathetic nervous system, originate a definite course of disturbance in other organs, or at least cause these to perform their normal function with difficulty. A coincidental external disturbing influence, such as exposure to cold, contagion or excesses in living which in perfect health could be effectually resisted, would under these circumstances overpower the endurance of the parts and change their activity into pathological processes, continually favored by the predisposing cause. Hence the practice of routine prescribing for stereotyped diseases is empirical and cannot have the best results.

That every drug has a uniform order of physiological effects has been verified by Dr. Woodward's investigations reported to the American Institute of Homœopathy in 1882, and the medicine which in the healthy

body produces a train of symptoms similar to those of the disease must reach the seat of the original disorder as well as those parts subsequently involved, and by virtue of its similarity of action stimulate the reactive forces—the *vis medicatrix naturæ*—in the direction of the disease.

The basis for the proper selection of the homœopathic remedy must necessarily be the totality of the symptoms, but while avoiding routine prescribing on the one hand, indiscriminate symptomatology is to be shunned on the other. That our materia medica, which is the production of a vast amount of painstaking labor and fully merits the pride of the homœopathic profession, still remains deficient at some points, we are all willing frankly to admit. Among these perhaps the most conspicuous is the lack of systematic classification of symptoms in order of their appearance, so as to afford the student a conception of the *modus operandi* of each remedy and enable him to perperly interpret the groups of symptoms successively produced into their corresponding pathology. A good homœopathic prescriber must be thoroughly familiar with the action of the medicines he employs. If a superficial symptomatology is all that is necessary to the selection of the similimum, the formidable array of contradictary symptoms our larger works on materia medica already present tends to increase confusion and embarrassment rather than insure certainty. We find that *sulph.*, *natr. mur.*, or almost any other well proven drug covers the symptoms of an unreasonably large number of cases, and well might the inexperienced student pause and wonder in amazement at the versatility of nature—or the imagination of the provers. The apparently contradictory symptoms could all be brought to harmony by being properly classified in order of their development, making distinction between the primary and secondary effects. If, as is generally conceded, the secondary effect is the reaction of the system, it is evident that such symptoms should furnish no indication to the remedy unless the primary symptoms have first been found to correspond to the previous symptoms of the disease. For illustration, if *podophyllum* produces constipation as a secondary effect we cannot expect this remedy to *cure* constipation unless it is a result from a diarrhœa presenting symptoms similar to *podo.*, or where diarrhœa and constipation follow each other in alternation. For the relief of habitual constipation *podo.* must be given in physiological, or allopathic, doses. Likewise, *opium* will, in high dilutions, frequently cure constipation which may or may not be alternated with diarrhœa, but to make an impression upon a diarrhœa not resulting from constipation it must be administered in material doses. The combination of half a dozen secondary symptoms, a few reflex and some primary, to which an unintelligent use of symptoms may lead, forms no picture characteristic of the drug action, and a remedy thus selected could hardly be called homœopathic to the case, though all the disease symptoms be covered (indiscriminately).

An intelligent interpretation of the symptoms with their pathological equivalent would greatly aid us in the choice of the proper remedy for the truly homœopathic medicine should in the healthy person produce a like

affection. A case of nausea from pregnancy with a coincidental headache might from a comparison of symptoms seem to call for *iris*, which naturally would fail, since the medicine must have a special influence upon the hypogastric plexus of sympathetic nerves to be curative.

Much stress is laid by our works on materia medica on subjective symptoms, and all are more or less useful, but that the objective afford us more positive information, and, therefore, are of greater therapeutic as well as diagnostic value, there can be but little doubt since language is but an artificial means, the correctness of the expression of our feelings depends largely upon education. Morals, temperament and habit, also influence the accuracy of expression, some people habitually and unconsciously speak in the superlative, while others intentionally try to deceive. The hysterical woman, hoping to elicit sympathy, will tell a story of insupportable pains and remarkable experiences that knows no end, while cross questioning often reveals the unreliability of the statements of others apparently sincere. Others, again, will complain of nothing save a "misery," and hesitatingly answer all questions in vague and nondescript terms; and when the greatest friend of homœopathy, the baby, requires our attention, we have for obvious reasons none but objective symptoms to prescribe on. Has it ever appeared that homœopathy is less successful in diseases of children than in those of the adult?

As in diagnosis of disease we depend principally upon physical signs, so in the choice of a remedy we should learn to depend mainly on objective symptoms—the subjective and reflex being secondary in importance—applying, as nearly as possible, pathology to pathology.

Since pathological states are recognized by definite groups of symptoms, there must be a constant association with certain remedies. Thus, after eliciting the essential symptoms of the disease, we select a corresponding group of medicines, then endeavour to find the predisposing cause (or causes) and select from the first group the indicated remedies and among these find the similimum on the totality of symptoms. For example, in pneumonia, with essential symptoms of hurried breathing, cough and bloody sputa, we first collect all remedies that present these spmptpms; if we find an irregular pulse, vertigo, nausea and vomiting, pointing to an original weakness of the pneumogastric nerves, the choice will be from that group whose remedies produce in the healthy body, through their influence on these nerves, the above symptoms of the lungs, such as *ant. tart.*, *ver. vir.*, and *sanguinaria*, if there be an inherited predisposition, with debility and malnutrition, such as act through the sympathetic nervous system, as *sulphur*, *hepar sulph.*, *mercurius*, *lycop.*, and possibly *phosphorus* and *ars.*; when from plethora, *aconite* and *belladonna*; if from disorganization of the blood, as in toxic fevers, *phosphor.*, *arsenicum*, and *arnica*; if from extension of pleuritis, or largely complicated with it, *bryonia*; when due to congestion from an embarassed circulation, *cactus* and *digitalis*. It is reasonable to suppose that when a remedy has accordingly been selected the similia will be so close that the disease symptoms developing later will, to

a considerable extent, correspond to the later or secondary symptoms of the drug, thus confirming the remedy, aud a change of medicine will be less often indicated.

It is true, no drug can produce a pathological state identical to the ordinary maladies, but the striking similarity of action between some well-proven remedies and certain diseases as *belladonna* to secarlet fever, *merc.* to syphilis, *antim. tart.* to pneumonia, *baptisia* to typhoid fever, *mercurius cyan.* to diphtheria, etc., warrants the supposition that an affection analogous to every form of disease may be induced by drugs, were their provings sufficiently extreme. To advocate a revival of the ancient custom of executing the death-penalty of the law by means of various poisons is like a voice of one crying in the wilderness, notwithstanding that it seems less barbarous than the ghastly scaffold, and that it would compensate society, in some measure, for crimes committed ; and since cases of accidental poisoning afford only a partial proving, as drugs taken in single toxic doses act with an overwhelming power upon the nervous system, to a greater or less extent destroying its excitability and by depressing the heart and respiration produce profound reflex symptoms that mask or prevent the development of remote drug symptoms, we are forced to depend wholly upon voluntary provings which continued physiological doses for our study of drug pathogenesis. Honor is due to the many enthusiastic workers who by instituted provings have rendered to our materia medica the degree of comprehensiveness it now possesses and by the additional aid of urinalysis, microscopy, thermometry, and other instrumental means of diagnosis to disclose the pathological significance of the symptoms produced, a more accurate knowledge of the action of each remedy could yet be obtained.

My apology for appearing before you with this paper is the general difficulty experienced in the selection of the homœopathic remedy on the totality of symptoms when each is given an equal value, which difficulty is apparent from the almost universal practice of alternating or mixing remedies ; and should my effort evoke a discussion by the abler minds of the convention leading to a more accurate and rational application of the principle of homœopathy, the object of this paper will be fully realized. —*Hahnemannian Monthly*, May 1895.

DISEASES OF THE LIVER IN CHILDREN.

By C. E. Fisher, M.D., Chicago.

General Considerations. The liver is not subject to many diseases in childhood, yet occasionally acute inflammatory inflammation of the liver, hepatic torpor, jaundice, liver abscesses and even cirrhosis of this viscus is seen in child life. Hydatids of the liver also have their origin during child life in a fair proportion of cases, even though the symptoms are not developed until later in life. Catarrhal inflammation of the gall duct may also occur, but gall-stones, fortunately, are not seen in child life. In certain lithemic states the liver may be at fault, and in chronic malarial infection it is generally considered involved. Errors in diet, as excess of rich foods and the administration of stimulants in young children frequently result in hepatic congestion, sudden checking of diarrhœa or dysentery by the use of opiates or astringents derange this organ and, perhaps, may result in abscess of the liver. Passive congestion with jaundice is a symptom belonging to many of the acute diseases of child life, especially the eruptive fevers. The worst case of infantile jaundice I ever witnessed occurred in a Jew child in connection with scarlet fever. It is especially common to children in the Southern and Southwestern portion of our country, as is infantile hepatic torpor in connection with the remittent and intermittent fevers of childhood. Cirrhosis is caused by the use of highly seasoned foods during childhood in children with antecedent history, the cirrhotic state being lighted up by the development of toxinous ptomaines. It occurs also from scarlet fever and tuberculosis.

The general symptoms of liver disease in children are those presenting in adult life. It is not often that acute pain is met with in this organ, though it is expressed in the acute inflammation followed by supuration, and is sometimes present in acute congestion of the liver ; in syphilitic diseases of the capsule pain is also experienced. Hepatic pain is usually felt in the shoulder or under the right shoulder blade, over the course of the phrenic nerve. It may be expressed in the right hypochondrium also and upon physical examination by palpation is always felt in this locality. Hepatic pain is frequently associated with pleurisy and spasm of the pleura, and also with gastralgia and neuralgia of the diaphragm. If the pleura or lung be involved the pain is increased by coughing and taking deep breath. In liver abscess the pain is more circumscribed to the inflamed spot, while in the pylephlebitis it is more diffuse, with a general sense of weight and fullness.

The milder disorders of the liver are not manifested by pain or other sensation in the hepatic region, but more generally by the general appearance of the patient, and later by the condition of the alimentary tract. "Bilious" children are sallow in color, and are dull and listless, have loss of appetite, bitter or foul taste, heavily furred or coated tongue, with white or yellowish pasty coating ; the tongue is thick and flabby, imprints of the teeth showing against its edges; the bowels are usually constipated although there is an hepatic diarrhœa which attends upon the bilious state.

It is possible, however, for children of usual habit of torpor to suffer from hemorrhoids and costipation.

It must be borne in mind that the liver is very much larger in child life, in proportion to the size of the body, than in adult life ; hence in making a physical examination the liver will not be pronounced suffering disease if it be considerably out of its adult location. The upper portion of the liver will extend to the fifth rib in the middle clavicular, to the sixth in the axillary region, and to the seventh in the scapular ; this latter portion extends two inches below the scapula and in the median line It is well over the umbilicus ; in some children it is beyond the median line without showing the least symptom of sensitiveness or liver inflammation. If the liver be very much swollen the lower part of the throax will be distended and the right hypochondrium will be considerably enlarged. The epigastrium is also distended, and in liver abscess, or hydatid disease, irregular enlargement, tumefaction, fluctuation, and perhaps well developed tumors may be found in the left lobe of the liver as a swelling or projection of the ribs, or at the upper margin of the liver. The liver moves up and down with respiration, a point of clinical value in differentiating tumors of this character from tumors of the abdomen. In cirrhrosis of the liver the edges of the organ are sharp and hard, while in fatty liver they are soft ; in abscesses or hydatid disease surface enlargement, or boses, may be detected. It is sometimes very difficult to determine the difference between abscess of the liver upon its upper surface and abscess of the pleura. Perhaps not until the rupture of the capsule and pleura with passage of the contents from the liver through the lungs from an hepatic abscess will the character of the trouble be distinctly understood. The pus from liver abscess is generally reddish brown, containing leucin or tyrocin and characteristic liver cells. If due to dysentery the ameba of this disease will be found in its contents.

Jaundice.

Besides the infantile jaundice occuring as a disease of the new born, jaundice occurs in connection with many conditions of infancy. Simple congestion of the liver, catarrh of the membrane lining the ducts, or other congenital obliteration, obstruction from the presence of round worms, yellow fever, malaria, occasionally scarlet fever and general septicemia, and poisoning from phosphorus and the various poisonous serpents, are attended by jaundice. The skin is of a yellow hue, varying from a light lemon yellow to a dark olive and more pronounced the more violent the attacks. It is generally seen in the face first, especially the conjunctivæ. In severe cases the mucous membrane is yellow and the perspiration is so saturated with bile pigment that the clothing is stained by it. The urine is so heavily charged that it is brownish yellow or almost a greenish tinge. The more severe the jaundice the paler the stools, which are almost entirely free from bile pigment. They are offensive and pasty, and pale or greenish in color. Weakness is a characteristic symptom of jaundice, the degree of prostration being in direct proportion to the jaundice. The sympathetic nervous system

is disturbed so that breathing is interfered with and the heart's action is slow and heavy, the pulse rate falling to even one-half its normal range in severe cases. Coldness of the skin, dullness of the intellect, sluggishness of the bowels, diarrhœa or constipation, torpor, with loss of appetite, soporific sleep, and general physical and mental sluggishness are attendants upon this condition. The urine generally shows albumin, as well as bile; the latter is discoverable not only by sight but the addition of fuming nitric acid will show the characteristic play of colors due to an iridescence from its oxygenation. The tongue is usually foul and coated, with loss of appetite, nausea, eructations, flatulence and gaseous distention. Irritation of the pigment upon the skin causes intense itching, and in grave cases the lack of proper performance of the glycogenic function of the liver sets in a gradual marasmus, the child being emaciated and wan, with enormously distended liver and abdomen, saffron hue of the skin, which is dry and shrivelled, the disease taking the name of yellow atrophy.

Jaundice may be caused by catarrhal swelling of the mucous membrane, resulting in occlusion of the bile ducts. The inflammation may begin in the stomach and extend to the duodenum and bile ducts, and the condition be a chronic one due to duodenal catarrh. The bile ducts may be occluded not only by swollen membrane but also by plugs of inspissated mucus, and thus the bile be retained within the liver and gall bladder, the liver being enlarged and tender. This sometimes disappears as the bile is absorbed and discharged through the system. The gall bladder will be so distended as to present as a distinct tumor, absorbtion subsequently occurring, leaving it filled with a gelatinous mucus.

Symptoms and Course. The symptoms and course of jaundice will depend much upon its causative factor. If occurring from catarrhal inflammation of the bile ducts from exposure, from changes of the weather, resulting primarily in simple congestion of the liver, its course is acute and may last over a few days only. It is ushered in with a chill or chilly sensations, quickly followed by moderate fever, aching of the limbs, headache, nausea and moderate pain in the hepatic region. If occurring epidemically, as it at times seems to do, its symptoms are more pronounced and there will be sudden vomiting, headache and pain in the epigastrium, offensive diarrhœa, or perhaps constipation, the course of the case lasting from ten to twelve days. This catarrhal form may occur sporadically or may appear endemically or epidemically and bear a direct relation to diseases like typhoid and typhus fever. Where it occurs in a considerable number of children in the same school or family it is to a moderate degree infectious.

Diagnosis. The diagnosis is not difficult; the yellow color of the skin, with the pearly conjunctivæ which soon shows a yellowish tinge, together with liver tenderness, nausea, foul tongue and urinal saturation make the case clear. This form of the disease rarely attends as a secondary condition generally clearing up in a few days, as do most catarrhal inflammatory processes, responding rapidly to the treatment given, and is not likely to be followed by relapses or recurrences.

Infantile Jaundice.

Some may be of the simple variety due to a distension of the blood vessels of the liver occurring within a few days after birth, in which the ductus venosis is less patent than it should be. Rapid absorption takes place from the bile capillary so that the urine is loaded with pigments, and the skin shows the characteristic yellow hue sometimes as early as forty-eight hours after birth. In severe cases the stools are clay colored and the conjunctivæ stained yellow.

If due to the obliteration of the bowel-passage the condition is more important. There may be general narrowing of the lumen, with sluggish discharge of bile, resulting in irritation and eventual complete occlusion of the ducts, with cirrhrosis of the liver as the final outcome. Fortunately this is a rare condition. It is seen in the first weeks of life, occasionally, the child being jaundiced at birth. The skin is bright yellow, soon becoming greenish in hue. The urine is heavily charged with bile pigments; the stools are light in color, and sometimes greenish mucus is voided with them. Hemorrhages from the umbilicus, bowels or stomach are apt to occur in connection with this type of jaundice, produced by the extension of ptomaines. Ordinarily it is the function of the liver that destroys these poisonous materials and renders them inocuous, and if the liver is disordered, by congenital obliteration or by early catarrhal inflammatory absorption of its ducts, its function may be so interfered with as that ptomanic poisoning ensues with hemorrhagic results. Children suffering this form of jaundice emaciate quickly and their vitality is rapidly exhausted, death ensuing from coma or from inflammatory diseases, as pneumonia, gastric catarrh or cerebral manifestations. The condition is a fatal one, congenital jaundice resulting in death in a few weeks or two or three months, inducing emaciation until a high grade of atrophy is seen.

Omphalitic Jaundice.

Omphalitic jaundice arises from inflammation of the umbilical vein, the result of navel infection. The stump of the cord is swollen and the navel ulcerated and inflamed, with oozing of hemorrhage or exudation of pus. An inflammatory zone forms around the umbilicus, and in some cases erysipelas ensues. Septic inflammation of the liver tissues follows navel infection, the liver showing enlargement and tenderness, and rare cases are attended by peritonitis. In this type of jaundice the discoloration follows promptly upon the inflammatory process; the infant is restless and cries a good deal, suffers pain, and convulsions are present in a fair proportion of cases, sometimes ushering in the symptoms. Not only is the liver involved in the septic process but other organs may take on metastacic inflammation, especially the brain and lungs, and in individual cases suppurative inflammation occurs. These cases are characterized by high fever, acute and severe prostration, moderate discoloration of the skin, coma, convulsions and death.

The icterus of the older years of child life is almost invariably of the catarrhal variety. It may be seen in connection with typhoid or typhus

fever, scarlet fever and blood-poisoning states, but these cases are more rare than the catarrhal variety of the disease incident to gastro-enteric disorders and to the chilling of the portal circulation arising from cold.

CONGESTION OF THE LIVER.

Catarrhal jaundice is preceded by congestion of the hepatic gland, and, in fact, acute congestion of this organ may occur without the condition going on to catarrhal inflammation of the liver cells. Children are especially subject to it from eating too heartily of rich foods, it here showing as an attack of acute dyspepsia attended by jaundice and liver pain. The jaundice is usually not intense nor is the pain severe. Vomiting is the most uniform symptom, and not until some slight discoloration of the skin, following upon an acute attack of vomiting from gormandizing is noticed will the condition be attributed to the liver. It is then found somewhat enlarged and tender, the veins are distended upon the skin, and for a brief period of time the stools will be light and pasty. The symptoms subside without the positiveness of manifestation that attends upon catarrhal jaundice.

A poison-form of hepatic congestion is seen in connection with chronic malarial infection, in which the large glands of the body are all involved; it also belongs to diseases of the heart and lungs and accompanies pneumonia and various cardiac diseases. The liver will be slightly swollen and tender, with mild manifestations of gastric catarrh and general dyspeptic symptoms, as nausea, loss of appetite, flatulence, furred tongue, foul breath, headache and slight symptoms of jaundice; excepting for the discoloration of the urine and conjunctivæ, attention will not be directed to the liver.

TREATMENT.

The treatment of acute conjestive catarrhal inflammation and other acute types of jaundice is practically the same.

Acute congestion of the liver arising from sudden exposure to cold or checking of the perspiration will demand such congestive remedies as *Aconite* and *Ferrum phosphoricum*, especially. For the results of gormandizing *Nux vomica*, *China*, *Iris and Pulsatilla* are more likely to be needed. If depending upon suppuration of the acute exanthemata *Bryonia*, *Rhus tox and Sulphur* will be more apt to be called for. *Mercurius* is another exceedingly useful remedy in congestion of the liver and hepatic torpor, especially in connection with malarial diseases. *Hydrastis*, *Podophyllum*, *Sepia and Leptandra* are among the hepatic remedies that are especially useful in engorgement of these organs in child life, while in the profounder disorganizations due to the severe infective fevers and altered blood states, as yellow fever, pernicious intermittent, purpura and smallpox, *Arsenicum*, *Lachesis*, *Crotalus*, *Secale and Carbo vegetabilis* may be demanded.

Commencing with acute congestion of the liver, usually ushered in by a chill or chilly sensations, tenderness of the organ, some fever or headache, either *Aconite* or *Ferrum phosphorica* will be demanded; the former if the case is pronounced and due to exposure to sharp cold or to getting the feet wet. *Ferrum phosphoricum* is to be preferred if with these symptoms there is some nausea, loss of appetite, rise of temperature, and if there be not

present the restlessness and thirst of *Aconite*. *Belladonna* is preferable to either if the congestion be sufficiently pronounced as to cause considerable pain in the hepatic region, with heat, headache, flushed face, and coldness of the hands and feet.

If the congestive stage is followed by inflammatory symptoms, with increase of temperature, headache, pain and commencing jaundice, *Gelsemium* and *Bryonia* are apt to be needed. The *Bryonia* case has more nausea, pain upon moving, hepatic tenderness and constipation. *Gelsemium* is more likely to be required if there is freedom from nausea, increase of fever, moist skin, flushed face, little or no thirst and full, compressible pulse.

Ipecac may be called for if the vomiting is severe. This is not usually the case, and if the congestion of the liver depends upon gastric derangement either *Ipecac* or *Antimonium crudum* may be needed. *Iris* and *Mercurius* may also be called for if the hepatic congestion is connected with dyspepsia. Both these remedies are to be thought of in that type of the disorder supposed to be the phenomena of "biliousness." *Iris* is especially useful where, with the congestion, there is nausea and headache combined, the sick headache of the gormand, with jaundice.

Mercurius will be given the preference if the tongue is heavily coated with white and the imprints of the teeth show on its edges. The child is sluggish and the bowels are torpid. If old enough to express its taste it will complain that it is metallic or bitter, while the taste of *Iris* is more likely to be greasy. *Iris* has burning diarrhœa, while with *Mercurius* the stools are gray and pasty, and symptoms of jaundice show early.

Nux vomica is especially indicated when hepatic congestion arises from the use of coffee in child life, or from rich pastries. There is constipation and headache, and the child is irritable and peevish and high strung. The liver is swollen and sensitive to pressure. It is especially to be thought of in connection with abuse of domestic remedies.

Leptandra is called for when the stools are black and burning. Dull pain in the region of the liver, with drowsiness and colicy pains about the navel; jaundice shows early.

Natrum muriaticum, *China*, *and Arsenicum* are to be studied in connection with hepatic torpor as an accompaniment of malarial manifestations. The first named has the malarial cachexia; skin earthy and yellow. Obstinate constipation, liver swelling and interfering with breathing, also causing palpitation. *China* has hard, swollen liver, eructations from the stomach, bitter taste, chilliness of the skin, debility, with periodicity in rise in temperature and headache. *Arsenicum* presents burning pain in the right hypochondrium, stitches in the right side, vomiting of dark colored fluid, stool black, anxiousness and restlessness and itching of the skin, especially over the liver and abdomen, which is distended.

Chelidonium is better suited to chronic torpor of the liver, with obstinate constipation. Stools hard and knotty, voided in small crumbly pieces from lack of moisture in the intestine. Liver pain in right shoulder blade, with swelling and sensitiveness of the liver. Jaundice pronounced.

Hydrastis canadensis has long been used as a domestic remedy for liver derangements. It has very bitter taste, chronic torpor of the bowels, lack of appetite, heavily coated tongue, yellow at the base; urine saturated with bile pigment; foul and scant stool, and perspiration pronounced.

Phosphorus is more especially useful in pronounced jaundice from organic disease of the liver and secondary heart troubles. It is also beneficial in malignant jaundice from portal obstruction, and for engorgement of the gall bladder. There is loss of appetite, unquenchable thirst, relaxation upon falling asleep, with profuse sweat during sleep, especially night sweats. The liver is enlarged and sore to pressure. In emaciated children of waxy cachexia, with debility and enlargement of the liver, *Phosphorus* is of first importance.

Sepia is useful in derangements of the liver in childhood, with sallow face and the characteristic yellow bridge across the nose, and yellow streak under the eyes. Aching in the right side, forehead, and conjuctivæ; stools bright yellow, or of an ashy color. Hepatic neuralgia with stitches under the ribs.

Besides the remedies given *Lycopodium, Sulphur, Natrum sulphuricum, Chionanthus and Digitalis* may be studied to advantage in special cases.

For the acute manifestations of liver engorgement but few remedies will be required, while in chronic hepatic an extensive range will have to be studied carefully in order to be able to select the similimum.

Diet.

Diet is of first importance in connection with diseases of the liver. It must be remembered that the function of this organ is two-fold, the performance of the glycogenic function and serving as a scavenger for the blood, separating from it the debris that goes to make up the bile. The latter fluid is necessary to perfect intestinal digestion. It assists in the emulsification of fat, and by its irritating presence prompts the intestinal glands to greater activity. It promotes the digestion that has taken place in the stomach, and by its action on the chyme absorption is rendered more easy. If rich foods are taken into the stomach the work of the liver is correspondingly increased, hence the importance of a light diet or total abstinence for a few days during the presence of acute congestion or inflammatory disease of this gland. The glycogen secreted by the liver cells is converted into liver sugar and taken up by the blood, by which it is carried to the muscles where it is utilized and broken up into carbon dioxide and water, in which form it is eliminated from the body. It is this process of the manufacture of sugar in the liver that is called its glycogenic function, and with this knowledge of the physiology of the organ it is easy to comprehend the necessity for simplicity of diet and abstinence from all starchy food and fats during bilious states. Objection obtains also to the free use of meats and eggs, since they are rich in albumen. It is a part of the office of the bile to convert the proteids into soluble peptones in the intestinal tract.

Fruits, especially acid fruits, are permissible in hepatic disorders. If

meats are used at all they should be administered in the form of peptonoids in order that both stomach and liver may be spared as much as possible from participation in their digestion. Milk should be used sparingly if at all, if it tends to constipation, as it frequently does. In fact, but little diet will be necessary when congestion of the liver or acute inflammation of this organ is present ; in subjects of torpor of the liver there should be a free admixture of fruit juices and succulent vegetables, with a limited proportion of food rich in albumin and fat.—*Medical Century*, April 15, 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, May 1895. (April not recd.)
The New England Medical Gazette. Boston, April. 1895.
New York Medical Times. March and April 1895. (May 1894 not received.)
Indian Medical Record. Calcutta, May 1 and 16, 1895.
The Medical Reporter. Calcutta, May 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, April 1 & 15, 1895.
The Homœopathic World. London, May 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, April 1895.
The Medical Visitor. Philadelphia, May 1895. (July 1894 not received.)
The Medical Century. Chicago, April 1st and 15th and May 1st 1895.
Southern Journal of Homœopathy. Baltimore, Feb. and March 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Mars and Avril, 1895.
The Hahnemannian Monthly. Philadelphia, May 1895.
Homœopathic Envoy. Lancaster, April 1895.
The Homœopathic Physician. Philadelphia, April 1895.
The Clinique, April 1895.
Revue Homœopathique Belge. Fevrier 1895.
The Journal of the British Homœopathic Society. April 1895.
L'Art Medical. April 1895. (No. for Fev. not received.)
Journal of Orificial Surgery. Chicago, Feb. 1895.
North American Journal of Homœopathy. New York. April 1895.
The Medical Advance. April 1895.
Health Notes for the Sea-Side: with especial reference to Whitby and District. By A. C. Dutt, B.A., M.B. (Cantab.), Associate, King's College, London ; Late Sen. House Surgeon, Scarborough Hospital, &c. Whitby. 1895.

THE MEDICAL ADVANCE.

H. W. PIERSON, M.D., *Editor and General Manager.* Published by the Medical Advance Co., Chicago.

Subscription $ 3.50 (Rs. 13) a year prepaid in Postal Union.

We have been authorised to receive subscriptions in India.

Subscription to both the CALCUTTA JOURNAL OF MEDICINE and the MEDICAL ADVANCE, Rs. 20 a year.—*Editor, Cal. J. Med.*

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **June 1895.** [NO. 6.

THE THIRST OF ARSENIC.

So much misconception still prevails as to what is the characteristic thirst of Arsenic, that we have deemed it necessary to gather the following thirst symptoms of this drug mostly taken from the *Materia Medica Pura* of Hahnemann (Dudgeon's Translation), one from Allen's *Encyclopædia*, and one from Hering's *Guiding Symptoms*. We have numbered the symptoms for convenience of reference. It will be seen that under Arsenic there is "total absence or loss of thirst" as there is thirst which is unquenchable. Hahnemann looked upon the former as "a rare alternating action" of the drug. There is no proof that this is necessarily so. It is possible that in some cases the action of Arsenic might be directed to some other organ or organs than the stomach and its governing nerves or nerve-centres, and in such cases there may be no thirst. Hence other symptoms corresponding, thirstlessness would be no contra-indication for Arsenic.

It will be further seen that though Arsenic has thirst under which the patient drinks often but little at a time (symptom 3), it has also thirst in which the patient or prover drinks very frequently but *much* cold water every ten minutes, sometimes several jugs in the course of half a day (symptom 2). Hahnemann evidently looked upon the latter symptom as a rare, and the former as a more frequent one. This is probably because in poisonings and ill

provings, the stomach suffers more frequently than other organs, and when an actual inflammation is set up in the organ, there may be, as pointed out by Dr. Richard Hughes, "desire to drink, with inability from the irritable state of the stomach to take more than a small quantity at a time." Dr. Hughes has very properly observed that "in inflammations occurring elsewhere, and in general fevers, the thirst may be as insatiable as possible without forbidding its employment." In our practice "insatiable thirst for large quantities of water," not only in inflammations and fevers, but in cholera and other diseases, has often been, along with other symptoms, a certain indication for Arsenic. A very good example of this was furnished by a recent case of cholera which has been reported in the last number of this journal.

Dr. H. C. Allen, in his excellent *Therapeutics of Intermittent Fever*, has given the following variable characteristic of Arsenic thirst:—during the hot stage there is "insatiable thirst for cold water; *drinks little and often*, with vomiting after drinking several times;" and during the sweating stage, "unquenchable thirst for *large quantities* of cold water, which causes vomiting." The only justification for this last indication may be found in symptom 16 in our list; but even here no mention is made of the quantity of water which the patient wanted for the alleviation of his "excessive thirst." If Arsenic were to be prescribed with these indications, we shall have to use it but very seldom.

What then is the charateristic of the thirst of Arsenic? It may be described in one word—insatiableness. It is an insatiable, unquenchable thirst, such as no other drug in the whole range of the materia medica can produce. The craving for cold water is continuous. The quantity drunk at a time is small when the stomach suffers directly from irritation and inflammation; otherwise it is for large, often enormous quantities.

1. Her throat feels dry; she must always drink, and if she did not drink she felt as if she must die of thirst.

2. Uncommon thirst, so that he must drink *much* cold water every ten minutes, from morning till evening, but not in the night (*F.H—n.*)

Thirst so violent that he drank eleven jugs of water in half a day. (Reuter, in Roth's *collection of poison cases.*)

3. Great dry feeling in the mouth, with frequent severe thirst yet drinks but little at a time *(Stf.)*

4. Absence of thirst, loss of thirst. (Hahnemann speaks of this symptom as "a rare alternating action compared with the much more frequent one where there is constant longing for drinks, and yet only little is drunk at a time but very often (rarely much at a time)."

5. Anorexia with violent thirst (Stœrck).

6. An infant, (whose mother had taken arsenic, and was thereby cure of her ailments) vomited after eating and drinking, and then will neither eat nor drink any more, but slept well.

7. During the vomiting complains of severe (internal) heat and great thirst.

8. Internally severe burning, thirst, and heat, with violent vomiting.

9. A violent cardialgia with thirst.

10. Sensation of pressing weight in the stomach, *without* thirst and without fever.

11. Along with anxiety in the abdomen, fever and thirst.

12. Burning in the abdomen, with heat and thirst.

13. Here and there wandering pains in the abdomen, yellow diarrhœa and tenesmus, with burning pains in the anus and thirst.

14. Only at night much thirst, on account of great dryness in the throat which ceases in the morning.

15. In the morning in bed, at sun-rise, general heat, sweat on the face and dryness of the front of the mouth, *without* thirst.

16. Sweat and excessive thirst; he is always wanting to drink.

17. Unquenchable thirst, with dryness of the tongue, fauces and larynx.

18. After the occurrence of diarrhœa thirst and internal heat.

19. Violent thirst not without appetite for food.

20. Febrile rigor throughout the whole body, with hot forehead, warm face and cold hands *without* thirst and *without* subsequent heat.

21. By day much chilliness, after the chill thirst, in the evening much heat in the face.

22. Chilliness, with inability to get warm, *without* thirst, with

crossness, and when she spoke or moved, a flush of heat ran over, she became red in the face, and yet was chilly.

23. In the forenoon violent rigor *without* thirst; after the chill, heat *with* thirst; and after the heat, perspiration with roaring in the ears.

24. During the pain rigor, after the pain thirst.

25. Nocturnal heat *without* thirst and without perspiration. (This symptom is looked upon by Hahnemann as a characteristic of Arsenic.)

26. Fever every alternate day: the first afternoon, about 6 o'clock, chilliness and fatigue, and bruised feeling in the thighs; the third afternoon, about 5 o'clock, at first inclination to lie down, then rigor all over *without* thirst, then heat *without* thirst, with aching pain in the forehead.

27. Burning thirst, without special desire to drink.

28. Great longing for acids and sour fruit, for vinegar and water.

29. Calls for refreshing fruits, and sucks slices of lemon with great eagerness.

30. Great longing for coffee; for milk which she formerly loathed.

13. Desire for cold water, but afraid to drink, because it makes the pain worse, or lies in the stomach as a cold mass or foreign substance for a long time, and is very distressing. (*Hering*)

AFFECTIONS OF THE CELLULAR TISSUE.

By Dr. P. Jousset.

Translated from *L'Art Medical* of May. By the Editor.

A. *Phlegmon.*—Phlegmon presents itself under two forms, the circumscribed and the diffuse. The latter form is almost always an affection of the purulent diathesis or of diabetes.

a. Treatment of circumscribed phlegmon.—The principal medicaments are: Bryonia, Mercurius, Phosphorus, and, when an abscess has formed, Silica and Hepar sulphuris.

1. *Bryonia* is indicated at the very beginning of the phlegmon. This medicament produces in different parts of the body symptoms of local inflammation with lancinating pain and redness of the skin. These local symptoms may be accompanied

by a febrile movement commencing with chilliness, followed by burning heat with redness of the face, enormous thirst, full and frequent pulse.

Bryonia is very generally employed in the first stage of phlegmon.

Doses and modes of administration.—The first dilutions, a dose every two hours.

2. *Mercurius.*—The symptoms of phlegmon produced by Mercury are still more marked than those by Bryonia: Swelling red, hot, and considerable, with excessive burning pains, with or without erysipelatous complication. The fever of Mercurius is in general remittent.

Mercury ought to be prescribed after Bryonia when suppuration begins to form.

Once pus has collected Phosphorus will still be indicated if the pain is very strong, otherwise it will be necessary to prescribe Hepar sulphuris and Silica.

External applications.—Elastic collodion applied at the beginning of the affection sometimes renders great service and may arrest the disease in the beginning. If collodion fails and if the pain be considerable, it will be necessary to employ baths and cataplasms, and we should be careful to render these antiseptic by adding to them, boracic acid in the proportion of 1 to 100, or corrosive sublimate in the proportion of 1 to 1000.

If the abscess is deep and is likely to be long in making its way out, incision by the bistoury is indicated. We should be careful to take every antiseptic precaution during operation and for dressings which will follow.

b. Treatment of diffuse phlegmon.—Belladonna and Lachesis are the two principal medicaments in this form of phlegmon. Belladonna, by reason of the symptoms of erysipelas which accompany diffuse phlegmon; Lachesis, because the bite of the serpent produces veritable diffuse phlegmons. Aconite and Sulphate of Quinine in large doses are indicated, the first when the febrile movement is continued, the second when it is remittent. Here follows how we advise to prescribe these medicaments:

Just at the beginning when the fever is violent, prescribe 2 or 3 drops of the mother tincture of Aconite in a spoonful of water every two hours. If the skin already presents a well marked

erysipelatous redness, alternate Belladonna with Aconite in doses of 10 drops of the mother tincture in twenty-four hours.

If the disease resists the above treatment, if the inflammation becomes very extensive, the general state will be very grave. We should then give Lachesis, one dose every 2 hours. And if the febrile movement is remittent, and, I repeat, if the state is grave, we should alternate Sulphate of Quinine with Lachesis in the following manner: Every two hours Lachesis, and twice a day, during the decline of the fever, 50 to 60 centigrammes of Sulphate of Quinine.

At the same time we ought to freely open the abscess, and remove portions of the mortified connective tissue. We should drain all the cavities where matter collects and make the patient use at least twice a day local baths of corrosive sublimate or phenic acid.

B. *Furuncle.*—Furuncle is inflammation of a small portion of subcutaneous connective tissue: this affection is often symptomatic of gout or diabetes. Luxurious living, fatigue, sulphurous baths and cold baths are ordinarily the cause of the development of furuncles.

Richard Hughes recommends repeated doses of the 1st dilution of Belladonna, when suppuration has not taken place. Afterwards Silica from the 6th to the 12th dilution is the principal medicine.

Graphites is indicated for multiple furuncles of small size.

When furuncle has a tendency to recur continually, we should prescribe for several weeks Arnica and Arsenic in alternation, on alternate days, that is, one of these on one day, and the other on the following day, and so on, two doses a day of the 6th dilution. Hepar sulphuris is recommended by Richard Hughes for the same condition. It ought to be administered for at least three weeks.

Local Treatment.—Great benefit is derived from the employment of collodion at the very beginning. Later, especially if the pains are very great, the ordinary poultice renders great service in relieving pain and hastening the opening of the furuncle. We should take the following precautions. The poultice should be made with well-boiled linseed meal, inasmuch as this meal has a tendency to favor the formation of new furuncles. Besides, the

poultice should be sprinkled over with Van Swieten's liquid or Phenyle water in the proportion of 1 to 1000.

C. *Anthrax.*—Anthrax is distinguished into benign and malignant.

Benign anthrax is only an agglomeration of several furuncles. Malignant anthrax, or anthrax properly so called, is an affection always grave and frequently fatal, especially when it occurs in the diabetic.

Three medicines are indicated in the treatment of anthrax, Lachesis, Arsenic, and Silica when suppuration is considerable.

Arsenic ought to be given at the beginning in the 3rd trituration, six doses in twenty-four hours. We should employ at the same time this medicine externally in the form of a pomade containing 1 gramme of the 2nd or even 1st trituration in 10 grammes of vaseline.

If the general symptoms are of great intensity, with strong fever, small quick and feeble pulse, nausea and vomiting, a sad despondent state with cold sweats, we should prescribe Lachesis in the 6th dilution, 6 doses in 24 hours. During this time we continue the application of the arsenical pomade and employ Van Swieten's liquid to wash and cleanse the sore.

The pains and inflammation of anthrax are well soothed by a pomade of Arnica made of 3 grammes of the 1st triturationu with 10 grammes of wax and 20 of Vaseline.

When the slough is detached we should replace the arsenical pomade by a dressing of absorbent cotton soaked in Van Swieten's liquid.

In the second edition of my *Elements of Practical Medicine*, I formally condemned as dangerous the method which consists in freely incising the tumor constituted by the anthrax. It is now positive that antiseptic surgery guards the patient generally against the accidents of operation, and this fact ought to modify our opinion.

The debridement (or unbridling as it is called—that is cutting into the connective tissuefor the sake of relief of tension, &c.) made with the thermo-cautery is also a means free from danger. We only remark that all these surgical operations necessitate anæsthesia and that we ought to employ them in those cases

where the excessive size of the tumor and its continual progress justify their employment.

NOTE BY THE EDITOR.

To the above very practical and sound observations, we have to add the following:

In all these affections Arnica, Apis, and Lycopodium are not to be overlooked.

Commenting on the symptom which Arnica had produced in a proving, namely, "on the side of the neck a pimple that causes shooting and ulcerative pain when touched," Hahnemann remarks—"This kind of pimple, so painful when touched, with an inflamed red areola, which Arnica produces specifically, bears the greatest resemblance to the well-known boils (furunculi), and consequently these are homœopathically cured by Arnica, and in persons who are frequently troubled with them are prevented by the use of Arnica, and their future occurrence warded off, as experience has taught me." Arnica will be found useful in multiple boils.

The sting of the honey-bee has produced "diffuse inflammation of the cellular tissues, ending in their destruction;" erysipelatous swelling, very hard and white in the centre, with sharp stinging burning pain and throbbing in the swelling; swelling on the back of the neck, so that the head is pressed upon the chest." Accordingly Apis has been found useful in phlegmon, furuncle, and carbuncle with these characteristics.

Lycopodium has produced "large boils in the axilla (left); large inflamed swelling like erysipelas, on the fore arm below the elbow passing into suppuration like a boil; small boils on the hands, with stinging pains when touching them; boil on the nates; a large boil on the thigh above the knee." Accordingly we find Hahnemann recommending it in boils. Homœopathic physicians after Hahnemann have recommended it for large boils, especially when they have a tendency to recur. But it will be found useful also in small boils, and when forming clusters. Like Arnica it will correct the furuncular diathesis.

Tarentula Cubana has been found useful in Anthrax when the pains are very great, almost insufferable, atrocious as they have been very properly called, especially after failure of Arsenic.

After failure of Lachesis, and especially when the ulcer bleeds

readily, and the blood is fluid, we have found Crotalus to be eminently serviceable.

We can add our testimony to the author's as regards the great utility of massive doses of Sulphate of Quinine in severe cases of anthrax when Arsenic, Lachesis, and other remedies fail. In several instances in our hands it has been the means of saving life.

We are not much in favor of the so-called antiseptic applications, especially of the corrosive sublimate, which we have found to be dangerous. In the beginning of all these affections we have found simple cold water dressing to be eminently successful in soothing pain and subduing inflammation. For abscess and furuncle not much dressing beyond simple linseed poultices will be needed. For the fully developed anthrax with open fœtid sores we have found dry charcoal dressing to be an excellent application. Sometimes strong calendula lotions (1 to 4) are very useful. A strong decoction of the leaves of the plant may be used with great benefit in washing the sores four to six times a day. We have found carbolic acid (1 drachm to 4 or 6 ounces of sweet oil) sometimes a better application where others have failed. In these cases we have found the simultaneous internal exhibition of the acid (6x) to render excellent service.

THE CELEBRATION OF THE 140TH ANNIVERSARY OF THE BIRTH OF HAHNEMANN IN PARIS.

THE celebration with every recurring year of the birth day of Hahnemann must necessarily be of surpassing interest to those who are interested in the advancement of the noblest science which can engage the attention of man. And this celebration will and ought to go on from year to year so long as homœopathy does not absorb the profession or is recognized by it as the most advanced point yet reached in the domain of medicine. In fact, it should be the duty of every lover of freedom in science, of every sympathizer with suffering humanity, to observe this day in sacred remembrance so as to mark his solemn and emphatic protest against the intolerance and the bigotry which men pretending to be men of science have displayed and are displaying in a

held in honor of this day. For sometime past we have been holding these anniversaries in Calcutta after a different fashion, as our readers are aware, from that in which it is observed in Europe and America. And it has been our privilege to preside on these occasions. This year, owing to our illness which necessitated a change out of Calcutta, we were prevented from performing what we have all along considered a sacred duty. But our readers must have observed that our place was more worthily filled by Dr. Younan, from whom we had an excellent address on a subject of burning interest at the time.

We are not sure if the anniversary was held this year in England.

It was held in Paris, and the speeches delivered on the occasion were so good, that we give the following account of the banquet from *L'Art Medical* of May.

The Homœopathic physicians of Paris met at a banquet at the Marguery restaurant, on the 17th April last, to celebrate the 140th anniversary of the birth-day of the Founder of Homœopathy. The following toasts were pronounced:

Dr. Tessier, President, in proposing the toast of Hahnemann, said,—

Messieurs,

Each year the anniversary of the birth of Hahnemann finds us re-united to celebrate this memorable date. Is not this a fact which ought to make those reflect upon it, who have up to the present shown themselves unjust in regard to this grand medical figure? Hahnemann is dead since more than half a century, and yet in the whole world, among people the most advanced in civilization, as among those who are still in the most rudimentary state, his disciples are faithful to his work, homœopathy is practised with success, and gains fresh and fervent proselytes without intermission.

Without doubt, there is no longer the idolatrous and perhaps too uncompromising enthusiasm of the first generations; but this is an admiration supported by reason, and being no longer exclusive, is only the stronger and more safe from criticism. Time has marched, scientific discoveries have multiplied, veritable improvements have sent in solid roots. Leaving to errors their

ephemeral reputation, Homœopathy has saluted and welcomed with sympathy and respect new truths which has augmented medical patrimony. It is, in fact, "affirmative, by no means negative," as said our illustrious confrère Richard Hughes, "it never defends either blood-letting or vesications, it simply puts them aside, it cures without their aid."

On the contrary, it has viewed with pleasure the works of Pasteur and of his school, confirming the truth of the law *Similia Similibus Curantur*, and its corollary, the *attenuation of doses*. It has viewed, on the other hand, with the same satisfaction, the experimentation of medicaments on man and animals becoming the basis of therapeutic knowledge. It was Hahnemann who was the first to proclaim this indispensable method for the study of substances, *the pure materia medica*, freed from all hypotheses and all theories by means of which the action of remedies were explained. In the present day this practice has become so common that one does not seem to suspect that it was necessary for a man, at the end of the last century, to proclaim the necessity of it, in order that physicians may not have the painful necessity to prescribe their medicaments without other rule and other guide than empiricism, groping, and ignorance.

Every right and honest mind will recognize then that, whether one will or no, Hahnemann is thrust upon modern medicine, and that all contemporary discoveries, all the works of our times, seem fertile through his inspiration, emanating as radiations of his genius.

We know well, it is true, that his name is never mentioned, that his disciples are always discarded from official schools. But what matters it! They have the satisfaction of seeing that their principles guide all those who work and progress. They have also the honor to be able to proclaim loudly that after the lapse of a century, 12,000 physicians, in the name of the whole world, proclaim Hahnemann as their guide and their master,—a homage which has never been rendered in medicine since the historic times of Hippocrates and of Galen.

Let us then drink to the memory perpetuated through ages of SAMUEL HAHNEMANN.

Dr. P. Jousset, in proposing the toast of young homœopathic physicians, said :

Forward!

In seeing these young physicians who are around us and who constitute the hope of the future, I have but one thought: Progress! This is why I propose you for toast: Forward!

Messieurs,

Every science, which does not go forward, goes backward; and every school, which pretends to remain fixed, dies. This is the law.

Who contests the genius of Hippocrates and of Galen, and yet who would in the present day be a pure Hippocratic or a pure Galenist?

Permit me to tell you: We can and we ought, in therapeutics, to speak of Hahnemann. But we ought not to rest there.

Do not you feel that after having been prisoners in therapeutics we have risk of falling into arrears!

Do not you see that those around us are utilizing our methods, that they are taking their inspiration from our doctrines, and that they are marching to the conquest of a new therapeutics: the vaccines and serum therapeutics!

Now the vaccines, like the serum therapeutics, are, as much by the doses as by the law of similitude, but dependencies of homœopathy. They are but the expansions of the marvellous reform of Hahnemann.

We therefore resume our place at the head of the therapeutic movement. We study, we experiment with, and we employ, the toxines after the law of similitude.

Nor do we neglect the therapeutics, strangely new, which, resting upon physiology, restores to the organism substances which are wanting in it, and the absence of which determines certain diseases, the thyroid gland to patients attacked with myxœdema, the pancreas to diabetics, the renal substances in certain cases of of uræmia.*

*In the case of a child suffering from malarious enlargement of the liver with jaundice (so common in Bengal for upwards of thirty years, in fact, ever since malarious fevers have begun to prevail,) we derived much benefit from very small quantities, not more than a scruple to half a drachm, of the fried liver of the goat administered as food. We should ask our Indian Colleagues to try this food-remedy in similar cases and favor us with the results of their experience. Instead of the liver being fried, a decoction or an extract of it may be a more suitable form for administration to the little patients. It may be necessary to use even dilutions in some cases.—Ed. *Cal. J. Med.*

But we loudly proclaim that in going forward, we do not wish to abandon any of the glorious conquests of Hahnemann. To abandon the materia medica pura, the law of similitude, and the infinitesimal doses, will be to go backward and not forward.

Therefore young men lift up your glasses and say with us, Forward!

Dr. Marc Jousset, in proposing the toast of those illustrious French homœopathic physicians who had died within the year, said:

Messieurs,

Our president asked us just now to drink to the memory of our master, Hahnemann. I do not ask you to go so far back. I come to propose to honor the memory of those who have quitted us since this time last year.

Death has been particularly cruel this year, and three of our French homœopathic confrères have died.

Dr. Malapert du Peux of Lille, quitted us the first. He leaves his son, to fill his place. You all know him. He will hold the flag of homœopathy in the North.

Two of our Parisian confrères died within a few months of each other, Drs. Léon Simon and Cretin. Both had shown great zeal in the defence of our doctrines. Both had contributed by their speeches, by their writings, by their acts, to the diffusion of homœopathy. Both were devoted to our two homœopathic hospitals in Paris. We may say that it is thanks to Dr. Cretin, to his insistence upon his clients, to the pains he took in finding the necessary money, that the St. Jacques Hospital was able to remove from the small house it occupied in Rue St. Jaques to the new well regulated buildings in Rue des volontaires. Similarly, it is thanks to Dr Léon Simon that the Hahnemann Hospital owes its new installation in the Parc de Neuilly. Dr. Cretin and Dr. Léon Simon ought to have a place in our memory, and we ought to try to imitate their zeal and their energy.

I drink to the memory of our dead.

Dr Léon Simon, in proposing the toast of the unknown or disguised homœopath, said:

Messieurs,

Ancient Greece had raised an altar to the unknown God; I propose to-day a toast to the *unknown homœopath.*

I give this name to him who, without knowing it or without mentioning it, profess the whole or part of our principles and put our method into practice. If it is still good taste to say that homœopaths are good for nothing because they have neither discovered microbes nor antiseptics and because they have not hustled in every corner of physiology or of pathology, I know a lady to whom a professor of the Faculty said: "Homœopathy, but we practise it ourselves when we think it convenient, it is good only in a very few cases." Unknown Homœopath, it is Pasteur, who belongs to us by isopathy; it is Roux, who belongs to us by infinitesimal doses, because he cures diphtheria with two injections of a few cubic centimetres of antitoxine, of which it is impossible to isolate chemically the active principle; it is Burggraeve who is never original, who has plagiarized Hahnemann even in the title of of his works; it is every one who has adopted the doctrine of chronic diseases, because psora, a little out of fashion even amongst ourselves, is accepted with open arms since it has been called arthritis. Homœopathy has then infiltrated little by little into the mass of the medical profession, and this movement goes back to Hahnemann himself who used to write in Hufeland's and other journals anonymous and pseudonymous articles in order to force his readers to accept a teaching which they would have rejected if they had known the author. This movement was continued by our predecessors and is being continued by ourselves who have cured relatives more or less closely related to hardened allopaths; and by the sons of homœopaths who being students have given to their chosen follow-students the works of their fathers. All this explains the fact which caused me much surprise when the lamented Dandel pointed it out, namely, that in the sales of medical libraries, we often find homœopathic books which bear signs of having been read. This infiltration, every day deeper, does not perhaps serve, as far as we should wish, our personal interests, but it serves greatly for the good of patients, and for this reason I am happy to acknowledge it and celebrate it with you with this glass in hand.

Dr. Clervoy, on behalf of young homœopathic physicians said Messieurs,

In the name of the young homœopathic physicians I return thanks to the director of Hospital Saint-Jacques. I am grateful to Dr. Jousset and to all the masters of homœopathy for the kind hospitality which they have given me as also to our young confrères within their walls. They can count upon our devoted co-operation whenever the great cause of homœopathy will demand it.

If the allopaths have made some progress in therapeutics with their serums, it has been thanks to the employment of the homœopathic doctrine—*Similia similibus curantur.* But the question of the doses and of the precise indications of these injections of the toxines is far from determined. And, if there has been much success, one is obliged to admit that they have failed in a great number of cases, and that great inconveniences have resulted from them. We have perhaps a similar and a better solution in therapeutics such as Hahnemann understood it; we ought to continue our investigations without deviating from the path which he has marked out for us; it is not necessary to confine ourselves to fashionable formulæ and treatments as allopaths do with all their specialities. It is necessary to study new plants, their alkaloids, and perfect the study as much physiologically as therapeutically of what we specially possess and already know.

REVIEW.

Diseases of the Heart and Arteries: Their Causes, Nature and Treatment. By John H. Clarke, M.D., C.M. Edin. &c. London: E. Gould and Son. 1895.

This is, if we mistake not, the third special work on diseases of the Heart in our school. The first is Dr. George Wyld's *Diseases of the Heart and Lungs* which appeared in 1860; the second is Dr. Edwin M. Hale's *Lectures on Diseases of the Heart* which were delivered before the Hahnemann College of Chicago in 1870-71, appeared in book form in 1872, and reached a third edition, greatly enlarged, in 1889.

It is interesting in the present day to know the reason which Dr. Wyld gives for writing his book. "Some years ago," says he, "I sought the opinion of a physician of high standing, in a matter of prognosis, in the case of a relative of my own, then on her death-bed; but this physician, although personally we had been long known to each other, declined to assist me with the result of his knowledge and experience. To this same physician I some years afterwards sent a poor woman for his opinion. She, a dying woman, staggered up to him in the wards of the hospital; but no sooner had she mentioned that she had been under homœopathic treatment than he laughed her to scorn, before his whole class of students, calling out their laughter also, and turning on his heel refused to ask her one single question. If this was not barbarity, what is? And yet this was one of the first physicians of the day and one of the most enlightened. It was this conduct which first suggested to me the necessity of rendering myself, as far as I possibly could, master of the physical diagnosis and history of diseases of the chest; and this book is the result: and I repeat, homœopathists must in the mean time render themselves independent of such men, by devoting themselves more than they have hitherto done to specialities, and by endeavouring as far as possible to master given subjects."

The attitude of the old school towards the new, as reflected from the more than savage conduct of "one of the first and one of the most enlightened physicians" of that school perhaps not more than half a century ago, might have softened a little in the present day, but continues not less antagonistic now than it was

then. And therefore the necessity has not ceased of homœopathic physicians making themselves independent of old school experts, whose help can only be needed in the matter of diagnosis, and never in the matter of therapeutics. That homœopathic physicians can now hold their own even in the matter of obscure and abstruse pathology of such an organ as the heart is clearly shown by such works as Dr. Hale's and the one under Review.

Dr. Clarke's book does not profess to be a systematic work as Dr. Hale's is. "As my object," says he in the Preface, "is to deal more especially with the *therapeutics* of heart disease, I shall only devote to the pathology of diseases of the heart and its vessels just so much space as is needed for my purpose."

The chief value of the work consists in the demonstration it has afforded, by the citation of cases, of the remedial power of homœopathy in diseases of the heart, especially those which the old school in its utter helplessness pronounces to be beyond the reach of medicine.

In opposition to the old school scepticism regarding the curative powers of medicines, the author has very rightly observed "that drugs will cure has been proved over and over again by millions of experiences, some accidental, some under the guidance of science." He has thus accounted for the evanescent reputation of some of the best remedies discovered by the old school: "The reason why nearly all the new 'cures' that are introduced in old school practice vanish from the old school armamentarium after a very brief career, is not that they are of no curative value, but because those who introduce them regard them as 'specifics' for certain 'diseases' and have no idea of defining the precise indications for their use. By some lucky chance the first series of patients on whom they try the drug happen to present the proper indications for its use—their cases are in homœopathic relation to it, in short—and they are cured. The allopath knows nothing about this, and proceeds to give the same drug to a number of other patients who have the disease *called by the same name as that the first patients had,* but not presenting the same characteristic indications, and the drug fails to do good. Henceforth it is thrown aside as 'unreliable' or 'useless', until some despised homœopath takes it up and 'proves' it, thus finding out what are its characteristic symptoms. Thenceforth it takes its place in the homœopathic materia medica

as a valued and trusted implement of the art and science of Healing." It is thus that Apomorphia was rescued from oblivion by Dr. Dyce Brown, Koch's tuberculinum deprived of its horrors by Dr Jousset, and the therapeutic importance of Thyroidin brought to light by Dr Clarke.

With reference to the selection of the appropriate remedy about which there is considerable difference of opinion in our school, Dr. Clarke has some very sound observations which he has illustrated by a happy and beautiful simile. "Much of the disputing that has taken place over the proper method of selecting specifics might have been avoided if only the disputants had perceived that in adjusting the sights different *focuses* may be made use of. One practitioner, for instance, will use the fine adjustment, taking a minute observation of the symptoms of a patient in great detail, and will find a similimum to cover the picture. Another, working with a lower power, will take a more general view of the case and select a medicine which he thinks corresponds to this. Both methods," he rightly continues, "have given admirable results, and both have their place in homœopathy; and it is not at all my intention to dogmatize as to which is the better plan. I have succeeded with each one where the other has failed me." This experience corresponds with that of any but the bigoted practitioner who blindfolds himself for the sake of a pet opinion hastly formed on most insufficient grounds.

Dr. Clarke believes, and perhaps rightly, that "any medicine may be required in any disease." He, therefore, admonishes the practitioner to bear in mind "that for successful practice it is necessary to take into consideration the *whole* of a patient's symptoms, more specially the characteristic mental and moral symptoms, in selecting a medicine, and unless the correspondence is good all round only a partial result must be looked for." Nevertheless, he has singled out fifty-seven drugs for his last chapter, and given in brief their characteristic action on the heart, and as far as possible their characteristic psychical symptoms, thus enhancing considerably the value of his work. The list is a more amplified one than that given by Dr. Hale, though we miss in it a few of the new remedies mentioned in the latter, probably because the author, having had no experience of them,

did not like to recommend them on the authority of others. But this is more than compensated for by the introduction of two most important remedies which we owe to the sagacity of Dr. Clarke; we mean *Thyroidin* and *Iodide of Arsenic.*

Dr. Clarke hit upon *Thyroidin* as a cardiac remedy by noting its pathogenetic effects from the exhibition of massive doses as recorded in old school journals, such as the *British Medical*, the *Lancet*, &c., a collection of which he has given in his own journal, the *Homœopathic World.* This conversion into a great heart remedy of a substance which in the hands of the old school practitioner proves so often so potent for evil, shows how "to homœopathy belongs the blessed function of turning to good account for mankind some of the havoc done by allopathy." Thyroidin would seem to be more useful in those cases of heart disease where there actually is, or where there is a tendency to, exophthalmic goitre.

The history of Iodide of Arsenic is different. Here the author had clinical experience and not pathogenesis to guide him; and this shows how with the light of homœopathy a shrewd guess may be made as to the remedial powers of a drug from the careful observation and interpretation of clinical facts. "As far as I recollect," says Dr. Clarke, "it was from observing the marked improvement in the heart symptoms of patients suffering from both pulmonary and cardiac disease, when I had been led to choose the medicine from the lung symptoms alone. Believing that the improvement was due to the direct action on the heart, and not to its action on the lungs only, I next gave it in cases where the lungs were not such as would call for it, and then I found its action on the heart was just as marked and just as beneficial as in cases of pulmonary and cardiac disease combined."

Altogether for its small size the work has been well done. It bristles with clinical cases and practical remarks of great value. In the chapter on Alcohol and Tobacco the author has shown the utility of *Spigelia* in conditions of the heart brought on by these deleterious agents. In the chapter on Aneurism he has shown the utility of *Lycopodium* and of *Baryta carb.* in staying the progress of the disease and bringing on a practical cure in some cases. The chapter on Diet and Regimen is well worthy of study

by all sufferers from heart disease. We would draw attention to one observation which shows the observing physician: "Stairs are a great difficulty in many cases, and *some have found great relief by going upstairs backwards.* The limbs have better purchase on the body weight in this method, and there is no bending forward and cramping of the breathing space."

We heartily recommend the work to all who want to know what homœopathy can do even in the most serious organic diseases of the central organ of circulation, and who would like to have a safe practical guide for their treatment.

EDITOR'S NOTES.

ACCESSORY SPLEENS.

Albrecht (*Wien. med. Woch.*, May 2nd, 1895) showed a specimen before the Vienna Society of Physician, in which there was an enormous number of accessory spleens. These seldom exceed thirty to forty, but in this case there were countless numbers, some being only the size of a pin's head and the largest of a hazel nut, except in the normal position of the spleen, where there was one as big as a walnut, having a splenic artery and vein arising in the normal position. The most remarkable point was that they were not confined to the mesogastrium, which is the generally accepted site for the development of the spleen, but were present over the whole peritoneum (for example, on the convexity of the liver). They had a normal splenic structure but in some there was a great quantity of pigment. The specimen was taken from a patient, aged 25, who died of chronic parenchymatous nephritis. No such case has been reported.—*British Medical Journal*, June 1, 1895.

PREGNANCY WITH UNRUPTURED HYMEN.

Guerard (*Centralbl. f. Gynäk.*, No. 15, 1895) relates three new cases of pregnancy in which the hymen was persistent. In the first and second there was a protracted second stage due to the resistance of the hymen, which was perfect and very elastic. After a crucial incision the fœtus was at once delivered, but in one case the child was lost. In the third case the patient appeared to be in the seventh month of her first pregnancy, and suffered from severe pain in the genital tract. Although she had twice been operated on for atresia of the hymen, the vagina was still closed by a firm, impermeable, and tender membrane. This was excised, the pains disappeared and the pregnancy continued and ended naturally. Guerard notes a case of bifenestrated hymen where the openings barely admitted a hair; yet the patient reached the third month of pregnancy, and abortion was induced in a manner which could not be ascertained. In considering these cases, he notes how the alkaline uterine mucus, poured out during orgasm, protects the spermatozoa from destruction by vaginal mucus.—*Brit. Med. Journ.*, May 4, 1895.

THE MARTYROLOGY OF SCIENCE.

Science numbers yet another martyr in Dr. John M. Byron, chief of the Bacteriological Department of the Loomis Laboratory and Lecturer on Bacteriology in the University Medical College of New York, who died of pulmonary tuberculosis on May 7th, in the 34th year of his age. He believed that he had contracted the disease by inhaling tubercle bacilli while experimenting with some material which he had allowed to become dry. The first symptoms of the disease showed themselves some fifteen months ago, and Dr. Byron betook himself for a time to a milder climate. Finding, however, that the malady continued to make progress, he resigned himself to his fate, and went back to his laboratory, where until a short time before his death he continued calmly to direct the work of his assistants, his own disease forming the subject of careful observation and furnishing the material for research. Dr. Byron was born at Lima in 1861, and took his doctor's degree in the University of Naples, afterwards pursuing his studies in Paris. He began to teach bacteriology in New York in 1881, and during the cholera scare in 1892 he was appointed bacteriologist at the quarantine station, and had medical charge of Hoffmann and Swinburne Islands. He was a member of the Bacteriological Bureau of the New York Board of Health, and a short time before his death he had been appointed bacteriologist to the Quarantine Department.—*Brit. Med. Journ.*, June 1, 1895.

A NEW ILLUMINANT.

Most persons have at times noticed a not offensive but peculiarly pungent odour given off from gas stoves in which from insufficient air-supply the combustion is more or less imperfect. This is acetylene, $2C2H$, a poisonous gas especially fatal to vegetable life. It has hitherto been the practice to estimate the higher hydrocarbons of coal gas in terms of olefiant gas or ethylene, $2C4H$; but professor Vivian Lewes has shown that in the flame they are all resolved into acetylene, and that, having the highest possible percentage of carbon, it is the most powerful of illuminants. Till recently its preparation in the pure state has been difficult and costly, but since it has been found that calcic carbide when slaked evolved this gas, in accordance with the equation $Ca2C + 2HO = CaO + 2C2H$, at the rate of over five cubic feet per pound, and that by heating together chalk and carbon of any kind in the electric furnace the carbide is produced at a cost of about £4 per ton, it is proposed to employ acetylene for enriching poor gas either at the works or in the house of the consumer or to burn it in specially constructed lamps. If its poisonous character be understood its strong penetrating odour will be a sufficient safeguard. In this respect it contrasts favourably with carbon monoxide, CO, the most poisonous constituent of coal gas, and a product of incomplete combustion which is quite inodorous. The cost of acetylene would probably be about 7*s.* per 1000 cubic ft, but its illuminating power is 240 candles, or fifteen times greater than the gas at present supplied to London. Still the tendency to deposition in the form of soot of the excess of carbon which may possibly escape combustion

is an almost insuperable objection to all processes for employing these very high hydrocarbons, and it would perhaps be better to seek "more light" in the direction first pointed out by Drummond in the lime-light, and followed by Dr. Welsbach in his incandescent gas burner, only seeking a less fragile material for the "mantle" than the present form, which is composed of certain rare earths.—*Lancet*, April 13.

ANTISEPTIC VAGINAL DOUCHING AFTER CHILDBIRTH.

In these days of antisepticism one would be laughed at if he ignored the value of it. Surgeons and Accoucheurs cannot go a step forward without it. They see with their mind's eye germs of diseases, bacteria and microbes, hovering round the wounds that they have made during their operations. Forgetting the first maxim that cleanliness will remove all the germs, they go on inventing new antiseptics with more potency perhaps than that of their predecessors. Carbolic acid, corrosive sublimate, boracic acid, phenyl, thymol and a host of other things have sprung one after another. In our hospital practice we have seen several cases where mercurial rashes came out after the use of bichloride of mercury lotion even of the strength of 1 in 1000. Antiseptic douching even after natural delivery has been adopted, and, woe to their enthusiasm, not with a happy result too.

The following published by Dr. A. H. Wright, of Toronto, in the *Pacif. Med. Jour.*, quoted by our contemporary the *Medical Visitor*, June, speaks strongly against this practice. Recent reports prove conclusively that the mortality rate may be brought down 5 per cent or less whether douches be used or not. From one of Boxall's papers we learn that the mortality in the London Lying-in Hospital, for five years previous to 1890, was only ·418 per cent, the number of patients treated being 1,150. Vaginal douching was done as a routine measure twice a day during the puerperium. During the period referred to by Boxall, when the death rate was ·418 per cent, the labors followed by fever from all causes amounted to 40.65 per cent. In a number of maternities on the continent where no douching is done the percentage of febrile complications ranges from 6 to 10 per cent. Leopold has compared the two methods in Dresden with the following results: Of 2,388 deliveries with injections, 17.2 per cent had fever; of 1,136 deliveries with vaginal washings, 20 per cent had fever; of 1,123 deliveries with no injection at all, only 9.7 per cent had fever. In all these cases similar antiseptic precautions were applied to every thing which approached the patient, but in the latter series there was no interference with the parturient tract. In comparing the second with the third set of cases it will be seen that in 1,000 cases, 200 had fever after deliveries with injections and vaginal washings; while, in the same number, only 97 had fever when no injections had been employed. If you will admit, for the sake of argument if not absolutely, that Leopold's results show that skilful antiseptic vaginal douching is not only useless but actually dangerous, then I think it follows as a logical conclusion that indiscriminate douching by good, bad and indifferent nurses, such as are placed at our disposal in private midwifery, is dangerous in a still greater degree.

OXYGEN IN CATARRHAL PNEUMONIA OF CHILDREN.

Dr. J. P. Philip, publishes an interesting case of catarrhal pneumonia, in the *Brit. Med. Jour.* May 11, cured by oxygen gas. The child had been suffering from a cough and feverishness for four or five days when Dr. Philip was called in. On examination it was found to have all the signs of catarrhal pneumonia. The temperature was 103°. For three days the case progressed favourably under the care of Dr. Philip, but after this worst symptoms supervened. He had cyanotic turns with rapid breathing, and one day the mother came to the doctor and reported that the child had begun to faint and become livid. The temperature had risen to 103°F. He seemed to be getting rapidly worse and was very cyanotic. Oxygen gas was immediately ordered for and was applied in gentle streams to the mouth and nostrils. "The pulse soon showed signs of increased force and steadiness. Before two hours' application the child was breathing steadily instead of the rapid and intermittent respirations; the pulse was steadier; the temperature was still between 104° and 105°, and he lay quite still without opening the half-closed eyes.

The oxygen was now applied at intervals when any collapse seemed imminent. Before long the child could look up, the pulse was very irregular, sometimes quite beyond counting. He now took a spoonful of milk and brandy; when oxygen was removed for any length of time he seemed to fall back into the collapse. It was administered every hour and whenever the pulse wavered, and was continued for about ten minutes at a time.

The treatment was kept up all night, and at hourly intervals all next day. The child began to look about and would swallow the food given. The pulse now kept about 130, and the temperature fell to 103°, the cyanosis had quite gone, and there seemed good hopes of recovery.

The oxygen was continued at hourly intervals, and when weak for a day longer, then only when the pulse was weak or signs of cyanosis came on."

During the course of the treatment the child suffered from inflammation of the tonsils, and consequently oxygen inhalation was stopped altogether. Within a few days after this the child was found to be rapidly improving. This sort of treatment is worth trial in cases where life is in great danger from asphyxia or non-oxygenation of blood.

THE DEATH OF DUPUYTREN.

Baron Gulliaume Dupuytren, perhaps the most famous of French surgeons, was born on the 6th of October 1777 at Pierre Buffière, a small town of Limousin. He came from a very poor family and owed his early education at the College de la Marche to some charitable persons to whom he had been introduced. At the Ecole de Médecine, which was then newly established by M. Fourcroy, he received his medical training. In 1803 he was appointed an Assistant Surgeon at the Hotel Dieu, and in 1815 he obtained the Chair of Clinical Surgery, and three years later became the head

surgeon. His energy and industry rapidly raised him to eminence. He was made "an inspector of the University, a chevalier and afterwards an officer in the Legion of Honor, chevalier of St. Michel, Baron, member of the Institute, and first surgeon to the king. He visited the Hotel Dieu morning and evening, performing at each time several operations, lectured to vast throngs of students, gave advice to his outdoor patients, and fulfilled the duties consequent upon one of the largest practices of modern times." He was one of the richest surgeons of the day, and had amassed £300,000, the bulk of which he bequeathed to his daughter, with the deduction of considerable sums for the endowment of the anatomical chair in the Ecole de Médecine, and the establishment of a benevolent institution for distressed medical men. His *Treatise on Artificial Anus* is the most valuable of his productions. The principles laid down by John Hunter about the operation are applied in this book. His coolness and readiness of resource made him the most skilful and dexterous operator of his age. He died of apoplexy early in 1835. The following details as to his death may be interesting: "Though not new they have recently been again brought before the world by certain documents in the possession of M. Nadar, the photographer, which have been published. At the height of his fame Dupuytren used to see a crowd of private patients every morning, and treated them, sad to say, rather roughly in every respect. One day, when worn out and irritable through overwork, he was struck by the remarkable appearance and demeanour of the last patient for the morning. This patient was an old priest, pleasing in features and very gentle in manner. His malady, he said, was abscess, and he wanted it cured. Dupuytren found that there was suppuration of the submaxillary gland, but behind it was a carotid aneurysm. He at once said, 'Well, Monsieur l'Abbe, you will die of that.' The priest behaved in a stoical manner, and said good-bye. Dupuytren then proposed an operation, which he said would probably prove useless, and would be long and painful. The priest begged the surgeon to operate, as that would please his parishioners. There was great hæmorrhage, and part of the lower jaw had to be sawn through. The priest did not so much as wince. Ever afterwards Dupuytren was gentler to his patients. The priest recovered after very kind attentions from his surgeon, on whom he called two years running, bringing gifts of poultry and fruit. At the end of that time Dupuytren was mortally ill. His character grew more and more reserved and gloomy as the fatal hour approached. Early in February, 1835, he ordered his adopted son to write to the priest saying, 'This time it is the doctor that wants you. Come quickly; perhaps you will be too late.' The priest came at once from his parish near Nemours, and spent several hours in private with Dupuytren, who deeply admired this simple man, who knew so well how to bear pain and how to face death. Whether the discussion was theological or philosophical has never been revealed. Next day Dupuytren sent for the Archbishop of Paris, but the great surgeon was dead before that dignitary arrived at his bedside."—(*Brit. Med. Journ.* May 4.)

THE LATE PROF. HUXLEY.

Prof. Huxley has passed away, not long after his dear friend Tyndall. A star of the first magnitude has disappeared from the firmanent of the world of science. But the light which it shed for nearly half a century will continue to illuminate that world, and will be the means of revealing fresh sources of light. This is not the place for even a sketch of the biography of the great scientist. Suffice it to say that from his student life, when he discovered the layer of the root-sheath of the hair which has since been called after him, to within a few months of his death, his mind was actively engaged in exploring the secrets of nature, and in popularizing the results of his own and of other men's researches. We shall simply give the following extracts from his auto-biography to give our readers an idea of what he said and thought of himself.

He thus speaks of his indebtedness to his mother, as regards inherited physical and mental qualities. We cannot, however, agree with him when he says that he was much less the son of his father than of his mother. The inborn faculty for drawing which he inherited from his father is a resultant of a multitude of faculties which, we doubt not, went to make him what he was. And without the tenacity of purpose which he owed to the same source, his mother wit would scarcely have enabled him to achieve what he did.

"Physically and mentally I am the son of my mother so completely—even down to peculiar movements of the hands, which made their appearance as I reached the age she had when I noticed them—that I can hardly find any trace of my father in myself, except an inborn faculty for drawing, which unfortunately, in my case, has never been cultivated; a hot temper; and that amount of tenacity of purpose, which unfriendly observers call obstinacy."

"My mother was a slender brunette, of an emotional and energetic temperament, and possessed of the most piercing black eyes I ever saw in a woman's head. With no more education than other women of the middle classes in her day, she had an excellent mental capacity. Her most distinguishing characteristic, however, was rapidity of thought. If one ventured to suggest that she had not taken much time to arrive at any conclusion, she would say, 'I cannot help it, things flash across me.' That peculiarity has been passed on to me in full strength; it has often stood me in good stead; it has sometimes played me sad tricks, and it has always been a danger. But after all, if my time were to come over again, there is nothing I would less willingly part with than my inheritance of mother wit."

He thus speaks of himself as a public speaker. We need hardly remark that he was wrong in his estimate. His very diffidence was undoubtedly the cause of his success as a first-rate speaker.

"I disliked public speaking, and had a firm conviction that I should break down every time I opened my mouth. I believe I had every fault a speaker could have (except talking at random or indulging in rhetoric) when I spoke to the first important audience I ever addressed, on a Friday evening at the Royal Institution, in 1852. Yet I must confess to having been guilty, *malgré moi*, of

as much public speaking as most of my contemporaries, and for the last ten years it ceased to be so much of a bugbear to me. I used to pity myself for having to go through this training; but I am now more disposed to compassionate the unfortunate audiences, especially my ever friendly hearers at the Royal Institution, who were the subjects of my oratorical experiments."

He thus speaks of his work and of the way in which he fulfilled his mission:

"The last thing that it would be proper for me to do would be to speak of the work of my life, or to say at the end of the day, whether I think I have earned my wages or not. Men are said to be partial judges of themselves—young men may be, I doubt if old men are. Life seems terribly fore-shortened as they look back; and the mountain they set themselves to climb in youth turns out to be a mere spur of immeasurably higher ranges, when, with failing breath, they reach the top. But if I may speak of the objects I have had more or less definitely in view since I began the ascent of my hillock, they are briefly these: to promote the increase of natural knowledge and to forward the application of scientific methods of investigation to all the problems of life to the best of my ability, in the conviction—which has grown with my growth and strengthened with my strength—that there is no alleviation for the sufferings of mankind except veracity of thought and action, and the resolute facing of the world as it is, when the garment of makebelieve, by which pious hands have hidden its uglier features, is stripped off."

"It is with this intent that I have subordinated any reasonable or unreasonable ambition for scientific fame, which I may have permitted myself to entertain, to other ends; to the popularization of science; to the development and organization of scientific education; to the endless series of battles and skirmishes over evolution; and to untiring opposition to that ecclesiastical spirit, that clericalism, which in England, as everywhere else, is the the deadly enemy of science."

CLINICAL RECORD.

A Case of Iliac Abscess.

By Dr. Amrita Lal Sircar, L.M.S.

C. K. R., a Hindu male, aged 40, came to our outdoor dispensary on the 17th April for treatment of pain and swelling in the left iliac region. As he had been suffering before this from inflammation of the scrotum and skin of the penis he had undergone two operations, one on the left side of the scrotum, and another about the middle of the penis posteriorly. When the patient came under our treatment he had two sores, one on the scrotum and another on the penis due to operation, and phimosis; he could not stretch his left leg on account of the abscess in the iliac region. He was getting fever every day in the evening. He was very much disappointed to hear that my father, under whose treatment he had come to place himself, had gone away for a change. However as there was no helping and as his sufferings were great, he placed himself under my treatment. I gave him *Merc s.* 6.

After taking this medicine for three days, he sent report to me stating that he was almost in the same state, only the fever was slightly less. I continued the same medicine, and a week after the patient came to me personally on the 29th Inst. to show that he was much better. He could walk into my room without very much difficulty, which he could not do when he first came to us. Indeed he could not get out of his palankin. On examination to-day I found that the phimosis was much better and the sores were healing nicely. The pain in iliac region was also much less. There was no fever since the 19th inst. But I discovered one thing very serious and this was that the sore of the penis was not superficial but communicated with the urethra, the result, no doubt, of the careless operation which he had undergone.

I gave him to day (29th) *Sil.* 12, which was continued till the 26th of May, when I had the satisfaction of seeing that the patient was completely cured.

During the course of the treatment the patient suffered from frequent nocturnal pollutions. I examined his urine and found abundance of phosphates. I gave him *Ac.Phos* 6 as an intercurrent remedy with beneficial result.

Remarks.

As the man was suffering from gonorrhœa and phimosis, at the time he came to us, I gave him *Merc. s.* 6. in preference to other remedies. It acted beyond my expectations. Silica also acted well; it completely healed the fistula.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

115. HYDROCYANIC ACID.

Constipation:

1. Usual St. did not occur.
2. Sudden cessation of all discharges. (?)

Diarrhœa:

1. Involuntary st. 2. Discharge of fæces in bed.

General symptoms:

1. Sudden loss of consciousness and sensation, with great weakness.
2. Extreme coma, interrupted by occasional sudden convulsive movements.
3. Aversion to mental or physical exertion. Lassitude and weariness in the evening.
4. Loss of power. Weakness not subsiding for several days. Weakness of whole body, especially of the lower extremities in the evening.
5. Confusion of head and vertigo. Head inclined to fall forward, patient unable to keep it erect. Violent, stupefying headache.
6. Eyes prominent, fixed, staring, glassy, with dilated pupils. Obscuration of vision, with a feeling intoxication. Clouds seem to float before the eyes, with difficulty he could see distinctly.

7. Ringing and roaring in ears.
8. Wild-looking and bloated countenance. Face neck and head red, puffy and hot; or face sunken and pale. Cyanosis, lips pale or bluish. Jaws clenched in rigid spasm.
9. Tongue white, dry; slightly protruding. Feeling of numbness and coldness of tongue. A feeling in root of tongue as though it were drawn together from both sides.
10. Mouth dry; or salivation with nausea. Mouth covered with foam. Viscid, frothy saliva, forming large bubbles.
11. Sweetish taste on tongue. Extreme bitterness of mouth. Sharp irritating taste.
12. Loss of speech. Made an attempt to speak, but was unintelligible.
13. Drinks rumble audibly through the throat and intestines (from Laurocerasus).
4. Inability to swallow. Fluid attempted to swallow remains in his mouth, ebbing and flowing with the respiratory movements.
5. Increased hunger, with aversion to food. Diminished appetite and digestion.
6. Thirst, 4 hours after an over-dose of the acid.
7. Eructations tasting of the drug.
8. Violent hiccough, which lasted almost an hour, did not yield to usual remedies, such as holding breath for a long time, etc., but disappeared after a cup of black coffee.
9. Heart-burn and water brash, with accumulation of saliva, after eating.
10. Nausea and vomiting, with relief of the symptoms.
11. Vomited frequently during the day. Vomiting of black liquid or of blackish mucus.
12. Region of the stomach distended. Warmth in the stomach.
13. Discomfort, with nausea, after eating.
24. Feeling of a lump in stomach, gradually changing to a sticking pain which changed into a sensation of pressure.
25. Rumbling in the abdomen. Feeling as if spleen were enlarged.
26. Pain, heat, cramp in fauces, œsophagus and stomach.
27. Activity of kidneys seemed increased; the urine had a normal relation to the amount of drink, but passed at shorter intervals than usual.
28. Greatly increased secretion of urine and perspiration. Profuse watery urine.
29. Urine involuntary. Retention of urine for four days. Urine saturated, more copious than usual.
30. Burning in the urethra, during micturition.
31. Great oppression of chest and difficult respiration. Gasping as it were for breath. Respiration after long pauses, only seven in a minute, each breath seemed as if it would be the last. Slow, difficult, heaving (deep) breathing. Very slow, excessively deep respirations, drawing the ribs to the spine. Slow, laborious breathing, accompained with a hissing sound or stertor and rattling. Voice hoarse.

32. Palpitation with soft, full pulse. Heart's action very weak. Heart's action irregular with slow depressed pulse. Pulse hardly to be felt. Pulse rapid and weak. Pulse more rapid but smller and unequal in force, a weak impulse alternating with a strong one.
33. Overpowering sleepiness. Sleep prolonged and deep. Frequent yawning with overpowering desire to sleep. Much confusion of head on waking from sleep. Sleeplessness.
34. Great paleness of the whole surface. Cold, clammy sweat over whole body, particularly over face.
35. Formication, especially at the epigastrium; of the limbs. Prickling in various parts of the body.
36. Increased secretions from the skin, glands, especially the salivary glands, kidneys and serous membranes.
37. Spasms commencing in the toes, followed by distortion of the eyes towards the right and upward.
38. General spasm. Frightful distortion of the face.
39. Convulsions at first, paralysis afterwards.
40. Muscles relaxed and flaccid, with the exception of the muscles of the jaw.
41. Telling his wife he had taken Prussic acid, imediately fell down senseless on a sofa, without either cry or convulsions, but breathing deeply, forcibly and slowly.
42. He suddenly fell to the ground without a cry, and after 5 minutes the body was stretched out lifeless without trace of pulse or respiration, extremities icy cold, all the muscles paralyzed, but eyes glistening and as if full of life.
43. Insensible, pale and cold.
44. Cramp in the back.
45. Sudden pain in region of right kidney, extending to epigastric region, then spreading over whole abdomen, causing increased warmth in abdomen.

Remarks: The only symptom of the lower bowels which has been observed under HYDROCYANIC ACID is involuntary discharge of stool, and that was in cases of poisoning, and not in provings with small doses. Accordingly, we do not find that it has been used in our school or in the old school either, for bowel complaints properly so called. It has been, however, used with remarkable success, bordering on the marvellous, in appropriate cases of cholera, in which we have found it restoring to life patients on the verge of death.

So far back as 1869 we wrote of it: "ACIDUM Hydrocyanicum is useful, in fact, is the only remedy when along with pulselessness, cold clammy perspiration, involuntary evacuations, staring fixed look, dilated pupils, the respiration is slow, deep, gasping or difficult and spasmodic, taking place at long intervals, the patient appearing dead in the intermediate time. If any remedy is entitled to being spoken of as acting like a charm, it is hydrocyanic acid. It would at times seem to restore animation to a corpse. Apparently dead and humanly speaking beyond all hopes of recovery, the patient revives under its influence, quite to the surprise of those around, and even of the physi-

cian. The quack nostrum *Chlorodyne* owes its occasional charming but more often its deleterious effects in cholera to this agent, which is one of its constant ingredients." (*Cal. Journ. Med.*, April 1869.) Subsequent and long experience has only confirmed what we wrote twenty-five years ago.

Dr. J. Rutherford Russell, in his *Treatise on Epidemic Cholera*, published in 1849, says: "*Hydrocyanic acid* we have seen give at least temporary relief in a few cases where there was great prostration and oppression of the chest. One poor woman, a sober, respectable person, who had been ill for twelve hours when we saw her, and complained much of excessive uneasiness at the heart, exclaimed after a few doses of hydrocyanic acid, 'God be thanked, my breast is getting benefit,' and for some time there was decided improvement both in her sensations and appearance. On the whole, however, we believe that the number of cases in which it is indicated, will not be found large, perhaps the particular period suited for its administration is very short."

This last remark is applicable not only to Hydrocyanic acid, but to all the drugs which our school has got into the habit of using in cholera, not even Camphor excepted. We have seen the administration of drugs in inappropriate cases and in unsuitable states to be attended with serious, often disastrous, consequences. We have seen Camphor to bring on vomiting where there was none, Cuprum to make the cramps more general and more frequent, Arsenic to aggravate the thirst, Veratrum to convert diarrhœa or cholerine as it may be called, into genuine cholera, and so on.

If Hydrocyanic acid were prescribed according to the symptoms given above, it would, we doubt not, be more often used than it is. It would be eminently indicated in those cases, by no means small in number, where the collapse is sudden after the first stool or two, the patient becoming blue and his voice husky at once. In such cases we should not wait for the oppression of the chest and the characteristic breathing. Of course where these are present the indication for the drug would be the more appropriate. It is indicated in cases, where in spite of the use of other remedies, the centres governing circulation and respiration become more and more deeply affected, giving rise to threatening failure of the heart and deep, slow, gasping respiration. In such cases it would restore life, if the cavities of the heart and the vessels of the lungs are not already clogged with coagula.

Gleanings from Contemporary Literature.

ON THE PROGNOSIS OF APOPLEXY DUE TO CEREBRAL HÆMORRHAGE.

Delivered at the General Infirmary at Leeds.

By ALFRED G. BARRS, M.D. Edin., F.R.C.P.Lond.,

Physician to the Infirmary, Professor of Materia Medica and Therapeutics in the Yorkshire College of the Victoria University.

In the observations I am about to make I am desirous of calling attention to the prognostic indications afforded by cases of apoplexy due to cerebral hæmorrhage, and more especially to those afforded by cases of apoplexy which are due to that form of cerebral hæmorrhage which has for its primary seat the substance of the hemisphere, usually the neighbourhood of the external capsule of the corpus striatum; but while making this limitation I may say that I believe that the conclusions which I shall venture to lay before you may readily be applied to all cases of apoplexy from whatever cause arising.

My observations concern only the prognosis as to life, and have no bearing on the probability of recovery of movements in paralysed parts.

Before proceeding further I wish it to be clearly understood that I use the term "apoplexy" in its original, clinical, and proper sense: that is, to describe a condition in which a person passes suddenly from a state of apparent health, it may be, to one in which all the functions of the cerebrum are suspended or in abeyance, the vital functions of the medulla alone of those of the encephalon, remaining; a state in which the patient is suddenly stricken down, so that he is deprived of all voluntary movement and all perception, so that he neither sees, nor feels, nor hears, nor moves.

Prognosis is admittedly one of the most difficult of the functions which the practitioner has to perform, and it is never more difficult or more responsible than it is in the case of cerebral apoplexy. There are very few of us who cannot call to mind cases of apoplexy where a fatal event seemed to be inevitable, and yet the patient has recovered possibly to pass through a second, and even a third, seizure of equal severity, and yet escape with life; while in others a seizure, so slight as to pass almost unrecognised, has gone on rapidly to a fatal issue. I may venture to quote a typical case of each class.

Some five years ago I was asked to see a lady then in her 79th year, who had, in the midst of excellent health, and whilst still of great mental and bodily activity, been suddenly thrown into the apoplectic state. When I saw her, along with one of my colleagues, she was absolutely insensible, all the limbs relaxed, the face blue from venous obstruction, the breathing stertorous and audible at some distance from her room, and the chest rapidly filling with mucus. My colleague and I, and the members of her family, stood around the bed awaiting her death, which seemed to be a matter of minutes rather than of hours (her age alone seemed then sufficient to compel us to that opinion), yet she recovered, and, in spite of a left hemiplegia remaining, she lived an active life till her 83rd year, to die in the end of bronchitis, having in the interval had another apoplectic seizure. Her urine never contained albumen.

As a contrast to this case I may mention that of another lady, 75 years of age, who had been for some time under my observation. She had been known for two years previous to her death to be the subject of chronic albuminuria. One morning on getting out of bed she fell, it was supposed from her weakness, to the floor, where she remained for a moment, and

then got into bed again, apparently none the worse except for a little bruising of the right hip and elbow on to which she had fallen. There was not the smallest suggestion of loss of consciousness. She said she had caught her foot in the carpet, and so had fallen. A trifling difficulty in using the right limbs was attributed by her to the bruised elbow and hip, and nothing was thought of it until I saw her, when a little flattening of the face and a little blurring of her articulation (she was never aphasic) made it clear that she had had a hemiplegic seizure. From this she steadily became more and more helpless in the limbs, then dull and apathetic, and ultimately died comatose at the end of fourteen days.

To draw still further on my own experience: In the medical out-patient department of a large general hospital there is usually to be found a not inconsiderable number of old hemiplegics who come up in the hope of getting some help for their useless limbs. During the eight years in which I was in charge of patients in the out-patient department I was very much struck by the fact that these cases of long standing hemiplegia the survivors, so to speak, of the initial attack were, almost without exception, free from albuminuria; so that at the end of eight years of careful observation on this point, although I have no figures to put before you, I came to the conclusion that one did not see cases of hemiplegia associated with albuminuria (Bright's disease) in the out-patient room; or, in other words, that cases of hemiplegia in which there was Bright's disease did not survive in any number; that cerebral hæmorrhage was a mode of death rather in, than an incident in the course of, Bright's disease.

Some recent figures published by Dr. Dana, which have come into my hands during the last few days confirm this in a striking manner, for out of 100 non-fatal cases of hemiplegia only 1 case of Bright's disease was found.

Although albuminuria is incidentally mentioned by some writers as an indication of a dyscrasic condition which should be taken into account in forming a prognosis in cases of cerebral hæmorrhage, I am not aware that it is formally and particularly set down as an important factor to be borne in mind in estimating the immediate danger to life in any given case. The reason for this is, I think, clear.

The association between albuminuria and sanguineous apoplexy has been so much and so frequently insisted upon, that some observers seem to regard Bright's disease as responsible for by far the largest number of cases of cerebral hæmorrhage This view of the relation of chronic kidney disease to vascular disease, and so to cerebral hæmorrhage, is to a great extent explained by the fact that the observations upon which it is based have been very largely, if not entirely, made in the *post mortem* room, that is, upon fatal cases.

I think, that there can be little doubt, and it is a point upon which I may rely for support of my main contention, that a large majority of the cases of cerebral hæmorrhage found in the *post-mortem* room present well-marked renal disease. To quote one observer only, Dr. Fagge says: "In this country the most obvious pathological change found in the bodies of those who have died of effusion of blood into the brain is undoubtedly chronic renal disease. Among 116 cases which came under observation consecutively in the dead house of Guy's Hospital, some morbid condition of the kidneys is stated to have been present in 86, while in only 15 of the whole number is it reported that these organs were healthy." Dr. Fagge's figures are practically confirmed by the experience of this hospital. I have searched the *post-mortem* records for a period of ten years, and find 32 cases of fatal cerebral hæmorrhage (3 meningeal, 25 into the hemisphere, 1 into the pons, and 1 into the cerebellum). Of these, 20 had granular kidneys, and in 3 only are the kidneys described as healthy.

I think from these figures alone the great prevalence of granular kidney

amongst fatal cases of cerebral hæmorrhage is well established, and there is no need for me to dwell further upon what has been a well-recognised fact for many years. But it seems to me that here, as in many other matters in medicine, there has been too great a tendency to settle the whole question of cerebral hæmorrhage by the findings of morbid anatomy, and to conclude that Bright's disease is the commonest associated condition of all cases of cerebral hæmorrhage fatal and non-fatal alike, whereas, as I have already stated, as the result of my experience in the out-patient room, large number of cases of hemiplegia, the result of cerebral hæmorrhage, have, so far as the condition of the urine can tell us, no renal disease. Upon this point I have by the kindness of my colleagues Dr. Eddison and Dr. Churton, and with the able assistance of Mr. Stoney obtained some interesting figures. Mr. Stoney has been good enough to inspect with great care the records of cases of hemiplegia diagnosed as due to cerebral hæmorrhage, and under observation in the hospital during the years of 1880 to 1887 inclusive. Seventy-seven such cases were found. Of these 3 were fatal, 50 had no albuminuria, 4 had albuminuria, in 18 no note of the urine was made, 2 are excluded as incomplete or doubtful cases. So that in 54 cases in which the observation was made, 50 had no albuminuria (1 of them a fatal case), and 4 only had albuminuria. I have also tabulated the cases of cerebral hæmorrhage which appear in my own private casebooks, with a view to ascertaining the frequency of renal disease amongst them. These cases are 35 in number (so that I am dealing with 112 cases in all); 18 of them died of their disease, and 17 survived. Of the 18 fatal cases, 9 had albuminuria, 4 had not albuminuria, in 4 no examination of the urine could be made and in 1 there was albuminuria of cystitis. The 4 fatal cases without albuminuria all had some special condition which determined the result. One died a month after the seizure from incontinence and bedsores. One had lost both knee-jerks (always a dangerous sign, I believe). One had great cardiac irregularity, and died from cardiac failure. One died quite suddenly and unexpectedly from cardiac syncope when apparently making a good recovery from her seizure. One of the fatal cases with albuminuria had had two previous seizures, and had been known to have renal disease since the second seizure. Of the 17 who survived, not one had albuminuria.

One word as to the value of albuminuria as a sign of renal disease in cases of apoplexy. I quite recognise the fact that there are certain sources of fallacy in arguing the presence of renal disease from, it may be, a single examination of the urine; but in middle-aged men, who afford the greatest number of examples of cerebral hæmorrhage, an albuminous urine of low specific gravity may be taken as a very strong indication of the presence of destructive renal disease. But there is another point which deserves mention in this regard, and that is the possibility of a transient albuminuria being actually induced by the apoplectic state; in what manner I will not pause to inquire, but a statement made by Dr. Gowers seems to suggest that such may be the case. He says, in speaking of the prognosis of cerebral hæmorrhage, that the early appearance of albuminuria is a serious sign—clearly meaning that albuminuria may appear during the apoplectic state. I have myself seen one case of apoplexy, not due to cerebral hæmorrhage, in which both albumen and sugar were present for a time in the urine and then disappeared. This patient was never hemiplegic and he made a complete recovery, except that his knee-jerks were absent and had not returned when he left the hospital. It was a remarkable case, possibly an example of the apoplexy of tabes. According to Dr. Gowers, then, an albuminuria which appears during the apoplexy, and which therefore cannot be due to renal disease, is of serious import. Beyond the case I have mentioned I have no personal experience in this matter, but I think there need be no difficulty in admitting that the profound vasomotor disturbances seen in fatal apoplexy may well give rise to an albuminuria not due to actual renal

disease. If Dr. Gowers's view be correct, it does not materially affect the point I am anxious to make, and that is that the presence of albuminuria is almost invariably of fatal import.

For the last few years I have made it a rule to defer any expression of opinion as to the probable outcome of any given case of apoplexy due to cerebral hæmorrhage until an examination of the urine has been made and when that examination has shown, in my judgment, the presence of renal disease I have always, or almost always seen the patient succumb to his seizure. I have, in a few instances, the details of which I need not trouble you with, departed from the teachings of my experience, and have given a favourable opinion in the presence of renal disease or have given an unfavourable opinion where there was no evidence of renal disease and other unfavourable signs were absent, and have almost always been wrong in the end. In speaking thus positively may I repeat that I have in view a quite definite class of cases, namely, those in which the patient is unconscious and the diagnosis of cerebral hæmorrhage has been made on good grounds? I do not propose to apply the test to any other cases, although as I said at the beginning, I have a strong reservation that it will be found to be a good rule for all cases of apoplexy from whatever cause arising.

It will follow from this that in the presence of renal disease the first attack of apoplexy should be fatal, or, in other words, that those who have repeated attacks of apoplexy are not also the subjects of renal disease. A curious confirmation of this point is afforded by Dr. Dana's statistics, already referred to, for he found that in 79 fatal cases only 4 had had previous attacks. It will be remembered that in my 35 private cases there was only 1 of the 18 fatal cases with albuminuria who had had a previous attack.

I may be permitted for a moment to consider why it is that renal disease exercises this fatal influence upon the course of apoplexy due to cerebral hæmorrhage. The immediate cause of all cerebral hæmorrhage, it will be at once admitted, is disease of the cerebral blood vessels. It will be as readily admitted that without vascular disease renal disease can never cause cerebral hæmorrhage. I am one of those who believe that a large number, possibly the majority, of cases of the vascular disease which gives rise to the cerebral hæmorrhage is quite independent of renal disease. The immediate cause of all cerebral hæmorrhage is the same in the fatal and the non-fatal cases alike; the fatality in the instance under discussion, if my view is correct, is dependent on the renal lesion. Why is this so? It seems to me to be so constantly so that I should hesitate, and my experience has justified me in hesitating, to give anything but an unfavourable prognosis in even the most trifling seizure associated with renal disease. I think the explanation is not far to seek, and that that which so commonly happens as I have tried to show, namely death, is what we should expect in such a serious and sudden lesion occurring in a person whose organs are in the damaged and spoilt condition which results from long continued renal disease. What is true of other organs is true of the brain and its blood vessels. The patient's safety in apoplexy depends upon an early arrest of the bleeding and rapid repair of the injured parts. Both of these processes seem to be well nigh impossible in the presence of renal disease, and I have no doubt that precisely the same causes which make ordinary surgical injuries and operations so notoriously dangerous and fatal in chronic renal disease are acting in the case of cerebral hæmorrhage.

Hitherto I have been attempting to deal with the prognostic indications afforded by the ascertained presence of renal disease, and in doing so have doubtless done nothing more than repeat facts and conclusions already well established in the minds of many observers, although not to my knowledge formally and publicly stated.

I wish in a very few words more to call attention to some signs of fatal

import in cases of sanguineous apoplexy in which renal disease is not present, for apoplexy occurring in those free from renal disease is not infrequently fatal. First of all, I may be allowed to state that which is obviously true, and that is that there is no immediate question as to life in any case of cerebral hæmorrhage in which the patient is conscious. All observers are agreed that whenever the effusion of blood has been so large as to invade the ventricles a fatal tissue is inevitable, but what the certain signs of blood in the ventricles during life are it is very difficult, if not impossible, to state. I am, however, strongly of opinion that the mere intensity and duration of coma is not a safe guide as to this point. The locality of the hæmorrhage, supposing we are able to determine it, will in certain cases decide the question of life or death. Bleeding into the pons, medulla, or fourth ventricle must, renal disease or no renal disease, soon prove fatal.

Many attach great importance to the condition of the pupils in apoplexy as to many other diseases of the brain, but I think most will agree that they are an uncertain guide. Permanently contracted pupils, with deep coma, have been for long regarded as a most unfavourable sign in apoplexy and on the whole I believe them to be such. Most of us no doubt have our own favourite omens in apoplexy as in other diseases. I am, however, desirous of calling attention to two conditions well known and referred to in all standard works as signs of great significance—namely, certain disturbance of breathing, especially the peculiar form of breathing known as Cheyne-Stokes respiration, and a rapid rise of temperature. Disturbances of respiration in cases of apoplexy are, I have no doubt, of grave omen. So long as the respiration remains regular, however noisy and stertorous it may be, other things not being unfavourable, I believe the patient may recover, but when irregular breathing sets in, and above all when undoubted Cheyne-Stokes respiration is present, the patient is, I believe, in the greatest danger. I am speaking of course of Cheyne-Stokes respiration along with insensibility; without insensibility it has no serious meaning at the moment.

A certain, always moderate, amount of pyrexia occurs in many cases of cerebral hæmorrhage after the initial depression due to shock has passed away, but a temperature rapidly rising to 104°, 106°, or even 108° is of absolutely fatal significance. Hyperpyrexia is not, I believe, of any great value in showing the locality and extent of the lesion; it indicates probably an extension to, or involvement of, the basal ganglia and pons, and so probably means an invasion of the ventricles.

There are then, as I have tried to show, in my opinion at least, three important prognostic indications to be looked for in any given case of apoplexy due to hæmorrhage into the substance of the hemisphere—namely,

1. Renal disease.
2. Cheyne-Stokes respiration.
3. Hyperpyrexia.

By far the most important of these is renal disease.

If, in conclusion, I may state my opinion in the form of a rule for prognosis, I would say this. In any case of apoplexy due to hæmorrhage into the hemisphere, if renal disease, Cheyne-Stokes respiration, or hyperpyrexia any one, two, or all three be present, the patient will in all probability not recover. If no one of these is present, and does not make its appearance, he may, and probably will, recover, however long insensibility may last and however deep it may be.

The presence of other serious conditions, such as diabetes, chronic alcoholism, typhoid fever, idiopathic anæmia, will, I have no doubt—for I have seen examples to the effect—exert just as fatal an influence as renal disease upon the course of sanguineous apoplexy.—*The British Medical Journal*, May 18, 1895.

DIABETES MELLITUS AS IT OCCURS IN AMERICANS. A CLINICAL STUDY OF SEVENTY CASES.

FIRST PAPER.

BY CLIFFORD MITCHELL, A.M., M.D.

Professor of Renal Diseases, Chicago Homœopathic Medical College.

PREFACE.

EVOLUTION in the pathology of diabetes mellitus is slow and thus far inadequate for supplying suggestions for treatment so that we who practise medicine, rather than preach it, must needs study the clinical manifestations of the disease with the utmost care.

In the following article I shall consider from a purely clinical standpoint, diabetes mellitus as it occurs among well-to-do Americans seen in private practice. The seventy cases mentioned, occurred for the most part in persons well-known in the communities where they lived, so that accurate information as to their present condition is to be had.

INTRODUCTION.

In this paper and in future ones on the same subject I shall use the following terms with the following meanings :—

Glycosuria. The voiding of urine containing sugar in such quantities that it can be detected by the use of Haines' test liquid, described further on.

Diabetes mellitus. Persistent glycosuria plus polyuria.

Polyuria. The voiding of more urine than 50 ounces in twenty-four hours when the person drinks merely to satisfy thirst.

Diabetes Decipiens. Persistent glycosuria without polyuria.

Note on the above : The reason why I call those cases polyuria in which more than 50 ounces of urine in twenty-four hours is voided, supposing the person to drink merely to satisfy thirst and not from a sense of duty or with therapeutic design, is because measurements of 1300 specimens of twenty-four hours urine have shown me that nearly 80% of the 1300 were below 50 ounces, and 50% were either 16 ounces, or less. A little over 13% were between 50 and 70 ounces and not quite 7% over 70 ounces.

"Cured" Cases. I shall use the terms "cure" and "recovery" entirely with reference to the definitions above. Thus a case may be said to have been cured of diabetes mellitus or to have recovered from diabetes mellitus when the polyuria cases though the glycosuria persist. It then becomes a case of diabetes decipiens. Diabetes decipiens will not be deemed absent as long as any sugar at all at any hour of the day on any diet can be detected by use of Haines' test liquid.

Note on the above : It is not intended to draw any very sharp line of demarcation between diabetes mellitus and diabetes decipiens, for in the seventy cases considered in this article are many of the latter ; for purposes of convenience some term is necessary by which to name that kind of diabetes mellitus in which polyuria and, usually also, polydipsia are absent. Moreover my figures show that the cases of diabetes decipiens live longer. But I deem diabetes decipiens a kind of diabetes mellitus.

Complications and Sequelæ of Diabetes :—In this article a case of diabetes of any kind will not be deemed to be cured or to have recovered if death takes place in a year or two or less time after the so-called recovery, from either phthisis, pneumonia, Bright's disease, or apoplexy. It is well-known that cases are met in which glycosuria ceases but, nephritis supervening, the patient dies of uræmia.

Haines' sugar-test liquid :—A permanent, transparent, dark solution containing cupric sulphate, and potassic hydroxide, dissolved in glycerine and water. It is made as follows : Make a perfect solution of cupric sulphate ("free from iron,") 30 grains, in one-half fluid ounce of distilled water ;

to this add one-half fluid ounce of pure glycerine; mix thoroughly and add liquor potassæ five fluid ounces. Owing to the fact that even the best grade of cupric sulphate contains traces of the ferric salt, Haines' test liquid will usually deposit, on standing, a slight reddish sediment. To avoid mistakes it is wise to let the solution settle a week or two before it is used and then decant from the sediment.

Testing the quality of Haines' liquid:—In order to be sure that the solution has been properly made, proceed as follows: Take one fluid drachm of the liquid (which quantity will fill a five-inch test-tube to the depth of about one inch) and boil it in a *clean* test-tube for thirty seconds or more. Now let it cool. Neither before cooling nor after should it show any change of color. Compare it after boiling with a fluid drachm which has not been boiled. The two should look exactly alike. Now take the second fluid drachm which has not yet been boiled and bring it to the boiling point also in a clean test-tube. Add a drop of *normal* urine to it and bring to the boiling point again; repeat the process adding drop by drop till eight drops of urine have been added. Then boil thirty seconds. Now let cool and see that no change in the *color* takes place though perhaps whitish flecks of phosphates can be seen, suspended in the liquid, which in a short time settle, forming a dirty-white sediment in the tube. Compare with a third fluid drachm of the liquid which has not been boiled and the only difference seen will be due to the deposit of phosphates. *There should be no reddish, greenish, nor yellowish tinge to the liquid after it is boiled with normal urine, no matter what light you hold it in.*

Detection of sugar with Haines' test liquid:—Having ascertained that the test liquid is of good quality take a fluid drachm of it, boil it, and add one drop of the suspected urine to it. If much sugar is present in the urine, a marvellous change at once takes place: the whole liquid becomes turbid and changes color to yellow, reddish-yellow, or brown-yellow. If no such change takes place after adding a drop of urine, add another drop and bring to a boil again, and so on until the turbidity and discoloration are seen; urine which contains but a moderate quantity of sugar may require four drops to be added, boiling after each drop. Or it may be necessary in case but a small quantity of sugar be present to add eight drops of urine boiling after each drop, and after the eight drops are added to boil for thirty seconds, before any change be seen. If, however, no change is seen even then, let the tube cool, when provided but a small quantity of sugar be present the liquid becomes greenish and turbid. But if no sugar is present the brilliant blue transparency is unaffected on cooling.

Note on the above: If the patient is taking chloral hydrate, a result is obtained similar to that when a small quantity of sugar is present. So under such circumstances the reaction should be deemed doubtful unless it is positively known that such drugs are not being taken. Furthermore the test must be performed precisely as described and no more than eight drops of urine at most be used, and these must be added, drop by drop, and not all at once.

The Haines' test liquid properly made, decanted and bottled lasts indefinitely. It is well, however, if any sediment in it form to decant again or not to use the last few drachms in the bottle.

Estimations of Urea:—All estimations of urea referred to in the following pages were made by the hypobromite process and with Doremus' instrument.

Estimations of Phosphoric Acid:—In this article the term "excess of phosphates" will not be used, as it is sometimes confounded with a sediment of phosphates which does not always mean excess. Nor will the estimation of phosphates by centrifuge be referred to, since the accuracy of this method has not yet been fully tested on the one hand nor is it universally

used on the other. The volumetric estimation of phosphoric acid, as performed by use of standard solutions, universally described in standard text-books, has been used and results obtained are compared with standard averages per ounce and per twenty-four hours. Similarly with reference to glycerine-phosphoric acid or unoxidized phosphorus, in the estimation of which the urine must first be boiled thirty minutes with nitric acid.

Ratio of urea to phosphoric acid :—This has been assumed to be normally from 8 to 1 to 10 to 1.

Ratio of urea to uric acid :—In speaking of this ratio the name of the authority followed will always be used ; unless it is stated to the contrary, the method of precipitation and weighing has been followed for estimating uric acid.

Detection of Albumin :—Albumin will be considered only when occurring in sufficient quantity to be detected by Ultzmann's test, viz. : filtering, boiling upper third, and adding 3-6 drops of dilute acetic acid, fewer drops if no phosphates are precipitated, more if they are.

Detection of Casts :—The expression "Casts easily found" will mean without use of centrifuge. "Casts found with difficulty" only by use of centrifuge.

THE ETIOLOGY OF DIABETES MELLITUS.

Locality :—Diabetes is not a common disease among the well-to-do Americans of Chicago and vicinity, for of 1300 persons, in private practice, whose urine I have examined, since I began to keep systematic records but 70 were found to have glycosuria, or between five and six per cent. About 50 of these 70 cases would come under the head of diabetes mellitus, as I have defined it, namely a disease characterized by persistent glycosuria plus polyuria, the others I would call diabetes decipiens for want of a better term. On the other hand 155 of these 1300 people were found to have albuminuria together with presence of granular, fatty or waxy casts, easily found, sugar being absent, and 246 to have albuminuria with presence of other casts than the above, easily found, while 400 had albuminuria without presence of any casts, easily found.

In a general way then, I find Bright's disease in Chicago and vicinity more than twice as common as glycosuria and three times as common as diabetes mellitus, using the term to mean only persistent glycosuria plus polyuria. Again those who have albuminuria with presence of casts of some sort or other in the urine I have found nearly six times as numerous as those with glycosuria, and nearly eight times as numerous as those with diabetes mellitus defined as above. Furthermore those with albuminuria without presence of casts of any kind, easily found, together with albuminurics in whose urine some kind of casts could be found were nearly twelve times as numerous as those with diabetes mellitus. Lastly those in whose urine neither albumin nor casts nor sugar could be found were over seven times as numerous on the total of glycosurics and ten times as plenty as those with diabetes mellitus as distinguished from diabetes decipiens.

Sex :—44 were male, 24 female. The sex of 2, I have not yet found out, no mention of it being made in my records.

The proportion of male to female cases there is about 2 to 1.

Age :—67 were adults and three were children the latter under ten and over five. In other words 97% were adults. The adults were, with the exception of two women between 20 and 30, over 30 years of age. 95% then of all the cases were over 30 years. Eleven women were old enough to be grandmothers and the same number of men were over fifty, so that 33% of the cases were elderly. 8 women and 16 men were between 30 and 50. The exact age of the remainder is not known.

Nationality :—51 of the patients are known to be Americans ; 4 others called themselves Americans but I suspected them of being Hebrew in

descent at least; 2 more were Germans; 2 more were Scandinavians. The nationality of the remaining 11 I am not sure of, but I have no record of an Irishman nor of a negro in the list. Nor do I recall ever having seen a diabetic negro in charity practice.

Occupation:—I am familiar with the occupation of but 34, of which 20 were business men, including capitalists, and 14 professional men. There were 6 physicians, 3 lawyers, 2 clergymen, 1 architect, 1 school-teacher. I doubt if the relatively large number of physicians is of any etiological significance, for being a specialist in renal diseases with a large personal acquaintance among the medical profession of the West, I naturally see those of my colleagues in greater number who are afflicted with urinary diseases of any kind.

Fondness for Sweets:—I can not give exact figures under this heading but so far as I can recall, every one whom I asked about fondness for sweets admitted that they had a taste for the saccharine.

Use of Liquors:—So far as I know only 2 or 3 were habitually addicted to the use of alcoholic stimulants, though a number from muscular weakness, so common, asked permission to take them in moderation.

Corpulence:—Seven in all were decidedly corpulent even after having had the disease for some little time; 19 would be called stout. Not one was noticeably emaciated at the time I saw them, though I am told one of the children became so.

Gray hairs:—I recall that 20 out of the 44 men were gray-haired but only 3 or 4 prematurely so. Among the women 8 were gray-haired but I cannot remember or do not know about the rest.

Temperament:—It follows from the figures on corpulence given above that activity of body was not universal. In fact out of all those whom I saw or heard of, in cases when I saw only the urine, not more than 2 or 3 very physically active, vigorous, pushing men but rather those inclined to ease and deliberation. The same is true of the women though among the latter were a few who had been vigorous workers in their own sphere. Strange to say the genus "hustler" is not largely represented on the list but he will be found, more likely, among those with albumin and casts, before mentioned but not discussed at length in this article.

As to mental condition it is hard to speak with exactness, since the disease may doubtless have changed the individual: nevertheless 20 were cheerful and confident when I saw them, of whom several are dead but the large majority living, while 7 were inclined to be anxious or despondent as is often noticed in the course of diabetes mellitus. One man in whose urine no great quantity of sugar was ever found and who claimed not to have polyuria went into a panic when a small amount of sugar was found to be persistent in his urine and it is said never recovered from nervous perturbation up to the time of his death, while others with much more sugar and sometimes with prodigious polyuria have pooh-poohed the whole matter and taken it even jocosely.

Etiological Summary:—1. Diabetes mellitus is not a common disorder in American private practice, occurring in only five or six per cent. of the cases of a specialist in urinary diseases.

2. Male patients are twice as frequently seen as females.
3. It is a disease of adult life, of those over 30 years of age.
4. Jews, Irishmen, and Negroes seem to be comparatively few.
5. In occupation the men are evenly divided with a slight preponderance of business men, never professional ones.
6. Fondness for sweets is very common among the patients.
7. Use of intoxicating liquors in excess is not common.
8. Tendency to corpulence together with actual corpulence was noticeable in about half the cases and no originally thin people were seen.

9. It is difficult to establish any relation between the prematurely gray and the glycosuric though gray hairs are common.

10. When seen nearly one-third were cheerful, or at least pretended to be so, while one-tenth were noticeably anxious. Very few were, or appeared ever to have been, of vigorous, active, pushing temperament.

Note as above: Numbers 4 and 5 are doubtless merely significant of the class of patients, in general, whom the writer sees.—*The North American Journal of Homœopathy*, May 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, June 1895. (April not recd.)
The New England Medical Gazette. Boston, May 1895.
New York Medical Times. March and April 1895. (May 1894 not received.)
Indian Medical Record. Calcutta, June 1 and 16, 1895.
The Medical Reporter. Calcutta, June 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, May 1 & 15, 1895.
The Homœopathic World. London, June 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, May 1895.
The Medical Visitor. Philadelphia, June 1895. (July 1894 not received.)
The Medical Century. Chicago, May 15th 1895.
Southern Journal of Homœopathy. Baltimore, April 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Mars and Avril, 1895.
The Hahnemannian Monthly. Philadelphia, June 1895.
Homœopathic Envoy. Lancaster, May 1895.
The Homœopathic Physician. Philadelphia, May 1895.
The Clinique, May 1895.
Revue Homœopathique Belge. Fevrier 1895.
The Journal of the British Homœopathic Society. April 1895.
L'Art Medical. May 1895. (No. for Fev. not received.)
Journal of Orificial Surgery. Chicago, April 1895. (March not recd.)
North American Journal of Homœopathy. New York. May 1895.
The Medical Advance. May 1895.
Annual Report of the Lunatic Asylums of Bengal for the year 1894.
Report on the Administration of Bengal during 1893-94.
Alphabetical Index of Manuscripts in the Government Oriental MSS. Library, Madras.

THE MEDICAL ADVANCE.

H. W. PIERSON, M.D., *Editor and General Manager.* Published by the Medical Advance Co., Chicago.

Subscription $ 3.50 (Rs. 13) a year prepaid in Postal Union.

We have been authorised to receive subscriptions in India.

Subscription to both the CALCUTTA JOURNAL OF MEDICINE and the MEDICAL ADVANCE, Rs. 20 a year.—*Editor, Cal. J. Med.*

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **July 1895.** [NO. 7.

ACALYPHA INDICA.

THIS drug is being employed in our school for hæmoptysis for over forty years. The first notice of it published in England was by Dr. Thomas, of Chester, in a communication "On the Use of Hamamelis Virginica and Acalypha Indica" to the *Monthly Homœopathic Review* for December 1856, No. 6, Vol. i. He speaks of it as "a Malabar plant, used by the natives in gout and syphilis," and gives the following extract from a letter to himself (date not given) from Mr. Mathew, homœopathic chemist of Philadelphia.

"We received this medicine from Dr. Payne, of Bath or Bangor, in the state of Maine, (through the medium of the 'Proving Society of Philadelphia,') to which association he submitted the same for experimental trial of its reputed virtues as a remedial agent. His communication, which accompanied the medicine, stated that he received it from Dr. C. T. Tonnere,* a practising physician of Calcutta, E. I., a gentleman once attached to the French Marine Service, but for the last four or five years settled at Calcutta, where he has a most extensive and lucrative practice. His (Dr. Tonnere's) report says—Tincture of the acalypha indica prepared and administered in the sixth decimal dilution, is a specific in hæmorrhage from the lungs. In three cases in which

* The full name of the doctor was Charles Fabre Tonnere, and therefore the T in the C. T. Tonnere was either a misprint or a mistake.—ED. *Cal. J. Med.*

I have employed it the persons were affected with phthisis. In one case there was a tuberculous affection of the upper portion of the left lung, of some two years' standing. Hæmoptysis had been going on for three months; the expectoration had been in the morning pure blood; in the evening, dark lumps of clotted blood and the fits of cough were very violent at night. In this case all homœopathic remedies had been tried unsuccessfully, when I accidentally discovered the virtues of the acalypha indica that remedy having been given me by a native for jaundice. I prepared the mother tincture upon the homœopathic principle, and took 10 drops, which brought on a severe fit of dry cough, followed by spitting of blood. Having noted all the symptoms experienced by myself, and finding that they were similar to those of my patient's I gave six drops 6th (decimal) dilution in a half tumbler of water, a spoonful to be taken every half hour beginning immediately (9 A. M.). At 6 P. M., the blood stopped. I continued this for eight days, and the blood has never re-appeared (now three months since.) The patient is improving, and auscultation proves the disease has decreased, and I am in hopes to effect a cure. In the other two cases, though the lungs are in such a diseased condition that it is impossible to effect a cure, yet one month since I have heen giving them the medicine they have not spit any blood, although previously one of them never passed a day without spitting a great quantity. Calcarea carb. is an antidote to the acalypha."

Dr. Thomas quotes from a transatlantic medical friend who writes—"I hope you obtained some of the acalypha indica while you were here. I have found it perfectly successful in arresting hæmoptysis in three cases of consumption in the last stage. I could not perceive any other effect from its use, but the cessation of the hæmorrhagic sputa was, I think, a great advantage."

Of his own experience with the drug Dr. Thomas says—"Its use in my hands has been very satisfactory, but I have only tried it in similar cases to those already cited. The first instance of my using it—in a hopeless case of phthisis—a continued and wearisome hæmoptysis succumbed to its exhibition, and quiet sleep succeeded its use—the patient eventually died of pulmonary paralysis. In a case of passive hæmorrhage from the lungs, after arnica was used with little benefit, acalypha benefitted, and then

failed; after which the use of arnica entirely stayed the hæmorrhagic flow. (Perhaps hamamelis would have at once cured.)"

The next communication on the subject appeared in the *American Homœopathic Review*, under the title of Acalypha Indica in Pulmonary Hæmorrhage, by Dr. Wm. H. Holcombe, of Waterproof, La. It was quoted in the *Monthly Homœopathic Review*, No. 7, Vol. iv. (July 1860), and will bear reproduction in our pages:

"About three months ago I was called to see a negro man suffering with Hæmoptysis. He had been much exposed a month before that, as he had run away from his master and prowled about the woods or out-houses during a spell of very bitter weather for his latitude. When he first came home, he had what they supposed was pneumonia, for which he was treated by cupping and blistering externally and Aconite and Phosphorus internally. The man had got up and about, but remained weak and spiritless, had no appetite, and was constantly hawking up mouthfuls of fluid red blood. There was little or no pain in the breast and little or no cough; no night sweats, but some emaciation and a remarkable slowness of pulse. I prescribed Ipecac.3 and Hamamelis 3 alternately every two hours. The next day the red colour of the sputa paled to a deep rusty hue, but the day after it was as bloody as ever. The crepitant râle was heard over the upper half of both lungs and there was slight dullness on percussion.

"I treated this case for three or four weeks with the greatest care—with high dilutions and low. Aconite, Arnica, Arsenicum, Calcarea carb., Crocus, China, Digitalis, Ipecac., Kali bichrom., Lachesis, Hamamelis, Secale, Sepia, Sulphur—were all employed—from the form of mother-tincture or crude substance up to the 200th attenuation, and even the 1000th and 2000th were tried but all in vain. Hydropathic appliances were also futile, as well as external irritations. In despair I resorted to some allopathic measures. Strong purgation, nauseating doses of Antimony, and strong ones of Digitalis; Cod liver oil and Lime, Gallic acid, Turpentine, Table-salt, and at last pills of Opium, Ipecac. and Sugar of lead were faithfully used, but no impression whatever was made on the disease. In the mean time other and more threatening symptoms had appeared. He had constant and severe pain in the chest and a very distressing cough. The pulse had become

rapid, ranging form 100 to 120, and the expectoration of liquid blood more profuse. The dullness on percussion had greatly increased, emaciation was progressive, and the patient, confident that he had consumption, was gloomy and despairing and very unwilling to die. His master had determined to try change of air and climate in his case, when I persuaded him to send him to my house where I could give him constant and close personal inspection for a while.

"I began with very high attenuations, and persisted, only one dose a day, for several days with no result. The pains in the chest, the nightly cough and the bloody expectorations were distressing. One morning I pitched upon the Acalipha indica, and put twenty drops of the 7th dilution in a tumbler of water, and told him to take a spoonful every two hours. The next morning to my great surprise he told me the bleeding had entirely stopped, and that the pain and cough had greatly decreased. By the next morning, pain, cough, and expectoration were all gone, nor have any of them returned although ten days have elapsed. The man declares himself perfectly well, has fine appetite, perfect secretions, &c., and walked out home five miles, rather than wait for a wagon which was to have been sent for him. He has had no medicine since but one dose of Calcarea carb. 30 on the day he left me.

"Now if this was not a *propter hoc* it was certainly a very curious and satisfactory *post hoc*. I am very cautious in making the diagnosis, whenever it is possible, between a recovery and a cure. We very frequently give to the remedy last employed the credit of doing what has really been brought about by previous medicines, by time, nature or various and sometimes inappreciable favoring circumstances. In my general skepticism as to the result of medication, even homœopathic, I am more a disciple of Forbes than of Hahnemann. Still in whatever way I study or analyze the above case, the conclusion is forced upon me that Acalipha indica effected a prompt and wonderful resolution of the disease, which at least promises to be permanent."

The third, and, if we are not mistaken, the last notice of the drug from personal experience, is that published by Mr. Arthur C. Clifton, of Northamptom, in the *Monthly Homœopathic Review* for July 1868 (No. 7, Vol. xii.), which we quote here:

"The first medicine I shall introduce to your notice is the *Acalipha indica*. Its value in phthisical hæmoptysis was mentioned to me ten or eleven years ago by Dr. Thomas, of Chester, who, I believe, was the first to prescribe it in England. I have frequently used it when other remedies, I had supposed homœopathically indicated, had failed in arresting the hæmorrhage. We have, however, no proving of it. I have found it most useful in active pulmonary hæmorrhage occurring during the second or third stage of phthisis. The patients were of slight and delicate frame; the cough was attended with but little expectoration; and the bright arterial hæmorrhage was preceded by burning pain in the chest. This symptom I have seen relieved by it, and the expected hæmorrhage not occur. In these cases the seventh dilution has generally been used. Hæmoptysis, of course, may arise from various pathological conditions, each requiring its appropriate specific; but in that which has its origin in tubercular disease of the lungs I know of no medicine equal in value to the *acalipha indica*. *China* is indicated when the loss of blood has been severe, and there is a great desire to lie down. *Hyoscyamus*, if there is the desire, but an inability, to lie down in consequence of the cough."

In addition to the above we have a case reported by the late Dr. Charles Neidhard in the *United States Medical and Surgical Journal*, Vol. 8, p. 146, in which the drug is said to have cured a leucorrhœa, that was sometimes thick and sometimes watery, in a consumptive patient.

The above materials have been thrown into the schema form by Dr. Hale in his *New Remedies* and by Dr. Hering in his *Guiding Symptoms*; and the industrious Lilienthal, in his *Homœopathic Therapeutics*, has given the following indications of the drug in pulmonary hæmorrhage:—"Hæmorrhage, in the morning bright-red and not profuse, in the evening dark and clotted; pulse rather soft and compressible; patient has a played-out feeling in the morning and gains strength as the day advances."

We have given all that we could lay our hands on in the literature of our school about the homœopathic use of Acalypha Indica. Whatever else has been written about it has been mere copies or repetitions of those we have given. The use of the drug, having been based upon a single fragmentary proving eliciting

literally only a couple of symptoms of the respiratory organs, has been and very properly but rare. It is used, and can only be used, in the absence of further provings developing the full powers of the drug, as a last resource when other well established homœopathic remedies fail. It is not a little singular that no attempt even has been made at proving such an important drug, not even by our enthusiastic American colleagues. The reason we cannot understand, unless it be that being a drug indigenous to India, its supply in Europe and America has been scanty. If, however, there had been a real demand, we are sure, the supply could have been more than ample to meet it. We have been trying, ever since we have been convinced of the truth of homœopathy, to get Indian drugs proved, but though our country is a rich store-house of drugs, the apathy and indifference and timidity of our people are such that we have not been able to present to the world a single proving of a single drug. As we have scarcely any hope of ever succeeding in doing so, we shall be glad if our Western confrères would take up the subject. We need hardly add that it will give us great pleasure to supply the necessary quantity of the mother tincture from the fresh plant to any of our colleagues if he would be good enough to write to us for it.

Meantime we give below whatever information we have been able to gather here about its indigenous uses. The following account of its *chemical composition* is taken from the *Pharmacographia Indica*, or A History of the Principal Drugs of Vegetable origin met within British India, by Drs. Dymock, Warden, and Hooper, Part. v. The analysis does not seem to have been thorough, but so far as it went it proved the existence of two principles in the plant, one amorphous—that obtained from the petroleum ether extract, and the other crystalline—that obtained from the ether extract, which last the authors, probably regarding as the active principle, have provisionally called *acalyphine*. In the absence of physiological experiments with these principles, nothing definite can be known from them, and therefore no therapeutic importance can be attached to them.

"*Chemical Composition.*—The whole plant of *A. Indica* was dried at a low temperature, reduced to powder, and exhausted with 80 per cent. alcohol. The alcoholic extract was mixed with water,

acidulated with sulphuric acid, and agitated with petroleum ether, and ether; the solution was then rendered alkaline and agitated with ether. During agitation with petroleum ether, a quantity of dark matter separated, which was partly soluble in ether, and in alkalies, and contained much colouring matter. The petroleum ether extract was dark and viscid, and had an aromatic odour, but did not yield any crystalline deposit on standing: in absolute alcohol it was soluble, and on spontaneous evaporation some yellow matter separated, which was destitute of crystalline structure on microscopic examination. The alcoholic solution had no special taste. The ether extract was yellow, and had an aromatic somewhat tea-like odour, and on standing became indistinctly crystalline. In warm water a portion dissolved, the solution possessing a strong acid reaction, and affording a dirty reddish coloration with ferric chloride: it did not precipitate gelatine, and gave no reaction with cyanide of potassium. The portion insoluble in water was dissolved by ammonia, affording a deep yellow coloured solution with a somewhat camphoraceous odour, the addition of acids causing the precipitation of whitish flocks.

"The ether extract obtained from the original aqueous solution, after it had been rendered alkaline, contained a well-marked alkaloidal principle, which after purification afforded the following reactions: with Fröhde's reagent pinkish in the cold, dirty blue on warming; with sulphuric acid yellowish-red; no reaction with sulphuric acid and potassium bichromate; no reaction with ferric chloride; with nitric acid a yellow coloration; it was not precipitated by chromate of potash from an aqueous solution acidulated with sulphuric acid; taste harsh, without bitterness. We propose provisionally to call this principle *Acalyphine*."

Dr Ainslie, in his *Materia Indica*, published in 1826, has the following on the uses of Acalypha Indica: "The root, leaves, and tender shoots of this plant, are all used in medicine by the Hindoos. The powder of the dry leaves is given to children in worm cases, as also a decoction of them with the addition of a little garlic. The juice of the same part of plant, together with that of the tender shoots, is occasionally mixed with a small portion of Margosa oil and rubbed on the tongues of infants for the purpose of sickening them and clearing their stomachs of viscid phlegm. The *Hakeems* prescribe the koopamaynie. (another name of the plant).

in consumption. It would appear from Rheede's account of this plant, that, on the Malabar coast, the root is supposed to have a purgative quality."

Dr. Waring has given the following remarks from Dr. George Bidie, in his *Pharmacopœia of India*, published in 1868:—"The expressed juice of the leaves is in great repute, wherever the plant grows, as an emetic for children, and is safe, certain, and speedy in its action. Like Ipecacuanha, it seems to have little tendency to act on the bowels or depress the vital powers, and it decidedly increases the secretion of the pulmonary organs. Probably an infusion of the dried leaves, or an extract prepared from the green plant would retain all its active properties. The dose of the expressed juice for an infant is a teaspoonful." He also gives Dr. Æ. Ross's experience of it, who speaks highly of its use as an expectorant, ranking it in this respect with Senega, and found it especially useful in the bronchitis of children. Dr. Ross has reported also favorably of a cataplasm of the leaves as a local application in syphilitic ulcers; and also as a means of relieving the pain and irritation attendant on the bites of venomous insects, in which matter he is confirmed by surgeon Ruthnam T. Modelliar, of Chingleput, Madras.

According to Dr. E. W. Savinge, of Rajmundry, Godavery District, it is much used by Mahometan practitioners in the early stage of acute mania, about an ounce of the fresh juice with 6 grs. of common salt dissolved in it dropped into both nostrils in the morning, followed by cold shower-baths, proving highly successful. Dr. Savinge has himself used it as an anthelmintic and laxative.

Dr. E. H. R. Langley, of Bombay, has employed it with benefit in asthma and bronchitis. He says that the powder of the dry leaves is used in bed sores and wounds, attacked by worms. Externally, according to Dr. John Lancaster, the juice of the fresh leaves mixed with lime is used as an application in painful rheumatic affections; according to Dr. F. F. Ratton, it is used in scabies and ringworm.

In obstinate constipation, especially of children, we have found small balls made of the paste of the ground fresh leaves inserted into the rectum to be very efficacious in causing evacuation of the hard or scybalous stools. Thus used it has been found to relieve

the congestion of the lungs and bronchi, and even of the brain. In a recent case of low remittent fever in a child with cerebral symptoms, other remedies allopathic and homœopathic failing, a suppository of Acalypha Indica, administered by the grandfather of the child who is a kaviraj, not only cleared the bowels but cleared the brain as well, and changed the whole course of the disease in such a marvellous way that the child was all right in a couple of days without any further medication.

We have known it to produce fatal jaundice in a child to whom the juice of the leaves was administered for the relief of cough. The symptoms of jaundice came on the very day the medicine was given, and the child died on the third or the fourth day, violent tympanites, great dyspnœa and biliary coma were the prominent symptoms. This case shows that Acalypha Indica is not always the innocent drug it is generally supposed to be, that injudiciously used, or given in improper doses, it may prove dangerous.

Thus it will be seen that Acalypha Indica exerts a powerful action on the alimentary canal and on the respiratory passages. Its action on the former, so far as ascertained, is to produce both emesis and catharsis. Its cathartic action is attended sometimes with expulsion of worms, where of course these exist. Its action upon the liver, if we may judge from the single case we have cited, must be very powerful indeed, causing suppression of its secretion and consequent development of gas in the intestinal canal. Its action on the respiratory tract, as far as can be judged from its empirical uses, is that of an expectorant. But the fragmentary proving of Dr. Tonnere with a single dose has given evidence of a much more profound action than that of a simple expectorant. It is revealed in this proving not only as a powerful irritant of the respiratory mucous membrane or of its governing nerves, so as to produce incessant dry hacking cough, but also as exerting a no less powerful action on the blood vessels and perhaps on the blood also, so as to produce hæmorrhage.

The very success that has attended its homœopathic use in hæmoptysis, and its numerous empirical uses in this country which have sometimes been beneficial and sometimes, as we have seen, attended with danger even to life,—all this shows how richly its deserves a thorough proving in order to have its pathogenetic

powers fully revealed. And then we have no doubt that under the guidance of the law of similars it will be used more extensively and more safely, with no fear from its toxic action.

We need hardly tell our readers that this important plant belongs to the family Acalypheæ of the order Euphorbiaceæ. Its flourishes as a very common weed throughout the plains of India, proving troublesome in gardens, and especially luxuriant in the rainy season. It is called in Bengal *Muktajhuri* or *Muktavarshi*, sometimes *shwet-vasanta*, in Southern India it is called *Kuppi, Kuppameni*, or *Khokli*. In Anislie we find the Sanskrit name given as *Arittamunjayrie*, which should be correctly written as *Haritamunjari*. But we have not been able to find the word in any Sanskrit Lexicon, nor the plant mentioned in any Sanskrit work on Medicine.

We conclude with the following botanical characters of the plant taken from Roxburgh's *Flora Indica*:—

An annual, very common every where, particularly in gardens, where it is in flower all the year round.

Stem erect, from one to two feet high, branchy, round, smooth. *Leaves* scattered, petioled, ovate-cordate, three-nerved, serrate, smooth, about two inches long, and one and a half broad. *Petioles* as long as the leaves. *Stipules* small, subulate. *Spikes* axillary, generally single, peduncled, erect, as long as the leaves, many-flowered, crowned, with a body in the form of a cross, the base of which is surrounded with a three-leaved calyx, the arms of the cross are tubular, with their mouths fringed, from the base of the cross on one side, issues a style-like thread, with a fringed stigma. The body of the cross contains an ovate seed-like substance. Male Flowers numerous, crowded round the upper part of the spike. *Calyx* four-leaved, leaflets cordate. *Filaments*, their number I could never ascertain, so exceedingly minute are they. Female Flowers below the male, remote. *Involucre* cup-formed, with an opening on the inner side, striated, smooth, toothed, from to two to four-flowered. *Calyx* three-leaved.

ERRONEOUS NOTIONS REGARDING HOMŒOPATHY EVEN AMONG THE MOST EDUCATED.

(Communicated.)

One morning I had occasion to call on a gentleman of high position, and as I knew him to be a man of remarkable intelligence, and well-informed, and as I had heard that he uses homœopathic medicines, I presented him with a pamphlet giving some account of Hahnemann as the Father of Scientific Medicine.

In presenting the pamphlet I used the following words:—"I dare say, you do not consider homœopathy to be a quackery, as so many people in their ignorance do." "Well," was the reply, "I do not believe in your law, *similia similibus curantur*. Quinine cures fevers, but does not produce them. It cures fevers by killing the microbes of malaria." "But quinine does not cure every case of malarious fever;" said I, "it is doubtful if it cures malarious fevers simply by killing the microbes of malaria. However, assuming that it does so, it does not disprove the homœopathic law. It only shows what homœopathy has never questioned that a disease may be removed by removing the cause."

"Well, I must say," continued my great man, "I must say, homœopathy is very good for children. But it is good only for small diseases of men, I cannot trust it in big diseases." "What can be a bigger disease," I was obliged to interrupt again, "than cholera? and cholera has been the pioneer of homœopathy throughout the world." "I do not believe that homœopathy can cure cholera," said he, "whatever you do in this disease the deaths are 60 per cent. If anything can cure cholera it is Haffkine's inoculations." "But homœopathy does cure cholera better than the old school. The deaths under it are much less," I interrupted again. "Oh! no, it is 60 per cent." I murmured dissent from this view, but I was glad to hear him making another admission in favor of homœopathy. "I must acknowledge," he said with some emphasis, "that homœopathy has greatly taken off the ferociousness of what you call the old school practice. But I cannot believe in your law of cure." It was useless to argue any further. I took leave with the request, that if he finds time to read my pamphlet, he will see what Hahnemann has done for medicine.

I must say, I was not prepared for so much ignorance in one who must be acknowledged to be a man of the highest culture, who,

indeed, is noted for his extensive knowledge and information on almost every subject which a man of culture is supposed to possess. My surprise was the greater when what I had heard was corroborated by his own admission that he does use homœopathic medicines, but only for children and for small diseases of adults! How little thought is bestowed even upon questions literally the most vital by men whose education and long and varied experience should make them careful in arriving at conclusions in matters which concern health and life.

In making the assertion that "homœopathy is good for children, and only for small diseases of adults," my well-informed gentleman could certainly not have meant that all the diseases of children are small diseases. For, I cannot suppose him to be ignorant of the fact that children are subject to such diseases as diphtheria, whooping cough, convulsions from a variety of serious diseased conditions, &c. And still I cannot see how he could maintain that though homœopathy may be good for these diseases in children, it is not good for the same diseases in adults; or in other words, that nature has one law of cure for children, another for adults! This is a matter well worth pondering over by professors of all schools of medicine.

Again, homœopathy is good for small diseases of adults but not for big diseases Here again we are confronted by the legitimate inference that nature has one law of cure for small diseases, another for big diseases! And if you point to the notorious fact that homœopathy has proved immeasurably more successful in the treatment of cholera than the dominant system, it will not be believed in because somehow or other the idea has got into the head that the deaths from cholera are 60 per cent. under all treatment.

As for the assertion that quinine cures fevers and yet does not produce fever, and that its curative power is due to the power it has of killing the microbes of malaria, I am constrained to say that while it displayed some knowledge of recent microscopical research creditable for a layman, it betrayed the grossest ignorance of the most patent facts, which could not escape even the most superficial observation. For, however persistently and blindly it may be used by physicians who have no other remedy for malarious fevers, that Quinine does not cure all cases

of these fevers, indeed, that it cures but very few of these cases, and that it aggravates and renders almost incurable most cases in which it is injudiciously used, is a notorious fact which the victims of malaria and of the ignorance of their doctors appreciate to their cost.

It is not a little curious how the admission is made by laymen and by even members of the dominant school that homœopathy has been instrumental in so radically modifying the practice of the old school as to take off the ferociousness of that practice,—how this admission is made without a moment's reflection on the significance of the fact. If the practice of the dominant school before the promulgation of homœopathy was so bad, so outrageously bad, as now to deserve the epithet 'ferocious' applied to it, and if the influence of homœopathy has been so great as to compel the professors of that school to give up that practice, what is the legitimate conclusion from these facts? What but this, that the old school had no rational, no scientific, basis for its therapeutics, that is, a basis grounded upon nature's law or laws; and that the founder of homœopathy, who was himself an eminent member of the school, had at least the merit to have made this discovery if no other?

There is another type of half-believing laymen, the reverse of that described above. These men believe homœopathy to be good for big diseases, but not for small diseases. They admit that the best treatment of cholera is homœopathic, and they will never trust an old school practitioner with a case of cholera. But they seldom ask a homœopathic practitioner to treat a case of fever in the beginning. They, however, do so when the case has become serious under allopathic treatment! The reason seems to be that the homœopath never uses purgatives and almost invariably refuses to administer quinine, even when the fever assumes a distinctly periodic type; and the belief among most laymen is that fevers cannot be cured except by purgatives and quinine. As regards purgatives the belief is certainly wrong, but as regards quinine it is not altogether unfounded. There are cases of malarious fever which must be treated with quinine and in massive doses, if they are to be cured at all. Indeed there are cases which without such treatment are sure to end fatally. It is absolutely necessary that homœopathic practitioners should be alive to this

fact, or miserable failure will be the result, unmerited reproach will be brought to the new system, and undeserved triumph will be the lot of the practitioners of the old school. I am almost inclined to think that the vitality of the old school is chiefly maintained by its use of this eminently homœopathic remedy, and that our disloyalty to it has stood very much in the way of our own progress. But why should we hesitate to use the so-called massive doses of quinine in cases of malarious fevers which have all the gravity of cholera, when we do not hesitate to use massive and repeated doses of camphor in the latter disease?

A PHOTOGRAVURE OF BOENNINGHAUSEN.

It gives us great pleasure to bring to the notice of our readers, and through them of all advocates and lovers of Homœopathy, that, as will be seen from the following circular letter addressed to homœopathic physicians throughout the world, Dr. Arschagouni, of New York, has had executed by the best artists of his city an enlarged photogravure of the late von Boenninghausen, who was a contemporary of the great Hahnemann, and one of the most industrious workers of homœopathy. It is true that the works of a man give the best likeness of his mind, and that mind is the true man; but as nature herself has chosen to enshrine the mind in a physical form, and as we instinctively long to know the outward features of men who have devoted their lives in the cause of humanity, it is but right that whenever possible we should preserve the likenesses of men who have been benefactors of their race, who have in any way contributed to the advancement of the human kind.

We trust that Dr. Arschagouni's appeal will meet with a ready response here in India, where though we have but a few professional advocates of homœopathy, we have a large intelligent public who, having seen through the hollowness and unscientific character of the much vaunted old school rational system of medicine, have become ardent admirers and supporters of the new, the only system which deserves the name of scientific applied to it.

Dear Doctor!

I respectfully submit the following for your careful perusal: Clemens-Maria-Franz, Baron von Boenninghausen, Doctor of

Civil and Criminal Laws and of Medicine, Knight of the Legion of Honor, born on the 12th of March 1785, at Heringhaven in Overyssel, Netherland, and died at Muenster, Germany, on the 26th of February, 1864.

A biographical sketch of this distinguished scholar is published by the late lamented Doctors Carroll Dunham and Adolphus Lippe, in the American Hom. Review, Vol. iv. P. 433, 1864.

I need not speak of Boenninghausen, as every homœopath knows him by his valuable works and his indefatigable labor in the good cause of homœopathy.

He was associated with Hahnemann's immediate pupils: Stapf, Gross, Muhlenbein, Weihe, Hartmann and Ruckert. He was the link connecting the past generation of the master and the active generation of to-day—at once the venerable relic of the former and a trusted leader of the latter. He is, with justice, called: "The Veteran of the Old Guard."

After a long and persevering research, I have finally been able to secure at a great cost, an authentic photograph of this genius and now I take pleasure in offering to my honorable colleagues and to the friends of homœopathy an enlarged photogravure of Boenninghausen, by the best artists of New York.

It is printed on steel plate paper 20¼ by 24½ in size, while the size of the portrait is 12¼ by 15½. The head is 5 inches in length. This portrait will undoubtedly find a welcome place in a reception room or office.

Besides, Do we not owe a tribute of respect and veneration to one of our foremost leaders? No homœopath should be without one.

I have spared neither time nor money in my endeavour to present a genuine likeness of this veteran of homœopathy. The price is $2·00 (two dollars) by registered mail to any address.

Remittance by check or money order payable in New York City, should accompany the order.

Yours fraternally,

John Arschagouni, M.D.,

We have here to thankfully acknowledge that Dr. Arschagouni has very kindly presented us with a copy of the photogravure, which may be seen in our Library by any one who wishes to do so.

EDITOR'S NOTES.

EFFECT OF CERTAIN DRUGS ON THE CALIBRE OF THE THORACIC DUCT.

"Gley (*Sem. Méd.*, May 11th), speaking at the Académie de Médecine, said that he had found in the course of some researches made by himself and Carnus that various toxic substances bring about lessening in the calibre of the thoracic duct. Such, for instance, is pilocarpin, while atropine, on the other hand, leads to its dilatition. The antagonism of pilocarpin and atropine is thus illustrated here, as in its action on many other organs, the heart, glands, &c. Curare, he finds, is a dilator of the duct. In asphyxia there is first contraction and in the last stage relaxation."—*British Medical Journal*, June 29th.

IMPURE POTABLE WATER.

Professor Hankin, the bacteriologist to the Government of the North-Western Provinces, justly condemns the ways of servants of this country. "I have seen," he says, "a cook cooling a jelly by standing it in a small irrigation drain that ran in front of his cook house. The water running in this drain came from a well in which I had detected the cholera microbe. He cleaned a spoon by dipping it in the drain, and rubbing it with his fingers; then he used it to stir the jelly." He makes similar remarks on the way in which servants wash plates and dishes during dinner. It is difficult to say how much disease is generated in this country in this way.

SWALLOWING A DENTURE.

We reproduce the following case from the *Lancet* of 29th June last as a warning to those who wear artificial teeth:—"A servant girl aged eighteen went to sleep wearing a plate measuring $1\frac{7}{8}$ in. by $1\frac{1}{4}$ in., the attachment being two short gold bands. In the morning the plate was nowhere to be found, and later in the day the advent of a pain in the stomach convinced the owner of the plate that she had swallowed it. On confiding her case to her mistress that lady at once sent for the family medical man, and also, with more zeal than judgment, gave the girl a large dose of castor oil. That the patient had a very narrow escape both from her accident and its treatment, is obvious. Probably she suffered from the usual complaint of her class, chronic constipation, and thus the purgative effects of the oil would do far less mischief than in a case where it would have brought about liquefaction of the fæces."

A CASE OF POISONING BY STRAMONIUM SEEDS.

The *Lancet* of 29th June last publishes the following case furnished by Dr. Richard Caton, M.D., &c., Physician to the Liverpool Royal Infirmary:—

"The patient, a man of weak intellect aged twenty-nine, was brought to the out-patient department of the Infirmary on March 24th 1895. He was comatose, with stertorous breathing. The pupils were very dilated and fixed. A bottle was produced containing stra-

monium seeds and whisky (the seeds were uniform, the surface being pitted and the taste bitter), which mixture he had been drinking. He had convulsive twitching of the arms and legs and lateral oscillations of both eye balls. His skin was very dry. The pulse was 130, very frequent and small; the respiration was 30. A stomach tube was passed, and a small quantity of the contents was obtained, including fifteen stramonium seeds. One-tenth of a grain of apomorphine was given hypodermically, and fifteen minutes afterwards he was removed to ward 11 and placed in bed, hot bottles being placed around him. One-tenth of a grain of a pilocarpine was injected subcutaneously, and one minim of croton oil was given. After waiting an hour for the apomorphine to take effect, a hypodermic injection of one-sixtieth of a grain of strychnine was given. All this time he was oblivious and having ice applied to his head. In half an hour he vomited freely and henceforward began to improve. On the morning of the 26th he was quite rational. He suffered from retention of urine, and this was relieved by a soft rubber catheter. The urine was of sp. gr. 1020, and contained no albumen, but phosphates were present. The pupils were still widely dilated; there was also a small amount of reaction to accommodation. The knee-jerks had been absent from the very first. Cutaneous sensibility was normal. On the 27th the pupils were contracting and reacted to light and accommodation; the knee-jerks were present."

PROF HEGER'S SIGN OF EARLY PREGNANCY.

Dr. George Burford, Gynæcological Physician to the London Homœopathic Hospital, has drawn attention in the *Monthly Hom. Rev.* for June, to the sign which Prof. Heger, of Freiburg, has elaborated, as characteristic, constant, and of ready recognition in cases of normal pregnancy from the eighth week up to the third or fourth month, after which it is no longer requisite. The sign is based upon the fact that during early gestation, the enlargement of the uterus does not take place symmetrically, but has a preponderance in the anterior half. Hence "vaginal examination in a normal instance of two month's pregnancy shews the cervix well back in the sacral hollow; and that portion of the uterus anterior to the cervix about twice as bulky as the part posterior to the cervix."

By bimanual palpation—

(*a*). The cervix is felt well back in the sacral hollow, and commencing to soften.

(*b*). The uterine segment anterior to the cervix is felt as regularly rounded, uniformly soft, and filling up the whole of the anterior *cul-de-sac*.

(*c*). The uterine segment posterior to the cervix is felt much less developed as flattened, harder, rising from the cervix but not obliquely.

(*d*). The uterus is enlarged and placed in a manner corresponding to the actual stage of pregnancy."

Ante-flexion and fibroid growths in the anterior wall of the uterus may simulate this sign; but the want of rounded bellying of the uterus in front of the former and the hardness and usually nodular

outline of the latter, will distinguish them from pregnancy. The sign of course cannot exist when the uterus is displaced backwards or the gestation is ectopic.

THE LATE DR. COATES.

We take the following from the *Medical Reporter* of July 16th :—

It is our painful duty to record the death of Brigade-Surgeon J. M. Coates, M.D., late of the Indian Medical Service, who succumbed on the afternoon of Wednesday the 10th instant to a sudden attack of cholera, which information will come as a shock to his old pupils and many friends, both in India and at home. The deceased gentleman, who was born in 1832, came out to India as an Assistant-Surgeon in 1855, and served with distinction throughout the dark days of the Mutiny with Rattray's Sikhs. Subsequently he acted as Civil Surgeon in various stations in Bengal, was made Sanitary Commissioner, and later on was appointed Principal of the Calcutta Medical College, a post which he held with distinction for several years, and in which capacity he was perhaps best known to the public. Finally, he was promoted to the rank of Brigade-Surgeon, and retired from the Service in 1890. Last year he retired to England, via Yokohama, and whilst travelling on the Continent his medical services were requisitioned by telegraph, when he returned to India for the special purpose of treating the Ranee of Tikaree who was desirous of his attendance. Arriving in Calcutta about the end of May last, he attended on his patient at Ballygunge, who succumbed after a long and painful illness a few days after Dr. Coates' arrival. He then accompanied the relatives of the deceased Ranee to Gya and a few days ago returned to town, and put up with Dr. Gibbons at the latter's residence, adjoining the Campbell Hospital. Dr. Coates was in the best of health till Tuesday evening, the 9th, when he was seized with an acute attack of cholera, to which, notwithstanding skilled medical treatment, he succumbed on Wednesday afternoon. The deceased was sixty-three years of age, and leaves a large circle of relatives and friends to mourn his loss. His remains were interred in the Circular Road cemetery, the funeral *cortege* being formed by almost every member of the profession and a large number of friends, both European and Native. As a mark of respect the Medical College, of which, as we have said, Dr. Coates was for many years the Principal, was closed on the 11th instant.

THE MEDICAL ASSOCIATION OF INDIA AND THE LATE DR. COATES.

We have great pleasure in giving insertion to the following resolutions passed at the usual monthly meeting of the Medical Association of India, held on Wednesday the 17th inst. We knew Dr. Coates well. He was a warm friend of ours, notwithstanding our difference of opinion regarding the very fundamentals of medical theory and practice. He was a warm friend of every body he came in contact with. He earned golden opinions wherever he went. His nature was so exceeding good, that there was no place in his heart for insincerity—that parent of evil. No one who had the privilege of know-

ing him could help liking and loving him. Of such a man there ought to be a permanent memorial in the scene of his labors, and we trust that the Fund started by the Medical Association of India will meet with a ready and liberal response. We hope there will be no splitting of resources by rival projects. The best rivalry in this matter should, in our humble opinion, be co-operation and not division.

1. That the members of the Medical Association of India, have heard with the deepest sorrow the sad intelligence of the death of Brigade-Surgeon J. M. Coates, M.D., I.M.S., late Principal of the Calcutta Medical College, and desire to place on record their high appreciation of him as the Principal of the College; the esteem in which he was held by them as a physician; and the confidence in which they held him as a friend.

[Resolved that a copy of the above resolution be forwarded to the relatives of the deceased.]

2. That a public memorial fund be opened at once to be called the "Coates Memorial Fund"; the shape of the memorial to be determined hereafter.

3. That Dr. L. Fernandez, the Secretary of the Association, be appointed Honorary Treasurer to the above Fund; and that he deposit all subscriptions received in a public bank.

THE DANGERS OF COCAINE.

Few drugs in recent times have received more general commendation than cocaine; its advantages as a local anæsthetic, received with some incredulity when it was first introduced, have been so abundantly proved that there may be a tendency to overlook the fact that there are certain dangers attendant upon its too frequent reckless employment. As a local anæsthetic it has won golden opinions where small operations were required upon superficial parts; in ophthalmic and laryngeal surgery it may fairly be said to have revolutionised the methods of a few years back. But every now and again warnings are brought forward which indicate that with cocaine, as with opium and other modes of producing local or general anæsthesia, there is danger in the familiarity which breeds, if not contempt, at least disregard of ordinary precautions. Verdicts of misadventure are no consolation to those concerned, if there is an underlying conviction that the fatality might never have occurred if there had been any due appreciation of danger. Cocaine is a drug which shares with opium and many others the questionable credit of developing a "habit"—i.e., of leading, by the beneficent effects experienced after small doses, to desire for the repetition of the relief; and as a consequence the dose employed tends to become greater, and the precautions which, perhaps were taken at first are gradually relaxed. "Cocainism" is not so well recognised in this country as America, but it undoubtedly exists as a form of self-indulgence or as a practice which, like morphinism, originally employed as a means of alleviating some chronic trouble, has ultimately developed into a form of self-indulgence, in which the need of restraint and of precautionary measures are entirely lost in the fascination of the relief afforded by the drug. In a recent in-

quest the evidence showed that the drug had been originally prescribed for the relief of pain in the gums, and the symptoms immediately preceding the termination were merely those of collapse; there was no indication of the amount employed or taken. In most cases collapse is the most marked feature, and this symptom may arise when the drug has been employed as a local application in the form of hypodermic injection or spray, and may frequently call for stimulant treatment after employment of the spray in laryngeal examinations. It must not be forgotten, however, that a true cocaine habit may be developed when the drug is taken internally in any quantity and that this condition is occasionally marked by curious hallucinations and perversions of moral sense, which if the use of the drug is not discontinued, may lead to more serious central disturbances. The summary of the whole matter may be expressed in the proverb that "fire is a good servant but a bad master." Cocaine, or any other drug which allays pain, has its limitations, and these are reached when the craving for the relief afforded leads to disregard of the attendant dangers.—*The Lancet*, July 6, 1895.

THE LATE PROF. HUXLEY—A RELIGIOUS MAN.

Any thing which reveals Prof. Huxley's true character must be interesting reading. It is not a little gratifying to learn that the man, whose whole life was a warfare with the clergy, and who called himself an agnostic, indeed, invented the word taking his hint from St. Paul, was far from being an irreverent, irreligious man. The following testimony to this fact was from one who knew him intimately:—

"As for the great, genial soul now passed away, let it be known on the word of one who knew and loved him well, that no man of more reverent, religious feeling ever trod this earth. Passage after passage might be culled from his writings in proof of this. But there is evidence enough in his attitude when, as an original member of the London School Board, he advocated impassionately the retention of the Bible, that book which, to quote his words, 'forbids the veriest hind to be ignorant of the existence of other countries and other civilizations, and of a great past stretching back to the furthest limit of the oldest nations in the world.' By the study of what other book he asks, 'woven into the life of all that is best and noblest in English history, could children be so much humanized, and made to feel that each figure in that vast historical procession fills, like themselves, but a momentary space between the Eternities?' Huxley felt profoundly the limitations of the human intellect. Therefore upon matters where others spoke with assurance, he was content neither to affirm nor to deny. His was the attitude of a soul whose worship, as he has put it, 'was mostly of the silent sort.'"

On this charcteristic of Huxley Prof. Michael Foster has the following:—"Strong as was his conviction that the moral no less than the material good of man was to be secured by the scientific method alone, strong as was his confidence in the ultimate victory of that method against ignorance and wrong, no less clear was his vision of

the limits beyond which science was unable to go. He brought into the current use of to-day the term 'agnostic', but the word had to him a deep and solemn significance. To him 'I do not know' was not a mere phrase to be thrown with a mere light heart at a face of an opponent who asks a hard question; it was reciprocally with the positive teachings of science the guide of his life. Great as he felt science to be, he was well aware that science could never lay its hand, could never touch, even with the tip of its finger, that dream with which our little life is rounded, and that unknown dream was a power as dominant over him as was the might of known science; he carried about with him ever day that which he did not know as his guide of life no less to be minded than that which he did know."

THE LATE CHARLES NEIDHARD, M.D.

We take the following from the *Hahnemannian Monthly* of May and the *Monthly Homœopathic Review* of June:

Charles Neidhard, M.D., a well-know homœopathic physician, died suddenly, Wednesday, April 17, 1895, at his residence, 1511 Arch St., Philadelphia, in the 86th year of his age, having been born in Bremen, Germany, in 1809. He was a stepson of the eminent political economist and refugee, Professor List, whom he accompanied in his exile to Switzerland and this country. Dr. Neidhard, whose grandfather was a Lutheran Bishop, belonged to an ancient German patrician family of Ulm, in whose Cathedral is the Neidhard chapel which is over 500 years old, and which contains numerous escutcheons of the family.

One of the Austrian branch was the former Cardinal Neidhard, who, as confessor to an Austrian Archduchess, accompained her to Spain upon her marriage with the King, and became Prime Minister. Another was a German Field Marshal, and others were distinguished in the civil and ecclesiastical history of Ulm.

Dr. Neidhard began the study of medicine with Dr. Isaac Heister, of Reading and continued it at the university of Pennsylvania, the Philadelphia Medical Institute, and the clinical lectures of the Pennsylvania Hospital. Having been taken seriously ill from over application after his graduation, he was led to the study of homœopathy. He went to Leipsic, became a member of the Medical Society of that city in 1835, and subsequently graduated at Jena. He returned to America in 1836, and made from time to time several visits to the hospitals of the great capitals of Europe to learn every advance in the science of medicine. Dr. Neidhard graduated in 1837 at the Allentown Homœopathic Medical College. *(Hahnemannian Monthly)*

He now entered actively into the practice of his profession in the City of Philadelphia, and joined in every important movement proposed to further the propagation of homœopathy. He was one of the original founders of the American Institute of Homœopathy—of whom we believe only two now remain. For three years he lectured on clinical medicine at the Hahnemann Medical College of Philadelphia. He also joined Dr. Hering in editing the *Philadelphia Journal of*

Homœopathy, when this periodical first appeared. While engaged in extensive practice, Dr. Neidhard found time for making contributions to the literature of medicine, always, moreover, of a practical character, based upon the materials furnished by his very considerable experience. Of these, one of the best was his work on diphtheria, published in 1867; which formed one of the most exhaustive accounts of the history, pathology and treatment of the disease that had been published up to that time. In 1853, and again in 1858, Dr. Neidhard had to encounter an epidemic of yellow fever in Philadelphia, when he was much struck by the valuable results accruing from the use of the *crotalus horridus virus*. This he gave in the second and third triturations. He subsequently published (1860) an essay entitled *On the Efficacy of Crotalus Horridus in Yellow Fever, also in Malignant, Bilious and Remittent Fevers*, &c., in which he gave an account of his experience. In a paper in the *The North American Journal of Homœopathy* he recounted his experience in the use of *mephitis putorius* in whooping-cough. Hering's provings of this drug do not suggest it as a remedy in this disease; but, as these were all conducted with medicine in a more or less high dilutions, they were scarcely likely to do so. Dr. Neidhard, however, had been made acquainted with the case of a young man who had been attacked by several polecats, which squirted their juice all over his person. As a result he was nearly suffocated, and a spasmodic cough, resembling whooping-cough, followed. It had the characteristic crowing sound, lasted all night and returned several times. This gave him the clue to one of the uses of the *mephitis*, and he regarded his experience with it in whooping-cough as establishing its claim to rank as a valuable specific in some cases of that disease.

Probably the first account of the rise and progress of homœopathy in the United States of America published in this country, was that furnished by Dr. Neidhard to the *British Journal of Homœopathy* in 1844. In it he says, "We may safely calculate the number of homœopathic physicians in the United States at 400." Now, in 1895, the number would be under-estimated if put at 12,000. A degree of progress in effecting which our deceased friend took an active and useful part.

Dr. Neidhard had resided and practised his profession in Philadelphia for nearly sixty years at the time of his death, which occurred suddenly on the 17th of April, in the 86th year of his age. (*M. H. R.*)

HAIR IN THE STOMACH; REMOVAL BY OPERATION; RECOVERY.

In the Lancet of Jan. 19th 1886, there is recorded by Mr. Knowsley Thornton a very remarkable case of removal of a mass of hair weighing 2 lb. from the stomach of a young woman aged eighteen. The patient recovered, and appended to the report Mr. Thornton has given an epitome of cases in which hair was found in the stomach. In only one other case, that of Dr. Schönborn of Königsberb, was an operation performed, and what with success, the mass of hair removed weighing 9 oz. or 10 oz. There are many post-mortem records. The

most remarkable is one recorded by Russell in the *Medical Times* in 1869. A woman aged thirty-one died after an abortion, and there was found in her stomach a mass of hair weighing 4 lb. 7 oz. Since 1886 Mr. Swain can find only one case, and that is mentioned in THE LANCET of Nov. 24th 1888. It is one recorded by Berg of Stockholm, who performed laparotomy on a woman twenty-six years of age and removed a mass of hair weighing about 30 oz. The patient made a rapid recovery. The case Mr. Swain relates is therefore the third on record, and is the most remarkable of the three as regards the weight of the hair removed.

A single young woman aged twenty was admitted into the South Devon and East Cornwall Hospital on March 15th, 1895, with a large abdominal tumor of which she professed to have been ignorant until a fortnight previously, when it was discovered by Dr. Hingston, who sent her into the hospital. Her history was a follows. As a child she had been healthy. Menstruation commenced at thirteen, but for the last year she had suffered from complete amenorrhœa. Five years previously she began to have attacks of vomiting, generally once daily and not always in relation to food; sometimes a week would elapse without sickness. It was for this condition that she first consulted Dr. Hingston two years previously. She had at one time a very fine head of somewhat coarse black hair which fell below her waist; but it is a fact to be noted that on three occasions during her illness she became quite bald. At the time of her admission she was a fairly well nourished girl with florid complexion, red lips, and quiet demeanour. The abdomen was largely distended by a tumour, which on palpation was found to be solid, well defined, and very movable laterally. It stretched obliquely across the abdomen from the left costal cartilages down into the pelvis, but the fingers could be passed round the lower border, between it and the pelvic cavity. It was continued up behind the left costal cartilage by a thick pedicle, apparently about ten or eleven inches in circumference. There was no tenderness on pressure. The percussion note over the most prominent part of the tumour was slightly subresonant, and in some places there was a sense of cracking as if a bit of bowel were spread out over a solid tumour. The urine was normal. It is a curious fact that from the time of her admission until the day before the operation she was upon ordinary meat diet, which she took without discomfort, being only once sick. The diagnosis seemed to lie between a tumour of the omentum and a splenic enlargement. The constitutional condition of the patient precluded the latter idea. Moreover, on careful percussion over the splenic region it seemed to be possible to map out a normal spleen. On the 20th Mr. Swain opened the abdomen by a median incision about 8 inches in length, the umbilicus being the central point. The stomach was immediately exposed and found to be enormously spread out, and on palpation air and fluid were displaced and the fingers came upon a solid tumour. Thinking that this was situated behind the stomach the great omentum was turned up and the whole mass lifted, when the posterior surface of the stomach was revealed. Whatever it was, therefore,

it was within the stomach, which was replaced within the addomen and well packed round with sponges. A small incision about two inches in length was then made through the stomach wall, and the contents were immediately found to be hair. The incision was then prolonged to six inches and the process of extraction commenced. At first small portions were removed with ordinary forceps, but this was soon given up, as the whole mass was welded together so firmly as to be almost impenetrable. At last an impression was made and an entrance effected into the centre with a very strong curved Volkmann's scoop. With this the interior of the mass was evacuated. * * By gentle manipulation, the stomach being carefully supported by the hands of an assistant. The whole mass was delivered. * * * The larger portion lay in the pyloric end, whilst the other end was prolonged up towards the œsophagus, and was, in fact, the pedicle described above. The stench evolved during the process of extraction was sickening. The mucous membrance at the pyloric end was studded over wth circular raised patches of granulations, each about the size of a shilling; towards the cardiac extremity it was healthy. Immediately after the extraction the stomach contracted. It was well washed out with hot boracic solution and the opening closed with twenty-six Lembert's sutures. The sponges were then removed, and although a considerable discharge of foul fluid had taken place it was found that the abdominal cavity had been well protected. The omentum was turned up over the incision in the stomach to afford extra protection, and the abdominal wound closed with silk-worm gut sutures. The mass removed weighed 5 lb. 3 oz. The operation lasted an hour and a half, much time being expended in dislodging the hair. The patient rallied well from the operation. There was some little sickness, the vomited material being principally of a coffee-ground nature, from the blood extravasated during the operation. For two days she was fed with nutrient enemata only, and then small quantities of peptonised milk were given and the enemata lessened in number. The temperature never rose above 100.8° F. and reached that point only on one occasion. On the seventh day the silkworm gut sutures were removed. One near the centre of the wound had suppurated, and it was found, much to our disappointment, that a small gastric fistula was established. One of the Lembert's sutures was discharged through the opening. Feeding by the rectum was resumed, and in two or three days the fistula closed. The patient was discharged quite well on April 6th. It was never possible to extract much information from her. She acknowledged that she had indulged in the habit some time ago of eating her hair, but in very small quantities. The habit had never been noticed by her friends, and her mother could hardly be convinced of the fact until she was shown the mass of hair. The mass of hair has been sent to the Museum of the Royal College of Surgeons of England.—*The Lancet*, June 22, 1895.

CLINICAL RECORD.

A Case of Infantile Tetanus.

By Dr. Hem Chandra Ray Chaudhuri, L.M.S.

On the 4th July 1895, I was called to see in the afternoon a baby of eleven days, who could not suck the mother's breast as usual from the morning.

The previous history was that the child had not application of dry heat to its body as is usual in this country, and had no stools for two days. In the morning, an old school practitioner was called in, who thought it may be the beginning of tetanus but was not sure of it. He judiciously advised not to try their massive doses as that would not be beneficial to her. I was called in the afternoon, and on examination I could find, by the gentle introduction of a finger into her mouth, stiffness in opening the jaws, and the little effort produced a slight convulsion of the upper limbs with crying and redness of the mouth. I ordered *Bell.* 30. 2 globules to be put on the tongue, every 2 hours.

At 8 p.m. the report was that she had passed three stools, one after each dose of medicine. The crying and the stiffness of the jaws were still continuing. 5th July: In the morning I went to see her and found decided improvement. The crying was much less. On the introduction of a finger into her mouth I could yet detect a slight stiffness though much less than before. Continued the same medecine. The report in the afternoon was that the child was no worse.

6th July. I saw her in the morning and found her better. There was no stiffness and she could suck her mother's breast well. Gave some unmedicated globules.

7th July. Doing well. No medicine.

Remarks.

The peculiarity in this case was the onset of the symptoms on the eleventh day after birth. The convulsion and the stiffness of the jaws generally in most cases begin within the seventh day of the birth and prove most fatal. In this case it commenced so late as the eleventh day. There was another fortunate circumstance in this case, namely, that the baby was brought up without the application of heat to the body whch is the usual practice in this country, and proves so disastrous by bringing on nervous irritation in the general system through the cut end of the umbilical cord. It is the peculiar misfortune of India that it stands almost unique in causing a large amount of infant mortality by this practice.

A Case of Meningites with threatened Apoplexy.

UNDER THE CARE OF DR. M. L. SIRCAR.

Reported by Babu Barada Prasad Das.

G. S., aged about 54 years, complexion fair, trunk corpulent, with rather slender extremities, neck short and thick, was taken ill on the 1st January 1895. At 1 a. m. he complained of intense headache of a pricking character, an indefinite uneasy sensation in his abdomen and sleeplessness. There was good deal of eructations; also great anguish of mind.

While at Jaunbazar (in Calcutta) he felt his first discomfort. This was a sensation of heat which was so very excessive that he had to put off his shirts and even to be fanned. Finding no relief and his anxiety having increased, he caused a carriage to be brought to convey him to his house at Kidderpur about 3 miles off. On his way he vomited once, which consisted of his morning meal. The vomiting continued during the night at various intervals; it consisted only of mucus and a little watery substance. The first thing I enquired into was about his food. He had taken *Pilao* (a rich greasy food) on the 29th of Dec. last, and on the 30th and 31st he had taken curry made of spoiled Bhekti fish. I gave him *Puls.* 6, after which he fell into a slumber which lasted for about an hour. He awoke with no abatement of his sufferings. *Puls.* was repeated. Finding no effect I gave *Carb. v.* 12 with as unhappy result. 7-45 a. m. *Bell.* 6. At 8 a.m. vomited; about 5 minutes after this there was a severe attack of convulsion in my presence. It was more confined to the left side. The left arm was outstretched and the hand clenched; the left eye spasmodically closed; the right eye was injected and rolled from side to side. The movements of the lower extremities could not be watched as they were covered. The fit lasted for about 2 or 3 minutes, immediately after which he fell into a deep snoring sleep. During convulsion I resorted to inhalation of camphor and dashed cold water on the face. Consciousness returned after about 20 minutes.

11 a.m. Temp. 100.4, pulse 96, full and bounding, patient semi-unconscious. Fear of death having been predominent from the beginning I gave him *Acon.* 6, after which he was visited by Dr. Sircar. It having been elicited from the history that he had prolonged exposure to the sun three days before as well as on the very day of his illness, Dr. Sircar suggested *Glon.* 6, which he directed to be given if *Acon.* failed. After repeating another dose of *Acon.* gave *Glon.* at 1-30 p. m. At 4 p. m. found him very sleepy; the vision appeared to be more affected than the hearing: could be easily roused, but could not recog-

nize persons, though they were near him ; complained always of intense headache. I consulted Dr. Sircar at his place in the evening. He ordered *Nux v.* 6, which was given at 9-45 p. m. At 8 p. m., before Nux v. was given, had one stool ; at 10 p. m. temp. 101.4.

2nd January, 7-40 a. m. temp. 101, pulse 88, tongue moist on the sides ; but there was a broad, dry, brown stripe in the middle extending from the tip to the root. There was delirium during sleep last night. He woke frequently only to complain of his head, drank large quantities of water at a time. At 2 p. m. temp. 100.8 ; 4-40 p. m. 101.6. Complains of great discomfort and a sensation of heavy weight in the stomach. Consulted Dr. Sircar. He suggested *Bry.* 6, two doses of which were given, the 2nd four hours after the first.

3rd Jan. 7 a. m. temp. 100.3, pulse 84. At 8 a. m. 1 stool, had slept well during last night. Headache much better. Repeated *Bry.* 6, of which only one dose was given during the day.

4th Jan. 7-45 a. m. temp. 98. pulse 78, tongue cleaner, feels better ; medicine discontinued.

He was perfectly well up to the 10th of January. But on the 11th the headache returned with increased force, for which he had to pass a sleepless night ; appetite poor. There was, however, neither rise of temp. nor acceleration of pulse. On examining his nostrils I found a swelling on the inner side of the right ala of the nose, which bulged out so much as almost to touch the septum. I punctured it with a needle ; a few drops of blood came out followed by immediate relief. The effect, however, was temporary. I repeated the operation on the 12th and 16th with like result. There was retching at certain hours of the morning and a good deal of eructations during the height of the headache. *Ipec.* 6 and *Bell.* 6 were successively tried, but to no purpose. At last it came to my notice that the aggravation of all the symptoms always took place at about 4 p. m. I gave *Lyco.* 6, and it had the desired effect. The first dose postponed the attack several hours, and the pain when it returned was very much less than before. There was return of mild attacks at irregular intervals from the 19th to the 24th. *Lyco.* 30 completed the cure.

Remarks.

The fact of the patient having exposed himself to the sun, the premonitory symptoms, the attack of convulsion followed by snoring almost stertorous sleep, led us at the time to apprehend an attack of apoplexy, which was averted by *Acon.* and *Glon.* The persistence of intense headache, after the urgent symptoms were over, evidently pointed to the meninges as the seat of mischief, and *Bry.* at once checked the inflamation and brought the patient round in an unexpectedly short time. After a pause the headache assumed quite a different character, from being inflamatory it became neuralgic, due no doubt to gastric irritation, as was evidenced by the persistence of eructations which continued so late as the 14th of Jan. The selection of Lycopodium according to the time of aggravation was justified by the event.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

116. HYOSCYAMUS.

Constipation:

1. Hard stool with mucus in it, with pain in the anus during the discharge. St. hard and insufficient.
2. C. with frequent pressure in umbilical region as from fulness in abdomen, with frequent desire for stool, without tenesmus in rectum and anus.
3. Sluggish st.; scanty st.
4. C. and impeded micturition, with urging to micturate.

Diarrhœa:

1. D., day and night. 2. D. with inclination to vomit.
3. Slimy, exhausting diarrhœa. 4. Watery diarrhœa.
5. Frequent stools. Several liquid stools, with thirst, rapid pulse, great prostration, heat of head, pain in occiput.
6. St. passed involuntarily in bed.
7. One large pasty st. with scanty micturition.
8. Large soft st.; soft st. in thin pieces.
9. Profuse discharge of threadworm.

Rectum and Anus:

1. Tenesmus and burning in anus.
2. Great irritation of perineum.
3. Feeling of heaviness in rectum as if it should be evacuated.
4. Urging in rectum as if he must go to stool; as if diarrhœa would ensue.
5. Frequent urging to stool. [The calls to stool and the frequent evacuations of henbane are alternating actions with the delayed stool and the absence of call thereto; but the former appear to be the principal primary action. There seems, indeed, to be a two-fold alternating action: much urging with rare evacuation, and more frequent evacuation with rare calls, with little or no evacution, also with more frequent evacuation; but the frequent urging with the scanty and rare evacuations is the principal alternating action.—*Hahnemann.*]
6. Frequent urging, with passage only of flatulence.

Aggravation:

1. Day and Night.

Before St.:

1. Rumbling.

During St.:

1. Rumbling in the abbomen.

General symptoms:

1. Frequent subsultus tendinum.
2. Furious uncontrollable delirium. Delirium and restlessness, would not stay in bed. Wild delirium. Lively, busy delirium with constant muttering and meddling with hands. Delirious but could understand and answer questions when asked, for a moment. Union of delirium and coma.

3. Convulsive movements. Nervous trembling, jerking of the muscles. Spasms, watery diarrhœa and flow of urine, with coldness of the whole body. Rigid all over as in tetanus.
4. Excessive activity, thought himself more active and vigorous than he really was.
5. Disinclination for and dread of mental and physical labour.
6. Prostration, stupor and overpowering sleepiness, and heaviness of the limbs.
7. Inability to maintain the erect posture. Attempts to walk and falls invariably upon his face. Falls suddenly to the ground with cries and convulsions.
8. Faintness. Hemiplegia. Loss of sensation, of sense of touch.
9. Hysterical pain previous to the appearance of menses.
10. Insania, Mania. Foolish actions and laughter. Talks more than usual, animatedly and hurriedly. Lies naked in bed and prattles.
11. Dread of water, of drinks. Morose, sad, quarrelsome.
12. Violent and beats people. Rage extreme, indomitable.
13. Chronic fear; excessive fear of death; remarkable fear that he has been devoured by animals.
14. While reading interpolates improper words and sentences.
15. Inability to think. Stupidity. Amentia.
16. Weakness of memory, loss of memory.
17. Stupor, sopor, coma vigil.
18. Confusion of the head, increased in open air.
19. Vertigo, specially when walking. Vertigo with headache. Vertigo with obscuration of vision.
20. Congestion of brain. Heaviness of head.
21. Heat and crawling in head.
22. Headache for several hours, alternates with pain in nape of neck. Dull headache at base of the brain. Headache in room, not in open air. Headache, as if brain were shattered and shaken, when walking.
23. Pressure and heat in forehead relieved by nosebleed. Throbbing in the frontal eminences.
24. Eyes look red, wild, sparkling. Brilliant eyes, widely dilated pupils; dilatation continued for several days.
25. Staring look. Weakness of eyes. Heaviness of eyes.
26. Inability to open eyelids.
27. Accumulation of mucus in the inner canthus in morning.
28. Lacrymation and sensitiveness of right eye.
29. Eyes protruded, moving convulsively.
30. Aching in eye balls when moving outward and upward.
31. Pupils dilated, insensible. Photophobia.
32. Weakness of vision; shortsighted; double vision; illusion of vision. SMALL OBJECTS SEEM VERY LARGE.
33. Hearing weakened, roaring in ears. Sounds in ears as of bells.
34. Dull, haggard look; face flushed, red; pale, sunken; distorted; twitching of muscles of face. Mouth distorted by risus sardonicus.

35. Grating of the teeth. Sordes on teeth, yellowish or brown.
36. Paralysis of tongue; tongue red, dry; tongue and mouth parched; heaviness of tongue; tongue coated white or yellowish; thick coating chiefly on back of tongue. Numbness in middle of tongue as if burnt with hot food.
37. Offensive breath and odor in the mouth which he himself noticed, in the morning on rising. Accumulation of saliva, with salty taste. Bloody saliva, with bloody sweetish taste. Diminished secretion of saliva.
38. Flat, pasty taste. Disagreable taste in mouth. Bitterness in the mouth and bitter eructations. Nauseous bitter taste.
39. Speech impaired. Speechless, with wild look.
40. Spasms of the throat. Frequent expectoration of mucus from the fauces. Dryness of throat; constriction in throat, with impeded deglutition. Inability to swallow; twice he spat out the fluid taken into the mouth.
41. Loss of appetite; also with natural taste. Aversion to food, with white coating on tongue, pasty taste, offensive odor from mouth. Thirst caused by a sticking dryness in the throat; thirst great, intolerable, unquenchable.
42. Eructations and nasty taste, with inclination to vomit.
43. Frequent hiccough. Nausea, vomiting. Vomiting of the ingesta, of white tenacious mucus; watery; of green bile.
44. Pain in stomach. Heat in pit of stomach. Burning in stomach. Epigastic region sensitive to touch and painful.
45. Pressure in umbilical region. Sticking in umbilical region during inspiration. Cutting and griping in umbilical region, like that preceding diarrhœa.
46. Abdomen distended, not sensitive. Considerable swelling of abd., necessitating deep breathing, with sour eructations and diminished stools. Spasmodic contraction of abdominal walls, as if something alive were within them. Pain in adbominal muscles, as after excessive exertion or a strain.
47. Rumbling in abdomen with violent diarrhœa. Passage of a large quantity of flatus.
48. Griping, pinching, pressive flatulent colic in abdomen.
49. Distention of hypogastrium which is painful to touch.
50. Cutting low down in abdomen.
51. Frequent urging to urinate with scanty urine. Frequent micturition at night. Retention of urine. Urine more profuse and lighter colored than natural; he was obliged to urinate several times at night, contrary to his custom. Urine yellow, turbid even while passing, depositing a whitish green sediment. Paralysis of bladder.
52. Frequent erections after a meal. Impotence. Menstruation suppressed, delayed, or too early.
53. Much mucus in the larynx and air passages which makes speech and voice rough.
54. Difficult respiration alternating with rattling of mucus.
55. Frequent cough at night which always wakes him, after

which he again falls asleep. Almost incessant cough while lying down which disappears on sitting. Dry hacking cough. Greenish expectoration with cough.

56. Oppression of heart with slight transient stitches. Heart's action violent, irregular. Pulse accelerated; small and rapid; slow, tense; small and irregular.
57. Tearing pain in the back. Fixed pain in loins. Trembling of the limbs.
58. Dull drawing pain in the joints, still more in the muscles near the joints.
59. Sleeplessness. Sleepless on account of quiet mental activity. Starts up in sleep from affright. Dreams, heavy, labored, anxious, frightful, of war.

Remarks: The constipation and the diarrhœa produced by HYOSCYAMUS have each characteristic symptoms, and therefore HYOSCYAMUS may be useful in both these affections. In the constipation, to which HYOSC. is homœopathic, the stool is hard and insufficent, enveloped in mucus, with pain in the anus during stools, or with frequent desire *without* tenesmus in rectum and anus, with impeded micturition and urging to urinate. The diarrhœa of HYOSC. may be of all shades of severity, from large soft stools in thin pieces, to frequent, watery stools, exhausting the patient, and even becoming invotuntary. The color of the stools has not been mentioned by any of the provers, but Hering, Hoyne and Bell, all speak of its use in yellowish, watery stools. There is rumbling in the abdomen both before and during the diarrhœaic stools. Thirst, rapid pulse, prostration with heat of head are also characteristic commitants of the diarrhœa of HYOSCYAMUS. Hence in low fevers with the characteristic diarrhœaic and general symptoms, the drug is likely to be eminently serviceable. There is no record in our literature, so far as we have been able to search it, of its use in dysentery. And the reason no doubt is that though slimy stools have been produced by HYOSCYAMUS, actual dysenteric stools have not been observed under its action. Whether other than stool symptoms corresponding, HYOSC. may be useful in dysentery has yet to be seen.

Gleanings from Contemporary Literature.

THE DRIFT OF MODERN OLD SCHOOL THERAPEUTICS.

By Wm. Tod Helmuth, M.D.,

An address delivered at the commencement exercises of the New York Homœopathic Medical College.

I desire, as the chief officer of an institution of learning the great end and aim of which is the promulgation of homœopathy, to call the attention of this audience (composed, for the most part, of lay people) to certain changes that have been and are at present taking place in old school therapeutics, which, if possible, that school, in deference to ancestoral regard, would gladly have sunk into oblivion but which to my mind point so distinctly to the variability of man's experiences, the fallacy of human judgment, and the gradual tendency of the medicine of this age toward homœopathy that I conceive them not inappropriate for consideration on this occasion.

Let me, in order to make myself better understood, state that when I speak of "old school medicine" I do not refer to those gigantic strides made in the so-called collateral sciences since the introduction of instruments of precision that have filled the entire profession with enthusiasm and amazement, but merely to the department known as therapeutics, of that branch of medical science which considers the application of remedies as a means of cure.

Since the time of the Pharoahs when the lion-headed goddess of war was supposed to have originated and to preside over the destiny of medicine down to this age (which might be termed the "transition stage of animal extracts"), old school medicine has stumbled along in a semi-obscurity, grasping eagerly first at one theory, then at another, loudly proclaiming the excellence of one until another just as fallacious has arisen to overthrow it. Paracelsus (called now not "the dissolute," but the Lutherus Medicorum) at the letter end of the fifteenth century promulgated the law of similars but it was overthrown by the newer doctrine that immediately succeeded it. The dogmatics, the empirics, the methodists, the Galenists, and a hundred sects advanced their pathological doctrines and reasoned backward to the cause and means of prevention and cure, but nothing of permanent benefit resulted from these investigations until Hahnemann discovered the law of homœopathy. There is do desire to make too much boast of this fact, but to state it as a plain and acknowledged matter of history, and to say that a century has past over its head, and that its progress has been unexampled, both in the steadiness of its increase and its invulnerability. The patient and prolonged research, the persistent labor, and persevering efforts of the old school men (always actuated, I believe, by their desire to benefit humanity) have evolved nothing but experience. There is no certainty in experience, because every experience differs, but gradually this experience has led to the acknowledgment of truth.

The liberal-minded men of the old school do not deny the truth of the law of similars; indeed, they do not try, because they cannot but see the inevitable is near at hand. The chaotic mass of their experimental therapeutics stands to-day on the brink of a muttering volcano—its rumblings can be heard on all sides of us; the smoke of crumbling and disintegrated dogmas fill the air; already the light aglow from the flame of truth begins to dispel the darkness—old-fashioned allopathic medicine is about to be swallowed up by the newer system, which, if it is not truly homeopathic, is very near thereto. I mention these facts to arouse some interest among the laity on subjects which are generally cursorily regarded, and to show how allopathic (as it used to be called) medication is being directed into newer and more beneficial channels.

The whole medical world is agog today searching for methods of preparing and administering such substances for the cure of the diseases they (the substances) are known to produce. And these substances are prescribed, you must remember, not in their original form, purity or strength, but modified. They are not the same, but similar. These practices, as I was told not long since by one of the most distinguished physicians of to-day will certainly revolutionize the entire practice of medicine. Experiments in this direction have occupied the attention of the greatest minds in the medical profession during the last few pregnant years of this progressive nineteenth century, and it is all, in my opinion, tending in that silent and mysterious manner in which truth develops, to bring about a firmer belief in the law which is at the foundation of the teaching of this college, viz., *similars are cured by similars.* A large proportion of the ridicule that was cast upon the homœopathists when I was beginning my professional career was directed against those very methods which to-day the medical savants of this earth are endeavoring to practice. I have in my possession a copy of the London *Lancet* for 1851 in which is found a most scurrilous article against homœopathy, the whole animus of which is to decry the administration of animal products for the cure of disease. This method is there emphatically called one of the "most loathesome and disgusting features of globulism." The old school men of those times smiled inwardly at the sarcasm when they cried after us, "the hair of the dog is good for the bite." The medical world endeavored to trample upon us when it was announced that Dr. Jno. Redman Coxe, of Philadelphia, was preparing *hydrophobine* (the virus of rabies) for internal administration. They sneered and jeered at Hering and his recommendation and employment of the *Trigonocephalus Lachesis.* They were disgusted and nauseated with the use of the *Cimex* and the *Crotalus*—nay, but a very few years since a distinguished medical gentleman of Philadelphia, in an article on snakes, published in a prominent magazine of this country, could not forbear expressing his ridicule of the homœopathists for their belief in the medical virtue of these animal poisons. These things are old to us but they be new to the men and women of the last two decades, and they prove conclusively that if the old school men of those days believed what they wrote against

homœopathy then their descendants of more recent date have become most rabid homœopathists indeed *Litera scripta manet.*

As I have said, the medical world has been groping through multitudinous ages to discover a proper line of treatment for the cure of disease. It has cried Eureka in the morning and buried itself in sackcloth and ashes in the night, but at last it has openly proclaimed that very many diseases can be cured by the agents—(medicines or microbes) that produce them. Pasteur prepared his *Hydrophobin*, Koch his *Tuberculin*, Brown-Sequard his *Elixir vitæ.* The agents producing diphtheria, typhoid fever, cholera, erysipelas, cancer, and now even malaria, are to be prepared and administered for the cure of the disease which they are known to produce in healthy people and must be given in attenuated doses. These facts, combined with the well-known use of *Ipecac* to arrest vomiting, *Rhus tox.* for rheumatism, *Thuja* for warts and excrescences, *Bryonia* for muscular pains, *Hepar* for suppuration, *Aconite* for fevers, and *Arnica* for bruises which have settled themselves (without acknowledgment to be sure, but that matters little,) into the allopathic text-books of recent times, are quite sufficient evidence of the revolutions now going on in the old-school therapeutics. With these fundamental metamorphoses naturally follow alterations in posology or dosage. Doses are reduced to a minimum—our 1st and 2d and 3d triturations are now standard preparations and all are coated with sugar or with gelatine. The poor little globule that was employed as a synonym of homœopathy and thrown insultingly into the faces of the homœopathists some years ago assumes a proportion that is astounding in the old-school pharmacopœia of to-day—it is a globulistic, granulistic, and tabletistic pharmacopœia and little else if we except the tinctures and ointments.

I make these few remarks to you men and women who are not medical that you may begin to see the mysterious methods adopted by evolution in the development of new truths, and that, knowing the time that it takes to thoroughly promulgate any new departure (according to the Darwinian theory, it has taken ten million years to evolve man from the orchid), we, as a school, being satisfied with the past, can afford to wait for the future. No attack upon those thinking differently is necessary—no ill-feeling, no rancor need exist—all that is required is to allow the truth, governed by laws we cannot understand or control, to take care of itself, and to take heed that as we add strip after strip of the desert to our oasis to be cultivated and improved that we protect what we have with proper spirit and with proper care.

The *Odium Medicum* and the *Odium Theologicum* must be relegated to the past. Fighting and quarreling, bickering and dissension, arguing and recrimination, bad blood and bad personal feeling, the estrangement of friends and the making of enemies, never in one single instance, has advanced homœopathy or any other truth. In fact, the bitter and outrageous insults offered by the old school men toward the practitioners

of homœopathy when the system was first being tested in this country rendered its upholders martyrs in the estimation of the public, creating both sympathy and investigation, from which a real truth never shrinks.

Our cry must now be for more knowledge, for higher education. The great end to be accomplished is the proper qualification of our young men, that they may maintain the position they have assumed in the most honorable and dignified manner; to pay such attention to the imparting of all medical knowledge that its thoroughness, preciseness, and practicality can be tested by unbiased State boards and reliable public statistics. We must endeavor to cultivate ourselves as a school, rather than to attack others who may differ in opinion; to allow every man to possess as his special prerogative the right to judge for himself, of himself. I believe that every honest man compares his own actions with those of others occupying the same walks of life, and is generally willing to be governed and be led by them. We all do so more or less. The laws of social intercourse compel us. Then if our way is best, if ours is the fullest and most complete, if ours records the greatest number of successes and fewer failings, the honest man, as well as the public, will desire to know the reason why this is so; and, on the other hand, we must be willing to acknowledge the imperfectness of our own methods if better ones can be observed in others, and the liberality imparted by truly cultivated minds will allow us to do this without derogation to our former beliefs. Hence it is that the widespread, far-reaching education of medical men is absolutely essential to the adoption of medical truth wheresoever it can be found, and it is this comprehensive education that the institution to which I have the honor of belonging is endeavoring to teach to its students, believing that thereby the best interests of homœopathy may be subserved. —*Medical Century*, June 15, 1895.

DIABETES MELLITUS. A CLINICAL STUDY OF SEVENTY-TWO CASES.

Second Paper.

By CLIFFORD MITCHELL, A.M., M.D.

Professor of Renal Diseases, Chicago Homœopathic Medical College, Chicago, Ill.

Inasmuch as in some of the cases the condition of the urine was the only mark of any thing abnormal, it will be well to consider the urinary evidences first.

The Twenty-four Hours Urine in Diabetes Mellitus.

Quantity. The following is a list of the 72 patients arranged chronologically with sex mentioned, age given when known, the quanity of urine passed in any of all twenty-four hour collections given me, and a note as to whether each one is living or dead on February 10th, 1895. For convenience the quantity of urine is expressed in cubic centimeters: reckon 500 c. c. = one pint nearly. Two added since my first paper.

1885:

Case 1. Boy of 10. First collection 5555 c. c. Second, 7400. *Dead.*

Case 2. Male adult. Passed 575 c. c. in twenty-four hours. *Dead.*

1887:

Case 3. Male adult. Quantity in twenty-four hours not known. *Dead.*

1888:

Case 4. Female adult. Three twenty-four hours collections: 2125 c. c., 2000 c. c., 2000 c. c. *Dead.*

Case 5. Male adult. Passed 1575 c. c. in twenty-four hours. *Alive.*

Case 6. Male adult. Passed 750 c. c. in twenty-four hours. *Alive.*

Case 7. Male adult. Quantity in twenty-four hours not known. *Dead.*

Case 8. Female adult. Quantity in twenty-four hours not known. *Dead.*

Case 9. Male adult. Passed 2500 c. c. in twenty-four hours. *Unknown condition.*

1889:

Case 10. Female adult. Passed 620 c. c. in twenty-four hours. *No report.*

Case 11. Female adult. Passed 1920 c. c. in twenty-four hours. *Alive.*

Case 12. Male adult. Passed 2000 c. c. in twenty-four hours. *Alive.*

Case 13. Young lady. Passed 2460 c. c. in twenty-four hours. *Dead.*

Case 14. Female adult. Quantity in twenty-four hours not known *Dead.*

Case 15. Female adult. Quantity in twenty-four hours not known. *Dead.*

Case 16. Fourteen collections of 24 hours urine extending over a period of from Sept. 1889 to March 1892 chronologically as follows: 1200 c. c., 1080 c. c., 1620 c. c., 1530 c. c., 1125 c. c., 1110 c. c., 1650 c. c.; Aug. 1890:

5340 c. c., then 3075 c. c., 1830 c. c., 1800 c. c. ; 1891 : 1440 c. c., 1800 c. c. ; 1892 : 1700 c. c. Originally oliguric, became suddenly excessively polyuric, then less polyuric, but never again typically oliguric. *Dead.*

1890 :

Case 17. Male adult. 5850 c. c. in twenty-four hours. *Alive.*

Case 18. Male adult. Quantity in twenty-four hours unknown. *Alive.*

Case 19. Male adult. Quantity in twenty-four hours 900 c. c. *Alive.*

Case 20. Male adult. First collection, 3900 c. c., 2d, 1120 *Dead.*

Case 21. Female adult. Frst collection, 820 c. c., 2d, 1200. *No report.*

1891 :

Case 22. Woman of 70 : Quantity in 24 hours 1510 c. c. *No report.*

Case 23. Male adult. Quantity in twenty-four hours not known *Alive.*

Case 24. Man of 45. Quantity in twenty-four hours 1000 c. c. *Alive.*

Case 25. Man, about 55 years : five twenty-four hours collections as follows : 8750 c. c., 3420 c. c., 775 c. c. (after nine days fasting), 3750 c. c., 4500 c. c. February 1891 to March 1893. *Dead.*

Case 26. Man, about 55 years. Five twenty-four hours collections one in 1891, four in 1893 : 3000 c. c., 4500 c. c., 3000 c. c., 2250 c. c. Patient very fat *Alive.*

Case 27. Male adult. Twenty-four hours quantity 3250 c. c. *Alive.*

Case 28. Male adult. Twenty-four hours quantity 2070 c. c. *No report.*

Case 29. Man of 30. Twenty-four hours quantity 1165 c. c. *Alive.*

1892 :

Case 30. Woman, about 50 : 3100 c. c. in twenty-four hours. *Alive.*

Case 31. Woman of 63 : 850 c. c. in twenty-four hours. *Alive.*

Case 32. Boy of 10 : five collections of the twenty-four hours urine in a period of a few months : 1750 c. c., 1250 c. c., 2000 c. c., 2550 c. c., 1000 c. c. *Alive.*

Case 33. Adult woman : twenty-four hours quantity 425 c. c. *Dead.* (this patient had albuminuria and there were granular casts in the sediment.)

Case 34. Woman, about 35 : twenty-four hours quantity 650 c. c., 1430 c. c., 1100 c. c. *Alive.*

Case 35. Man about 35 : twenty-four hours quantity unknown. *Dead.*

Case 36. Woman, 55 to 60 : twenty-four hours quantity 2040 c. c. *No report.*

Case 37. Woman, about 30 : twenty-four hours quantity 1700 c. c. *No report.*

Case 38. Male adult : twenty-four hours quantity unknown. *Alive.*

Case 39. Man of 45 : twenty-four hours quantity 4050 c. c. *Dead.*

Case 40. Adult male : twenty-four hours quantity unknown. *Alive.*

1893 :

Case 41. Girl of 12 ; twenty-four hours quantity 2800 c. c. *Dead.*

Case 42. Woman, about 50; twenty-four hours quantity 1180 c. c., 2280 c. c., 1200 c. c. *Alive.*

Case 43. Woman, about 35: twenty-four hours quantity 475 c. c. *Alive.*

Case 44. Woman, about 55: twenty-four hours quantity 3500 c. c. *No report.*

Case 45. Woman, about 55: twenty-four hours quantity 1950 c. c. *Alive.*

Case 46. Adult male: twenty-four hours quantity 1600 c. c. *Alive.*

Case 47. Man about 45 years: five collections from April, 1893 to August, 1894: 2100 c. c., 2260 c. c., 1775 c. c., 1725 c. c., 1150 c. c. (This patient was heard from last in August 1894.) *Presumably alive.*

Case 48. Male adult: twenty-four hours quantity unknown. *Alive.*

Case 49. Male adult: twenty-four hours quantity 720 c. c. *Alive.*

Case 50. Male adult: twenty-four hours quantity 2200 c. c. *No report.*

Case 51. Man of 40: twenty-four hours quantity 950 c. c. *Alive.*

Case 52. Man of 73: twenty-four hours quantity 1175 c. c. *Alive.*

1894:

Case 53. Woman, about 55: twenty-four hours quantity 1950 c. c. *Alive.*

Case 54. Man, about 65: twenty-four hours quantity 1400 c. c. *Alive.*

Case 55. Man, about 64: twenty-four hours quantity 1500 c. c. *Alive.*

Case 56. Man, about 45: twenty-four hours quantity 1515 c. c. *Alive.*

Case 57. Man, about 45: twenty-four hours quantity 6000 c. c., 5000 c. c. *Alive.*

Case 58. Man, about 55: twenty-four hours quantity 1375 c. c. *Alive.*

Case 59. Man, about 70: twenty-four hours quantity 1200 c. c. *Dead.*

Case 60. Man, adult: twenty-four hours quantity 1100 c. c. *Presumably alive.*

Case 61. Man, about 45: twenty-four hours quantity 1430 c. c., 1175 c. c., 1670 c. c. *Alive.*

Case 62. Man, about 55: twenty-four hours quantity 4000 c. c. *Alive.*

Case 63. Man, about 30: 1550 c. c., 4175 c. c., 2700 c. c., 2580 c. c. *Alive.*

Case 64. Woman, about 50. Quantity in twenty-four hours not known. *Alive.*

Case 65. Woman, adult. Quantity in twenty-four hours not known. *Alive.*

Case 66. Female adult: quantity in twenty-four hours 5000 c. c. (This patient *reports* as high as 7000 c. c., in twenty-four hour.) *Alive.*

Case 67. Man, about 50. Quantity, 1475 c. c. *No report.*

Case 68. Woman, about 50. Quantity 1920 c. c. *Alive.*

1895:

Case 69. Male adult: twenty-four hours quantity unknown. *Alive.*

Case 70. Man, 59 years old: three collections of twenty-four hours urine: 885 c. c. (no sugar); 1600 c. c. (sugar present); 2025 c. c. (ditto). *Alive.*

Case 71. Man, 50 years old; weight 250 pounds : 2275 c. c. in twenty-four hours. *Alive.*

Case 72. Adult woman : 2000 c. c. in twenty-four hours. *Alive.*

Since writing my first paper I have ascertained the sex of all. There are now males 45, females 27. Of the whole 72, 17 are known to be dead, 8 from whom there is no report, and 47 who are living, 3 of the 47 are said to be "presumably alive" being positively known to be living within a year.

I have taken the utmost pains to ascertain correctly the present condition of these 72 people and have been kindly assisted in my search after statistics by the following physicians to whom I hereby acknowledge my obligations :—Dr. J. R. Boynton, Dr. J. H. Buffum, Dr. W. M. Cate, Dr. N. B. Delamater, Dr. Charles Gatchell, Dr. Maria M. Gross, Dr. E. M. Hale, Dr. S. P. Hedges, Dr. A. W. Hinman, Dr. Isabella Hotchkiss, Dr. C. T. Hood, Dr. E. H. Pratt, Dr. S. N. Schneider, Dr. R. N. Tooker, all of Chicago, and Dr. M. C. Sturtevant, of Morris, Illinois, Dr. C. R. Treat, Jr., of Sharon, Wis., and particularly to Dr. F. H. Tyler, of Kalamazoo, Mich. To these gentlemen I owe my sole information regarding the present condition of 20 patients ; of the other 52 I have personally informed myself, as to whether they are living or dead.

Now the first question which comes up is the following :—Is polyuria a constant symptom in American diabetics ? In the above list of patients is to be found a record of a few more than 100 twenty-four hour collections of urine, of which between 55 and 60 were more than 1500 c. c. in twenty-four hours. So out of the twenty-four hour collections a little over half showed polyuria to be present. As to the patients themselves there were 34 out of 72 in whom polyuria was found. But out of 15 patients, all that supplied me with more than one twenty-four hour collection of urine, 13 showed polyuria at one time or another. So then I would say in all probability the majority of American diabetics void *at times* more than 1500 c. c. (three pints) of urine, but that this increase over the normal average quantity is far from constant and that you have about one chance in two of finding it from a single collection of the twenty-four hours urine of any given patient in whose urine you find sugar. [My own theory is to the effect that lapses from dietetic virtue are the main cause of the occasional polyurias : if you happen to see a patient during a period of Spartan adherence to prescribed diet you may not find polyuria, but if he collects his urine for you during twenty-four hours of indulgence in forbidden foods you will be likely to see the pints quarts, as our Hibernian friends would put it.] This is well illustrated by case 20. This patient was self-indulgent in regard to sweets, to my positive knowledge, for I have dined with him : after passing 6 or 8 pints (3000 to 4000 c. c.) of urine, paying no regard to diet, he went to a mineral spring and then attended to diet and hygiene with the result that his urine fell below 1500 c. c. (three pints). After leaving the springs he grew careless about diet again to my positive knowledge, and died within a few months of what was probably diabetic coma,

complicated, however, by enlargement of the prostate and retention of urine.

The next question is, what figure may polyuria reach among American diabetics? In answer, I will say that of all my cases, 8750 cubic centimeters (about 18 pints or 2¼ gallons) was the greatest quantity of urine positively known to have been passed in twenty-four hours. I measured and mixed the urine in this case myself and well remember what a job it was, being obliged to use 32 ounce graduates for the purpose! After this experience I bought some huge jars, but have since had very little need of them for in only 7 other cases have I had to measure more than 5000 c. c. (ten pints). In other words, out of more than 100 twenty-four hour collections of urine less than 10 (eight only) measured 5000 c. c. (ten pints) in volume, so that excessive polyuria is noticed in less than ten per cent. of the twenty-four hour collections. Of the 72 patients there were only 6 with this excessive polyuria, about 8 per cent. It may be urged, however, that it is possible, owing to circumstances, that the patients did not collect all of their twenty-four hours urine. Fortunately in the case when 8750 c. c. were passed the patient was an old soldier, who obeyed orders to the letter, and as he had a severe case of diabetes, fatal in a few years, we are able to place reliance on the correctness of the figures given, and the deductions made from them. Four other collections which this same man made, showed less than 5000 c. c. every time. My idea is, founded on the figures given above, that diabetic patients give exaggerated reports of the quantity of urine they void on an average, some particular attack of polyuria having attracted attention to their diuretic possibilities, and established itself in their minds as an index of what they are doing every twenty-four hours. The number of twenty-four hour collections* coming up between 2000 and 5000 c. c. (that is including 2000 c. c. and excluding 5000) was 34 or about one-third. That is to say, about one-third of the whole twenty-four hour collections were between four and ten pints in quantity. Twenty-two out of 72 patients (not quite a third) voided at some time or other between 2000 c. c. and 5000 c. c. in twenty-four hours.

Between 1500 c. c. and 2000 c. c. (three to four pints) were voided by 14 patients (about 20%) at some time or other. Out of the 100 or more collections of twenty-four hours urine 20 were from 1500 c. c. up to but not including 2000 c. c.

Less than 1500 c. c. (three pints) were found in 37 collections of the whole 100 and were voided at some time or other by 27 patients of the whole 72.

In other words, more than one-third of the twenty-four hour collections were less in quantity than the normal average of 1500 c. c. (three pints), usually regarded as the standard for healthy adults in America. The chances are these, that in twenty-four hour urines containing sugar, you

*It is easier for purposes of percentage to consider the total number of twenty-four hour collections of urine than that of the patients, since the same patient in different days voids different quantities of urine, hence is sometimes reckoned in more than one set.

will find one out of every three less in quantity than what is usually regarded as normal, for the healthy male adult.

The next question which suggests itself is, in how many cases did a patient void less than 1500 c. c. (three pints) when he was also known to void more than this quantity? Fifteen patients in all supplied me with more than one collection of their twenty-four hours urine: of these there were 8, or about half, who at one time voided more than 1500 c. c. and at another less. Is it possible for a diabetic patient to void an excessive quantity of urine and then again a sub-normal quantity? This is answered by reference to cases 16 and 25. The woman in case 16 voided at one time more than ten pints, at another time just about two. The man in case 25 at one time voided nearly 18 pints, at another only 1½ pints. How do women compare with men in the quantity of twenty-four hours urine voided? The largest quantity of urine voided by any man was 8750 c. c. (18 pints), the largest by any woman was 5340 c. c. (11 pints nearly). One woman who voided 5000 c. c. (10 pints) reports that at one time she was voiding 7000 c. c. (14 pints), but of this I have no evidence except her own statement. With the exception of these two, anything above 3,000 c. c., (6 pints) was uncommon in the case of the women, occurring only twice, or four times in all. Whereas quantities of urine above 3,000 c. c. in male patients occurred seventeen times. Quantities less than 1,500 c. c. (three pints) were voided by women in 16 collections as compared with 18 of men, a relatively large number, however, when the excess of male patients over female is taken into account. So that, in general, women void much less than men. Is the difference in weight the cause of it? Not always, since men weighing 250 pounds may void less urine at times than women of less weight. I am inclined to think that diet is the cause of it, women eating less than men and drinking less.

What relation has food to polyuria? An exceptionally good opportunity to answer this question is found in case 25. Here was a man voiding excessive amounts of urine: he tries the experiment for nine days of going without any food at all, save a small quantity daily of a liquid of unknown composition; and by the ninth day the urine had fallen to less than two pints. On other occasions, when not fasting, he passed 18 pints, 7 pints, over 7 pints and 9 pints respectively (8750 c. c., 3420 c. c., 3750 c. c., 4500 c. c.). This tends to show the theory which I have referred to in my book on "Diseases of the Kidneys," viz.: that the benefit resulting to fat diabetics from milk diet is perhaps due to the semi-starvation.

Lastly and most important of all, what relation is apparent between polyuria and mortality? There are 17 of these patients known to be dead; of these 17 there were 8 in whose cases polyuria was observed, 6 in whose cases the twenty-four hours quantity was unknown, and 3 where less than the normal quantity of urine was voided. Polyuria, then, stands out conspicuously in its relation to mortality: both the leaders of the list in polyuria, the man who voided 18 pints and the woman who voided 11, are dead.

Of three children, one, who voided 11 and 15 pints, died in a few months after this excessive polyuria was noticed; another, in whose case polyuria was noticed, soon died; the one still living has been at times oliguric. Of 11 polyurics, seen from 1885 to 1891 inclusive and whose present condition is now known, 6 are dead or more than fifty per cent. Taken by years the polyurics turn out as follows :—

1885 :	One polyuric seen	Dead.
1888 :	Two polyurics	One dead, one unknown.
1889 :	Four „ „	Two dead, two alive.
1890 :	Two „ „	One alive, one dead.
1891 :	Four „ „	One dead, two alive, one unknown.
1892 :	Four „ „	One dead, two alive, one unknown.
1893 :	Seven „ „	One dead, two unknown, four alive.
1894 :	Six „ „	All alive.

1895 to Feb. 10th : Four polyurics seen. All alive.

Of the 34 polyurics, seen from 1885 up to Feb. 10th 1895, 21 are known to be alive but ten of these have consulted the writer only within a year, so that up to within a year ago the score was 8 dead, 11 alive, and 5 unknown. In other words, of 19 polyurics whose present condition is now known and who came under the writer's eye more than a year ago 42 per cent. are dead. The chances of polyurics living a year from the time the polyuria becomes known to them are good, since all those seen in 1894 and four out of five seen in 1893, are living. But from 1885 down to 1894 a year in which any diabetics at all were seen, passed without the writer seeing at least one polyuric who has since died.

What now is the relation of oliguria to mortality? Taken by years the oligurics were as follows :

1885.	One oliguric seen.	Dead.
1888.	„ „ „	Alive.
1889.	Two oligurics seen.	One unknown, one dead.
1890.	Three „ „	One unknown, one alive, one dead.
1891.	Three „ „	One dead, two alive.
1892.	Four „ „	One dead, three alive.
1893.	Six „ „	All alive.
1894.	Six „ „	One dead, one unknown, four alive.
1895.	One oliguric seen.	Alive.

This shows 27 of those who at any time were oligurics and 6 of these are known to be dead. But if the list of the dead be scrutinized it will be found that among them are 2 cases who eventually became polyuric in great excess, Nos. 16 and 25, No. 25 being only oliguric, when fasting. One case was No. 33 in whose urine granular casts were found, and still another was case 59, a man of 70, in whose urine I also found casts. Case 2 was consumptive. This leaves only remaining, case 20, and he was far from typically oliguric, being as a rule polyuric to my certain knowledge, oliguric only under exceptionally favorable circumstances while resting and dieting

at a mineral spring. *Practically, therefore, every case of real diabetes decipiens on the list is alive to-day* so far as known; supposing the unknown all to be dead this would give a mortality of only three out of 27, or 11 per cent. Supposing that all who had ever been oliguric under any circumstances are added to these and we have at most a mortality of 33% to date. Counting all the unknown as dead, and reckoning all oliguric under any circumstances as typical, we have up to 1894 a mortality among oliguries of 35%. In no way then can the figures be twisted or "doctored" in such a way as to equal the mortality among the polyurics.

A patient, then, who has sugar in his urine, without albumen or casts and where polyuria is not a noticeable feature, may live seven years and doubtless longer. The oldest oliguric on the list, (case 6) has lived 7 years and is apparently in as good health now as ever. The oldest polyurics on the list (cases 5 and 11) are two in number, each of whom has lived 7 years since I noticed the polyuria. Both are said by their families to be in "good health." It is possible then, for a patient with any kind of uncomplicated diabetes mellitus to live 7 years in comparatively good health. In all of these three cases, polyuria was probably not present long in the urine before they came to me for examination.

These statistics may be summarized as follows:

1. Polyuria is not a constant symptom among well-cared for American diabetics, not over half those seen, exhibiting this feature of diabetes when the twenty-four hours urine was collected and measured by the writer.
2. The probability is, however, that at times polyuria will be noticed especially during lapses from dietetic virtue.
3. The largest quantity of urine per twenty-four hours measured by the writer is 8750 cubic centimeters, about 18 pints or 2¼ gallon.
4. Less than 10 per cent. void over 5000 c. c. (ten pints).
5. About 33 per cent. void between 2000 c. c. and 5000 c. c. (4 to 10 pints).
6. About 20 per cent. void in the neighborhood of 1,500 c. c., (three pints).
7. About 33% void less than three pints.
8. Sugar which could be detected by Haines' test was found twice in the urine of those passing less than a pint, and 12 times when the twenty-four hours urine was less than two pints.
9. The smallest quantity of urine per twenty-four hours in which sugar by Haines' test was ever found was 425 c. c. (about 14 fluid ounces).
10. About 50 per cent. of those supplying the writer with several collections of twenty-four hours urine for measurement were at one time polyuric, at another oliguric.
11. Excessive polyuria may at times be noticed in patients who have been oliguric and *vice versa*.
12. Women pass much less urine than men.
13. Starvation will convert a polyuric into an oliguric.

14. Diabetes mellitus with polyuria is more fatal than without it.

15. No case of typical uncomplicated diabetes decipiens (glycosuria without polyuria) has yet proved fatal since coming under the writer's observation.

16. Forty-two per cent. of the polyurics coming under the writer's observation, *prior to 1894*, are dead.

17. Polyurics may live seven years; two on the list are now living in whom polyuria was noticed seven years ago.—*The North American Journal of Homœopathy*, June 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, July 1895. (April not recd.)
The New England Medical Gazette. Boston, May 1895.
New York Medical Times. March and April 1895. (May 1894 not received.)
Indian Medical Record. Calcutta, July 1 and 16, 1895.
The Medical Reporter. Calcutta, July 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, June 1, 1895.
The Homœopathic World. London, July 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, June 1895.
The Medical Visitor. Philadelphia, July 1895. (July 1894 not received.)
The Medical Century. Chicago, June 1st & 15th 1895.
Southern Journal of Homœopathy. Baltimore, May and June 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Mars and Avril 1895.
The Hahnemannian Monthly. Philadelphia, June 1895.
Homœopathic Envoy. Lancaster, June 1895.
The Homœopathic Physician. Philadelphia, June 1895.
The Clinique, June 1895.
Revue Homœopathique Belge. Fevrier 1895.
The Journal of the British Homœopathic Society. April 1895.
L'Art Medical. June 1895. (No. for Fev. not received.)
Journal of Orificial Surgery. Chicago, May 1895. (March not recd.)
North American Journal of Homœopathy. New York. June 1895.
The Medical Advance. June 1895.
Report on the Calcutta Medical Institutions for the year 1894.

THE MEDICAL ADVANCE.

H. W. Pierson, M.D., *Editor and General Manager.* Published by the Medical Advance Co., Chicago.

Subscription $ 3.50 (Rs. 13) a year prepaid in Postal Union.

We have been authorised to receive subscriptions in India.

Subscription to both the Calcutta Journal of Medicine and the Medical Advance, Rs. 20 a year.—*Editor, Cal. J. Med.*

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **Aug. 1895.** [NO. 8.

THE POSSIBILITY OF A UNIVERSAL LANGUAGE FOR MEDICAL MEN AND SCHOLARS GENERALLY.

THE subject of the present article is one on which all classes of medical men, allopath, homœopath and other, speak and write about without that spirit of bitter hostility which characterizes them whenever they happen to talk of each other. It has therefore found ready admittance into the journals and societies of all schools of medicine. The subject is indeed an outcome of the peculiar characteristics of the age we live in. The chief topic with most of the historians of previous ages was national feuds—the accounts of peoples shooting and blowing up each other for the sake of filthy lucre and territorial aggrandisement. In place of these we have now meetings and congresses in which the worthies of the most advanced nations come together as friends to interchange each other's views and concert measures for the further cultivation of those sciences and arts which tend to promote the material and spiritual well-being of the human race. In these scientific international congresses, papers are read, and discussions carried on generally in the language of the country in which the

congresses happen to be held, and as their meetings are now taking place in most of the countries of Europe and America, it becomes difficult, at least for a portion of the audience which are brought together on such occasions from distant places, to understand all the papers read and discussions conducted at those meetings. The scientific world have thus felt the desirability of having a common language in which they may compose their works, and carry on correspondence with the scientists of other than their own nationality. This question has lately engaged the particular attention of medical men, and divers are the views expressed by many on the subject. There is, however, a general consensus of opinion as to the impossibility of constructing a new language that will meet with general acceptance. Our choice must therefore lie among the languages already in existence.

Sometime ago, Doctor Achilles Rose read a paper at a meeting of the New York Academy of Medicine, in which he advocated the adoption of the modern Greek as the best medium of communication between medical men. The only advantages in favor of modern Greek are alleged to be that it has scarcely changed so much from the classical times as the modern English has done from that of Chaucer, and that it is much easier to acquire its grammar. On the other hand, the pronunciation of its vowels, dipthongs and several of the consonants is said to be quite different from what is current among the English and the other Western nations of Europe. Moreover, many difficulties lie in the way of mastering it. It is confined to a small corner of Europe, is less widely known even among scholars than Latin, English, French or German, and is scarcely adapted to the requirements of the most advanced intellects of the present time.

No one has therefore come forward to support Dr. Rose's view, and so the claim of modern Greek to be the common language of medical science, cannot be admitted; and accordingly the majority of the members of the New York Academy of Medicine declared against modern Greek, and ranged themselves in favor of English.

Several letters from Medical men of repute have recently appeared in the *British Medical Journal* in which the claims of Latin to be the fittest language for international professional intercourse have been considered from many points of view. About a year ago,

Dr. E. Vitali, of Bari, addressed a long letter to Dr. Baccelli, the Italian Minister of Public Instruction inviting him as President of the Eleventh International Medical Congress held at Rome to propose that Latin be recognised as the official language at future Congresses, in as much as most of the medical men of Europe (if not all), have some smattering of the language, and there need not be any difficulty for any one anxious to have an intimate knowledge of the healing art, in acquiring sufficient fluency in Latin so as to be able to handle it as if it were a living language. This view has been endorsed by a large number of medical men, and the Editor of the *British Medical Journal* in its issue of 29th September 1894 expressed it as his opinion that the scheme "is not impracticable," though not much willing to admit that "it has any chance of being translated into action," and mentioned it as a matter of fact that the International Committee of Military Hygiene "has already adopted Latin as the language for its statistical researches."

The Latin language had two chances of becoming universal, first during the existence of the Roman Empire, and next after the revival of letters during the midddle ages, when most scientific treatises were composed in that language. The destruction of the Roman Empire, put a period however to its growth, and but for the rise and spread of Christianity from Rome as its fountain head, it is doubtful whether the Latin would have remained what it still continues to be. When Europe began to emerge from its period of darkness to that of light, Latin asserted its right, and continued, to be the language of the learned; but during the seventeenth century, a formidable competitor appeared, in England, to question its right to be the exclusive language of the learned. It is a matter of history, that Lord Bacon was doubtful whether the Latin Language would be able to maintain its position against his own rapidly rising native tongue, and took care to write most of his valuable works in both the languages; and that Sir Thomas Browne hesitated between Latin and English, but decided at last in favor of the latter. Milton composed, it is true, some of his works in Latin; but the greatest works on which he built his hopes of immortality were all written in the English language, and will continue to be read as

long as that tongue shall exist either as a living or a dead language.

In our own time, the language of Shakespear and Bacon has supplanted Latin as the language of scientists and scholars. The efforts of the various nations of the continent of Europe to improve their own mother tongues, in preference to the ancient classical languages, which have virtually been supplanted by the former, have been crowned with no less success. The attempt to revive Latin, and to make it a learned language in supersession of the modern European tongues, which are very important to the profession on account of their rich medical literature, can never succeed unless the whole scientific and literary world make an united effort, in combination with the heads of the various governments on behalf of such a movement. But it is as possible for such a consummation to be realized as was the attempt of Frederic the Great of Prussia to maintain the ascendency of the French language among the German nation in preference to his own native tongue.

After Latin, French had a chance of being employed as a common medium of communication among the learned, since the latter had long been used in Europe as the language of diplomacy, and mathematics and the applied sciences were taught in that language even in England until the beginning of the present century. David Hume was sagacious enough to discern from the vast extension of the British possessions, that English, and not French, would be the spoken language of a much larger population of the world, and he is said to have reproved Edward Gibbon for composing his first literary work in French. In our own time the importance of the French language has declined considerably in all those countries where the English and the German tongues are spoken. In the same way, national jealousies would prevent either the English or the German from becoming a common language for scientists and medical men.

But a universal language would not be possible for another reason. Whatever language it may be, a dead or a living language, it will never be able to supplant any of the vernaculars of the civilized nations. No nation has advanced in civilization, that is in literature and science, which has not cultivated these in its own vernacular. Indeed, it is an organic impossibility for

literature and science to take root and grow in a country, unless they are planted in the soil, so to say, of its native tongue. History points to this as the indispensable law of progress, and it would be madness to attempt to reverse the law. No modern civilized nation would give up its vernacular for the teaching of science, and no nation which has a language and a literature of its own however defective and poor they may be, should abandon them in hopes of having a better, as these hopes will never be realized.

What then is to be done? The only remedy which may be proposed, is to substitute the three great languages of modern Europe in place of Greek and Latin in the preliminary examinations, which students have to undergo before their admission to the Medical Institutions. In support of this proposal we may state it as a matter of fact that there are M. B's even in England "who though skilful in medicine, could not take the degree of M.D., because they had not passed an examination in Greek, and could not find leisure or stomach to get up the indispensable smattering" (W. W. Ireland). On the other hand, the English, French and German languages are more easily learnt, and they each contain a vast amount of medical literature, which is daily growing and, which, therefore, no medical student ambitious to distinguish himself in his profession, can ignore; and the human capacity for learning languages is limited. If the medical students of the several countries of Europe be compelled to learn these three languages, they will experience no difficulty in making themselves understood at international meetings, and it will not be necessary to make fruitless attempts to revive dead languages, which would be as successful as attempts to impart life to fossils of bygone ages, which, indeed, must inevitably end in miserable failure.

PROVINGS AND HOW TO CONDUCT THEM.

We are glad to see that the gentle rebuke we administered to our countrymen in the matter of provings has produced some effect. A few devoted followers of Homœopathy have expressed their willingness to undertake the proving of whatever drugs we may select for the purpose. And our readers will be glad to learn that two gentlemen have already begun the proving of Acalypha Indica. We hope their noble example will soon induce others to come forward in this cause, the most philanthropic in every sense of the word. As Drs. Dysdale and Atkin have very truly said in their Introduction to the *Cypher Repertory*: "The highest possible honor is due to careful provers of new, or re-provers of old medicines. They alone really advance homœopathy: it is their labors that will extend our knowledge of medicinal action and prepare the way for a scientific classification of the Materia Medica. The names of popular or successful practitioners will easily be forgotten, the self-denying provers will win for themselves a place in the temple of medicine, and their names descend to prosterity along with those of Hahnemann and his fellow laborers as benefactors of their race."

The two gentlemen, who have undertaken the proving of Acalypha, have wished to be furnished with rules to guide them in conducting the proving. This shows their real earnestness, and we very gladly make the following observations which we think are likely to be of use not only to actual provers but to those who, unable to undertake provings themselves, are fortunate enough to watch the conditions of health of provers while in the act of proving. Our observations, as will be seen, are based upon those made by Hahnemann in his *Organon of Medicine*.

The very word proving is peculiar to homœopathy. It is used in the sense of trying medicinal substances in order to elicit their pure actions on the health of man. This trial begins with the bringing of these substances in contact with healthy human organisms, and ends with the observation of all the changes which those organisms suffer from the fact. This contact may be brought about by the direct application of those substances to the external envelope or the skin; or by their direct application to the internal lining membranes,—the mucous membranes, ali-

mentary, respiratory, genito-urinary; or by injecting them into the tissues, organs, or serous sacs.

The introduction of medicinal substances into the stomach by the mouth, is the usual and ordinary way of the proving of those substances. It is by this way that their full effects are developed, and this is the way which is generally preferred, as being the way in which those substances as therapeutic agents are usually administered. The other ways are not neglected, and very often, especially by the hypo-dermic injections, the pathogenetic actions of a not inconsiderable number of substances are discovered, particularly by our brethren of the old school.

Thus it will be seen that provings are analogous to experiments in other branches of physical science; they are, indeed, no other than experiments with external agents on living organisms; they are physiological experiments, with the specific object of discovering the disease-producing powers of those agents, in order that they may be used, not at haphazard and in ignorance, but with the certain knowledge of those powers and capabilities. Before Hahnemann, these experiments used to be made on patients, on the sick, on diseased organisms. The consequence was that the pure, the true effects of drugs were never known.

Provings on the healthy, therefore, constitute the distinguishing feature of the Hahnemannian reform. And Hahnemann was fully justified in saying: "Not one single physician, as far as I know, during the previous two thousand five hundred years, thought of this so natural, so absolutely necessary and only genuine mode of testing medicines for their pure and peculiar effects in deranging the health of man, in order to learn what morbid state each medicine is capable of curing, except the great and immortal Albrecht von Haller. He alone, besides myself, saw the necessity of this." In proof of this he quotes the following from the Preface to the *Pharmacopœia Helvet.*, by Haller, published in 1771: "In the first place the remedy is to be tried on the healthy body, without any foreign substance mixed with it; a small dose is to be taken; and attention is to be directed to every effect produced by it; for example on the pulse, the temperature, the respiration, the secretions. Having obtained these obvious phenomena in health, you may then pass on to experi-

ment on the body in a state of disease." And he expresses his surprize: "But *no one, not a single physician,* attended to or followed up this invaluable hint."

Hahnemann, therefore, stated but an absolutely positive fact when he said (*Organon,* § 109): "I was the first that opened up this path, which I have pursued with a perseverance that could only arise and be kept up by a perfect conviction of the great truth, fraught with such blessings to humanity, that it is only by the homœopathic employment of medicines that the certain cure of human maladies is possible." Verily, we must say, it is inconceivable that anything short of this conviction could have induced a man to subject himself to voluntary poisonings with about a hundred drugs, some of which are virulent poisons.

The reliability of provings depends upon, and indeed presupposes, the fact that, as Hahnemann has expressed it (*Organon* §111), "medicinal substances act in the morbid changes they produce in the healthy human body *according to fixed eternal laws of nature,* and by virtue of these are enabled to produce *certain, reliable disease symptoms, each according to its own peculiar character*"; or as he has further expressed the same thing: "Every medicine exhibits peculiar actions on the human frame, which are not produced in exactly the same manner by any other medicinal substance of a different kind" (§118). "As certainly as every species of plant differs in its external form, mode of life and growth, in its taste and smell, from every other species and genus of plant, as certainly as every mineral and salt differs from all others, in its external as well as in its internal physical and chemical properties (which alone should have sufficed to prevent any confounding of one with another), so certainly do they all differ and diverge among themselves in their pathogenetic—consequently also in their therapeutic—effects. Each of these substances produces alterations in the health of human beings in a peculiar, different, yet determinate manner, so as to preclude the possibility of confounding one with the other" (§119).

With reference to this we have to observe that whereas in minerals or substances derived from the inorganic kingdom there is for each an absolutely definite composition, the slightest alteration of which would change its nature, in living organized beings there is a certain amount of variability of function and structure

dependent upon their environment, which without destroying their characteristics as individuals of the same species and even of the same variety, may stamp each individual as different from others, and even the same individual as different from itself at different times according to circumstances. It must be obvious that a recognition of this fact must be important in the matter of provings.

This recognition is easily made in the case of human beings, for here the variability is more marked than in other livings, as it is a law that the variability is greater, the higher scale of being to which the species belongs. That Hahnemann was fully alive to this fact is shown in §116 of the *Organon* where he says —"Some symptoms are produced by the medicines more frequently—that is to say, in many individuals, others more rarely or in few persons, some only in very few healthy bodies."

Hence arises the first fundamental requisite or rule of all provings, namely, that they should be made in more than one individual, of both sexes, and of all ages, as Hahnemann has tersely expressed it in §135 of the *Organon*: "The whole of the elements of disease a medicine is capable of producing can only be brought to anything like completeness by numerous observations on suitable persons of both sexes and of various constitutions. We can only be assured that a medicine has been thoroughly proved in regard to the morbid states it can produce—that is to say, in regard to its pure powers of altering the health of man—when subsequent experimenters can notice little of a novel character from its action, and almost always only the same symptoms as had been already observed by others."

The recognition of organic variability is no less important as regards the medicinal substances to be proved, when these are derived from the vegetable or the animal kingdom, though we do not see evidence of this recognition, at least as explicit as one might have wished, even in Hahnemann himself. We may instance his remarks on the sources of Euphorbium: "Formerly," says he (*Chronic Diseases*), "it was obtained from the Euphorbia officinarum which grows in the hot regions of Africa, at the present time we gather it more frequently from the Euphorbia Canariensis upon the Canary Islands. * * There are many varieties of Euphorbium the medicinal virtues of which appear to be pretty much alike." Hahnemann would not have been himself

if instead of pretty much, he had said exactly alike. But even the "pretty much alike" is a too great deviation from his principles. Plants and animals of the same species differ considerably in their characteristics and virtues when forced to live and grow out of their natural habitats or even when they seem to flourish naturally in different soils and in different climes.

Hence arises the second fundamental requisite or rule of all provings that in the case of organic substances there should be as much uniformity in their composition as possible. Thus if we are proving the Bryonia alba in Germany, we must use the same plant in proving it elsewhere, we must not substitute for it the Bryonia dioica in England, the Bryonia grandis in India. The Aconitum napellus of Europe is not the same thing as the Aconitum ferox of the Himalayas. Nor do we think the Crotalus horridus of South America to be the same as the Crotalus durissus of North America. Even of the Cobra, we have two distinct varieties, as we pointed out in this Journal in 1868, and though their violent actions may be the same, we cannot believe that they are identical in the finer shades of their pathogeneses. We have dwelt so pointedly on this matter, because we observe considerable laxity and indifference about it, even amongst members of our school. We should bear in mind what Hahnemann, notwithstanding his laxness elsewhere, has said in §122: "In these experiments—on which depends the exactitude of the whole medical art, and the weal of all future generations of mankind—no other medicines should be employed except such as are perfectly well-known, and of whose purity, genuineness and energy we are thoroughly assured."

As the object of provings is to discover the pathogenetic or disease-producing powers of drugs singly, the third fundamental rule as stated by Hahnemann is: "For these experiments every medicinal substance must be employed quite alone and perfectly pure, without the admixture of any foreign substance, and without taking anything else of a medicinal nature the same day, nor yet on the subsequent days, nor during all the time we wish to observe the effects of the medicine "(§124). And therefore he enjoins that "during all the time the experiment lasts the diet must be strictly regulated; it should be as much as possible destitute of spices, of a purely nutritious and simple character,

green vegetables, roots and all salads and herb soups (which even when most carefully prepared, possess some disturbing medicinal quality) should be avoided. The drinks are to be those usually partaken of, as little stimulating as possible. The subject of experiment must either be not in the habit of taking pure wine, brandy, coffee or tea, or he must have totally abstained for a considerable time previously from the use of these injurious beverages, some of which are stimulating, others medicinal" (§225 & Note).

But it is not enough to regulate the diet. Other disturbing influences must be avoided, and accordingly we find the Master enjoining: "The person who is proving the medicine must during the whole time of the experiment avoid all over-exertion of mind and body, all sorts of dissipation and disturbing passions; he should have no urgent business to distract his attention; he must devote himself to careful self-observation and not be disturbed whilst so engaged; his body must be in what is for him a good state of health, and he must possess a sufficient amount of intelligence to be able to express and describe his sensations in accurate terms." (§126)

The next point for the prover to determine, or rather for the superintending physician to determine for him, is the dose of the medicine to be taken. This will depend upon the fact, whether the substance to be proved is a known one, or an absolutely unknown one. If the former, its dose may be pretty safely found out from its already known properties. If the latter, then the dose should be cautiously begun at the very smallest, which again may be determined by administering it to some of the lower animals.

Having taken a dose or a number of doses, the prover has to observe the symptoms as they develope in chronological order, and then he will see whether the drug produces primary and secondary actions, that is, whether after the first symptoms have been produced and have ceased, others of an opposite character follow at the end of the proving; or whether alternating symptoms of an opposite character follow each other in rapid succession, even when the doses are being repeated.

In the case of heroic drugs, Hahnemann has very sagaciously observed that "if, at the very commencement, the first dose

administered shall have been sufficiently strong, this advantage is gained, that the experimenter learns the order of succession of the symptoms and can note down accurately the period at which each occurs, which is very useful in leading to a knowledge of the genius of the medicine, for then the order of the primary actions, as also that of the alternating actions, is observed in the most unambiguous manner."

But in the case of milder medicines, which have to be taken for several days in increasing doses, "the order of succession of the symptoms cannot well be observed, as the subsequent dose often removes, curatively, some one or other of the symptoms caused by the previous dose, or develops in its stead an opposite state; such symptoms should be enclosed in brackets, to mark their ambiguity, until subsequent purer experiments show whether they are the reaction of the organism and secondary action, or an alternating action of this medicine."

The last, not the least important, indeed from a therapeutic po int of view the most important thing to observe is what have been known as the conditions of aggravation and amelioration of the symptoms. These conditions, so essential to know in homœopathic treatment, are sadly neglected by the old school. On this subject we have pretty full directions in §133 of the "*Organon*: "On experiencing any particular sensation from the medicine it is useful, indeed necessary, to assume various positions while it lasts, and to observe whether, by moving the part affected, by walking in the room or the open air, standing, sitting or lying the symptom is increased, diminished or removed, and whether it returns on again assuming the position in which it was first observed,—whether it is altered by eating or drinking, or by any other condition, or by speaking, coughing, sneezing or any other action of body, at the same time to note at what time of the day or night it usually occurs in the most marked manner, whereby what is peculiar to and characteristic of each symptom will become apparent."

(To be continued.)

REVIEW.

Health Notes for the Sea-Side: with special reference to Whitby & District. By A. C. Dutt, B.A., M.B. (Cantab.), Assoc: King's College, London; Late Senior House Surgeon, Scarborough Hospital, &c. Horne & Son, Whitby.. 1895.

We have peculiar pleasure, not unmingled however with some regret, in noticing this pamphlet. The author is one whom we know from his infancy, and who, when he left his native country for England for the prosecution of his studies, was quite a young boy of considerable promise which we are glad to see has been amply fulfilled by his brilliant academic and subsequent professional career in the country of his adoption. He belongs to a family in Calcutta remarkable for general literary culture, and also for being specially favored of the Muses. He has given evidence both of his scientific attainments and of the advantages of his birth in the pamphlet before us, for we are pleased to find that the professional advice he has given here is based upon thorough and accurate scientific knowledge of the subjects treated of, and conveyed in language which for its literary grace is refreshing in a medical work.

Dr. Dutt has given the following reason for writing this pamphlet. "There is such a thing as a 'holiday wasted—*i.e.*, spent without regard to physiological laws—a holiday of incessant turmoil, whereby the health is injured rather recuperated. There will be found, in the following pages, hints for the prevention of such a calamity." These hints are embodied in observations on the following subjects: Dust, clothing and the hygiene of dress, exercise, sleep, our homes, by the sunny sea, baths and bathing, fresh air and ventilation, the hygiene of food, smoking, alcohol—its use and abuse, tea coffee and cocoa, water, mind and body.

Under each of these headings the observations are sound and eminently practical. We can afford to make only a few quotations here:

Under Exercise.—"Massage and electricity are other methods of obtaining the benefits of exercise. The former has been known in India from time immemorial."—In the Practical Addenda he says with just pride: "The oldest book on Massage is the

Sanskrit 'Susruta,' and the methods inculcated therein are practised to this day. The movements consist of stroking, rubbing, kneading, and striking the muscles. In fatigue, sleeplessness, and certain diseases, the effects are most beneficial."

The observations under Alcohol are particularly good. "Is alcohol necessary as a stimulating beverage? No; because it is much inferior to beef-tea as a means of stimulation, and beef-tea leaves no evil afterwards. In the Ashantee campaign it was found that a ration of beef-tea seemed to have as great a stimulating power as one of rum, and that the soldiers were more orderly, cheerful, and hardy under this regimen. Insurance companies are aware, and statistics have amply proved, that abstainers are longer lived than habitual drinkers. Alcohol depresses the vital powers, promotes the deposition of fat in the internal organs, thus preventing their harmonious working; mottles the skin and favors the onset of wrinkles, with other signs of senility. It makes the temper irritable, and slowly, but surely undermines the subtle processes of the brain. Hence those who value health and beauty, those who delight in a perfect working of mind and body, those who realise the long train of evils following in the establishment of a drinking habit, would do well to abstain from alcohol. To the poor, the expense should act as a deterrent. Alcohol is only admissible under medical advice, in certain social functions, and in certain depraved states of the bodily nutrition." "When tired out, it is far better to rest and then take suitable nourishment, than to quicken the beats of a worn-out heart by the ingestion of alcohol. The power of clear, consecutive, and continuous reasoning is always lessened by alcohol; and brain-workers will find it a better plan, when tired, to have a few minutes' sleep, followed by the sipping of a cup of good tea or coffee. It has been demonstrated that simply sipping cold water raises the blood pressure and improves the processes of thought."

We must say we cannot agree with the author as regards his observations on Smoking. Though he admits that "excessive smoking is decidedly injurious," he is in favor of "smoking in moderation," as it "has a soothing effect. For brain-workers, a pipe or two at bed-time are very beneficial. It also stimulates reflexly the nervous system, dilates the cerebral blood-vessels, makes the thoughts clearer, and the mind more active. Some

of the best poems of our late Poet Laureate, were written when he was enveloped in a cloud of smoke." For our part we look upon Smoking as an unmitigated evil. No amount of apologetic reasoning will convince us of the contrary. Against the supposed fact of inspiration derived by Lord Tennyson from smoking, we quote the following, for the careful perusal of our young author, from an article on the Physiological Action of Tobacco in the *Quarterly Journal of Science* (October 1872): "Homer sang his deathless song, Raphael painted his glorious Madonnas, Luther preached, Guttenberg printed, Columbus discovered a new world before tobacco was heard of. No rations of tobacco were served out to the heroes of Thermopylæ, no cigar strung up the nerves of Socrates. * * 'It is the solace, the aider, the familiar spirit of the thinker,' cries the apologist; yet Plato the Divine thought without its aid, Augustine described the glories of God's city, Dante sang his majestic melancholy song, Savonarola reasoned and died, Tyrtæus sang his patriotic song, Roger Bacon dived deep into Nature's secrets, the wise Stagerite sounded the depths of human wisdom, equally unaided by it." * * "What shall we say, then, to this habit? It is in no case necessary or beneficial; it is an unmanly leaning on a solace to care and labour neither sought nor needed by the weaker sex; it is an enormous and yearly increasing source of national improvidence. Above all, it is the foe to youthful development, the bane of youthful blood and brain."

The observations on water are generally good, but we must take exception to some which, if carelessly followed, may be fraught with danger. He is quite right in correcting the erroneous notion that "water taken *during* a meal dilutes the gastric juice, and hinders digestion." But he overshoots the mark when, in correcting another popular error, that of withholding water from fever-stricken patients for fear of giving a chill, he says, "nature craves for water. Plenty of pure water may be drunk at such a time, without any fear of evil consequences." Nature's cravings are not always natural, and disastrous consequences often follow when in our ignorance we give unqualified orders to satisfy them. A copious draught of cold water may allay thirst and the fever at the same time, but not unoften have we observed it followed by inflammation of one part or other of the respiratory passages. Ice-cold water, which it has become the fashion

to order ad libitum, has done irreparable mischief in many cases.

In the last section on Mind and Body we are glad to find a few observations on the distinction between these entities, which show the young author's extent of reading as well as his power of thinking. We do not say that the mystery of mind and matter has ever been or will ever be solved, but in the present state of our knowledge we agree with him in believing that the most rational view is that held by Bain, according to which mind and body are one substance, a double-faced unity. As we said exactly a quarter of a century ago (*Physiological Basis of Psychology*, 1870). "Matter is mind unformed : mind is matter in its most exalted state. Creation is the reclamation of chaos or crude matter. In the progressive evolution of beings which science reveals, we only see the struggle of the creative energy, if we may so express ourselves, to bring about this reclamation. We behold the light of God bursting, as it were, more and more through the darkness of chaos and dull inertia, till it appears, in nearly its full effulgence in man."

Dr. Dutt concludes this section and his whole book with the following general rules for the preservation of physical and mental well-being—(1) Eight hours' sleep ; (2) abundance of good food and fresh air; (3) occasional change of work; (4) extreme moderation in the use, or total abstinence from, alcohol and tobacco ; (5) total abstinence from self-drugging with opium, chloral, &c. ; (6) abstinence from aims and objects which we know to be beyond our power. And as a true and cultured physician he very beautifully and justly says that "Life, with all its conventionalities and hollowness, can be made sweet by conforming to such simple physiological laws ; and if on the cold light of science there dawns the rosy light of human sympathy and love—the soul, which is our *personality*, will rise higher and yet higher in the processes of evolution, and the star-light of immortality will cheer us, when the short span of life is ended."

We said in the beginning that our pleasure in noticing this little book was mingled with some regret. The regret is due to the loss which his parents no less than his country have sustained by his voluntary exile in a foreign land. We have, however, sincere sympathy and affection for him, and we wish him health and happiness wherever he may choose to spend his days.

EDITOR'S NOTES.

EFFECT OF CERTAIN DRUGS ON THE CALIBRE OF THE THORACIC DUCT.

Gley (*Sem. Méd.*, May 11th), speaking at the Académie de Médecine, said that he had found in the course of some researches made by himself and Carnus that various toxic substances bring about lessening in the calibre of the thoracic duct. Such, for instance, is pilocarpin, while atropine, on the other hand, leads to its dilatation. The antagonism of pilocarpin and atropine is thus illustrated here, as in its action on many other organs, the heart, glands, etc. Curare, he finds is a dilator of the duct. In asphyxia there is first contraction, and in the last stage relaxation.—*British Medical Journal*, June 29, 1895.

CHLORALOSE AS A HYPNOTIC.

Marandon de Montyel (*Rev. de Med.*, May 10th, 1895) condemns chloralose as a general hypnotic for general use in the treatment of alienation. He admits that it generally exerts a certain, though variable, amount of hypnotic action, but the patient very rapidly becomes habituated to the drug, which then ceases to have any effect. The only cases in which he found chloralose to be really useful were cases of epilepsy complicated by insomnia. The drug appeared not only to produce sleep, but to cut short the duration of the period of excitability. The dose given was from 25 to 50 centigrammes (3¾ to 7½ gr.) nightly until the crisis appeared to be over.—*Ibid.*

QUACK DOCTORS IN INDIA.

Quack doctors have become so great a pest to this country as to attract the attention of European district officers. Mr. R. Carstairs of the Bengal Civil Service, who had charge of the Serampore Subdivision in the early part of his Indian career, and has been Deputy Commissioner of the Southal Pergannahs for several years, has recently issued an interesting work entitled "Human Nature in Rural India," in which he justly states that the worst friend to the native of India is the quack doctor, who of late years has increased in number to an alarming extent. Formerly he was found chiefly in the larger towns, but now a days he has become almost ubiquitous. Mr. Carstairs compares the Bengal quack to his comrade the money-lender, and considers the former to be a greater pest to the Bengal villager than the latter, and a "reproach and a hindrance to English medicine," and states that in one village of about two thousand inhabitants with which he is acquainted there are no less than sixteen of these irregular practitioners.

JACKSONIAN EPILEPSY FROM OLD CEREBRAL ABSCESS.

Dr. Lepine has recorded, in the last number of the *Revue de Médecine*, a curiously interesting case of a woman aged 62 who, ten years before her admission to hospital, had had a series of convulsions with loss of consciousness, and these were succeeded by left hemiplegia, which lasted fifteen days. Since then she had had frequent attacks, which had been regarded sometimes as Jacksonian attacks, sometimes

as hysterical. In December last, she had one day several attacks and these continued to recur day after day. There was less of consciousness in the severe ones, but there were also slighter ones in which there were jerkings of the fingers and forearm, but no loss of consciousness. On the day after her admission, following a severe attack, left hemiplegia was noted affecting both arm and leg, but sparing the face. The attacks came on more frequently, and although bromides lessened their severity, it did not control them, and the patient gradually sank and died. At the necropsy a cyst of two to three centimetres in diameter with caseous contents, was found in the right frontal lobe rather nearer to the anterior border of the hemisphere than to the fissure of Rolando. It was, in fact, apparently a cold abscess, and there seems every reason for believing that it must have existed for the ten years during which symptoms, only explicable on the hypothesis of such a lesion, had been present.—*Lancet*, 20th July, 1895.

HOMŒOPATHY IN GERMANY.

While it is true that the German government recognizes the legal status of the Homœopathic practitioner who is able to pass the examinations of the German Universities by the establishment of a royal examination committee, there is nothing to compel the University to issue their diploma even though the student shall have complied with all the requirements, consequently in every case they take advantage of the absence of compulsory action and decline unless the candidate will write a statement renouncing all belief in the efficacy of medicine applied under the law of *similia*, and even then the diploma may be withheld for a number of years as a safeguard against the smirching of the fair honor of their institution by heterodox practice of one holding a degree from their institution. Such bigotry, however, is bearing rich fruit, for every one, desiring to make such investigation, becomes more determined from the very opposition, and the intensifying of the desire brings about more thorough investigation which inevitably results in a conviction of the truth of the law that cannot be shaken. The School of Homœopathic medicine has more to fear from those who, from a superficial investigation of its principles, accept its tenets, and, then from *pure ignorance* of the real spirit embodied in the same, do not follow its precepts with sufficient care and, for that reason alone, *fail* and then attribute their failure to defects in the system with the result so frequently noted.

The result of the opposition in Germany is all that could be desired however, and the day is not far distant when the land which first saw its birth will be willing to receive the child into full fellowship. From the *Hom. Record* for May we take the following.

Thus Dr. Schwabe's central pharmacy, at Leipzig, gave the number of adherents of Homœopathy, who are in steady intercourse with it at the end of the year 1891, as 60,000. As to the social standing of these believers in Homœopathy we may mention the fact that among their numbers are fifteen members of reigning European dynasties; forty dukes, potentates and princes of houses not now reigning; twenty-one hundred and twenty counts, barons and baronets; six

hundred and ninety-five German and foreign military officers; two hundred and five higher and lower civil officers, professors, etc., and twenty-seven monasteries in Germany, Austria and in foreign parts.—*The Medical Advance*, June 15, 1895.

A SNAKE-VENOM ROMANCE; OR THE FIRST PROVING OF LACHESIS.

It is well known that Constantine Hering was the first to prepare, prove, and use snake-venom as a remedy in disease, but few know the heroism this great therapeutic genius—the second name to Hahnemann's in homœopathy—displayed in obtaining his first supply of venom and in experimenting with it on his own person. The thrilling story is told in full in the June number of *Minneapolis Homœopathic Magazine*, by one of Hering's old pupils, Professor W. E. Leonard, from whose article we will make a quotation.

"When a young man of thirty-five" [*i.e.*, in 1835; Hering was born on the first day of the century—January 1, 1800.] "Hering and his wife were directing, on behalf of the German Government, botanical and zoological collectors from a temporary dwelling on the edge of the tropical forest of the upper Amazon. The natives, who were his sole assistants, had told Hering much about the deadly lance-headed viper (*Trigonocephalus Lachesis*), "and he offered liberal rewards for the capture of a living specimen. Finally, one day, a bamboo box was brought in hastily and placed in his rooms. Immediately, to his amazement, not only those capturing the serpent, but also his entire native household, fled precipitately from the place! They saw no hope for their master or his wife if he proposed to deal in any way with a living 'Churukuku'—the native name for the reptile. He was left to obtain the venom from this creature with his wife's aid alone, and at the imminent risk of his life. This was accomplished by stunning the serpent by a heavy blow as the box was opened, then holding its head in a forked stick, and pressing the poison out from the venom-bag upon sugar of milk."

The effect of handling the virus, and preparing it in triturations with sugar-of-milk, was to throw Hering into a fever with tossing delirium and mania, His wife watched him anxiously through the night, alone in the forest, miles from any other human being, not daring to think of the possible effects of such a violent poison, and having no knowledge of any antidote. "Toward morning he slept, and finally awoke, his mental vision cleared from the passing storm. His first question, when a little water had moistoned his throat, was —'What did I do and say?'" It was all too vividly imprinted on his wife's mind for her to forget: the symptoms were written down, and this constitutes the first homœopathic proving of *Lachesis*. Thus "Before their native helps, one by one, crept sheepishly back to the camp, expecting to find their corpses, this enthusiastic couple had prepared all the *Lachesis* since used by the profession, and had begun a reliable pathogenesis of one of our greatest remedies." This historic serpent is now preserved in alcohol in the American Academy of Science, in Philadelphia. The reptile is a large one, growing to seven feet or more in length, with fangs nearly an inch long; it has a red-

dish-brown skin marked along the back with blakish rhomboidal spots. —*The Homœopathic World*, Aug. 1, 1895.

THE SPLEEN AS A BACTERICIDE.

Recent progress in therapeutics lies in two directions: serotherapy and organic extracts. The latter must be divided into two classes: (1) The extracts of the class to which belong cerebrin, medullin, cardein, etc., and, (2) the extracts of thyroid gland given in myxœdema, and that of bone-marrow for pernicious anemia. The success of the latter class is assured. They doubtless act by imparting important constituents to the blood, which are probably supplied by these parts normally.

The organs specially connected with the blood are the thyroid gland, the bone-marrow, and the spleen. Of the splenic functions little more is known than was a short time ago known of the thyroid. Some facts point strongly to the possibility of the spleen being an immunizing agent against certain diseases. While it may be true that the white cells are the agents that destroy bacteria in the body, it is certain that people live for years in malarial regions without contracting malaria, that some persons resist typhoid better than others, that most persons are exposed to tubercular infection, and when infected some succumb and many do not.

In these diseases—malaria, typhoid, acute tuberculosis, pneumonia and other germ diseases—the spleen is markedly enlarged, as if overstimulated in trying to throw off the disease. In diseases that are spontaneously cured, it is conceivable that the bacteria-killing substances are elaborated in the spleen. That malaria and tuberculosis are, to a degree, incompatible, tends to confirm this view. This is further supported by Davidson in his "Geographical Pathology":

"The facts, therefore, seem to establish two of the conclusions arrived at by Lombard, first, that consumptives are less numerous in those districts where malaria is dominant than in those where it is less prevalent; second that this inverse relation is not entirely explained by differences in climate."

The spleen, enlarged and abnormally active from its battle with malaria, easily overcomes the inroads of the tubercle bacillus. If the supplying of bactericides to the blood is the chief function of the spleen, then our ignorance of its function is obvious. Vaughan says: "It is certain that the spleen contains a germicidal substanse, but whether we can extract it by the method of Hankin, we do not know. Clinically, we can administer spleen by the mouth or subcutaneously, in the form of an extract. With thyroid and bone-marrow, the former method is wonderfully successful.

To sum up: The spleen is enlarged in acute infectious diseases. Some men and certain species are immune; recovery takes place by germicides, produced in some part of the body, and they are probably elaborated in the spleen. The foregoing views are purely theoretical but are given in advance of actual experiment in the hope that others will investigate the subject; the spleen of animals immune from the diseases experimented on should, as far as possible, be used. It might

be administered in tuberculosis, malaria, and typhoid fever, and perhaps, throw more light on the functions of the spleen, analogous to that which has been shown to belong to the thyroid gland.—*American Medico-Surgical Bulletin*, July 1895.

THE HOMŒOPATHIC LEAGUE.

In 1886 an association, termed the Homœopathic League, was formed for the purpose of bringing a knowledge of the principles of homœopathy, with the results flowing from their adoption in the treatment of disease, the opposition which this method of treatment has encountered, the means used to keep the public and the profession in ignorance of it, and the prevalent misconceptions regarding it, more clearly before the general public than had been done in a similar manner for the last thirty or forty years. As stated in the first circular issued by the committee, the "objects of the league will be to spread a knowledge of homœopathy among the people by means of pamphlets, books, public meetings, lectures of a popular character, and such other means as may from time to time appear desirable, and to counteract the unfair treatment to which it is subjected." We believe that, for all practical purposes, the League has confined its operations to the publication of *Tracts* bearing upon the principles and progress of homœopathy, and, we feel sure that, in so limiting their sphere of work, they have acted wisely. The public platform is not a suitable or effective position from which to discuss the science or art of therapeutics. The popular lecture, which was so powerful a means for disseminating knowledge forty years ago, has lost its attractions. To-day none but men of eminence in literature or in some department of science of much more general interest than that which is medical, will draw more than a handful of people to any public hall either in or out of London. The *Tract*, however, can be read at leisure, can be referred to afterwards, and is calculated to excite interest in the questions to which it relates, and stimulates a desire for further knowledge upon it. Hence, we are glad that the League did not persevere with its original scheme in its entirety, and that it has devoted its energies to the publication and circulation of a series of short, interesting and instructive essays upon homœopathy and the variety of topics connected with it. As a result of this work, we have before us a series of fifty-four *Tracts*, which, in three small volumes, constitute a veritable *Homœopathic Encyclopœdia*; a work which may be placed in the hands of anyone, whether a member of the medical profession or without its pale, who is desirous of knowing what is understood by homœopathy, its history, the character of the opposition which it has encountered, the results which have followed its adoption by medical men in endeavours to cure disease, its influence upon the treatment of disease by those who have repudiated it as a therapeutic method, and its progress in this country, in America, in India, and the Colonies.

It is, moreover, a work which cannot be charged with having any personal end to serve. The *Tracts*, though written by men who are well known to all homœopathic practitioners as being qualified to write upon the subject treated of, are anonymous, while all have

been submitted to the scrutiny of the Committee appointed to supervise their publication and dissemination. The last *Tract*, just issued, gives a summary of the work done by the League, and states that for a time the issue of further publications has been deemed unnecessary. It concludes with the following sentence, with which we entirely coincide.

"On the whole we have every reason to be contented with the utility of our work, and we believe that we may rest satisfied with what has been accomplished, and feel assured that the impulse given by our publications to the spread of a knowledge of homœopathy among the public will continue, though we may for the present cease issuing any more *Tracts*. Those already published will for a long time to come serve to enlighten enquirers as to the true character and beneficial results of the great reformation of medicine the world owes to the genius and labours of the immortal Hahnemann."

We would urge each of our colleagues to be provided with these three volumes, and to lend them among their friends and patients; and we would further suggest that a copy of the series be presented to every Free Library in the Kingdom. The public needs enlightenment on the subject of homœopathy, one which is of far greater importance to them than their non-homœopathic medical advisers would lead them to suppose.

We heartily thank those who have prepared these essays; and, as it is an open secret that it is to our veteran and energetic colleague, Dr. Dudgeon, that we are indebted for the majority of them—the very large majority, we believe—we very especially thank him and congratulate him on the success which has attended this, his latest of very many efforts, to spread abroad a knowledge of the most important truth in therapeutics.—*The Monthly Homœopathic Review*, July 1, 1895.

LONDON HOMŒOPATHIC HOSPITAL—OPENING OF THE NEW BUILDING.

The new building of the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, presented a most festive appearance on the 9th ult. The exterior was decorated with flags. Venetian masts gay with bunting being placed at intervals the whole length of the *façade*. These preparations were in honour of H. R. H. the DUCHESS OF TECK, patron of the hospital, who was to perform the opening ceremony. The guard of honour stationed outside the building was, by permission of Colonel Coles, furnished by the City of London Artillery Volunteers, whose band played the National Anthem as Her Royal Highness alighted. At the entrance the Duchess, who was attended by the Hon. Mrs. Mitford and the Hon. A. Nelson Hood, was received by the Viscountess Emlyn, the Lady Ebury, the Lady Calthorpe, the Lady Newton, the Hon. Mrs. Algernon Grosvenor, the Hon. Mrs. William Rowley, the Hon. Sibyl Legh, and other lady visitors of the hospital, the Viscount Emlyn (treasurer), the Earl of Dysart, Mr. Alan E. Chambré, Mr. W. H. Trapmann, Mr. A. R. Pite, Dr. Galley Blackley, Mr. C. Knox Shaw, and Mr. G. A. Cross, Secretary.

The Hon. Alice Grosvenor presented the Princess with a lovely shower-bouquet of orchids and yellow roses, arranged with sprays of asparagus fern.

Her Royal Highness was then conducted by the members of the Board of Management and Building Committee, the consulting physicians and surgeons, members of the medical staff, the Bishop of Stepney and the chaplain, the president, vice-presidents, and treasurer of the hospital, to the ward in which the opening ceremony was to take place. Here the Blue Hungarian Band was stationed, and on the arrival of the Duchess played the "National Anthem." The chairman of the Building Committee (Mr. Alan E. Chambré) read the following address to Her Royal Highness, which was artistically illuminated.

"May it please your Royal Highness,

"We, the President, the Treasurer, the Chairman and Board of Management, and Building Committee, the Officers, and the Members of the Medical Council and Medical Staff of The London Homœopathic Hospital, beg leave to tender to your Royal Highness our respectful thanks for your kindness in being present here to-day, and to offer you a most cordial welcome to the new hospital, so happily associated with your Royal Highness as patron.

"From its inauguration nearly fifty years ago, by the late distinguished physician, Dr. Frederick Foster Quin, under the auspices of Royal and personal friends, and by the wise guidance of the late president, the Lord Ebury, and the able administration of the late chairman, Major William Vaughan Morgan, this hospital has continually progressed until, at the present time, its supporters contemplate with a feeling of just pride a newly-built and greatly enlarged Hospital calculated to effect an extended and widespread work amongst the suffering poor; worthy, it is felt, of illustrating, among the most useful and progressive hospitals of the metropolis, that true development in medical science can be best promoted by the recognition of new truths and tested principles.

"That the medical exponents and the lay adherents of those principles are animated by the greatest readiness to join in real scientific progress is, it is thought, demonstrated by the erection of the Building submitted this day to the inspection of your Royal Highness, for it embodies, as a consequence of the mature advice of the medical staff every proved invention which modern ingenuity has devised for the sanitary, scientific and successful treatment and nursing of the sick poor.

"We earnestly trust that the new hospital, with the facilities it affords for widespread medical work, may greatly tend to enlarge the area of medical science, and have a material effect in promoting real and free union in the medical profession.

"When the present yearly average number of 700 in-patients shall have become more than a thousand, and the yearly average number of 10,000 out-patients shall have become more than 30,000—and the capacity of the hospital will easily admit of such increased results—we shall look back with increased pride on this day, when your Royal Highness will have declared open a building, the site, erection, and

furnishing of which has cost some £45,000, a sum provided by the generosity of friends of a reformed practice in medicine, headed by the munificent gift of £10,000 from 'A Friend well-known to the Hospital.'

"The presence of your Royal Highness on the occasion of laying the foundation stone of this building, when you were graciously pleased to perform that act, and of opening it for the reception of the needy sick, for whose benefit it has been provided, will always be remembered, not only as a distinguished honour, but also as crowning the enterprise which has throughout been a work of love, alike to the authorities of the London Homœopathic Hospital, the medical staff, and the numerous donors, who have all had in view the good of the poor and the progress of a great cause."

After this, a portion of Scripture was read by the chaplain of the hospital, the Rev. Dacre Craven, Rector of St. George the Martyr. The anthem, "Except the Lord build the House," was excellently rendered by Misses Louise Burns and Annie Stanyon, and Messrs. Hulbert Fulkerson and Baring Ranalow.

The Right Reverend the Bishop of Stepney offered prayers, which were followed by the singing of a hymn by the assembled company, and in which Her Royal Highness the Duchess heartily joined. The architect, Mr. William Alfred Pite, F.R.I.B.A., presented to the Duchess a key of the hospital, and Her Royal Highness then declared the building open in the following words:—"I have great pleasure in declaring this hospital open, especially as it is a memorial of two friends no longer with us—Dr. Quin, the founder of the hospital, who was a kind friend of mine, and Lord Ebury, who was present with us on the occasion of laying the foundation-stone of this building. I heartily join with you in the hope that the present number of 700 in-patients may become more than a thousand, and the 10,000 out-patients more than 30,000."

Purses of £5 5s. each were presented to the Princess by a large number of children, present and former patients of the hospital and children of visitors and subscribers to the institution. The Bishop of Stepney pronounced the Benediction, and then Her Royal Highness proceeded to make an inspection of the building, after which tea was served in the "Quin Ward," and Her Royal Highness received a hearty ovation on leaving the Hospital.

There was a very large attendance of subscribers and friends at the opening ceremony. All the visitors were invited to go over the hospital, and a cheery scene the wards presented, decorated as they were with a wealth of summer bloom; the children's wards were especially attractive, and in one of them the little patients who had presented purses were having tea.—*Monthly Homœopathic Review*, August 1, 1895.

CLINICAL RECORD.

A few Cases of Disorders during Pregnancy.

By Dr. Amarchand Mukerjea, M.B.

Case 1. Chronic Dysentery.—Babu P. N. Banerjea's wife, aged 32, was placed under my care, on the 17th Sept. 1893, for chronic dysentery.

Previous history.—The patient, a multipara, was in the 7th month of gestation and had been suffering from dysentery for the last four or five months. Four years ago, she had resided in an intensely malarious district and had frequent attacks of ague, which induced her to take to the use of opium. She had tried all sorts of quack nostrums for her dysentery, but unfortunately to no effect. She was afraid to take kaviraji or allopathic medicines, lest they might bring on abortion.

Present condition.—Very weak, emaciated, anæmic; passing stools almost every hour, with severe straining; the stools were green, watery, with mucus and blood, and each stool was about half an ounce; is taking Bazar opium in four grain doses, twice daily as usual; abdomen sunken, and tender especially over the sigmoid flexure; tongue red, glazed and dry; appetite very dull.

I prescribed *Merc. sol.* 6, four times a day, and ordered soft rice with magoor fish soup in the morning, and arrowroot with bael and a little milk in the evening and when required; the habitual opium was not prohibited.

19th Sept. I visited her this morning; and found to my surprize that she was doing a good deal better; the stools have turned feculent with bits of mucus and blood, and numbered only eight in the last 24 hours; the straining much less; the patient more at ease; continued *Merc. sol.* thrice daily and diet as before.

22nd. Passed only four stools yesterday; the stools contained less slime and blood and were more feculent; tenesmus almost absent; continued the medicine twice daily.

26th. Nearly all right; no trace of blood in the motions and no straining; mucus very little; the patient more cheerful and began to improve day by day, and was safely delivered of a female child at the usual time. No medicine.

Remarks.

In our village practice Homœopathy is sought after, in preference to kaviraji or allopathy, in the treatment of diseases during pregnancy. The husband of the patient called me in, when the case had assumed a very serious aspect, and I congratulate myself on the success which attended the management of this case, as the recovery of one such patient aids more in infusing confidence in the mind of the public in the efficacy of homœopathic medication than the cure of thousand ordinary ones.

Although this was an ordinary case of chronic dysentery, yet taking into consideration the delicate condition of the patient, her broken down constitution, habitual use of opium, the malarial taint

and the failure of the nostrums which, generally as I have seen in other cases, suffice for cure, it is no exaggeration to say that *Merc. sol.* acted most charmingly in this case.

Case 2. DIARRHŒA.—Babu T. N. Sircar's wife aged 30, was placed under my care on the 13th may 1894 for diarrhœa and differential diagnosis of pregnancy.

Previous History.—The patient, a multipara, had ceased to menstruate for the last six months. This was attributed to the weakness of her constitution, consequent on the diarrhœa she had been suffering from. She had been taken to Calcutta, a week ago, and placed under the treatment of an experienced graduate of the Medical College, who gave a doubtful diagnosis of pregnancy and prescribed Tinct" Nux Vomica and Tinct. Pulsatilla in drop doses to be taken thrice daily. Finding no relief, she was again taken to him, just three days ago, and he prescribed Bismuth and Pulv. Doverii, which she had been taking these days.

Present condition—Very weak, emaciated, almost reduced to a skeleton, complains of aching pain in the chest and tenderness over the uterine region, which seems to be a little protuberant, besides this tenderness, she suffered from occasional fits of spasmodic pain over the part. On auscultation, no abnormal sound was heard over the chest, but very faint bruit over the left and still fainter fœtal heart sound, numbering about 160 (the pulse at the wrist numbered 90) was audible over the right hypogastric region; passing loose undigested stools, about fifteen in number in 24 hours, more frequent in the morning, till she takes her meal; the paroxysmal pain over the uterine region, becomes at times intolerable to such a degree, that she implored me to expel the contents of the uterus, whatever it might be. She had derived benefit for one day only, from the use of the Dover's Powder, but the symptoms have resumed their former intensity for the last two days. I prescribed Bismuth, Pepsin, Pulv. Kino. Co to be taken twice daily just after meals and a liniment containing Tr. Opii, Lin. Belladonna and Glycerine, with which to soak a rag and apply it over the hypogastric region, when there would be accession of pain (I forbade "rubbing" lest it might induce miscarriage).

18th. I visited her this morning and found no improvement; the motions were rather dysenteric; pain the same; substituted Pulv. Doverii for Kino in the powder.

22nd. Not at all better; the stools were frequent, scanty, feculent with slime; the pain remaining the same; finding the patient disgusted with the allopathic medicines, I prescribed *Nux v.* 3x to be taken four times a day (i.e. in 24 hours) and ordered for diet, soft rice with fish soup in the morning, and barley water, arrowroot biscuit in the evening.

26th. Improvement set in from the very day *Nux v.* had been prescribed; passed only two stools yesterday, which were much improved in appearance; no pain; the patient feels a good deal better; cont. *Nux v.* twice daily.

29th. Doing well; no medicine.

9th June. Examined her this morning; the fœtal heart sounds were distinctly audible; no pain; stools three or four in 24 hours, almost of natural consistence; feels better; has gained a little in flesh. She went on improving day by day and was safely delivered of a female child in due time.

Remarks.

The condition of the stools and the accompanying symptoms led me to prescribe *Nux v.* in this case, and I was struck with the improvement which began with the administration of the very first dose. It not only mitigated the diarrhœa, but removed the pain altogether.

Case 3. Opium-Poisoning.—I was called in to attend on the wife of D. N. Manna, aged 44, on the 11th April 1894 at 5 P. M. On enquiry I learnt, that the patient, a multipara, in the 7th month of gestation, had taken bazar-opium, weighing about one drachm, dissolved in mustard oil, at about noon, on an empty stomach. A neighboring practitioner, who had been called in at 2-30 P. M., had administered Pulv. sinapis for emesis and the juice of the *kalmi* (an aquatic plant—Ipomœa Aquatica—belonging to the order convolvulaceæ) to counteract the effects of the poison. The patient had vomited twice, but excepting the smell, no trace of opium had been found.

On arrival, I found the patient very weak, pupils contracted to a pin's head, pulse small, weak and a little frequent, abdomen a little tympanitic, very drowsy, speaking with difficulty and dosing, slightly perspiring, in short, in the stage of impending coma; the patient had been made to walk with the help of assistants, but as she became too weak and exhausted and staggering in gait, she had been allowed to rest at the time I visited her first. Her forehead and scalp were perceptibly warm and cold water had been poured over the head.

I washed her stomach with 2 pints of warm water, which came out colourless at first, the last portion containing shreds of mucus stained green, most probably with the *kalmi* juice previously administered. This occupied nearly half an hour.

I then gave her one hypodermic injection of Liq. Atropia B. P. ♏x at 5-30 P. M. and another at 6-15 P. M. and prescribed the following:

Tinct. Bellad.		
Spt. am. arom.	aa	ʒiss
„ Ether Sulph.		ʒii
Tinct. Strophanth.		♏xxv
Aqua anisi	ad	ʒiii

Mix and make 8 doses, one dose every hour. I also ordered caffein. citras grs. iii with a dose of the mixture every two hours; coffee and milk ad libitum; cold to the head; and enjoined the attendants to keep her awake by a sound shake every now and then (as to make her walk was now out of the question.)

8-45 P. M. Excepting a little dilatation of the pupils, no improvement was observed. Repeated another hypodermic injection.

12-30 P. M. The effects of Atropia have begun to manifest themselves. The patient is delirious to a slight extent; skin dry; troublesome itching all over the body; grasping imaginary objects; repeated the

hypodermic injection and ordered the mixture to be continued at longer intervals.

12th April. 3 A. M. Consciousness has returned; made water; pulse improving; stopped all medicine.

11-30 A. M. Found her nearly all right; pulse pretty fair; is very sleepy; itching still troublesome; fœtal sounds, though weak, are distinctly audible.

The patient made an uninterrupted recovery and was safely delivered of a healthy male child in due course.

Remarks.

This was an ordinary case of opium-poisoning. I have found hypodermic injection of Atropia, in full doses, very useful in these cases, and have seen some hopeless cases with stertorous breathing, complete dysphagia and all the signs of coma, to come round. I had not heard of the Permanganate of Potassium treatment at the time. The interest of the case lies in the fact, that, notwithstanding the forcible introduction of the stomach pump and the poisonous doses of opium and atropia, the fœtus retained its vitality and was delivered in due course quite healthy.

Case 4. PLEURITIS WITH DOUBLE QUOTIDIAN FEVER.—Babu K. N. K. Ch.'s niece, aged 24, a multipara, of fair complexion and tolerably good health, was placed under my care on the morning of the 7th June 1895, for pain in the chest and high fever. On enquiry, I learnt that she had been suffering from fever since the night of the 4th June and was in the 6th month of gestation. The fever assumed a double quotidian type from the 6th, the paroxysms coming at 8 A. M. and 11 P. M. Last night she was attacked with a severe lancinating pain over the right infra-mammary region, aggravated by cough, deep inspiration and movement. I examined her on the 7th and found the temperature at 104.6°F, extremities cold, face red and flushed, pulse small, quick and frequent, slight pain in deglutition, short frequent laryngeal cough, severe headache, forehead hot, bowels not moved since the 5th; had slight shivering in the morning; pain of a stitching character over the right infra-mammary region; on auscultation, very soft friction sound was heard over an area of about 2 in. just beneath the right mamma; no other abnormal sound was heard in any part of the chest; abdomen soft, flaccid; fœtal sounds slightly exaggerated; the left tonsil a little red and enlarged.

I prescribed *Aconite* 3x and *Belladonna* 3x, alternately every 3 hours; cold lotion to the forehead; hot bottles to the extremities, till they get warm; milk Oj with sago for diet and cotton bandage over the chest, after painting the affected part with a Liniment, composed of *Aco.* ℚ, *Bell.* ℚ, or glycerine.

10. P. M. The temperature had risen to 105.2 at 2 p. m. and is 102.4 now; pain in the chest, headache, &c., the same as in the morning; extremities got warm after 2-30 p.m.

8th. June 10 p. m:—Had another paroxysm after 11 p. m. last night, attended with a slight rigor, but no aggravation of the pain in the chest; bowels not moved for the last four days, but no sense

of discomfort from the costiveness and the abdomen is soft ; friction sound very faintly audible ; temperature had gone down to normal in the morning, but is rising now, being 102.4 ; the extremities not so cold as they were yesterday, the palms and soles only being a little cold ; had slight chill just an hour ago ; face less flushed ; pain in deglutition less. *Cont. Aco.* and *Bell.* alternately every 4 hours.

10 p. m. The temperature had risen to 103.2 at 3 p. m. but is going down now, being 101. Body bathed with perspiration ; feels comfortable ; pain rathers less. Omit *Aco.* continue *Bell* every 4 or 6 hours.

9th. June :—No fever ; had one free evacuation this morning ; pain in the chest, felt only during deep inspiration or cough ; no friction-sound audible even on careful auscultation. *Cont. Bell.* thrice daily.

10th June :—Doing well ; no medicine.

12th. Doing well ; ordered bread and soup.

Remarks.

This is an ordinary case of pleuritis, accompanied with double quotidian fever ; the flushed face, pain in deglutition, affection of the right side and the double quotidian nature of the fever led me to prescribe Bell. in preference to Bry. which is almost the sheet anchor in pleuritis, and it was interesting to observe the good effects within 24 hours of its administration. It is worthy of note, that although the bowels were not moved for four days, still as there was an absence of abdominal symptoms, no means were adopted to clear out the alimentary canal, and it resumed its normal functions just as the other symptoms abated, verifying the memorable words of Dr. Hughes that "Nature is her own Scavenger."

THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

117. HYPERICUM.

Constipation:

1. St. irregular, sometimes hard, sometimes soft, "very bilious."
2. St. delayed. Difficult, hard st., with violent tenesmus, so that it caused nausea.

Diarrhœa:

1. St. freer than usual in morning. St. soft in evening. Diarrhœaic stool, with pain in abd., after coffee in evening.
2. Two sts., normal and profuse, painless, morning and evening—Usually has but one st., and not inclined to diarrhœa.
3. Unusual, severe urging to st. in bed soon after waking, restrained with difficulty, followed by normal st. (Diarrhœa driving out of bed in morning.—*Hering.*)
4. Loose, bilious, yellow stools at 4 P. M., usual firm one having occurred in morning.
5. Summer D. with eruptions on skin.—*Hg.*
6. Cholera morbus, slimy stools; afterwards constipation.—*Hg.*

Rectum and Anus:

1. Great desire for stool with discharge of hard masses.
2. Urgent desire for st. with passage of small fœcal masses.
3. Very unusual, severe urging to stool. Ineffectual urging to stool.
4. Stools attended with most violent tenesmus.
5. Rectum feels dry, morning.

Aggravation:

1. After coffee, tea.

Amelioration:

1. Nausea, loathing, spitting of mucus, eructations, relieved by drinking cold water.

Before St.:

1. Pain in abd.; violent griping as from flatulence; griping distension of abd.

During St.:

1. Pain in abd.; violent tenesmus.

After St.:

1. Relief of distention and cracking pain in lower belly.

General Symptoms:

1. Great depression of spirits, great sadness, so that she feels like to weep.
2. Apprehensiveness. 3. Weakness of memory.
4. Excessive vertigo and nausea, on walking in the morning.
5. Great heaviness in head in the afternoon. Brain feels compressed.
6. Violent headache, as from a hammering, especially on vertex.
7. Violent stitch in left temporal region, almost compelling him to cry out suddenly.
8. Throbbing in vertex, and a feeling of heat in head in afternoon.
9. Profuse falling out of hair, for a fortnight, after proving.
10. Pupils dilated. Sight weaker than usual.

11. Roaring in ears, especially in left.
12. Nose extremely dry. Remarkably acute smell.
13. Pains in face (starting from a hollow tooth), worse at night.
14. Tearing toothache in right upper and lower jaws, on waking at 3 A. M. Jerking pain in teeth and cheeks.
15. Tongue coated white, or greyish-white; mouth dry; hot feeling, dry burning heat, in mouth.
16. Loss of appetite, nausea, and constant pressure as from an over loaded stomach, although he had fasted.
17. Thirst increased, becomes violent. Taste bad.
18. Nausea, so that he is scarcely able to rise in the morning, with pressure in præcordial region.
19. Nausea and distress in stomach, with inclination to vomit, retching, collection of water in mouth; constant eructation of wind or mucus, relieved by cold water.
20. Feeling of heat in epigastrium and chest.
21. Pressure in stomach after a meal, especially after boiled rice. Drowsiness after dinner.
22. Distention of abdomen. Much flatulence, pressure, and dragging in abdomen through the day.
23. Cutting and griping in abdomen, as from incarcerated flatus.
24. Frequent emission of very yellow urine without burning.
25. Frequent dry hacking cough.
26. Tightness in chest. Pressure and heaviness on chest.
27. Pulse rapid and hard. Palpitation. Heart feels as if it would fall down.
28. Pressive pain in small of the Back.
29. Numbness in limbs.
30. Great weakness and trembling on waking in morning.
31. Great exhaustion for 3 weeks after proving.
32. Disinclined for mental and physical labour.
33. Great itching especially in sacral region. The skin felt rough and seemed full of pimples. Crawling in the hands and feet, they felt fuzzy. Small pimples on skin; biting eruptions like nettle-rash on both hands, especially on dorsa and between fingers.
34. Constantly inclined to sleep; sleep uneasy, restless and disturbed by various pains, with confused anxious, voluptuous dreams.

Remarks: HYPERICUM, though not used in our school except as a vulnerary, especially in lacerations involving nerves, may be used with advantage as the symptoms above given indicate, both in constipation and diarrhœa; in the former when the stools are hard, lumpy, attended with tenesmus so violent as to cause nausea; in the latter when the patient can scarcely restrain the severe urging early in the morning on waking. The aggravation from coffee and tea, and the amelioration from drinking cold water, seem to be characteristic.

Gleanings from Contemporary Literature.

THE TREATMENT OF INFLUENZA.

By Richard Hughes, M.D., Brighton, England.

The repeated onslaughts which influenza has made upon us here in England during the last few years, and the full measure in which America seems to have shared in the common calamity, make the subject of its treatment a suitable one for an English writer to bring before an American gathering. The following remarks must be regarded simply as introductory to the discussion which, I doubt not, will follow upon them.

And first I must enter a brotherly remonstrance against the designation by which this epidemic has come to be known on the western side of the Atlantic. Why should a new foreign term like "la grippe" be employed to name it, while "influenza"—though Italian in origin—has been naturalized among all the English-speaking peoples for more than a hundred years past? The French term, moreover, is inappropriate in itself: it implies a suffocative feature in the laryngeal or bronchial complication of the malady which is not at all frequent, and it is habitually employed for the endemic winter catarrh of Paris. It is only in the present epidemic that it has found its way into American usage (Marcy and Hunt, for instance, in their "Theory and Practice" of 1865, calling the disease "influenza" simply, as we do here); and I hope it will hereafter be dropped.

From the name let us turn to the thing. Influenza used to be defined as "epidemic catarrhal fever," and the description is a very good one. The malady is one not constantly present, but occurring as it were in paroxysms. It is, primarily and essentially, a fever; and its most marked and frequent local complication is catarrh of some part of the respiratory tract.

It is on the second of these statements that I would begin by directing attention. The influenzal pyrexia is a primary one, as essential as that of measles and typhoid. It is not symptomatic of a local inflammation; nor is it a mere disturbance of heat-formation and heat-loss such as a chill can produce. It may unquestionably be communicated from person to person (though I doubt whether this is its invariable, or even its ordinary mode of propagation); and, with whatever individual difference, it "treads true," producing its like and nothing else. It must thus be no longer classed among the diseases of the respiratory organs, but must take rank as a specific infectious fever. And this is no matter of nosology only. The kind of remedies we employ for the latter group of maladies differs from those suitable for the former; we shall think less readily of aconite and arsenicum, and more so of gelsemium, belladonna and baptisia.

In influenza, then, we have a specific fever to treat; and sometimes this and this only. According to the form it assumes we should administer one or other of our Well-tried anti-pyretics—aconite, gelsemium, belladonna or baptisia.

(a) Aconite is (as I have said) less suitable in such a fever than in one resulting from cold: nevertheless, when it is indicated by the symptoms,

from which I have already quoted :—"The morbid changes found after death, and due to influenza itself, are of a character due to all forms of acute infective disease namely parenchymatous degeneration of the liver Kidneys, and spleen, of the muscular substance of the heart, and of the minute blood-vessels. A minor degree of such degeneration may fairly be conceived as present in the often extreme debility of convalescents from the disease. Phosphorus is the chief poison whose post-mortem appearances belong to this category : the law of similars therefore guides us to it as the chief medicine to aid in repairing the destruction which has been brought.

In the above paper I have made no attempt at a survey of what has been written on the subject in homœopathic literature. The time will come for this to be done. At present, I have confined myself to my own personal experience, with such thoughts on the nature and clinical history of the disease as shall show how it appears to my mind as a thing for treatment. I hope that my remarks will elicit similar communications from others.—*Southern Journal of Homœopathy*, July, 1895.

MEDICINE AND POETRY.

Pere Bouhours was recognised as an *arbiter elegantiarum* by the world of letters of his day, but his name now lives in literary history only by his famous question : *Un Allemand peut-il avoir de l'esprit ?*" The question sounds a little flippant, perhaps ; but the worthy Father lived before Heinrich Heine, and it must, we think, be admitted that *esprit* is not the most prominent characteristic of the Teutonic mind. This is a scientific age when all kinds of impertinent questions are asked ; and we therefore make no excuse for asking, somewhat in the spirit of the French critic : "Can a doctor be a poet ?" Is there any natural incompatibility between the lyre and the lancet ? Popular feeling is always in favour of the cobbler who sticks to his last ; and the average patient would, no doubt, prefer a prosaic attendant who saw nothing but his "case" rather than a superior being whose eye, in a fine frenzy rolling, was always glancing from earth to heaven and heaven to earth. An old writer says that if a doctor has been gifted by Nature with the playfulness of fancy necessary for the making of poetry he must find it impossible to keep it alive with the spectacle of suffering and death always before him.

But is it really so ! Many members of the medical profession have won great fame as poets, and their works form part of the heritage of creative art which the world would not willingly let die. Goldsmith, Schiller, Keats and Crabbe have each their place in "the choir invisible of immortal spirits and among others who, in varying degrees, had a perception of "the light that never was on sea and land" may be mentioned Thomas Lodge, the Elizabethen dramatist, Akenside, Haller, the great physiologist, Moir ("Delta" of *Blackwood*), Oliver Wendell Holmes, and Thomas Gordon Hake, whose verse was highly praised by Rossetti and other critics who had not exactly failed in literature or in art. Nor should we forget Fracastorius, author of the Latin poem whose hero gave his name to syphylis ; Sir

Samuel Garth, who sang the fierce wrath of the physicians against the apothecaries; Dr. Tobias Smollett, who, besides his "Roderick Randoms" and "Humphrey Clinkers," could write a fine ode to Independence, and pay the meed of a melodious tear to the memory of those who fell at Culloden; Armstrong, who hymned the praise of Venus in strains so warm that they dissolved away his practice; Dr. Erasmus Darwin, the grand-father of Charles Darwin, and author of the "Loves of the plants"; Dr. Wolcott, better known as "Peter Pindar," a comic poet in whose verse poor George the Third and his everlasting "What? What?" still live for those who read it; Leyden, whose elegy was written by Sir Walter Scott; and the late Dr. James Aveling, who wrote a volume of amusing fables in verse. An interesting account of medical men who have written poetry will be found in Mr. Simeon Snell's paper on "Medicine and Letters," reprinted from the *Provincial Medical Journal.*

Among living writers we have Mr. R. Bridges (M. B. Cantab.), one of the best of Mr. H. D. Traill's sixty "minor poets"; Dr. John Todhunter (M.D. Dub.), whose plays breathe the purest poetic spirit expressed in language of classic simplicity and grace; Dr. Weir-Mitchell, who if he had not been one of the foremost physicians would undoubtedly have been one of the most distinguished poets of his time; and Dr. Conan Doyle, who can turn out songs that would have given him a place with the Sucklings, Withers, and Shirleys had he lived in good King Charles's golden days. Then we have Dr. C. F. Grindrod, of Malvern, a historical dramatist of considerable power, and Dr. J. H. Goodchild, author of "Somnia Medici," etc., whose verse won the commendation of Tennyson.

This is a goodly list of medical poets, and might appear to be a sufficient answer to the question with which we set out. But let us look into the matter a little more closely. Of all the poets who have been mentioned, how many were ever practising doctors at all? and of those who did actually practise their profession, how many combined the compounding or ordering of medicines with the composition of poetry; Keats, the greatest name on our list, though as we learn from Mr. Snell he passed the "Hall" in 1816, never practised except as an apprentice. Goldsmith, whose medical degree is somewhat problematical, made one or two efforts to get practice, but gave it up. So little was he thought of as a doctor that in the later period of his career, on his saying that he prescribed only for his friends, Topham Beauclerk suggested that he would do better to prescribe only for his enemies. Crabbe, that "Pope in worsted stockings," as Byron called him, whose verse delighted men of such different mental character as Charles James Fox, Walter Scott, Wordsworth, and Cardinal Newman, failed to make a living as a medical practitioner. Schiller threw up his position as an army surgeon at the earliest possible moment. Akenside published his "Pleasures of the Imagination" at the age of twenty-three, and never wrote a line worth remembering afterwards; as a physician the principal impression which he left on those who saw him in the wards of St. Thomas's Hospital was that he was supercilious and unfeeling to his

it will do good service, as it does (for instance) in measles. The sthenic character of the pyrexia, the fulness with quickness of the pulse, and the presence of thirst, restlessness and distress, are the well known indications for it, and may be truthfully followed. This only must be said, that it is not to be expected of aconite that it shall act here as it does in a fever from a chill, breaking it up in a few hours. We have a blood-infection to deal with, which will have a certain course; and, as in measles, we must give the remedy persistently for two or three days, awaiting the resolution of the pyrexia—which, however, it is all the while moderating and soothing.

(b) Gelsemium takes the place of aconite when the fever is less sthenic and chills mingle frequently with the heat; when the pulse though it may be full, is less tense and rapid; when there is little thirst; and when the patient's general condition is one rather of torpor and apathy.

(c) Belladonna, standing at the head of our remedies for the infectious fevers, plays its part well here when the symptoms demand it. These include a pulse smaller but even more rapid than that of aconite, and dry hot skin; but they are chiefly to be found in the head and tongue. Dryness of the latter, heat and pain (with flushed face) of the former, call unmistakably for it; and when they are present we need hardly look farther for our remedy.

(d) Baptisia, coming here crowned with its laurels in the "gastric" type of continued fever, just fills the vacant niche when such symptoms characterize the influenzal pyrexia. A gastro-intestinal form of the disorder was noted by the earlier observers, and has recurred in the present epidemic, as may be seen in the article upon influenza in the new edition of Quain's "Dictionary of Medicine." When the tongue is thickly coated; when there is nausea and vomiting; and when the stools tend to be diarrhœic—especially if also fœtid, baptisia, already suited to the pyrexia, becomes so to the whole condition, and will change it for the better more rapidly than any other medicine.

The homœopathicity of the above indications I have thought it unnecessary to argue: it is pretty obvious. They are given, however, from experience, and I can vouch for them practically. It has seemed to me that when they led me to gelsemium, belladonna, or baptisia, the response to the remedy was more prompt and decided than when aconite was called for. That is the only reservation I would make about their efficacy as a whole. I have always (I should say) given these drugs in the lowest (1x and 2x) dilutions.

In the steady use of the suitable antipyretic, with nursing and dieting, the treatment of influenza mainly consists. I must say something, however, as regards its local manifestations, occasional complications and sequela.

1. More or less pain, of rheumatoid character, in head, back and limbs, nearly always accompanies the influenzal fever. When belladonna is indicated for the latter, it is sufficient for the headache; and when gelsemium or baptisia is given, they are so suitable for the general pains that it is hardly necessary to think of any other medicine. In aconite cases, however,

and where the local distress is unusually severe, I have found bryonia very helpful to the head and eupatorium perfoliatum to the back and limbs.

2. The catarrh of influenza is sometimes sufficiently severe to demand an intercurrent remedy. When it is a simple coryza, euphrasia if the discharge is bland, arsenicum if it is acrid, have served me well in the first, fluent stage; and pulsatilla after it has become thick and opaque. When the catarrh is laryngo-tracheal, and shown mainly by a cough, spongia I have found the most trustworthy drug to be quick. Rumex and sticta have hardly sustained their previous credit in my estimation when the cough which seemed to indicate them was of influenzal origin; and when this lingers on after the fever is over, and the patient otherwise convalescent, it needs careful individualization to find its effective remedy. Sometimes this is found in senega, sometimes in nitric acid, sometimes in coccus cacti. In one case I could do nothing for the cough, which was hard and dry, until I had softened it with aconite (3x),—belladonna having been the antipyretic. It then speedily subsided.

3. The bronchitis and pneumonia of the present malady are—the latter especially—more serious matters. Bronchitis has not been frequent in the cases I have had to treat; when it has appeared, kali bichromicum in the first stage, and antimonium tartaricum in that of profuse and thick secretion which soon follows have done good service in my hands. The pneumonia I have often seen, and have good cause to dread it. In old and broken constitution it threatens life; and in more favorable subjects it is apt to drag on a tedious course, little influenced by remedies. It is, I think, a just remark of the writer of the article "Influenza" in Quain's Dictionary, that its pneumonia, "though lobar in distribution, is probably always catarrhal in type"; and this is an important indication for treatment. In the acute and menacing form, bryonia and iodine have little place, while phosphorus stands supreme. If any medicine can subdue the inflammation of the pulmonary tissue, it is this. It should only be replaced by antimonium tartaricum when pain, dulness on percussion and bronchial breathing have subsided; when pulse, respiration and temperature have fallen; but when yet the chest is full of moist sounds and the patient is oppressed and distressed. In the sub-acute form, the physical condition suggests the term œdema of the lung rather than inflammation. There is little fever or pain, and but slight evidence (if any) of consolidation; and though crepitation is pronounced, the sputum is not rust-colored. I wish I could speak decidedly of remedial results obtained here; but truth compels me to say that though the patients have got well, I cannot claim that it is owing to anything I have given them.

4. The debility remaining behind after the acute attack is over demands medicinal, as well as hygienic and dietetic, help. The great "tonic" for it I find to be phosphorus. The nervous system is its main seat; and there has not been such drain of fluid as should call for china, nor is there evidence of the destruction of red corpuscles which needs arsenicum. A further indication for the remedy is that which is mentioned in the article

will have true diabetes mellitus. They are twice as frequently seen as those of greater intensity.

5. The percentage of mortality in both classes of cases is the same, but as only three in all out of twenty-five total have died no deductions can be safely drawn.

6. Sixty-six per cent. of the cases of lighter intensity are in apparently good health; sixty per cent. of those of greater intensity.

7. The ratio of sugar to urea in the cases of lighter intensity is less than 1 to 1—— the urea exceeds the sugar. The ratio of sugar to urea in those of greater intensity averages 2½ to 1.

8. The urea in the cases of greater intensity averages 18 grammes per liter (8½ grains per ounce) and 22 grammes (340 grains) in twenty-four hours.

9. The urea in cases of lighter intensity averages 25 grammes per liter (12 grains per ounce) or 21½ grammes in twenty-four (330 grains.)

10. The urea in the whole set of cases of glycosuria without polyuria averages 22 grammes per liter (10 grains per ounce) and 22 grammes in twenty-four hours or about 340 grains.

11. The specific gravity was above 1020 in 22 out of 25 cases.

12. In the cases of greater intensity the average excretion of phosphoric acid was 1.76 gramme per liter (0.8 grains per ounce) and 2.4 grammes (37 grains) per twenty-four hours.

13. In the cases of less intensity the average of phosphoric acid was 2.2 gm. per liter (one grain per ounce) and 2 gm. per twenty-four hours (32 grains.)

14. In the whole set of cases the average of phosphoric acid was 2.08 gm. per liter (about one grain per fluid ounce) and 2.13 gm. per twenty-four hours or about 33 grains.

15. The ratio of urea to phosphoric acid averaged 10 to 1.

16. Albumin in quantity sufficient to be detected by Ultzmann's test (heat and acetic acid) was found in 70% of the cases.

17. Uric acid crystals were found in the sediment of 70 per cent. of the cases; calcium oxalate in 40%; renal tube casts in 40%.

Two conclusions may be drawn from the above as follows:

Given urine less than three pints in twenty-four hours' quantity:

1. If the urine is 1020 or upwards in specific gravity, with urea 25 gm. per liter (12 grains per ounce) or upwards, phosphoric acid, 2.2 gm. per liter (1 grain per fluid ounce) or upwards, a trace of albumin present, and a sediment of uric acid crystals, examine carefully for traces of sugar or for abundance of sugar at certain hours only of the day. If none be found, put the patient on sweets and starches and test the urine of digestion repeatedly for sugar. Pay no attention to specific gravity in testing for small quantities of sugar. Prognosis favorable, if there are no casts.

2. If the urine is 1020 or upwards, with urea about 18 grammes per liter (8½ grains per ounce) and phosphoric acid about 1.75 gm. per liter (0.8 grain per ounce) sugar present in quantity from 3% upwards, and ratio of sugar to urea from 2 to 1 upwards, suspect a case of true diabetes mellitus seen

under favorable circumstances. Make frequent collections and examinations until polyuria is found to occur, especially together with well-known symptoms, (thirst, hunger, etc.) Prognosis guarded, if polyuria is proved at times to exist, otherwise favorable,* if there are no tube casts.—*The North American Journal of Homœopathy*, July 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, Aug. 1895. (April not recd.)
The New England Medical Gazette. Boston, June & July 1895.
New York Medical Times. July & Aug. 1895. (May 1894 ; May and June 1895 not received.)
Indian Medical Record. Calcutta, Aug. 1 and 16, 1895.
The Medical Reporter. Calcutta, Aug. 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, July 1st and 15th 1895. (June 15th not received).
The Homœopathic World. London, Aug. 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, July 1895.
The Medical Visitor. Philadelphia, Aug. 1895. (July 1894 not received.)
The Medical Century. Chicago, July 1st & 15th 1895.
Southern Journal of Homœopathy. Baltimore, July 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Mars and Avril 1895.
The Hahnemannian Monthly. Philadelphia, July and Aug. 1895.
Homœopathic Envoy. Lancaster, July 1895.
The Homœopathic Physician. Philadelphia, June 1895.
The Clinique, July 1895.
Revue Homœopathique Belge. Avril 1895.
The Journal of the British Homœopathic Society. July 1895.
L'Art Medical. Aug. and Fev. 1895. (No. for July not received.)
Journal of Orificial Surgery. Chicago, June & July 1895. (March not recd.)
North American Journal of Homœopathy. New York. July 1895.
The Medical Advance. July 1895.
Indian Homœopathic Review, July 1895.
Twenty-seventh Annual Report of the Sanitary Commissioner for Bengal. 1894.
Annual Report of the Royal Botanic Garden, Calcutta, for the year 1894-95.

THE MEDICAL ADVANCE.

H. W. Pierson, M.D., *Editor and General Manager.* Published by the Medical Advance Co., Chicago.

Subscription $ 3.50 (Rs. 13) a year prepaid in Postal Union.

We have been authorised to receive subscriptions in India.

Subscription to both the Calcutta Journal of Medicine and the Medical Advance, Rs. 20 a year.—*Editor, Cal. J. Med.*

*By prognosis favorable, we mean of course for the term of years covered by the writer's statistics. The oldest living patient has had glycosuria without polyuria for nearly 7 years.

patients. Oliver Wendell Holmes is almost the only example of a man who wooed Medicine and the Muses with success at the same time. His best work, however, was done after he had given up practice, and there can be no question that his true vocation was literature. Looking at the facts of the case in the way that has been indicated, we think that it must be acknowledged that there is a decided incompatibility between medical practice and poetry. The doctor, indeed, in the words of Mathew Arnold, "sees life whole," but he sees it too close; like the skins of the Court beauties of Brobdingnag to the eyes of Gulliver, life shows all its naked realism to the medical man. Now poetry—"the vision and the faculty divine"—is to a large extent the power of shutting the mind's eye to ugliness. Shelley defines it as "the record of the best and happiest hours of the best and happiest minds," but the true physician's best and happiest hours are those in which he is relieving human suffering; in presence of the stern facts of life and death he cannot be in the mood for the stringing of rhymes. It is the nature of the poet to idealise; the doctor is by profession the most uncompromising of realists. He at least cannot shut his eyes to ugliness; he knows better than most men that beauty is but skin-deep, and often not even that. His business is with Nature, not with "Art." Moreover, the Muse is a jealous mistress, who keeps her favours for those who give themselves to her heart and soul. This the doctor, who lives by his profession, cannot do. Consequently, if he attempts poetry, he is likely to be—as the majority of medical versifiers have, in fact, been—one of the humble tribe of mediocre poets who, in the words of Horace, are rejected of gods, men, and booksellers.

Therefore, if the doctor thinks he has a message outside his own special province of study to give to the world, he will, we think, be wise to follow Carlyle's advice and deliver it in plain prose. In this he will have the example of such men as Sir Thomas Browne, Dr. John Brown (author of Rab and his Friends"), Professor Huxley, and Dr. John Beattie Crozier (author of "Civilisation and Progress," etc.,) before him.

It is somewhat remarkable that doctors have not tried their hands at imaginative literature, as distinguished from poetry, to a much greater extent than they have done. Their training naturally makes them close observers and they see human nature, not always at its best like the clergymen, nor at its worst like the lawyers, but as it is—a mixture of good and bad, mean and noble. In sickness the conventional "get up" in which most of us strut about the stage of the world has to be laid aside, and our true nature stands revealed, like an actor's face when the paint has been washed off, with all its wrinkles and blotches. The philosophic physician must needs be a student of character, for he knows that unless he takes his patient's peculiarities of temper and mental habit into account, both his diagnosis and his treatment will often be at fault. Then for plots, the doctor finds them ready made, and often of the most thrilling kind, at the bedside and in the consulting-room. Mr. James Payn has stated that the best plots that have been suggested to him have come from medical practi-

tioners. Yet comparatively few doctors have attempted fiction. Even when they have done so their work has seldom shown any distinctive character traceable to their professional training beyond the avoidance of the absurd blunders which the ordinary novelist is apt to make when he meddles with medical matters. It is particularly noteworthy that they have given us no picture of members of their own profession which can be compared, for instance, with Balzac's "Horace Bianchon" or George Eliot's "Lydgate." Smollett paints the naval surgeon's mate of last century, but his strength lies in his pictures of the old type of British sailor; Charles Lever, a medical graduate of Dublin, sketches many doctors, but soldiers and rollicking, duel-fighting squireens are his strong points; Conan Doyle is fond of doctors, but has given no such living portrait of one of his professional brethren as that of "Sherlock Holmes" or "Micah Clarke."

To come back to poetry: We think it may be accepted as a truth of general application that a doctor in active practice cannot be a poet, except by way of amusement. He may trifle with the lyre at odd moments as others do with the violin or the piano, but if he take his poetic gift seriously he must either, in a different sense from Macbeth, "throw physic to the dogs," or he must consent to cut a figure like Hercules with the distaff. After all, it is a poor ambition to be a poetaster. To the right-seeing eye, a humble practitioner who uses such talent as has been given to him in easing pain, warding off disease, and making life "here where men sit and hear each other groan" less of a burden to those among whom his lot is cast is a far grander figure than a mere poet who looks at life and its sorrows as materials for his "Art."—*The Practitioner*, May, 1895.

DIABETES MELLITUS. A CLINICAL STUDY OF SEVENTY-TWO CASES.

THIRD PAPER.

BY CLIFFORD MITCHELL, A.M., M.D.
Professor of Renal Diseases, Chicago Homœopathic Medical College.
Chicago, Ill.

SUMMARY.

The results obtained above may be shown in the following summary:

1. Thirty-six per cent. of all persons in whose urine sugar can be found by use of Haines' test voided a normal or sub-normal quantity of urine in twenty-four hours, assuming three pints to be normal.

2. There are two kinds of these cases of glycosuria without polyuria, viz: those of greater intensity (higher percentage of sugar) and those of less (less than two per cent. of sugar in twenty-four hours' urine down to mere trace on cooling of the tube).

3. It is probable that the cases of greater intensity are those true diabetes mellitus seen under temporarily favorable circumstances as e.g. Spartan adherence to diet.

4. It is possible that those of less intensity never have had and never

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **Sept. 1895.** [NO. 9.

PROVINGS AND HOW TO CONDUCT THEM.

(II.)

BUT there are other conditions of aggravation and of amelioration than those enumerated by Hahnemann. Thus not only the times of the day but the seasons of the year may and often do exert a modifying influence upon the effects of drugs. Just as there may be peculiarities in the occurrence of some symptoms according to the parts of the day, stamping upon them the character of periodicity, so it is necessary to observe if there be similar periodicity according to the seasons of the year. But apart from periodicity, particular seasons may either favor or retard or prevent the development of particular symptoms. Hence it is necessary not only to *commence* the provings of drugs at different parts of the day, such as early morning, forenoon, noon, afternoon, evening, &c., but also at different seasons and even at different parts of the same season. This should be done not only by the same provers continuing their provings throughout the year, but by different provers.

It is a well known fact that climate exerts a very great modifying influence upon diseases, proving injurious and even distructive in some, beneficial and even curative in others. And there

are climates in which some diseases are unknown, others in which the same diseases have their origin. If such be the undoubted influence of climate upon natural, might we not expect a similar influence upon artificial diseases produced by the experimental use of drugs? This is well worth ascertaining, and can only be done by experiment. Hence the necessity of proving drugs in different climates.

Again, it is not enough to observe what modifying influence is exerted upon the action of drugs by the simple acts of eating and drinking. It is necessary to observe what the influences are according to the different varieties of food and drink. Hence though for a first proving the diet should be strictly regulated as enjoined by Hahnemann, and mentioned above, yet after the symptoms have been observed and noted under this regulated diet, the proving should be resumed not only with less strictness as to diet, but with planned and deliberate irregularities, in order to see how the symptoms are modified by these variations in the experiment.

As a corollary from the above it will be evident that provings even by the most intemperate in the matter of food and drink are not only not altogether valueless, but in addition to provings by the temperate, they have a very high value, inasmuch as it is from the former that we get the largest number of patients. Hence the habitual users of intoxicating or other neurotic substances may furnish provings which are calculated to advance the cause of the true healing art.

Similarly, while the injunction laid down in §126 of the *Organon* relative to over-exertion of body and mind, disturbing occupations, &c., holds good for what we have called a first proving, it should not be made absolute, as that would deprive us of the knowledge of the modifying influence upon drug action exerted by the various disturbing circumstances enumerated above, as well as others, such as various occupations, trades and professions. In other words, it would be so much gain to the science and art of healing, if we can have the symptoms of drugs elicited not only during the stillness and calm of the body and mind, but also during agitation and storm incident upon the affairs of life. It is needless to say that we must have the former for our groundwork.

Finally, though proving on the healthy must be the very foundation not only of homœopathy but of all therapeutics, we maintain that provings on and by the sick should not be neglected. Of course it is understood that sufferers from acute disease cannot undertake provings, nor ought they to be made the subject of provings, as they very often are by the old school owing to the very fact of its haphazard and lawless therapeutics. But sufferers from chronic diseases, whose ailments do not prevent them from pursuing the ordinary avocations of life, may undertake provings which will have a value of their own, inasmuch as they will show the modifying influence of particular diseases upon the action of particular drugs.

Apart from the value which must attach to provings in a state of disease, if it is remembered that it is impossible, in civilized life at least, to have provers enjoying perfect health, we will understand how impracticable it will be to adhere to the rule of proving drugs in the healthy alone. This did not escape the sagacity of Hahnemann, as will be evident from his speaking of health in a qualifying manner in § 123 where he says, "his (the prover's) body must be in what is *for him* a good state of health." If he had insisted upon provings being conducted only by persons who are in absolute health, free from acquired and hereditary taint, then he could never have inaugurated his reform. Perfection being unattainable, all that we can do is to approximate to it as much as we can. We must keep the ideal before us, in order that we may understand better the effects of deviations from it. And when we have got a good number of provings in a state of health as perfect as possible, we should look out for provings in diseased states of all degrees.

Sick persons, when under treatment, may furnish symptoms of the drugs which are administered to them for their disease provided the drugs are given singly, and each for a sufficiently long time, so that its action is not interfered with by other drugs given in combination with it or in rapid succession after it. The possibility of this was recognized by Hahnemann, as will be seen from §142 where he says: "But how some symptoms of the simple medicine employed for a curative purpose can be distinguished amongst the symptoms of the original malady, even in diseases, especially in those of a chronic character that usually

remain unaltered, is a subject appertaining to the higher art of judgment, and must be left exclusively to masters in observation." In the note to this section he thus points out how to distinguish these symptoms: "Symptoms which during the whole course of the disease, might have been observed only a long time previously, or never before, consequently new ones, belonging to the medicine."

These observations and specially the caution enjoined here show what a profound observer, and how thoroughly imbued with the true scientific spirit, Hahnemann was. How reckless in comparison with him are some of his modern disciples,—the symptom-hunters who, in their haste and impatience to enlarge the materia medica, are absolutely unmindful of the sources whence, and the manner how, symptoms are derived. To cite one instance of this recklessness: The late Dr. Tonnere of Calcutta, as we related in a previous number of this journal, cured with *Acalypha Indica* a case of hæmoptysis which was going on for three months, and in which the expectoration in the morning was pure blood, in the evening dark lumps of clotted blood. In a modern work on *Homœopathic Therapeutics* the author is not satisfied with recommending *Acalypha* in similar cases of hæmoptysis, but recommends it in uterine hæmorrhage when it is bright red *and not profuse* in the morning and clotted in the afternoon! The characteristic pulmonary hæmorrhage was, in Dr. Tonnere's case, a symptom that was cured, not one that was produced in the healthy, by *Acalypha Indica*. One might be justified in recommending the drug homœopathically in similar cases of hæmorrhage from the lungs, when other remedies fail. But would it not be stretching the simila similibus law far beyond its legitimate limits, to recommend it in similar cases of hæmorrhage from other organs? From the recommendation in question the unwary practitioner might be led to believe that the drug had produced pathogenetically uterine hæmorrhage of the character described, whereas the sole foundation of the recommendation was that it had proved curative in one solitary case of similar hæmorrhage of the lungs.

Curative symptoms assume therapeutic importance in direct proportion to the frequency of their occurrence. But it is a matter of the gravest question if they can be looked upon as of

the same rank with pathogenetic symptoms, even if they are of invariable occurrence, so long as they are not verified by a single proving.

The number of drugs, which must be proved for the purposes of the healing art, may be said to be practically unlimited. But the number of provers, on account of the very arduous and hazardous nature of provings in general, is necessarily limited, indeed very limited. Hence the necessity of having provings of a number of drugs by the same prover. One great point of importance to determine, therefore, in conducting provings is, how long after the proving of one drug the proving of another should be commenced by the same prover. The answer to this question may safely be —After the prover has resumed his original health, that is, when with the discontinuance of the taking of the drug, symptoms of a morbid character have ceased to arise for some considerable time.

But even if it were possible to command the services of an unlimited number of provers, it would still be desirable to have provings of a number of drugs by the same prover, and at shorter intervals than necessary for a first proving. For it is in this way that we can best ascertain the suitability or otherwise of the administration of one drug after another in the treatment of particular cases of disease. And it is in this way that analogous and antidotic remedies can be discovered. It must be remembered that we have very often in the course of treatment to supplement one remedy by another, and not unoften to counteract the aggravations produced by drugs by suitable antidotes.

Hitherto we have spoken of provers in general terms, without any reference to their qualifications. Remembering what a prover has to do, that he has to observe and describe the changes in his body and mind produced by the drug he is swallowing, and that these changes are in the most complicated living organism, we can easily understand that it is not every person that is competent to be a prover. According to the authors of the *Pathogenetic Materia Medica*, "No layman is qualified for drug-proving unless possessed of considerable anatomical, physiological and pathological knowledge, or is under the constant surveillance of a physician." They justify this assertion couched in such strong language by "the many instances found in the various records of vague and inaccurate terms which are calcu-

lated to mislead the student of materia medica, *e.g.*, pain in the eye, ear or throat, dimness of vision, diarrhœa, etc.," which, they very properly say, may mean a great deal or nothing, according to circumstances or the significant detail which has been omitted. According to Hahnemann the prover "must possess a sufficient amount of intelligence to be able to express his sensations in accurate terms," and must be "a lover of truth, temperate in all respects, of delicate feelings and able to direct the the most minute attention to his sensations."

Hahnemann is very strong in his condemnation of having provings made by unknown and mercenary provers. "Latterly," he says in the note to §143, "it has been the habit to entrust the proving of medicines to unknown persons at a distance, who were paid for their work, and the information so obtained was printed. But by so doing, the work which is of all others the most important, which is to form the basis of the only true healing art, and which demands the greatest moral certainty and trustworthiness, seems to me, I regret to say, to become doubtful and uncertain in its results, and to lose all value."

In the case of laymen provers he strictly enjoins that the reports of the progress of the provings should be duly submitted to the physician. "When the physician does not make the trial of the medicine on himself," says he in §139, "but gives it to another person, the latter must note down distinctly the sensations, sufferings, accidents and changes of health he experiences at the time of their occurrence, mentioning the time after the ingestion of the drug when each symptom arose and, if it lasts long, the period of its duration. The physician looks over the report in the presence of the experimenter immediately after the experiment is concluded, or if the trial lasts several days he does this every day, in order, whilst everything is still fresh in his memory, to question him about the exact nature of every one of these circumstances, and to write down the more precise details so elicited, or to make such alterations as the experimenter may suggest."

"If the person cannot write," says he in the following section, "the physician must be informed by him every day of what has occurred to him, and how it took place. What is noted as authentic information on this point, however, must be chiefly the

voluntary narration of the person who makes the experiment, nothing conjectural and as little as possible from answers to leading questions should be admitted; everything must be ascertained with the same caution as I have counselled above (§§84-99) for the investigation of the phenomena and for tracing the picture of natural diseases."

We do not think we need apologize to our readers for having given these directions of Hahnemann in full and in his own words. Every physician, who has the privilege of watching and directing and utilizing provings by laymen, cannot do better than follow them to the very letter. We cannot dispense with the services of laymen as provers, nor ought we to do so. The narration by them in their own, untechnical language, of the changes in their health wrought by drugs has a value of its own, inasmuch as it will enable us to understand better the language of our patients, the great majority of whom are laymen.

But unquestionably, as Hahnemann has said (§141), and every one imbued with the spirit of his reform must admit, "the best provings of the pure effects of simple medicines in altering the human health, and of the artificial diseases and symptoms they are capable of developing in the healthy individual, are those which the healthy, unprejudiced and sensitive *physician institutes on himself* with all the caution and care here enjoined. He knows with the greatest certainty the things he has experienced in his own person."

The elaborate note to this section in which he points out "the other and inestimable advantages" which flow from these trials by the physician himself, we shall quote in full for the benefit of our Indian readers. "In the first place," says he, "the great truth that the medicinal virtue of all drugs, whereon depends their curative power, lies in the changes of health he has himself undergone from the medicines he has proved, and the morbid states he has himself experienced from them, becomes for him an incontrovertible fact. Again, by such noteworthy observations on himself he will be brought to understand his own sensations, his mode of thinking and his disposition (the foundation of all true wisdom—know thyself), and he will be also trained to be, what every physician ought to be, a good observer. All our observations on others are not nearly so interesting as those made on ourselves. The observer of others

must always dread lest the exprimenter did not tell exactly what he said, or lest he did not describe his sensations with the most appropriate expressions. He must also remain in doubt whether he has not deen deceived, at least to some extent. These obstacles to the knowledge of truth, which can never be thoroughly surmounted in our investigation of the artificial morbid symptoms that occur in others from the ingestion of medicines, cease entirely where we make the trial on ourselves. He who makes these trials on himself knows for certain what he has felt, and each trial is a new inducement to investigate the powers of other medicines. He thus becomes more and more practised in the art of observing, of such importance to the physician, by continuing to observe himself, the one on whom he can most rely and who will never deceive him."

Having thus pointed out the moral and intellectual advantages that would accrue to the physician from proving medicines on himself, Hahnemann assures him that provings far from being injurious would be beneficial to the health of the prover. "Let it not be imagined," says he, "that such slight indispositions caused by taking medicines for the purpose of proving them can be in the main injurious to the health. Experience shows, on the contrary, that the organism of the prover becomes, by these frequent attacks on his health, all the more expert in repelling all external influences inimical to his frame and all artificial and natural morbific noxious agents, and becomes more hardened to resist everything of an injurious character, by means of these moderate experiments on his own person with medicines. His health becomes more unalterable; he becomes more robust, as all experience shows."

This assurance, based upon the largest experience in our school, the experience of the first and foremost prover and of one who enjoyed length of days much beyond the ordinary span of human life, ought to command our respect, and ought to have its due weight upon all who feel inclined to engage themselves in one of the highest and noblest of philanthropic works, but who are deterred from it through fear of the evil consequences that may result from it.

It must be understood, however, that it is not intended to maintain that provings would invariably lead to the hardening

of the constitution. From the citation given above it will be seen that Hahnemann himself has tacitly admitted the possibility of exceptions to the general rule he has endeavoured to lay down. His words are: "let it not be imagined that such slight indispositions * * can be *in the main* injurious to the health." As a general rule, provings with mild medicines, medicines which are not violent in their action, and even cautious provings with mild doses of strong poisons, may not be permanently injurious to the health, and may have a hardening effect even upon delicate and susceptible provers. But the degree of delicacy and susceptibility of constitution varies considerably. And just as a single attack of a natural disease may cause a complete breakdown of the health of some individuals, while it may but slightly affect others, so artificial diseases produced by drugs may act differently in different provers; in other words, a drug may permanently injure the health of one prover, and but temporarily that of another. A late friend, who was proving for us *Banslochan*, a silicate of magnesia and lime of variable composition, occasionally found in the joints of the Bambu, got a permanent dyspepsia with acidity as a prominent symptom from the drug. Indeed, such instances are matters of ordinary observation. We knew a gentleman who lived to a good old age, but who used to take blue pill at bed time pretty regularly all his life without exhibiting the slightest signs of mercurialization. And we know another whose constitution has been shattered for ever by a single dose of Hydrargyrum cum Creta taken for dysentery when he was a boy of twelve.

Hence, while we agree with Hahnemann that provings in the long run, will tend to benefit rather than injure the constitutions of provers, it will not be right to hold out this hope absolutely and unconditionally. Every prover will have to take his chance of either benefiting or injuring his health, the chance of the former, especially if he proves more than one drug, being much greater than that of the latter, and when the object of provings is understood to be the highest benefit of suffering humanity, he will not shrink from undergoing some vicarious suffering himself.

(To be continued.)

B.

THE RECENT ANNUAL MEETINGS OF THE TWO LARGEST MEDICAL ASSOCIATIONS.

THE two largest medical associations, representing the two opposite schools of medicine, have recently held their annual meetings. It would not be uninteresting, we believe, to compare and contrast their proceedings.

The British Medical Association, representing the old school, is the oldest; the American Institute of Homœopathy, representing the new school, is younger by twelve years. The annual meeting held by the former was the sixty-third, that held by the latter, the fifty-first. In point of time the latter was held earlier, on the 26th of June and six following days; the former was held later, on the 30th of July and four following days. The meeting of the American Institute was held at Newport, a fashionable sea-side resort in Rhode Island State, which the President of the meeting, Dr. Fisher, described as "the Queen of American Spas, the home of education and culture and wealth." The meeting of the British Medical Association was held in London, which may be called, in more senses than one, the metropolis of the world, and in which some of the greatest advances have been made in the collateral branches of Medicine.

The presidential addresses delivered at these meetings were excellent, worthy of the speakers and of the occasions,—thoughtful, earnest, eloquent, and impressive. Both speakers spoke enthusiastically of the progress that has been made in medicine and of the achievements of their respective associations in contributing towards that progress.

Sir J. Russell Reynolds, President of the British Medical Association, ignoring, or bound by his allegiance to orthodoxy and to a bigoted and sectarian association to ignore, the discovery made a century ago which has revolutionized medicine and convulsed the old school, could only speak of the recent advances that have been made in organic and micro-biologic medication as the most glorious triumph of medicine in these latter days.

"But whatever may be our failures," says he, "and they are small compared with our enormous successes—there is nothing to be compared in importance with the new revelations that have been made of the potency and pre-potency of life—the power of life in life—in health, in disease, and in its treatment. * * *

What we have come to know amounts to this in general terms —that the absence of certain organs, of the functions of which until quite recently, we knew nothing definite, leads to grave and diverse diseases of the body, whether this absence be brought about by surgical operation, or by disease more or less individual or specific in its character; and that such being the case, the supply of the material of that organ as food, or some part of it as an extract, to be introduced into the blood, removes the symptoms, acts with promptitude, and, I might say, almost *with some violence of disturbance of the whole economy.*"

Sir Russell, without stopping to inquire into the reasons of the fact expressed in the sentence we have italicized, and of its vast importance, proceeds as follows: "Not only so, but these extracts seem to possess a power reaching far beyond that which was first found to be their almost anticipated result—that is, in so modifying the action of the heart and the intravascular pressure, in a manner and to a degree entirely unlooked for, and requiring much further investigation, in order to unravel the true nature of the functions of these organs in health, and the value they may have, by their products, on the processes and treatment of disease."

Sir Russell next refers to the discoveries of micro-biology within the last twenty years as not less important than "organic medication." The most important of these discoveries are: First, "the gradually-increasing appreciation of the fact that these lower forms of life exert, not necessarily mischievous, but, indeed, benignant influences on the human body, and that although the mode of their operation is not fully explained they take part in healthy processes, assisting normal functions, nay, indeed, it would seem some times producing them and warding off the malign effect, of other influences, to which we are habitually exposed." And second, "the wonderful protective and curative power of these living products."

We scarcely understand what Sir Russell means when he says: "The great potency of living products has led to very fanciful notions in therapeutics; and there have been those who, to cure diseases of organs, have given portions of the same but healthy organs of animals or of man or other animals. Again, the idea has been pronounced that even excreta were useful drugs, and that

the diseased organs of man might effect a cure of those supposed to be afflicted in like manner." When he characterizes these notions in therapeutics as fanciful, we may be justified in thinking that he does not entertain those notions himself, and that he cites them as curiosities of modern therapeutic vagaries. But from what immediately follows we are again in doubt as to what he really means. "Curious as some of these details are," says he, "they are of real interest to us only as they lead up, through inoculation for small-pox, to our own Edward Jenner's discovery of vaccination, and then, through the researches of Pasteur, Lister, and Brown-Séquard, to our present state and plane of knowledge. It would seem now that there is scarcely any limit to what may be expected in the cure or prevention of disease; and the most striking of all phenomena is, to my mind, the probability of rendering an animal immune by the introduction into its organism of a healthy constituent of the body of another. This, if fully confirmed, will be the greatest veritable triumph of therapeutic and preventive medicine, instituted and guided by extended inquiry into comparative anatomy, physiology, and pathology. As in the human race or species there exist, as is well known, what may be termed 'idiosyncrasies'—by which is simply meant that as a matter of fact some people, and some people's families, escape epidemic diseases, whereas they are especially prone to take others to which they may be exposed—so in the great economy of nature certain groups of animals have been shown to exhibit no capacity for 'taking,' or for even being inoculated with the poisons to which others are exposed, and from which they suffer, and that severely. It would seem, therefore, that use may be made of these animals, more or less naturally immune from certain maladies, and that their immunity may be partially conferred on man."

Thus it will be seen that all the progress in therapeutics which Sir J. Russell Reynolds can report is, according to his own implied admission, problematical, qualified by "it would seem," "what *may* be expected," "if fully confirmed," &c., and well deserve the epithet "fanciful" which he has himself given to some of the progressive ideas. We would not have objected to the most modern therapeutics of the old school if it had been simply problematical and fanciful, without being injurious to

those to whom it is applied. But we know how dangerous in many instances organic, antitoxin, and other similar experimental medications have been, as reported in old school journals and, admitted even by Sir Russell Reynold himself when he speaks, as we have seen, of the organ extracts acting "almost with some violence of disturbance of the whole economy." The progress in therapeutics made by the old school has been a groping in the dark, and unless it condescends to admit into that darkness the light of the law of drug action which Hahnemann has discovered it will have to grope for ever. If it will but open its eyes it will see how the very disastrous results of its blunders have been utilized by the new school, and then it will see how that law shines out even from facts furnished by it through the mists of its ignorance and prejudice.

In speaking of his Association Sir Russell says with pride that "there are six Branch Associations in direct communication with our colossal trunk, spreading themselves not only over the United Kingdom, but to the remotest parts of our dominions;" and that the common purpose which holds together so large a body of men in bonds of union is no less than "to render our profession of the highest service, not only to the individual but to the State, by taking our share and giving our advice in the making of our laws, so far as they affect us, as members of our profession; by the regulation of our charities; the guidance and control of labor; the care of the pauper and the pauper child; the lunatic and the quasi-lunatics, or the habitual drunkard; by the care of our poorer brethren; by the advance of scientific researches, and especially of those that require combined efforts and combined funds for their prosecution; by the promotion of stable and useful literature; and by the elevation of all that constitutes the education of the man of science, the physician, the surgeon, or the guardian of the public health."

This is a goodly array of noble objects which the British Medical Association has set before itself, and we should be deeply grateful to it if it carries them out adequately to the resources and the energies at its command. But there is one other object which Sir Russell has forgotten to mention, but which the Association has set before itself as one of its highest duties, and which it has been persistently carrying out with all its might and strength,

beginning with the expulsion of a vice-president and ending with nearly snubbing a president. That object is no other than the suppression of liberty of judgment in matters scientific relating to therapeutic methods, and the unrelenting persecution of those who would not swerve from their honest convictions and who would not sacrifice their consciences for the loaves and fishes of the profession or for the honor of belonging to a body which shuts its eyes to the light of truth. Had it not been for the instinct of fairness which prevails in the British Parliament there is no knowing to what lengths the British Medical Association would have gone in its warfare against men who are the pioneers of true progress in medicine.

However much we may differ from Sir Russell Reynolds when he dilates upon the contributions which the old school has made towards progress in medicine, we are at one with him when in the concluding portion of his address he deplores, with an outspokenness worthy of all praise, the prevalence of sensationalism and the decadence of morals which are not seen indeed "in the assemblies of such reverend bodies as the Royal Society, the Colleges of Physicians or Surgeons, or in the higher courts of our universities; but may be met with in the courts of law, the park, the theatre, the concert room, and last, and worst of all, in the home." He very justly attributes this deplorable state to want of "reverence, that angel of the world"; "reverence for all that constitutes the religious element in life; for that which is the ground work of social propriety, and I may say even of decency; and for the constituted order of relative dignity in family life." This want of reverence is the worst canker that is eating into the vitals of society not only in the British Isles, but in our own already degenerate country. It is well that Sir Russell Reynolds, from his lofty position as President of the Royal College of Physicians in England and of the British Medical Association, has condemned it with such fervor, eloquence, and earnestness. The medical profession should be the guardian of the morals as well as of the health of the world; for as His Grace the Archbishop of Canterbury, in the sermon that he preached on the same day that Sir Russell delivered his address, very truly observed "it was an impressive fact that the most immediate cause of the largest portion of disease was traceable to morals."

The progress in medicine of which Dr. Fisher, the president of the American Institute, could speak was much more comprehensive, than that on which Sir Russell Reynolds dilated. It embraced the whole field of medicine, inasmuch as it has been the outcome of the law of healing discovered by Hahnemann, which has the same relation to physic that the law of gravitation discovered by Newton has to physics. Speaking under the enlivening and enlightening influence of a literally life-giving truth Dr. Fisher delivered an address which, as will be seen under our Gleanings, is one flood of brilliant oratory from the beginning to the end. The immortal Hahnemann, the glorious and beneficent truth he discovered, its reception in America, and its development and dissemination by the American Institute, were the topics discoursed upon with enthusiasm.

Of Hahnemann and his discovery he thus speaks: "I am sure that we shall be pardoned if during the week before us we indulge in exuberant commemoration of our buoyant faith in the doctrines enunciated by our immortal founder a century ago. It is a glorious faith, a magnificent conception. Through it all medicine has been revolutionized. Upon it has been built a system of therapeutics which will last till the end of time. By it millions of lives have been saved, untold and untellable sufferings have been alleviated, and the whole fabric of medical art so rewoven that the barbarous methods of a century ago are now of the ever past. Never did Luther set pace to a reformation in the church more revivifying than that to which Hahnemann gave impetus in medicine."

Of the reception of homœopathy in America after its virtual rejection in the land of its birth, Dr. Fisher thus speaks: "Rejected of Germany's profession, proscripted by legal enactments, retarded and bound down by the spirit of conservatism characteristic of the dominant profession, the new faith in medicine failed of deep root in its native soil, and it was reserved to the truth-aspiring liberality of American thought to appropriate the force and justice and applicability that lay embryoed in his (Hahnemann's) similia. And even in America the pioneers of the system we practise in security to-day failed to escape from untold indignities which they bore for the sake of truth, those early years being fraught with deprivations of professional and social privileges that made as good martyrs as ever did the Spanish inquisition."

Of the origin and progress of the American Institute of Homœopathy we have the following account: "It was on the tenth of April eighteen hundred and forty-four that a band of pioneers who had learned the limitless lesson in Hahnemann's law gathered in the Museum of Natural History in New York for the purpose of forming an alliance of aggression and defence. * * The organization there perfected was the American Institute of Homœopathy. To our credit be it said that we are the oldest national medical association in these United States, ante-dating our sister society of the opposing school by full two years. Our conventions are attended by members from all over this land and foreign countries as well. The American Institute is at once acknowledgedly the foremost association of its profession throughout the world, and because of its wide cosmopolitanism the followers of Hahnemann in every clime look to it hopefully, profit by it munificently, and expect of it victory and laurel. And well may they. It stands for progress, liberty and independence, and to its undying devotion, to its broad catholicity and practical achievements, Homœopathy's widening tide of prosperity is largely due. Fourteen members at the inaugural meeting—two thousand are now on the rolls."

If Sir William Broadbent had cared to read these words which were uttered a month and ten days before the meeting of the British Medical Association, if he had but opened his eyes to the progress of homœopathy in his own country as attested by the magnificient new building of the London Homœopathic Hospital, opened by H. R. H. the Duchess of York, on the 9th of July, or twenty one days before he delivered his address in Medicine, he would have hesitated before uttering the following libel against fact and the fair and by natural instinct the wiser sex. "Yes! Homœopathy still, like a belated ghost, haunts the dawn of scientific medicine, and men are still found who wear its doctrines as a cloak for ignorance, or flaunt them as an attraction for the more foolish and credulous of the old ladies of both sexes."

What a contrast this to the liberal and catholic spirit which breathes in the address of Dr. Fisher. We commend it to the careful and attentive perusual of all who have the greatest welfare of humanity at heart, and it matters not of whatever faith in medicine they may be and whether they be men actually engaged in the practice of the healing art or laymen.

EDITOR'S NOTES.

A REMARKABLE BLIND SCHOLAR.

It is reported that an Italian student named Ansaldi, blind from birth, graduated recently with high honor from the Florence Istitute de Studi Superiori, the school for post-graduate university work. "Compensations in the senses of the Blind" is the title of his thesis, and it was declared by competent judges to be an important contribution of new material to psychology.

There seems to be no such word as impossible in the lexicon of the patient teachers of the blind.—*American Medico-Surgical Bulletin*, Aug. 15, 1895.

COPROPHAGIA.

A child had a craze for eating its own fæces or dung lying in the street. Veratrum 2, three times a day, cured it of this propensity in a month.—Goullon, *Zeitsch. d. Berl.* Ver., xix, 156 (quoted in *Journ. Brit. Hom. Society* for July.)

ACIDUM FLUORICUM IN VARICOSE VEINS AND ULCERS.

In a paper on the above subject presented by Dr. Washington Epps to the Materia Medica and Therapeutic Section of the British Homœopathic Society on April 4, of the current year, eight cases are narrated, of which four illustrate the efficacy of the Fluoric acid in varicose veins, and four in varicose ulcers. The following are the conclusions arrived at by the author from these cases:

"First, that fluoric acid has a direct action on the tissues of the veins, causing more or less marked symptoms of venosity and varicosis. These, as I have before remarked, would possibly have been more definite had the provings been continued for a longer period. Second, that the remedy has a definite curative action when given medicinally in spontaneous corresponding cases; and third, that the cases of varicosis that are benefited by the remedy appear to me to be always very chronic, not dependent on pressure above or on disease of any of the abdominal organs, but simply from change in the coats of the veins themselves. What the nature of this change is, is far from clear, in fact, quite conjectural.

"One other point I have also noticed as to dose,—that under the 6th the remedy aggravates, and that it acts most satisfactorily in the 12th to the 30th dilution."—*Journ. Brit. Hom. Soc.*, July 1895.

CALCAREA FLUORICA IN CATARACT.

In the course of the discussion on the above paper, Dr. Dudgeon said that he "had had no experience of the effects of fluoric acid on varicose ulcers, but some years ago an article in a German periodical led him to use fluoric acid in cases of cataract. He had employed it in several cases of cataract of various kinds, and he had found it very efficacious in removing the opacity, where it was not hard and central, but where it was dispersed throughout the substance of the lens. It

was now some ten or twelve years since a lady came to him suffering from cataract, and, chiefly through the use of fluoride of calcium, she not only retains her sight, but it is also improved. He generally used it in the 3rd trituration, but sometimes in the 6th dilution."—*Journ. Brit. Hom. Society*, July 1895.

THE EXPECTED NEW TRANSLATION OF THE CHRONIC DISEASES AND NENNING.

As the new translation of the *Chronic Diseases* approaches completion, so also (perhaps) may another outcry against the unfortunate Nenning, who furnished a number of symptoms, be looked for. But it should be borne in mind that Hahnemann, after his usual searching inquiries, accepted Nenning's symptoms; that Bœninghausen said that he "had no reason to doubt the trustworthiness of Nenning's provings," and that Hartmann was one of his defenders. The reason for the multiplicity of symptoms by Nenning was that he employed many people in the provings, and, following Hahnemann's exhortations, noted all their symptoms. The honesty of his provings are indirectly shown by Nenning's statement that "Few persons are to be found who will stand such trials a second time." But, doubtless, Dr. Bradford, in his useful and interesting "Story of the Provers," now running in the Recorder, will throw a flood of light on the character and reliability of the much discussed Nenning, when he reaches that gentleman in the course of his story. This particular chapter of "The Provers" will be looked forward to with interest, especially in view of the forthcoming translation of the book in which he plays a prominent part as a prover.—*The Homœopathic Recorder*, Aug. 1895.

THE SOURCES OF RECRUITMENT OF THE UNFORTUNATES.

In an elaborate paper on the Economics of Prostitution, read before the American Academy of Medicine at Baltimore, on May 4, 1894, by Dr. Woods Hutchinson, the author has given the following answer to the question, "What class furnishes the largest proportion of its own members to the ranks of vice? In other words, what occupations seem to most favor this downward tendency?"—"The unanimity upon this point is practically complete. Of twenty-two answers sixteen say 'factory girls,' 'shop girls,' 'sales women,' 'waitresses,' and four say 'domestic servants,' and two 'those too idle to have any occupation.' In short, it is the women who are engaged in public occupations who are most in danger.

"Again, we have the commercialization of women as a powerful factor in the production of this vice. It is based upon a trade instinct, pure and simple. Space does not permit me to enter upon the subject here, but I wish to record my solemn and sorrowful conviction that the woman who works outside of the home or the school pays a fearful penalty, either physical, mental, or moral, and often all three. She commits a biologic crime against herself and against the community, and woman labor ought to be forbidden for the same reason that child labor is. Any nation that works its women is damned."

SULPHONAL POISONING IN A DIPSOMANIAC.

The following case of Dr. W. Wright Hardwicke is reproduced from the *Lancet* of 20th July 1895:

A married woman, aged 37, separated from her husband owing to her habits of intemperance, had been abstemious under moral restraint for about three months, when on May 24th, 1895, she showed signs of an approaching attack of alcoholism. She was watched carefully for a time, but owing to illness and removal of her attendant, she was left in charge of a maid. Her first dose, on June 1st, was about one pint and a half of methylated spirit, partly procured from a lamp in the house; then two-pennyworth of the same was obtained from a lamp shop (about six ounces), the druggists in the district having received notice not to serve her; thereupon her thirst seemed to be so extreme that she resorted to some painters from whose can of turpentine she took a drink. She next discovered a bottle containing 100 tabloids of sulphonal, containing five grains in each, which had previously been taken from her, but which she had received by post; these she chewed up in her mouth one after another till she had swallowed fifty-three (equal to 265 grs.). About 5 P. M. the same day, she was found in a state of stupor on the floor. At 11-15 P. M. the Doctor, who was summoned, found her sleeping on her side with her knees drawn up, and the pupils slightly contracted and insensible to light. When roused she smiled graciously, and lapsed off to sleep again, she tried once to raise herself in bed when she fell powerlessly back again. Next day the legs were found to be extended, and the soles of the feet were arched in a state of extreme flexion. The bowels were confined. She slept from 5 P. M. on June 1st till 5 A. M. on the 4th, 60 hours, and did not regain speech till the 7th, and the power of locomotion till the 9th. This case seems to show the slowness of the action of the drug.

CHRONIC POISONING BY COFFEE.

The Paris correspondent of the *Lancet* (20th July) takes notice of a very useful contribution by Dr. Gillies De La Tourette to the Société Medicale des Hôpitaux, July 5th, on the toxic symptoms following the inordinate ingestion of coffee. He is of opinion that chronic coffee poisoning is almost always mistaken for the troubles engendered by the abuse of alcohol. "In both cases the stomach and the nervous system bear the brunt of the attack. In effect, caffeic and alcoholic gastritis are nearly identical as to their symptoms—morning vomiting of glairy mucus, pain in the pit of the stomach, thickly coated tongue, and loss of appetite. The disgust excited by even the idea of solid food is such that these patients eat nothing else but bread soaked in their poison—coffee. There supervene then nausea, vomiting and painful acid eructations, and the sufferer finally becomes a victim to caffeic cachexia. The circulatory system becomes in its turn attacked, the pulse being slowed to a marked extent. Insomnia is common, and if sleep persist it is disturbed by dreams of a terrifying or professional nature, recalling the nervous disturbance met with in alcoholism. The

resemblance is rendered closer by the existence of marked tremor of the muscles of both extremities, and a fibrillar trembling of the tongue muscles, which may extend to the facial muscles. Cramps, often very painful, of the thigh and calf muscles are frequently noted. In certain patients sensibility is diminished, but the reflexes generally remain normal. The above mentioned symptoms are not persistent, the suppression of coffee sufficing to bring about their prompt disappearance." In this case elimination seems to have been more rapid than in that of alcohol, "for suppression is followed by improvement more quickly in one instance than in the other." Paralyses have not yet been observed. "The abuse of coffee by children has in several instances determined an arrest of development."

THE VALUE OF STATISTICS IN INDIA.

The following taken from the *British Medical Journal* for July 20, shows the value of statistical returns in India. We have been told that the statistics of the results of the Haffkine inoculations are similarly manufactured.

"In India it is customary to entrust the duty of registering births and deaths in outlying country districts to natives, who are generally as ignorant of reading and writing as they are of English. Their memories, unperplexed by knowledge, are, however, retentive, and these registration officers may frequently be seen tramping, in companies of four or five together, into the city, to hand over verbally to the collector the data regarding the births and deaths in their several localities. Suspecting once that the records were carelessly kept in a certain village, a collector reported that the ratio of births was below the average, and suggested to the registrar that his returns could bear improvement. 'Ah, it's more births the Sahib wants,' was the inner thought, and, with Indian amiability and actuated by the desire to say the thing which pleased, the registrar's returns showed at once a remarkable increase in the number of births. All the babies were duly registered by name, and there was evidence that the village was prospering as population increased. Presently the vaccination officer began to ask why it was that he had no increase of vaccinations, and why these numerous babies were not brought to him. This natural question led to an inquiry, and to the discovery that the children registered so accurately had been born only in the ardent imagination of the registrar, and had been produced in his earnest desire to please the *burra sahib*."

TELEPHONE AND LIGHTNING.

The *Lancet* (3rd August) quotes the following case from the *Newcastle Daily Leader* of July 29th 1895 as shewing the danger to which a person using the telephone is liable during a thunderstorm. At Westoe in the county of Durham, a gentleman "was using the County Hotel instrument to speak to Newcastle when he received a shock which caused him intense pain and rendered one of his arms powerless." This case shews the imperative necessity of making

some arrangement for the immediate carrying of strong currents to earth, and ought to be a warning to all gentlemen who have the telephone apparatus in their houses.

DEATH UNDER CHLOROFORM.

We learn from the same paper that "the infant son of a labourer suffered from convulsions and difficulty of micturition, and on July 6th being then twelve days old it was brought by a nurse to Dr. C. E. Duff," who finding that the prepuce hardly permitted the passage of a probe, recommended circumcision, which was accordingly performed on July 8th at a district nursing home. "Chloroform was administered; the child took it well, and was afterwards sent home. On July 15th some hæmorrhage occurred from the suture on the dorsum having cut its way out, and allowed the skin of the penis to come forward on the glans and form extensive adhesions. Dr. Duff told the mother to bring the child next day to the district home in order that this might be put right. She accordingly did so, and held the child on her knee during the operation. Chloroform was again administered, and the child took it as well as on the first occasion. The adhesions were broken down with a probe, the skin was stitched to the corona, and bandaging was finished, when it was observed that the child (who had been coming to nicely) had ceased breathing. The pulse was beating, and the galvanic battery, artificial respiration, &c., were resorted to, but the patient did not revive. The child, though fully under chloroform was never deeply under it, the total amount given being about two drachms on a towel in a hot room. The father afterwards informed Dr. Duff that another child of his aged eight months had already died in hospital under chloroform administered for the performance of a minor operation." Dr. Duff informed the coroner by whom the case was tried, that if the fact of the death from chloroform of a member of the same family had been communicated to him, "an anæsthetic would not have been given on the present occasion." This is one of the characteristic cases shewing how necessary it is for a surgeon to have a thorough knowledge of the family history of a patient before subjecting him to an operation under the chloroform.

PROGRESS OF CREMATION IN EUROPE.

The following from the *Lancet* shows that cremation is making slow but sure progress in Europe. It would seem that the cost of cremation is much higher in Zurich than in Paris. To ensure its universal adoption, cremation should be made as cheap as possible; it should be much cheaper than burial.

Cremation in Zurich.—Under date Zurich, July 29th "A Holiday contributor" writes: "The Zurich Cremation Society has just held its annual meeting, and, according to the Secretary's report, its members amount to 1,097, and the funds at its disposal to 10,200 fr. In the course of 1894 the corpses cremated were forty in number. The price for each cremation is now fixed at 65 fr. for persons deceased in Zurich

—being a reduction of 30 fr. on the price charged for the non-resident deceased, that is, for the migratory or tourist population."—*The Lancet*, Aug. 3rd.

Cremation in Paris.—The number of incinerations called for by the representatives of deceased persons increases every year with great regularity, but the increment is so small that the partisans of cremation are well nigh reduced to despair. According to some statistics published by the Prefect of Police the number of cremations carried out at the Père Lachaise Cemetery from August, 1889, to the end of April, 1895, was as follows:—1889, 49; 1890, 121; 1891, 134; 1892, 159; 1893, 189; 1894, 216; and 1895 (four months), 75. The furnace would consequently often be idle were it not for the remains from the hospitals, which amount to from 2000 to 2500 bodies per annum. The apparatus employed is that of M M. Toisoul and Fradet, and works by means of gas with a recuperator. Incinerations are accomplished in an hour, or at most an hour and a quarter, and the cost of the combustible never exceeds 3 fr. per operation. Another apparatus, invented by M. Fichet, has recently been inaugurated. Like the first it consists of a gazogene furnishing oxide of carbon and a recuperator supplying hot air to the vaulted chamber in which the reduction to ashes takes place. The difference between the two appliances lies chiefly in the application of the oxide, which is used solely for heating the recuperator, the combustion of the body being effected by hot air alone, thanks to the augmented efficiency thus obtained. According to this method incineration takes place a little more rapidly than in the Toisoul furnace, but the expense is greater by nearly a quarter, 18 hectolitres of coke being required instead of 14.—*The Lancet*, Aug. 31, 1895.

TOXIC EFFECTS OF INFINITESIMAL QUANTITIES OF METALLIC SALTS ON LIVING ORGANISMS.

Within a very few years most interesting researches have been conducted on the effects of water containing infinitesimal amounts of toxic salts upon the growth of some of the lower vegetable organisms.

Loew and Rokorny's researches upon the reaction of living protoplasm in the presence of nitrate of silver were the starting point of these studies. Raullin succeeded in showing that nitrate of silver in the proportion of one part in 1,600,000 parts of water would inhibit the growth of Aspergillus Niger, and still further, discovered that this organism would not live in water placed within a silver vessel although no silver can be detected in the fluid with the most sensitive reagents. Carl von Nægeli, the late distinguished botanist, was led to pursue these clues still further, and, after his death, a paper was found among his effects which reveals the most astounding facts. His pupils have gone over these experiments again and ascertained their accuracy.

Nægeli's first studies revealed the fact that in the presence of the most diluted solution of nitrate of silver, the filaments of Spirogyra could not live. But he soon found that there appeared to be two modes of death. With comparatively strong solutions of the salt,

the cellular contents disappeared from the membrane, the bands of chlorophyl changed color, but not position, and the cell lost its turgescence. With infinitely diluted solutions the chlorophyl spirals separate from the plasma, which remains in place, they become shorter, agglomerate, and the cells maintain their turgescence. Nægeli decided that in the first death was due to a chemical action, while in the second it occurred through the action of some hitherto unknown force, which he termed oligodynamia. His results are well described as stupefying. He found that death occurred in three or four minutes in a solution of 1–1,000,000,000,000,000. In such a solution there could not be more than one or two molecules of the salt to each litre. Was the distilled water itself at fault? No, for within it the spirogyra thrived. Corrosive sublimate gave even more pronounced results; the organism died in a solution of 1–1000,000,000,000,000,000,000,000. This could contain but a trillionth of a molecule in a litre. He endeavoured to find what other factors could bring about such an unexpected result. Gases, the nitrous acid which is sometimes found in appreciable amount in the water of Munich, were all incriminated, and other waters were employed, but the results still remained. He then endeavoured to discover what substances could render water toxic, and which ones could impair or remove this toxic or oligodynamic condition. He discovered that many substances, hitherto reputed insoluble in water, such as the metals gold, silver, copper, iron, mercury, lead and zinc, by their mere presence in water, possessed this property. He was able, by employing gold coins placed in vessels of water, to vary the amount of toxic force according to the number of coins placed in the water, and to the time during which they remained there. The next step in his investigation revealed the fact that this oligodynamic power could be destroyed by adding to the water powdery substances such as flour, cellulose, soot, or fibres of silk, wool, etc. Further still, he discovered that toxic water became neutral if a sufficient number of the organisms were placed in it. The first ones died rapidly, while it took longer to kill the others, and finally a point was reached at which they began to thrive. It was also seen that different forms of Spirogyra appeared to be more easily affected than others. The S. Orthospira was quite resistant, whereas others were very feeble. The S. Nitida is weaker in the morning than in the evening, etc.—*The International Brief*, March 1895.

HEMIPLEGIA IN A CHILD.

A little girl, Jessie H., aged 10 years, was admitted to one of my wards in a partially unconscious condition five months ago. She lay curled up in the bed on her right side, and resented any interference. There appeared to be some weakness on the left side of the body, but all her limbs were held stiff and she strained to keep them so if any attempt at passive movement were made, screaming out as if in pain. She would not, or could not, speak, and there was not the slightest sign that anything we said to her was understood, judging from her perfectly expressionless and idiotic-looking face. Her food remained untouched beside her until she was fed, and then she swallowed it

readily, but she could not feed herself with a spoon placed in her hand. All evacuations were passed in the bed. On listening over the heart presystolic and systolic mitral murmurs were heard. She did not vomit; there was no sign of headache, no optic neuritis, and no appreciable alteration in sensation. To all appearance the child was an imbecile. We knew nothing of her antecedents till her mother came up a few days afterwards to see Dr. Kennan, my House Physician. The account she gave was rather curious. She said the child had had chorea some years previously, but was quite well, bright, and intelligent till about ten weeks before we saw her, when she had a fit on her way to school, with jerkings of one side, she did not know which side, followed by rigidity. She was taken to the Children's Hospital and had not recognised anyone since. So far as the mother knew the girl had remained in much the same condition until she was brought thence to the Infirmary.

In about a week's time she ceased to scream, and began to move herself about in bed by means of the right arm and leg. For two months she remained without any further sign of intelligence and then she began to say a few words in a drawling manner, to take some interest in what went on around her, and to be more cleanly in her habits. From that time she has gradually improved mentally. She has now (May 15th) a well-marked left hemiplegia with rigidity. Her left foot and hand are inclined to be blue and soon grow cold if exposed. She can walk a little with support, dragging her foot on the ground. Her memory stops at the point when she felt her left heel go numb at the onset of the fit, and has a dim continuation in a vague recollection of the nurse and doctor who saw her on her admission. Up to the present time she has not exhibited any tendency to athetotic movements.

This case presents several points of quite special interest. Such a hemiplegia, due probably to embolism, is uncommon in so young a child. The view that it was caused in this manner is supported by the history of a preceding chorea and the presence of disease at the mitral orifice. There appeared at first sight to have been no premonitory symptoms, but on questioning the mother it transpired that about a week before the convulsion occurred the child had a "faint" when at school. It is quite possible that this was an attack similar to the fit but with failure to block a vessel or perhaps with obstruction of one so small that no untoward results supervened. The absence of speech for nearly three months is worthy of remark. The lesion being on the right side of the brain in a right-handed child suggests that the aphasia was really a part of a general brain shock which showed itself by complete mental defection lasting longer in a child than would occur in the more stable cerebral structures of an adult. This however does not militate against the view that the lesion was in itself a severe one. It is extremely interesting to note that even at a time when to all appearance this child was unconscious of what occurred around her she was sensible to stimuli to an extent enabling later on to recall them in memory sufficiently clearly for the recognition by her of the nurse and doctor whom she saw when she was first admitted.—*The Birmingham Medical Review*, July 1895.

CLINICAL RECORD.

Two Cases of Diarrhœa, cured by Nat. sulph.

UNDER THE CARE OF DR. M. L. SIRCAR.

Case 1.—Mr. W. R., aged 63, was taken ill with diarrhœa from the morning of the 13th August last, which came on after a pretty heavy dinner which he had indulged in on the previous day, notwithstanding that he was suffering from loss of appetite, costiveness, pains and aches in the chest, palpitations, &c., for some time. I was asked to treat him on the morning of the 19th. The stools would commence towards morning and stop after mid-day. They were thin, *grayish*, passed with noisy flatus, and about four or five in number. They were not very copious. There was continual rumbling of the abdomen. The patient had no appetite, felt feverish, languid and depressed. He described his palpitations as fearful. Occasionally he would get a stool or two at night but never in the afternoon.

The morning diarrhœa and the noisy flatus passed with the stool led me to prescribe *Natrum sulph.* I gave the 6th decimal dilution, one drop for a dose, twice daily. He began to improve from the very first dose. He was nearly well in three days, and quite well in six days.

Case 2.—Dr. , subject to colic and diarrhœa, was taken ill with his old complaint on the 20th August. He could not trace it to any dietetic irregularity, unless the slight turbidity of the drinking water owing to the rainy season be taken as such. The diarrhœa came on in the afternoon, and the colic, which was of a twisting character and which was present day and night, was particularly bad *after* each stool. From about 4 P. M. to about 8 P. M., there were four or five stools, each of which was liquid, yellowish, profuse, gushing, with much spluttering, followed by aggravation of colic which became more and more unbearable. In his previous attacks, which were characterized by stools of the same character, and occurring always in the afternoon, he had tried various homœopathic remedies with no benefit. He therefore took, out of sheer despair and in expectation of immediate relief, 15 drops of laudanum. This, however, did not give him the relief he had expected, and he took 10 more drops after an hour. This had the effect of stopping the stools, and as a necessary consequence of mitigating the colic. He woke in the morning to find that his colic had not altogether disappeared. It troubled him the whole day, and became aggravated again, but not so much as on the previous day, after a stool in the afternoon.

In this way he suffered till the 28th. He took no medicine on the 21st, 22nd and 23rd. On the morning of the 24th, having regard to the time of the aggravation of both the diarrhœa and the colic, from about 4 to about 9 P. M., he took a dose of *Lyco.* 30, with some benefit, the number of stools and the intensity of colic being less. This encouraged him to take a dose on the morning of the 25th, but he became worse. He took a dose of *Thuja* 6th on the 26th with no benefit.

On the 29th the diarrhœaic stools commenced in the *morning*, in fact, for the first stool he had to leave his bed early in haste. The stools were of the same character, liquid, profuse, coming out in gushes, passed with loud flatus causing spluttering. There was insecurity of the sphincter ani so far that occasionally fæces would escape during the passage of flatus and of urine. There was considerable tympanites with pinching and twisting colic. The success of the 1st case narrated above led him to take *Nat. sulph.* 6. One dose was enough to remove all the symptoms. He took a second dose on the following day, and he was all right. The pain in the left upper molars, from which he had been suffering for some time, disappeared with the diarrhœa and the colic.

Remarks.

These two cases are very instructive. They illustrate the efficacy of *Natrum sulph.* in morning diarrhœa. Guided by their pathogeneses Dr. Bell has, in his excellent *Homœopathic Therapeutics of Diarrhœa, &c.*, differentiated this drug from *Sulphur*, by the remark that the morning stool of the former differs from that of the latter in occurring *later and after rising.* The clinical evidence of the second case shows that the distinction is not invariable. So far as the present pathogenetic record goes, the diarrhœaic stools of *Nat. s.* are *yellowish.* The first case shows that *Nat. s.* can cure where the stools are *grayish* and not yellowish. Again, *Nat. s.* is credited with the symptom—RELIEF of colic *after* stool, whereas the second case shows that there may be *aggravation* instead of relief of colic *after* stools, so that the former symptom would be no contra-indication for the use of the drug.

These cases forcibly point to the necessity of subjecting the existing materia medica to thorough reproving.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

118. IGNATIA.

Constipation:

1. Yellowish-white stool of very large size, passing with great difficulty through the rectum and anus. Very large st. (color not mentioned) passing with difficulty.
2. After sudden urgent call there is a difficult evacuation, not accomplished without great exertion of abdominal muscles (almost as though the peristaltic motion of intestines was wanting), of an insufficient quantity of tenacious, clay-colored, but not hard fæces.
3. Hard sts., tries often, but in vain.
4. °C. from taking cold or riding in a carriage.
5. Difficult st. causing prolapsus of rectum.

Diarrhœa:

1. D. painless, with rumbling of wind.
2. Copious D. at night, painless, with much wind.
3. Frequent evacuations from bowels, small and rather thin.
4. Evacuations from bowels, during afternoon and evening, with scanty discharge at times of rather soft fæces.
5. Copious evacuations of bowels, in evening, quite unusual.
6. Pasty evacuations. Fæces soft and pasty.
7. D.-like st., preceded by cutting pains in abd.
8. Thin fæces pass involuntarily with flatulence.
9. St. at first hard, and afterwards thin.
10. Soft st. immediately after a meal.
11. Yellowish white sts.
12. Hæmorrhoidal sufferings along with soft st..
13. Violent urging to st., more in upper intestines and upper part of abdomen; he has great desire, nevertheless st. is insufficient, though soft; urging continues long after st.
14. Urging to st. with evacuation of soft thin fæces, preceded by cutting in abdomen.
15. Urging to st., with feeling in abdomen generally as though he had taken a purgative; this sensation was followed by several natural evacuations.
16. Acrid sts.

Dysentery:

1. Slimy sts.

Aggravation:

1. During dentition.
2. After fright; after eating. At night, afternoon and evening.
3. In nervous and hysterical persons.
4. After coffee and tobacco.

Before St.:

1. Cutting in abdomen. 2. Sudden desire. 3. Urging.

During St.:

1. Prolapsus recti. Hæmorrhoidal sufferings.
2. Rumbling in abd. 3. Passage of flatus.

4. Smarting in the anus.
5. Erections or stiffness of penis every time he goes to stool.
6. Escape of much mucus (prostatic fluid) from the urethra.

After St.:

1. Sharp pressive pain in the rectum. 2. Tenesmus.
3. Nervous erethism; exhaustion. 4. Long continued urging.

Rectum and Anus:

1. Blind piles, with pain compounded of aching and soreness, (at the anus and in the rectum) more painful while sitting and standing, less while walking, though renewed and worse after enjoying the open air.
2. An itching lump at anus, which is not painful during st., but causes an aching while sitting.
3. Swelling of margin of anus round about as from distended blood vessels.
4. Prolapsus of rectum even from moderate exertion at st.
5. Discharge of blood from anus with itching of perineum and anus.
6. Threadworms crawl out of anus.
7. Spasmodic tension in rectum all day.
8. Pain in anus and rectum as from blind piles consisting of contraction and soreness, soon or immediately after a soft st.
9. Contraction of anus, painful when walking, especially when standing, not painful while sitting with accumulation of saliva in mouth.
10. Painless contraction of anus, a kind of stricture for several days.
11. Sharp pressive pain in rectum, in evening after lying down, without relief in any position, which disappears of itself without emission of flatus.
12. Sharp pressive pain deep in rectum, after stool, as from incarcerated flatus.
13. Coarse stitch extending from anus deep into rectum.
14. Sore pain in anus without reference to stool.
15. An unpleasant crawling low down in rectum, near anus, as from threadworm. Burning in anus.
16. Itching in rectum in evening in bed.
17. Anxious desire for stool with inactivity of rectum; unable to evacuate fæces without danger of eversion and prolapsus of rectum.
18. Frequent ineffectual desire for stool with colic, tenesmus, and tendency to prolapsus of rectum.
19. Ineffectual urging and desire for st., and desire in intestines of upper abdomen, chiefly soon after a meal.
20. Ineffectual urging to st. in rectum, not in anus.
21. Great urgency and desire for st. in evening, felt mostly in middle of abd., but no st. follows, only rectum protrudes.

General symptoms:

1. Howls, cries, and is beside herself on account of trifles.
2. Quiet, earnest melancholy; cannot be induced to converse or be cheerful, with flat, watery taste of all food and little appetite.

3. Anxiety as if he had committed some crime. Extreme anxiety, which prevents speaking.
4. Fear of thieves on waking after midnight.
5. Slight blame or contradiction excites him to quarrel, and he is vexed with himself for doing so. Fickle, impatient, irresolute, quarrelsome (recurring every 3, 4 h.).
6. Finely sensitive mood, delicate conscientiousness.
7. Incredible changeableness of mood, at one time he jokes and jests, at another he is lachrymose.
8. Uncommon tendency to be frightened; fears she will get ulceration of stomach; fears every trifle, especially afraid of objects coming near him. Fearfulness, cowardice, cannot trust himself to do any thing, considers all is lost. This state alternates with audacity.
9. Unreasonable complaints about too much noise. Noise is intolerable to him.
10. Loss of usual cheerfulness and liveliness.
11. Apparently in deep thought, though destitute of any.
12. Fixed ideas, which he follows out in thought or pursues all too zealously and completely in conversation.
13. Thinking and speaking are difficult for him. Unable to concentrate his thoughts. Weak, fallacious memory.
14. Vertigo—feeling of swaying hither and thither; staggers when walking.
15. Intoxication, as from brandy, with burning in eyes.
16. Headache with every beat of arteries. Throbbing headache. Pressing in frontal region. Headache increased by stooping.
17. Zigzag and serpentine, white flickering at one side of the field of vision. Intolerance of light of candle. Easy contraction and dilatation of pupils—contraction seems first in order of time. Increased lachrymation and secretion of mucus.
18. Lips cracked and bleed. Inner surface of lower lip ulcerated. One of the commissures of the lips ulcerated.
19. Teeth loose and painful. Toothache commences towards end of a meal, and grows worse after.
20. Apt to bite one side of tongue posteriorly when speaking or chewing. Acrid feeling on tip of tongue as if excoriated. Needle-pricks at frenum of tongue.
21. Copious secretion of saliva. Copious, white, frothy saliva. Mouth always full of mucus; of ill-smelling mucus in morning on awaking. Painful swelling of the orifice of the salivary duct. When chewing he is apt to bite on inside of cheek near orifice of salivary doct.
22. Taste, qualmish; bitter afterwards sour, with sour eructations. Saliva and mouth sour. Beer tastes bitter and bad.
23. Retching, with constrictive sensation in middle of throat as if there were a large morsel of food or a plug sticking there; felt more when not swallowing than when swallowing.
24. Sore throat; sticking in it when not swallowing, and even somewhat while swallowing; the more he swallows, how-

ever, the more it disappears; if he swallows anything solid, like bread, it seems as though sticking entirely disappeared.

25. Formication in the œsophagus.
26. Good appetite; food and drink are relished. Desire for acid things; for fruit. (Secondary or curative action.)
27. He was unable to swallow bread; it seemed too dry.
28. Loss of appetite; of desire for food, smoke and drink, with frequent accumulation of saliva in mouth, without aversion.
29. Aversion to warm food and meat, desires only bread, cheese and butter; aversion to meat and desire for acid fruit; aversion to fruit which does not agree; aversion to milk, (his favorite drink), to acids, to tobacco-smoking.
30. Thirst with chill. 31. Eructations, of food; of bitter fluid.
32. Hiccough after eating and drinking; from tobacco-smoking in one accustomed to it.
33. Food, whenever taken, seems to be sticking above upper orifice of stomach and could not get down.
34. After meal, abd. tense and distended, mouth dry and bitter, without thirst, one cheek red, loud rumbling in abd.
35. During supper, feet cold, abd. distended; after supper, painful fulness of abd.
36. Qualmishness from smoking. Nausea disappear after eating.
37. Stomach, weakness and emptiness in pit of; feeling as from fasting with exhaustion in; flabbiness of, stomach and intestines seem to hang down relaxed; pressure in pit of.
38. Distension of hypochondria, especially in sides, pit of stomach, and small of back; on account of tension and fulness under ribs, was unable to breathe, with constant anxiety.
39. Painful pressure in region of spleen and pit of stomach.
40. Sharp sticking above and to left of umbilicus. Flatulent colic above umb., alternating with profuse accumulation of saliva. Colic first griping, then sticking in one side of abd.
41. Rumbling and noises in intestines. Discharge of much flatus at night, even during sleep, and always production of more so that every thing in abd. seems to turn to flatus.
42. Unsatisfactory, short and abrupt emission of flatus, having an offensive odor, not without exertion of abdominal muscles.
43. Peculiar sensation of weakness in upper abdomen and pit of stomach. Sensation in abd. in region of navel, as if something alive were there.
44. Griping colic, in open air, as if diarrhœa would ensue.
45. Drawing and griping in abdomen; in rectum it occurred like a pressure, with qualmishness and weakness in pit of stomach and paleness of face. Throbbing in abdomen.
46. Frequent discharge of much watery urine. Urine, lemon yellow, with white sediment; turbid; dark, passed with burning.
47. Lasciviousness with impotence, complete loss of sexual desire. Lasciviousness with uncommon erection of the clitoris, but with weakness and relaxation of other sexual parts.
48. Violent strangulated sensation in testicles, in evening, in bed.

49. Stiffness of neck. Pain in sacrum even while lying on back in morning in bed. Pain as from sprain or dislocation of shoulder, hip, and knee-joints.
50. Trembling. Convulsions. Jerkings and twitching in various parts of muscles. Great weakness of whole body; on walking it seems as though his breath would fail.
51. Single jerkings of limbs on falling asleep. Sleep so slight that he hears every thing in it. Dreams with reflexions and deliberations. Fixed idea in dream. Dreams full of frightful things. Dreams that he has fallen into the water and weeps. Dreams full of disappointed expectations and endeavours.

Remarks: We do not find IGNATIA to be much used in our school for disorders of the bowels, though from the symptoms given above both of constipation and diarrhœa, which are characteristic, it ought to be useful in these disorders. In constipation, whether the stools are of very large size, or small, insufficient, tenacious, if passed with great difficulty, chiefly by the aid of the abdominal muscles, the peristaltic action of the lower bowel being too feeble or wanting, IGNATIA will help. In diarrhœa of a painless character, when the stools occur chiefly at night, also in the afternoon and evening, seldom or never in the morning, or when they come on immediately after a meal, or are passed involuntarily with flatulence, IGNATIA will be found to be useful. The color of the evacuations may be whitish-yellow or clay-colored; but we should not attach much importance to the color, when the other characteristics are present, among which are the great tendency to prolapse of the rectum from the slightest exertion at stool, and long continued tenesmus *after* stool.

Along with the stool symptoms, the other symptoms, of the drug, especially the gastric and the mental, are to be taken into account. The mental symptoms offer the most characteristic features of IGNATIA. As Hahnemann has remarked: "Ignatia is not suitable for persons or patients in whom anger, eagerness, or violence is predominant, but for those who are subject to rapid alternations of gaiety or disposition to weep, or in whom we notice the other emotional states indicated here, provided always that the other corporeal morbid symptoms resemble those that this drug can produce."

A glance at the gastric symptoms will show that there is also alternation in the case of many of them. Thus likes and dislikes for particular kinds of food and drink, loss of appetite and increased appetite, alternate with each other in rapid succession. Indeed, alternation of symptoms is the most characteristic feature of IGNATIA, on account of which Hahnemann looks upon the drug as "particularly suitable for acute diseases, and for a considerable number of them." For this reason also, and especially for the alternation of the mental symptoms, it is suitable for, and has been used with success in, diseases of females and children. The feeling of weakness and emptiness of the stomach as from long fasting with sensation as if stomach and bowels were hanging down in a relaxed state, is very peculiar and should determine its selection, when other symptoms do not contra-indicate.

Gleanings from Contemporary Literature.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Presidential Address at the fifty-first Annual Meeting.

By Dr. C. E. Fisher.

It has come to be the custom upon occasions like this for the chief executive of an assembled convention to review in extenso the history, principles and achievements of the association for which he speaks, delving into the mysteries of medical lore, brushing the cobwebs from long closed tomes, and spending hours in historic elaboration. But Hering and Dunham and Dake and Talbot and Helmuth and Wesselhoeft and Orme and Ludlam and Kinne and Runnels and McClelland and others have been honored with the presidency in times gone by and each has addressed you in words of wisdom and eloquence and power. What more can I say than by them hath been said? And were I to assure myself of the wisdom of an effort to vie with the past in oratorical measure where is the material from which to build? Did not our honored president and jubilee speakers at Denver garner all the grain from all the threshings of all of medicine and surgery of all the ages? Did not they appropriate unto themselves upon that occasion all the thunder of all the presidents for a dozen of years to come? I would be brave, indeed, at so early a day after our jubilee session to attempt to entertain the Institute and the audience that has gathered to do it honor with a seasoned retrospect of the science of medicine. Nor do I believe it necessary to enter into exhaustive explanation of the significance of the presence of the association over which I have been called to preside for the week which is before us in this Queen of American Spas, this home of education and culture and wealth. I shall content myself rather with but brief backward glancing.

The fact that we this year celebrate the fifty-first anniversary of our founding, that upon the banks of yon beautiful bay we are counting the first mile-stone of our second half century, is significant justification for the extension by the local profession, the Governor of Rhode Island and the Mayor of Newport, of the hospitable invitations that have come to us to enter into these gates and take possession of this most charming city. And in responding to this greeting we come as conquerors of the prejudices of Medical history, as an association justly proud of its past achievements, rejoicing in a magnificent membership of the foremost men and women of a profession devoted to the noblest vocation of all the vocations of earth, a calling so philanthropic, ennobling and sacred as to have crowned and been crowned by an intertwining with the record of that one perfect life which took unto itself the mission and title of the "Great Physician."

I am sure that we shall be pardoned if during the week before us we indulge in exuberant commemoration of our buoyant faith in the doctrines enunciated by our immortal founder a century ago. It is a glorious faith, a magnificent conception. Through it all medicine has been revolutionized. Upon it has been built a system of therapeutics which shall last till the end

of time. By it millions of lives have been saved, untold and untellable sufferings have been alleviated, and the whole fabric of medical art so re-woven that the barbarous methods of a century ago are now of the ever past. Never did Luther set pace to a reformation in the church more revivifying than that to which Hahnemann gave impetus in medicine; and as the profession of America who take their inspiration from him meet in annual convention small wonder is it that in assembling they delight to revere his memory, to give testimony to the value of his life and teachings, and to take on new courage, and new confidence while reaping from the fields of knowledge that have been sown by the students of science. None but the physician who loves his work and whose mission is accepted as a sacred trust can altogether appreciate the value of such a harvesting as is ours now to enjoy. To us its fruits are as manna from heaven whereby our needs are supplied, and from it we gain in increased measure power to do combat with the grim monster who robs us of loved ones, destroys our homes, devastates our cities and makes whole nations mourn.

It was on the tenth of April eighteen hundred and forty-four that a band of pioneers who had learned the limitless lesson in Hahnemann's law gathered in the Museum of Natural History in New York for the purpose of forming an alliance of aggression and defence. Their object was to promulgate the similar law of healing and to protect their sacred right, vouchsafed unto all men under our constitution, of pursuing a chosen profession without persecution, proscription or unreasonable hindrance. The organization there perfected was entitled the American Institute of Homœopathy, and 'tis that association that convenes in annual session today. To our credit be it said that we are the oldest national medical association in these United States, antedating our sister society of the opposing school by full two years. Our conventions are attended by members from all over this land and from foreign countries as well. The American Institute is at once acknowledgedly the foremost association of its profession throughout the world, and because of its wide cosmopolitanism the followers of Hahnemann in every clime look to it hopefully, profit by it munificently and expect of it victory and laurel. And well they may. It stands for progress, liberty and independence, and to its undying devotion, to its broad catholicity and practical achievements Homœopathy's widening tide of prosperity is largely due. Fourteen members at the inaugural meeting—two thousand are now on the rolls. The entire civilized world did not then contain the number of new-school practitioners annually admitted to membership now. Then but a few volumes of literature—none in the English language—today a magnificent library of thousands of tomes upon every topic relating to medicine and surgery, a library especially rich in its bearing upon the treatment of the sick and the agents used therefor. Then no teaching institutions—now just one full score eqipped completely in every way, the peer of those of their giant rival. Then no hospitals—now above an hundred and fifty, with thousands of beds and millions of property. Then no state and few local societies—now

sectional, state and local societies throughout all the land. Then few journals—now more than fifty, carrying their thousands upon thousands of pages laden with the latest discoveries of medical science, the choicest gems of thought, the richest nuggets of experience to a mighty and growing profession. Then no patronage from the state—now seven insane hospitals under homœopathic control, medical departments in three state universities, a complete medical department of one great city university, representation in various large city hospitals, scores of representatives upon state boards of health, and thousands upon thousands of appointments of commonwealths, counties and municipalities.

I might continue the enumeration until you were wearied and yet the half would ne'er be told. To the Institute 'tis an old, old story, yet so full and satisfying is the record that we never tire of its contemplation, dwelling upon it in encouraging comparison of what used to be and what now is—upon the era-marking years since those first days when Hahnemann began the practice of homœopathy, when he was scoffed at and scorned and driven from place to place, when his followers met with the same proscription that the sage himself encountered, when progress was thorn-strewn and slow. Rejected of Germany's profession, proscripted by legal enactments, retarded and bound down by the spirit of conservatism continuously characteristic of the dominant profession the new faith in medicine failed of deep root in its native soil, and it was reserved to the truth-aspiring liberality of American thought to appropriate the force and justice and applicability that lay embryoed in his similia. And even in America the pioneers of the system we practice in security to-day failed to escape from untold indignities which they bore for the sake of truth, those early years being fraught with deprivations of professional and social privileges that made as good martyrs as ever did the Spanish inquisition.

But the past is behind us—the future beyond. Our first fifty years were memorable. What will our half century bring? Neither a prophet nor the son of a prophet it were rash for me to fore-cast the possibilities in store. Most of our battles have been fought, most of our victories well begun. The barriers are breaking down, the walls of bigotry and prejudice are crumbling, and the bright light of medical truth is piercing the darkness of all the earth. From the East, the West, the North, the South, from Europe and Asia and the Isles of the Sea the record is one of prosperity and progress. Our institutions of learning have been attended by larger classes than ever before. An additional college has been established in Denver. Our college in Michigan, though attacked by foes from without and foes from within, has been saved. The homeopathic medical department of Iowa's State University has been given a new hospital and college building by appropriation from the state. The Chicago Homœopathic College has finished and moved into a commodious hospital connected with its college home. Hahnemann Medical College of the same city has recently dedicated and now occupies a splendid new hospital structure, and the college bearing the same honorable name in Philadelphia has

received a bequest of fifty thousand dollars for hospital purposes. Pulte Medical College, Cincinnati, rejoices in a donation of twice that amount for the erection of a hospital, and Louisville's enterprising profession has forced entrance into the splendid city hospital of that municipality, with the assignment of one-fifth of the institution for her purposes and patients, this being decidedly the most signal hospital victory of the year. In San Francisco a large homœopathic hospital is to be built before our next session. In Nebraska we have been given charge of an additional State insane hospital, and in Illinois we have promise of a like institution within the year. Wisconsin has given us representation for the first time on her State Board of Health, and in Kansas we now have the presidency and an additional member of the state board. In Florida our little band of brave defenders has just defeated an iniquitous effort at the securement of control of all the medical affairs of that State by a single examining board law, and like victories have been achieved in Nebraska and Arkansas during the year now closing. Maine has adopted a medical law like unto that of Massachusetts, in every sense satisfactory to our profession, and in no State of which I have knowledge have we been made to suffer by the enactment of objectionable code since our last annual meeting. In Georgia an examining board law has been passed which provides for reviews of each of the recognized professions by its own examiners, repeated attempts at the passage of a single board law having failed through efforts of our profession in that commonwealth. A like situation obtains in Louisiana. In New York a Metropolitan Homœopathic Post Graduate College has been inaugurated, the first of its kind, rendering it no longer necessary for practitoners of Hahnemann's school to contribute to the coffers and swell the ranks of attendants upon the post-graduate schools of an unfriendly profession.

I have not attempted to enumerate all the evidence of progress of which we have knowledge in our own fair land, and have not yet touched upon our growth in foreign countries at all. In Mexico and England and Belgium and Germany and far-off India we have also enjoyed greater prosperity than ever before. It remains for the homœopathic hosts who will assemble in London at the Fifth International Congress next summer to gather the figures from all the world, it being enough for me to here proclaim that never in the history of our profession have its entire interests been so satisfactorily fostered, its progress so pronounced, its successes of such significant order. The world moves and medicine, for the first good time, it may be said, is moving with it. Our successes are recorded in all the world, embrace a variety of interests, and are so substantial that we are led to believe that all the opposition that medical bigotry and intolerance and prejudice may bring to bear in all the ages to come will not serve to block our prosperity or retard our growth. But while prospering and growing and missionizing and spreading let us remember that the tendency of the times in which we live is away from the individual toward the community, is of broader and vaster considerations than the egoism of the one

in pointing to the well-being and happiness of the many, and that revolutions in church and science and government have thundered thrashing remonstrance against any and all satisfied acceptance of the good things that are to the exclusion of the better things that may be. High-handed dominance and sectarian belief is no longer feasible under the search-light of today. And while it is true that it is unreasonable to hope for a unified political party, and that denominationalism must continue to be as much an established fact in medicine as in religion and in religion as in the body politic, yet the world of ideas is too roomy, the legends inscribed upon the outer walls of science's strongholds are of too unprejudiced import to longer permit of the old narrowness toward any scientific effort, however young, however divergent; and that anti-pathic demurrer that there is but one medical interpretation, one possible sect in medicine, one road to Rome, no need for our separate existence, falls lightly upon the progress the world is making today.

The watchword of medicine is "Progress." Ideas and treatments, the rule a quarter of a century since, are obsolete now. The lancet has given way to more reasonable measures. The etiological theories of years gone by have magnified into absurdity under the relentless discoveries of the microscope, and so rapid are the advances that he who reads must run—that he who engages in the pursuit we follow must yield faithful devotion, tireless energy and persistent investigation to keep pace with that progress.

That Hahnemann's law was possessed of the grievous fault of being in advance of the day of its enunciation must be admitted. That the delicate symmetry of its logic, the perfect poise of its sequence, were ungraspable by an unelectricized age was inevitable. But today mental dynamics is a philosophy easily comprehended and readily accepted, and diligently must the doctor of these closing years of this nineteenth century take cognizance of that insistent essence of individual and separate living, even more careful ward and watch must be kept over the equilibrium of that force—that delicate, subtle something upon which hangs the fate of the nobler organs of the body, the fate, indeed, of every tissue of man's organism—that golden thread upon which is strung the pearl of each personality, whose straining is health's detriment, whose severance is man's dissolution.

The value of the theories and practice of the system of therapeutics to which we hold allegiance is analogously and impressively beautiful to the minds of those who understand the philosophy of affinities or natural selection. The essential doctrine of Hahnemann but comprehends the application of drug dynamis to physical dynamis, drug force to physical force, according to the law of natural selection; and were anything needed to prove its immutability our very existence as a separate system of therapeutics, with our full twenty thousand practitioners, our institutions of learning, our public and private hospitals, our medical journals, our National and State Associations, and our well built literature in the face of the determined and ceaseless opposition of the great army of physicians composing the dominant school is conclusive evidence that results at the bed-

side, in the hospital and in the dispensary, sustain the philosophy of medical dynamics as having existence in truth and foundation in fact.

The law of affinity is a law of nature and applies as well to the kingdoms from which drug agents are obtained as to any other department of nature. Just as a smile begets smile, a tear a tear, a frown a frown, just as light begets light and darkness death, just as a note from a musical instrument will vibrate upon its chord in every other musical instrument, just as it is rational and practical to apply cold rather than heat to a frozen member and heat rather than ice to a burn, so it is reasonable, intelligent, philosophical, to apply drug-force to disease-force according to the law of affinities, hence according to the maxim, "like cures like."

Ah, the homœopath has reason for the faith that is in him! His methods have the sanction of physical law, and the law which guides him in the selection of remedial agents, belonging to our large Mother Nature, is as sure to triumph over all medical unbelief in some truth-crowned future as is her sun to penetrate an April cloud. It is a law of God and we need not defend it. Its range of application is wide, so wide indeed that no physician, no matter what his school, should fail to appropriate it unto himself—even though the impossible be not claimed for it, nor monopoly as a method of healing.

The advancement of therapeutics towards a more perfect art has been greater since the time of Hahnemann than in all ages preceding him. That the influence of homœopathy has been felt, that it has wrought remarkable changes in the treatment of the dominant school of practice is not to be denied. I keep strictly whithin the bounds of truth when I proclaim that to the law of Hahnemann the present generation owes its emancipation from the thraldom of empiricism in medicine more than to all things else combined. Yet I have not the temerity to assert that in the realm of medicine all recent progress is of us. Hahnemann was the founder of the grandest system of therapeutics the world has yet known. But to Jenner, standing on the other side, belongs great meed of praise for his invaluable work in the domain of prophylaxis; Pasteur's discoveries in the same line win for him a place by Jenner's side; Koch's researches in etiology stamp him as one of the master men in medicine, who has greatly simplified its practice, and the name of Sir Joseph Lister is ineffaceably inscribed upon the historic pages of Chiron's art. In brief, the record of medicine is full of the deeds of able men and minds. Hipppocrates and Paracelsus and Galen and Harvey and Paré and Sydenham and Simpson and Sims and Billroth and Agnew all shine with brilliant lustre. But while bowing in humble admiration before these mighty men of medicine I would like to ask what have they done that they should be honored while he who was greater than all as a discoverer, whose discoveries were of paramount importance, who concerned himself not with large abstractions and chaotic hypotheses but who sought out suffering and its best alleviation at the bedside, who healed while others speculated, should go with his praise unsung? Genius is worthy in every sphere, and of all

the glorious names of medicine's sons none ever shone with more effulgent glow than the name of our immortal sire. Others have revolutionized prophylaxis, others have revolutionized surgery, others have revolutionized the knowledge of the profession in relation to anatomy and physiology and chemistry and bacteriology, but for the Sage of Coethen, the dauntless genius of homœopathy, remained the magnificent achievement systematizing into a science that highest office of the physician, which has for its mission the actual function of healing the sick—and to him should be glory and praise above all. We do for him but feeble honor in thus revering his memory; we do him but feeble honor in meeting in annual convention as followers of the law of his promulgation; we do him but feeble honor in building our monument of stone and bronze at our nation's capital by which to testify to our admiration and appreciation. The professional world owes him reverence, the non-professional owes him gratitude; and as certainly as time serves as the leveler of men and their works so time will surely bring unto him that meed of praise pre-eminently his due. I hope that these words and far more burning words during this meeting and many like meetings may impress upon you and us the forceful fact that however late to seek him out that meed of praise so justly his due is now at last ripe wreathing for him.

And while regretting that recognition should have been deferred through all the waiting years of his patient and purposeful life, regretting that honor should have been denied the greatest of homœopathy's heroes in his life-time, to be thereafter heaped in flowery tribute upon an empty grave let us rejoice that to those upon whom his mantle fell it has not been denied to wear the laurel while life surged triumphant toward a consummate goal. As we have moulded into a great national body we have not failed to do honor to the valiant volunteers who have reached helpful hands from out our ranks to urge and lead us through every crisis, past every disaster, in the years that have come and the years that have gone. Since last we met some of those upon whose strong right arms we leaned most confidently, some of those whose lives have lain in most endearing apposition to our common life as an institution, some of those by whose works we have known them, have gone from among us forever, leaving us stricken and bereft even in the refulgent after-glow of our recollection of them and the increasing benison of the good works they have out-wrought for us. Bending toward us now in an aura of great deeds well done—from out the goodly company of Hahnemann and Jahr and Hering and Dunham, brighten memories of other good men and true, men mighty in contest with disease and death, honorable in every walk in life, scholarly in attainment, warm in devotion, faithful in every trust—men like Neidhard and Ward and Kitchen and Minton and Woodvine and Schneider and Gause and Whittier—and one other of endeared remembrance whose life was of enduring beauty, so enshrined in the love of us one and all that I need not tell you of his incomparable service to the Institute he loved so well, need not recall the whole of his devotion to its every weal, of his

sorrow for its woe. As you look upon the reflection of his kindly face I need not long dwell upon the works of his life. They cluster unbidden about you. They pass in fair array before you without quickening word from me. From year to year since eighteen hundred and fifty-two the name of him whom the Institute has delighted to honor has been set jewel-like in her crown. From meeting to meeting through every meeting, from the moment the opening gavel was struck until its fall declared the session ended, he labored untiringly for that meeting's success. By him more than by any other man have the Institute's policies been moulded, its course been shaped, its helm been guided. As early as 1857 he was honored with its presidency; in 1884 he was chosen American editor of the Cyclopedia of Drug Pathogenesy, published jointly under the auspices of the American Institute of Homœopathy and the British Homœopathic Medical Society; and for a number of years past he had been president of the Senate of Seniors. Examination of the volumes of this association for two score years will show the presentation of more pages from his pen than from any other worker in the rank and file of the association. His life is inseparably connected with our history. The imprint of him is so indelibly stamped upon our record that it can never be effaced. Of all his colleagues who gathered with him year by year to build this Institute to a mighty national association to stand for liberty in medicine and progress in science not one encompassed in his nature the wisdom, the culture, the gentleness, the forcefulness that enriched this noble character. As an able defender of the cause of truth he was ever for peace without and within. An earnest student of science in all her departments he was a faithful exponent of a liberal homœopathy. Conservative in some things he was true in all. Liberal in many things he was just in all. I need not speak his name though you knew him none too well.

In the death of Dake a hero has fallen who is mourned of his family, his friends, of us, as one of those exemplars of manhood of whom be it said, "Take him for his all in all we shall not look upon his like again." As we recall his life with us, as we remember the kindly light that beamed from the windows of his clear soul, as we bespeak again his many acts of generous import, as we remember his gracious intellect in its beautiful setting of quiet demeanor, sturdy action and outspoken purpose, as we dwell withal upon his tenderness and lovableness and broad humanity need we wonder that all Nashville mourns her loss, his family and friends their sore bereavement, homœopathy its irreparable affliction? In truth be it said that heaven hath gained by earth's drear loss.

The lesson of the successful past, the lesson of the living present, the lesson of the great departed give us encouragement for the years that are before us. As we leave our former goal which has become our present attainment let it be remembered that the achievements of the father of this Institute, of those noble workers whose suns have set, and of the brave hearts that beat with confidence in the breasts of its members today are for homœopathy as the first ripples on the sands of old ocean's shores,

widening, deepening, billowing toward the farthest sea, to thunder back again with mighty roar of wave and time in o'erwhelming tide of victorious achievement that shall know neither ebb nor flow.—*Medical Century*, Aug. 1, 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, Aug. 1895. (April not recd.)
The New England Medical Gazette. Boston, August 1895.
New York Medical Times. Aug. 1895. (May 1894; May and June 1895 not received.)
Indian Medical Record. Calcutta, Sept. 1 and 16, 1895.
The Medical Reporter. Calcutta, Sept. 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, Aug. 1st and 15th 1895. (June 15th not received).
The Homœopathic World. London, Aug. 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, Aug. 1895.
The Medical Visitor. Philadelphia, Aug. 1895. (July 1894 not received.)
The Medical Century. Chicago, Aug. 1st 1895.
Southern Journal of Homœopathy. Baltimore, July 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Mars and Avril 1895.
The Hahnemannian Monthly. Philadelphia, July and Aug. 1895.
Homœopathic Envoy. Lancaster, Aug. 1895.
The Homœopathic Physician. Philadelphia, June 1895.
The Clinique, July 1895.
Revue Homœopathique Belge. Avril 1895.
The Journal of the British Homœopathic Society. July 1895.
L'Art Medical. Aug. and Fev. 1895. (No. for July not received.)
Journal of Orificial Surgery. Chicago, June & July 1895. (March not recd.)
North American Journal of Homœopathy. New York. Aug. 1895.
The Medical Advance. July 1895.
Indian Homœopathic Review, July 1895.
Report of the Cultivation and use of Ganja.
Annual Statistical Returns and Short Notes or Vaccination in Bengal, for the year 1894-95.
Annotated Returns of the Charitable Dispensaries in Bengal, 1894-95.
Report of the Administration of the Police of the Lower Provinces, Bengal Presidency, 1894.
Report of the Royal Commission on Opium.
Report of the Indian Hemp Drugs Commission.

THE MEDICAL ADVANCE.

H. W. Pierson, M.D., *Editor and General Manager.* Published by the Medical Advance Co., Chicago.

Subscription $ 3.50 (Rs. 13) a year prepaid in Postal Union.

We have been authorised to receive subscriptions in India.

Subscription to both the Calcutta Journal of Medicine and the Medical Advance, Rs. 20 a year.—*Editor, Cal. J. Med.*

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **Oct. 1895.** [NO. 10.

MEDICAL ETHICS.

EVER since medicine has been dissociated from priestcraft, and its practitioners have constituted themselves into a body distinct from the priesthood, the necessity has been felt of having a set of rules for regulating the conduct of the practitioners of the healing art towards each other and towards their patients. The oldest code of which we have record is that which goes by the name of the "The Oath" in the works of Hippocrates, and which we give below not only as a piece of curiosity, but as evidence of the high standard of morality which the Greek Father of Medicine placed before his disciples and all intending to adopt the practice of the Art as a means of their living, and as evidence also of the advanced state of society in his time in which the formulation of such a code was deemed necessary. "It is most honorable to the profession," says Dr. Adams, the learned English translator of Hippocrates, "that so ancient a document pertaining to it, instead of displaying a narrow-minded and exclusive selfishness, inculcates a generous line of conduct, and enjoins an observance of the rules of propriety, and of the laws of domestic morality."

THE HIPPOCRATIC OATH.

"I swear by Apollo the physician, and Æculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and this stipulation—to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons and those of my teachers, and to disciples bound by stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practise my Art. I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!"

However adapted the above might have been to the practitioners of medicine at the time of Hippocrates, it must be evident that it requires both considerable modification and expansion in the present day. The relations of the profession both internal and external are becoming more and more multiplied and complicated with the rapid advancement of the science of Medicine and its differentiation into specialities, and with the growth of

society. And the necessity has, in consequence, arisen for a clearer, a more definite, and a fuller code for governing these multifarious relations. Such a code was unwritten till 1807 when Dr. Percival drew up one. The American Medical Association subsequently drew up another on the basis of Dr. Percival's. Our school soon felt the necessity of having a code free from the exclusiveness and bigotry of the old school, and accordingly the American Institute of Homœopathy had a third drawn up by a committee appointed by it, which we published in extenso in our number for March 1882.

The publication of these codes of medical ethics does not seem to have been enough. The codes do not seem to have produced the desired effect either on the members of the profession or on the members of the community. And accordingly, in the year through which we are passing, there has been increased activity in the profession to promote a knowledge of the most prominent of the rules which constitute professional ethics and to secure a ready allegiance to them. The British Medical Association has opened a new section, the Section of Ethics; and a professor of the Edinburgh University devoted an entire address to the consideration of medical ethics.

In the present number we shall deal with the excellent address which Professor W. S. Greenfield delivered on the 1st of August last to the graduates in Medicine in the University of Edinburgh. It will, we doubt not, be found to be very useful and instructive to the Profession in this country, especially to the younger portion of it, many of whom are alleged to have scarcely much knowledge of, or respect for, the rules of professional conduct. It is simple and elegant in style, is fraught with practical lessons on the conduct of medical men, and is intended to raise their status, and to show them the high character of their calling. It begins by pointing out to those who have attained the degree of M.D. that "it is no small thing to be graduates" of the University of Edinburgh, "to share the inheritance of so many noble traditions, and to belong to the school of so many eminent men of the past and present"—a university in which "during long years the combined influence and mutual interaction of the various faculties have moulded and elevated the teaching of the whole," and which is remarkable "in the long

combination of distinction in medicine with that in divinity, law, philosophy and science."

The elements which unite to secure to the graduates of the University of Edinburgh the high name they have attained, and to constitute them into a harmonious whole, in view "to promote the renown and success of their University, and to increase its material prosperity," are as yet wanting in India. In their stead, we have here professors who hardly care to know their students, or to evince proper sympathy for them, and who do not seem to feel that their honor and reputation are, in some degree, dependent on the fame and attainments of their students; we have regulations framed by the Government of the country, which is very far from encouraging the full development of the highest qualities of medical graduates; we have rules laid down and practices enforced which prevent effectually to form an *esprit de corps* among the different classes and races of these graduates. We would exhort our medical men to raise themselves in their profession, despite these and other drawbacks, and to show that they deserve a better fate than that allotted to them by Government.

Professor Greenfield next touches upon the nature and character of the Medical profession, which he regards very justly as "a profession higher perhaps than any other, hardly excepting Divinity," and then addresses the graduates as follows:—

"It is full of noble traditions and memories, of possibilities of good to your fellow men, and of self-culture in all the highest qualities of man. You are rightly proud of your choice, and you will do well to retain your high ideal of your position and duty. All the more will you find this essential, since you will meet with many temptations to a lower standard in your own life. Still more will you find that your view is not shared by the majority of those around you. If you imagine that the public entertain a like view of the position and objects of your profession, you will soon be undeceived. In theory they may, and here and there some noble souls may recognise it, but for the most part your views and aims will be misunderstood. If, for example, you try to introduce sanitary improvements, you will probably be charged with a desire for notoriety, with ignorance of the common facts of life, and above all, with a desire to raise the rates. Obloquy

and suspicion will often be your meed, instead of gratitude and regard. Your monetary compensation, if any, will be grudged, and possibly be cut down below that of a common scavenger. The picture in Charles Kingsley's 'Two Years Ago' is true to the life to this day. I speak from intimate knowledge in many instances. 'A meddlesome conceited fellow,' they will say, 'fresh from college, full of new-fangled ideas.' 'As if we did not know what water we should drink, what air we should breathe; what we should do with our sewage, how we should feed and clothe our children,' and so on. 'Our fathers lived to a good old age without any of your new notions. What did for them will do for us.' In such matters, and a multitude of others you will find that the public in spite of modern education and enlightenment, will oppose or thwart you. Even the diffusion of knowledge, the abundance of popular medical literature (so called), the ready access to medical works, due partly to their wide advertisement, will often act prejudicially to your treatment of patients, especially among the better educated classes. Indeed, it is often with them that the dangerous 'little knowledge' is a serious barrier to successful treatment. To face such difficulties will often tax all your endurance and courage. Only by patience, tact, and forbearance can you succeed, whether in dealing with individual cases or with matters of wider interest. But, beyond this, there is one prevalent opinion which will come in to mar your influence. Money is, for the vast number of men, the first object in life: this, and not character or ability, is the standard of success. Do not be surprised if you are believed to have this as your first object. If it is really so I pity you. Not only may you fail utterly in your object, but you will be led into ways which must bring you loss of character, I mean real, not reputed character, and which may mar your success in the alleviation and cure of disease. It will lead to much bitterness and sorrow, to misunderstandings and quarrels with your medical brethren, to a lowering of the dignity of your profession."

Accordingly he takes the greatest care to caution his audience against making pecuniary success their main object in life, and to impress upon them the advantages of literary culture.

In India, the amount of ignorance complained of is much greater, the prejudices to be contended with much more fierce and

obstinate, and the education and training of the better educated classes, so far especially as the physical sciences are concerned, are much inferior to what has been described in the above extract. The disadvantages under which medical men have to labour here, are accordingly much more numerous than in England. But if they would pay no heed to monetary gain, and take advantage of the intervals, which will be long in the beginning of their career, between professional work, in improving their minds by general and special studies, these difficulties will not stand in the way of performing their duties. In fact, should they brave them to the utmost of their power, they will not fail to achieve success in the end."

With respect to the confidences of the profession, the following practical suggestions will be found very useful in leading to a high ideal of professional life:

"Every medical man is in a relation of peculiar confidence to his patients and their friends. There are some facts which he must know, both as to patient and family, which are sacred confidences. There are others with regard to which he must exercise a wise reticence, even to the patient himself or to his nearest friends. And no task is more difficult sometimes than to know when to speak and when to be silent. But beyond this there is one rule, too often forgotten, that a practitioner should never talk about his patients or their diseases to others. There are some obvious exceptions—where you may silence false rumours, for instance. But, as a rule, it is only at the request, or with the sanction, of the patient or his friends that you should speak at all.....You will often be tempted to speak so long as morbid curiosity and gossip, those two most inherent and devilish of common vices, exist; the guise of sympathy, the example of some prominent men, the prying eyes of the world, to whom no details of inner life are sacred nowadays, will tempt you: and you will be blamed if you will not divulge in private life what all the world consider itself entitled to know about public men..... Let your sense of honour guard your lips, and even keep the doors of thy mouth from the wife of thy bosom. When pressed for information it is a good rule to say,—'It might do no harm for you to be told, but I am the last person to give you any information.'"

The question how to convey truth to patients and their friends has been dealt with in a manner worthy of its importance, as the passage quoted below, to which the careful attention of all medical practitioners ought to be constantly directed, will show at once:

In this matter, "you must keep in view the practical object for which you are consulted. To tell a man that he has heart-disease may lead him to give up his work and to live a life of misery and apprehension, when you know that he may live a long life and do active work, if due precautions are taken. It is your duty, and must be your anxious study, so to convey the truth that it may enter his mind in a way which shall give him hope and courage, and lead him to take such precautions and live such a life as will conduce to both health and happiness; as otherwise, one has often seen, he may, after long years of misery, discover that you in your eager desire to be truthful, and, perhaps, from over-confidence in your diagnostic powers, have done him more injury than his disease."

In addition to these, Professor Greenfield enjoins every medical man to have "a calm, cheerful, sympathetic manner, especially if combined with clearness, decision, and thoroughness in directions and candour in speech;" to exercise "the fullest patience, consideration, sympathy and control of temper;" and to avoid speaking "harshly" to a patient, or being unmindful of his physical, mental and moral conditions, or even leaving him "in advanced stages of disease, because of some imaginary slight."

But the most difficult and delicate question to be solved by a medical practitioner, is his relations to his medical brethren. It is undeniable that, amongst those whose profession is noble, and "whose creed is one of universal charity," dissensions are not uncommon, and "ill-feelings and misunderstandings do too often mar their character." The frequent causes which are said to bring about this state of things "relate to the distribution of patients. Medical practitioners, especially early in life, are charged with seeking to get the patients of others." In connexion with this and other similar matters, too many thorny questions and intricate problems constantly crop up. On this subject the following extract from Dr. Greenfield's address will be read with profit even in this country, though the jealousy

and distrust towards fellow-practitioners are often manifested here in somewhat different directions also:

"I know of no rule of law, common or statutory, which empowers a medical man to claim an exclusive right to attend any man, or his family, and that the public in general does not understand the high ground of privilege which is sometimes claimed. Believe me, gentlemen, the only real, sure, and lasting bond of union between medical man and patient is that of mutual confidence and respect. The exhibition of jealousy and distrust of the character and motives of one's fellow-practitioner is more likely to lead to loss of confidence than to its increase. Readiness to consult with others when desired is not likely to lose a patient. A man will not readily part with the services of one who has been in his confidence and has helped him or his family in times of trouble. Exclusiveness, suspicion, jealousy, evil report of one's neighbours, will only destroy confidence where it might otherwise be retained, and a patient may long to be released from a bondage which he did not seek. In such cases some people will go long distances to consult others, concealing or denying the fact that they have been under treatment, and often they do this to their own detriment, as well as to that of their medical man. I have often been astonished that patients have not enjoyed the advantage of consultation with medical men in their own neighbourhood, who could far better advise with their own medical attendant, and I have found the explanation in the fact of mutual distrust and the idea that such a step would be resented."

But while he thus concedes to patients absolute right to choose their own medical men, he reminds his immediate hearers and the patient world alike that—"It is one of the most stringent and primary rules that no medical man should under any guise, directly or indirectly, interfere with the conduct of a case which is under the care of another, unless consulted by him. Moreover, you will remember that I say this to guide your own conduct, not to influence your opinion of the conduct of others.....To comment upon the treatment or diagnosis of others, a habit we are all prone to, is not only a crime but a blunder. No man can judge of a case which he has not seen, and reports or rumours should never be trusted, or be the ground of comment. Leave such criticisms to those who cannot know how deep is the anxiety,

how great the difficulty, of the actual diagnosis and treatment of disease. You may think that in what I have said I have given a counsel of perfection unattainable by mortal man. But if you do not aim high now, you probably never will."

The evils complained of in the above passage are often witnessed in this country in much more exaggerated forms and exhibit many novel features, which it is neither desirable nor profitable to expose. The advices given by Dr. Greenfield ought to be treasured up and followed by all honorable practitioners, who should, moreover, combine themselves, and do their utmost to cast contempt and dishonor upon such medical men as would be guilty of the charges above brought forward.

In conclusion, Dr. Greenfield refers to the highest quality requisite in a successful medical practitioner—the quality of *thoroughness*—the habit, that is, of being "thorough and methodical" in all clinical work; since "far more mistakes are made in diagnosis and consequently in treatment, by want of thoroughness, than from ignorance;" and then proceeds to lay down some golden precepts, which are best calculated to produce this quality, and which are reproduced below for the benefit of our readers:—

"Cultivate the habit of thorough investigation in your earlier years, and you will gain a power of perception which will stay with you in the busier years of practice. There is genius in medicine as in other spheres but the highest genius is in the power of careful and thorough attention. It is thus that the great men in all science have gained their renown. Every patient is a new and complex problem,—not a mere 'case'—with his own heritage of tendencies, his own habits, his temperament, his past life. Study all these with care, and you will develop powers which will make your success as medical men. It is not always the brilliant students who become successful and distinguished, but those who with good ability, assiduous care, and perseverance train what powers they have. Let those who have been depressed and daunted by their failures at examinations remember that the race is not always to the swift or the battle to the strong. Their difficulty in grasping facts or unravelling problems may have been due only to slow development, and they may discover new powers and attain high qualities by steady and persevering work."

The *Lancet* of Aug. 17, which has given an abstract of this noble

address, has the following appreciative comment on it: "These are thoughtful words and cover more than appear at first glance. There is a disposition at present to correct the evils of the profession by legislation and by the disciplinary action of the medical authorities. There is need of these; but, after all, the strength of the profession and its place in public estimation depend on faithfulness to its own traditions, to its great unwritten laws, to its morals. Reverence for patients, respect for their feelings as well as for their health, will make us adepts in the investigation and treatment of their cases and in the art of telling them all the truth that can do them good or is consistent with our main duty—that of prolonging their lives. It will make us honorably reticent of all family and personal facts which we come to know professionally. Reverence for professional neighbours will make us charitable in our judgements of them and quick to see in each of them a brother rather than a rival. Reverence for ourselves will make us less discouraged by the vicissitudes of practice and more incapable of all mean methods towards success."

We are in perfect accord with our contemporary in what he has thus so wisely said. The profession, if true to itself, to its unwritten laws, need not have any state legislation to prop up its dignity and promote its interests. The practices and vauntings of quackery are very annoying indeed, and this was felt to be the case even in ancient times, as is evident from the complaint made by the writer of the "The law" in the Hippocratic collection, that "in the cities there was no punishment connected with the practice of medicine except disgrace." It is true that quackery does retard the progress of true medicine, and it is natural to invoke the aid of the legislature to suppress it. But if we remember that our theoretic science falls far short of actual requirements, and that our practical art falls far short even of our science; and if we further remember that even if we had a perfect science and art, our numbers are yet so small as to be inadequate to supply the demand, we would be convinced that so long as this state of things lasts, no legislature would be justified in attempting to prevent the practice of medicine by irregular practitioners. If the regulars were able to effect cures in every case of disease, and if they were available at all times to all men without any reference to their means

and circumstances of life, the occupation of the irregulars would be gone, and quackery would die a natural death. The profession would, therefore, do well to mind its own duty, which is to perfect the science and art of medicine and to be charitable to all fellow-creatures, rather than waste its time and energies in pursuing and persecuting quackery.

PROVINGS AND HOW TO CONDUCT THEM.

(III.)

Is anything to be done, is any preparation necessary, by the prover before he undertakes a proving? We have no hint from Hahnemann on this subject except what he says regarding the diet of the prover, that "the subject of experiment must either be not in the habit of taking pure wine, brandy, coffee or tea, *or he must have totally abstained for a considerable time previously from the use of these injurious beverages,* some of which are stimulating, others medicinal." This injunction is obviously intended to prevent interference with the development of the pathogenetic action of the drug that is being proved by the action of food and drink that may themselves have a disturbing or pathogenetic action on the economy. This, as we have seen, is necessary for the first or standard provings, that is, provings on the healthy as far as such a condition is available and free from all disturbing causes. But as we have also seen, provings under disturbing circumstances are no less necessary to elicit the conditions of aggravation and amelioration and modification of what may be called pure pathogenetic effects.

Is anything else than regulation of diet necessary preliminary to proving? The authors of *A Pathogenetic Materia Medica,* which we had the pleasure of noticing a few numbers back, very properly think, "it is primarily necessary that each prover keep a record of the manifestations of his normal health status before testing the drug, for unless he is familiar with his conditions prior to taking the drug, he is not prepared to pass judgment upon the pathogenetic value of the many manifestations that are likely to occur during the proving." We should go further and say that this health record ought to contain the results of physical examinations of the various organs, secretions and excretions of the

prover, as also the temperatures at various times of the day, just to note if there are any extraordinary variations in the physiological range, as not unfrequently there are.

With this health record before the prover and the physician who superintends the proving, it would be easy to note the changes that take place under the action of the drug, that is being proved. The careful and minute observation of these changes and the faithful and detailed record of them are the most important and the most difficult part of this arduous business. The failure to observe a symptom or the omission to record it, takes so much from the value of a proving. Hence it is necessary that we should endeavour as much as possible to prevent both these liabilities to error.

How to do it? is the great and most serious question. In the case of laymen provers Hahnemann enjoins the superintending physician to take down notes chiefly from their voluntary narration. He has, very justly, a horror of putting leading questions. He counsels the same caution to be observed in eliciting symptoms from a prover that he has counselled in eliciting symptoms from a patient suffering from a natural disease in the sections 84 to 99 of the *Organon*. These sections are, therefore, worthy of the most careful study by the superintending physician. His work would be easier and more fruitful if he would keep before him a written or printed list of the various organs and systems of the body and their functions, for then he would be able to direct his inquiries with precision and without any liability to mistake; to see with clearness, note down with faithfulness the order of development of the symptoms; and connect them with the organs or systems or parts of organs or systems of whose affection by the drug they are the expression.

With reference to the dose to be used in provings, it is but right that we should direct attention to some recommendations of Hahnemann which he made only in the last edition of the *Organon* (§ 128, 129):

"The most recent observations have shown," says he, "that medicinal substances, when taken in their crude state by the experimenter for the purpose of testing their peculiar effects, do not exhibit nearly the full amount of powers that lie hidden in them which they do when they are taken for the same object in

high dilutions potentized by proper trituration and succussion, by which simple operations the powers which in their crude state lay hidden and, as it were, dormant, are developed and roused into activity to an incredible extent. In this manner we now find it best to investigate the medicinal powers even of such substances as are deemed weak, and the plan we adopt is to give to the experimenter, on an empty stomach, daily from four to six very small globules of the thirtieth potentized dilution of such a substance, moistened with a little water, and let him continue this for several days." (§ 128)

"If the effects that result from such a dose are but slight, a few more globules may be taken daily, until they become distinct and stronger and the alterations of the health more conspicuous; for all persons are not affected by a medicine in an equally great degree; on the contrary, there is a vast variety in this respect so that sometimes an apparently weak individual may be scarcely at all affected by moderate doses of a medicine known to be of a powerful character, whilst he is strongly enough acted on by some others of a much weaker kind. And on the other hand, there are very robust persons who experience very considerable morbid symptoms from an apparently mild medicine, and only slighter symptoms from stronger drugs. Now, as this cannot be known beforehand, it is advisable to commence in every instance with a small dose of the drug and, where suitable and requisite, to increase the dose more and more from day to day." (§129)

It is difficult to understand whether Hahnemann, in these sections, recommends the proving of all drugs in the thirtieth dilution, or only of those drugs which, "when taken in their crude state, do not exhibit nearly the full amount of the powers that lie hidden in them," and are "roused into activity" by trituration and succussion, such as vegetable and animal charcoal, silica, calcarea, the metals in their crude state, &c. His language seems to point to the former supposition, but this would involve a belief on his part that substances, which are virulent poisons in their crude state, such as arsenic, aconite, nux vomica, prussic acid, and indeed the majority of our drugs, have their full powers, from violently toxic to simply mildly health-disturbing, only when attenuated or if you like potentized to the thirtieth dilution! It would be the height of absurdity to ascribe to him such

an absurd belief, and yet there is no escape from such an inference from his language. It would seem to us that the sections in question were written under the enthusiasm engendered by the fact of the development by trituration and succussion of remarkable powers of some substances which in their crude state are inert or nearly so, and in total forgetfulness as it were of the most patent facts and of what he has himself written before. This is one of those unfortunate dogmatisms of his later life which have landed his disciples into unnecessary perplexity and unseemly sectarianism, and brought unmerited ridicule upon his system.

The fact of the development of health-disturbing powers of substances inert in the crude state, by the processes of minute subdivision of their particles, was not even dreamed of before Hahnemann, and was brought to light by his genius. This was a real discovery, and second only in importance to the establishment of the law of similia similibus. But for it, some of the most precious medicines of homœopathy would have remained unknown, and it has opened the way for the discovery of many more from the store-house of nature. But for it. we may say, the applicability of the law of healing would have been very limited indeed.

All this is true, and yet it is equally true that Hahnemann made a great mistake in thinking that the processes of trituration and succussion were the processes by which drugs were actually potentized, dynamized, instead of, as he had himself originally believed, having their surfaces simply, though vastly, increased by mechanical subdivision of their particles, whereby their contact with the surfaces of living tissues was rendered more intimate. If he had confined himself to the words attenuation and dilution as he had begun, he would not have fallen into the error of potentization and dynamization, which logically led him to many more, and which, as we have seen, have been stumbling-blocks to his followers, and have effectually shut out the majority of the profession from accepting his doctrines.

It must not be understood that we object to the provings of drugs in dilutions. Those, which are inert in the crude state, must be proved in dilutions or attenuated forms. But it would be imposing an arbitrary and most unscientific limit if they are

directed to be proved only in the thirtieth centesimal dilutions. Indeed, their provings should be commenced with the first decimal triturations, and carried on with the higher ones. It is necessary to find out at what attenuation their inertness ceases and pathogenetic powers begin, at what attenuation these powers attain their maximum, and whether in different attenuations the opposite qualities of the same drug are developed. This last is a point of great importance in all provings, and for the purpose of discovering it, every drug ought to be proved not only in different doses of the same form, but in different dilutions also. This is the only way by which the dose question can be satisfactorily solved.

We are aware that all symptoms have not their opposites, but a great number have, such as constipation and diarrhœa, sleep and sleeplessness, acceleration and slowing of the pulse and respiration, exaltation and lowering of the temperature, exaltation and diminution of sensibility, &c. We ought to study these in relation to the dose and the dilution by which they are produced.

In noticing the conditions of aggravation and amelioration of symptoms developed by provings we omitted a most important one, and that is the influence of the moon. However ignored and even derided by men who thereby pretend to be very scientific, we know this influence on natural diseased conditions to be a positive fact not only from repeated observations of it on others, but, what could not be mistaken, from similar observations on our own person. If such be the case with natural diseases, there is no reason why the same should not be the case in artificial diseases, diseases produced by the deliberate ingestion of drugs. Indeed, all the probability is towards such things happening. There is no essential difference between natural diseases, or rather diseases spontaneously produced, and diseases produced by drugs voluntarily taken into the system. Indeed, it is our conviction that most cases of what are called natural diseases are in reality diseases produced by the introduction of attenuated drug-poisons either through our foods and drinks, or through the atmosphere.

The system, when suffering from a disease natural or artificial, becomes susceptible to the action of other morbific agents of a general or local character, which action it resists in a state of health. In conducting provings, it must be there-

fore of as great importance to note the phases of the moon as the times of the day and seasons of the year when the proving is being continued, in order to observe if any particular symptom occurs, is aggravated, or is ameliorated, at any particular phase or phases. It is not every drug that would develop a susceptibility to lunar influence, but unless we make it a point to observe it, we may miss it when actually developed and, what is worse, we may attribute it to other than the true cause. We have a few drugs whose provings were observed in reference to this point, and we know how precious the applications of these drugs are in similar diseased conditions. But how few these drugs are in the whole range of the materia medica, scarcely more than half a dozen, and how we long to have more!

To recapitulate:

1. For standard provings, we must have provings in health, undisturbed by dietetic irregularities and mental agitation.

2. The preparation and the doses taken, and the times of the day and the seasons when they are taken should be noted, as also the phases of the moon during which and the locality at which the proving is conducted.

3. The symptoms and the organic changes should be noted in the chronological order of their development. Physical, chemical, and microscopical examination should always be had recourse to whenever necessary, that is, in examining the lungs, the larynx, the heart, the eye, the urine, &c.

4. All conditions of aggravation and amelioration, all disturbing causes accidental or voluntarily brought on, and the nature of the aggravation and amelioration produced, should be faithfully and minutely noted.

EDITOR'S NOTES.

TREATMENT OF SCORPION-BITE.

Hospital Assistant M. B. Vinze of Barnagar, Malwa, reports in the *Medical Reporter* of 1st October 1895 that a solution of equal parts of Chloral Hydrate and Camphor has given him entire satisfaction in cases of scorpion-bite. The pain is so quickly relieved that the patient feels himself cured as if by magic.

CASEIN IN WOMAN'S MILK.

Wróplewski (*Centralbl. f. Gynäk.*, No. 32, 1895) has made researches into the comparative properties of casein in woman's and casein in cow's milk. The casein is different in the two kinds of milk. In woman it contains less carbon, nitrogen, and phosphorus, but more hydrogen and sulphur. The solubility of the casein differs, and different chemical changes go on when cow's or woman's casein is submitted to gastric digestion.—*Brit. Med. Jour.*, Oct. 5, 1895.

THE LATEST "CURE" FOR INEBRIETY.

According to the *British Medical Journal* (Sept. 14th.) the Buffalo *Courier* furnishes the experience of "a prominent citizen of Dunkirk," who notices the immediate disappearance of a drink crave that had not been diminished two months after taking the pledge of abstinence. The directions for the preparation and application of this cure is thus given.—"Get a bowl of ice-water and a raw potato of a size convenient to take in the mouth; dip the potato in the ice-water, and suck it every time you think you must have whisky."

ARTIFICIAL HUMAN MILK.

We learn from *Nature* (Sept. 19th) that Dr. Backhaus, "stimulated by Kehrer's method, has succeeded in producing so-called artificial human milk. The milk is carefully collected with the usual hygienic precautions of cleanliness, &c., and then submitted to fermentation by means of rennet, in the course of which a relatively rich milk serum is procured containing albumen and milk sugar. This serum is carefully sterilised, and by the addition of cream a material is produced which closely resembles human milk, which may be varied in composition according to the age or particular requirements of the individual."

THE POWER OF SMALL PARTICLES.

"The French chemist, Jacques Passy, has for years been engaged in determining the quantity of odorous matter that will affect our sense of smell. His method is very simple. He dissolves a certain weight of the odorous matter in a certain quantity of alcohol, dilutes an accurately ascertained quantity of the solution, until he can say that it contains a millionth of millegram or less of the matter. Of this diluted solution he drops into a vessel that holds exactly a litre until the observer who smells at the mouth of the vessel can perceive the odour. Of camphor 5-millionths of a millegram suffice, of vanilla

500-millionths are enough to perfume a litre of air. Five billionths of a millemetre of musk are sufficient to perfume a litre of air."—*Homœopathic World.* Oct. 1, 1895.

TOXICITY OF THE AQUEOUS PART OF THE BREATH.

Livierato (*Arch. Ital. de Biol*, 1895 Tome xxiii p. 279) investigated the toxicity of the aqueous vapour expired by healthy and by sick persons. Expired air was received and the aqueous vapour condensed in suitable apparatus, the fluid obtained was then injected into rabbits with the following results: (1) Aqueous Vapour from persons suffering from diseases of the respiratory tract with fever, injected into rabbits produces a fever which lasts three to six days, general torpor and diminution of reflexes. (2) These effects are less accentuated in the case of patients who have no fever. (3) The aqueous vapour of febrile patients having no respiratory trouble causes no fever or only very slight fever in rabbits. (4) The vapour of healthy individuals has no appreciable effect. (5) Identical results are obtained when the liquid is sterilised.—*Brit. Med. Jour.*, Oct. 5, 1895.

TREATMENT OF NOCTURAL INCONTINENCE OF URINE.

Stumpf (*Allg. Wien. med. Zeitung*, July 9th) thinks the cause of nocturnal incontinence of urine is purely mechanical—namely, the pressure of the abdominal organs, which during sleep often lie above the bladder, so that the contained urine presses on the vesicle orifice of the urethra. He removes this pressure by placing a pillow under the child's pelvis, thus raising it so that it forms an angle of from 130 to 150 degrees with the spinal column as the latter rests horizontally on the bed. A very low pillow is placed under the head. By this simple plan Stumpf cured 12 cases, including one of a woman aged 34; the incontinence ceased the first night it was tried, and although a few relapses occurred, a complete cure was effected in all the cases, so that after six weeks the patients could sleep in the natural position without risk of wetting themselves.—*British Medical Journal*, September 7, 1895.

A PRIZE ESSAY.

According to the Paris correspondent of the *British Medical Journal* (Sept., 14th), La Societe de Medecine Publique et d'Hygiene Professionnelle has offered a prize for an essay on "Preventable Diseases: Means of Preserving Oneself from them, and Preventing their Diffusion." The prize is open to competitors of all nationalities. The essays, which must be written in French, must be sent in—with the usual precautions as to anonymity—before October 10th to M. Cheysson, 115, Boulevard St. Germain, Paris. The first prize is of the value of £48, the second of £32. The sum of £20. will be distributed among "honourable mentions." There is no time for any one to compete for this prize from India, but the subject is so important, and it concerns us all so much, that we hope some one will be found here competent and willing enough to take up the subject, and produce a treatise in English which will bear comparison with the French prize

CONDENSED MILK.

The *American Medico-Surgical Bulletin* (August 15th) makes the following remarks with reference to condensed milk:—"Although a certain number of children seem to thrive upon it, a very much larger percentage eventually suffer seriously, either from malnutrition or rachitis induced by the lack of fat, or from gastro-intestinal derangement, the result of the introduction of large amounts of cane-sugar—'a foreign fermentescible substance.' No sweeping condemnation of condensed milk is here intended, there are times and circumstances when it is valuable, nay, even necessary, and it is undoubtedly better in the early months than some of the infants' foods which, while possessing the same drawbacks, also contain unchanged starch. But every physician and every mother should clearly appreciate the insidious danger to the child from its continued use. Where artificial feeding is imperative, no motives of convenience or cheapness should be allowed to stand in the way of securing and administering a properly prepared, fresh, and sound milk."

SUPERNUMERARY MAMMA IN A MAN.

The following clinical note by Mr. W. F. Adams, formerly House Surgeon to King's College Hospital, is reproduced from the *Lancet* of 24th August 1895:—

"When I was at the Kashmir Mission Hospital last summer a Hindu pundit aged about thirty-five came to me for some gastric ailment. When about to examine his abdomen I noticed a tumour above the left hip. This proved to be a fully developed mamma. In consistency and appearance it was exactly like the mamma of a virgin. The nipple was small and rather flattened, but the areola was perfect. I was unable to express any milky fluid. The man told me that it had developed at the time of puberty and never gave him annoyance. He, therefore, did not desire its removal. His proper nipples on the chest were quite normal, and I detected no trace of other abnormalities. I believe the position, though not the commonest, is not unusual for supernumerary mammæ, but its large size and the fact of its occurring in a man seem to me to make this case worthy of record."

DEATH BY LIGHTNING.

"Durck (*Munch. med. Woch.*, July 30th, 1895) describes the morbid anatomy in the case of a man struck dead by lightning. There was an abrasion of the skin on the left side of the forehead where the current entered. There were extensive hæmorrhages over the left parietal, frontal, and temporal lobes. Fluid blood was found in the heart and veins. There was hyperæmia of all the abdominal organs and enlargement of the spleen, probably malarial in origin. The brain substance was very soft, but without œdema. The author thus summarises the results that have been found in recorded cases of death by lightning or by the electric current: (1) The blood is deficient in coagulating power which latter may even be entirely lost. (2) Circumscribed or extensive hæmorrhages due to the tearing of vessels in the course of the current are generally present. (3) There is frequently

a destruction of parts of organs. (4) The site of the entrance and exit of the current is usually marked by superficial or even deep wounds resembling burns. As regards the figures on the surface of the body further investigation is needed to establish their direct relation to the electric current.—*Brit. Med. Journ.*, Aug. 31, 1895.

VACCINATION AND THE INFLUENCE OF WEATHER.

Dr. Marty, an army surgeon, states that the time of year has an influence on the success of revaccination. It is generally believed that vaccination direct from the heifer is not influenced by the season, whereas vaccination with vaccine lymph should be practised in cold weather. Dr. Marty has observed that under these circumstances vaccination has a slower evolution. The following table gives the exact results:—

Date.	Cases.	Successes.	Per Cent.
January	279	124	44.44
March	848	502	59.19
April	597	184	30.82
May	948	336	35.44
August	707	88	12.44
September	820	74	9.02
October	625	135	21.25
November	2,655	1,128	42.48
December	1,032	355	51.84

The most favourable months for vaccination are November, December, and March.—*Brit. Med. Journ.*, Sept. 28, 1895.

ANTI-VACCINATION.

Dr. M. R. Leverson, Secretary of the Anti-Vaccination Society of America, publishes a letter in the *Homœopathic Physician* of Sept. 1895, in which he sets forth the following conclusions arrived at by him after a careful perusal of the four blue books of the British Royal Commission and of the works of Drs. Crookshank, Creighton and Buckly:—

1st. That vaccination never has prevented and never can prevent an attack of small-pox.

2nd. That it is powerless to modify any such attack.

3rd. That it has invaccinated, and is liable to invaccinate *syphilis, cancer, leprosy*, tuberculosis, scrofula and many other diseases.

4th. That the human analogue of cow-pox is syphilis or great pox.

5th. That it is almost certain that vaccination has caused more deaths and diseases than ever has small-pox, whose dangers and ravages have been wickedly exaggerated by official quacks.

6th. That Jenner was a mercenary charlatan whose ignorance and impatience of scientific methods were equalled only by his mendacity, in which last he has been imitated by his official followers.

THE DIAZO-REACTION AS TO DIAGNOSIS AND PROGNOSIS IN CHILDREN'S DISEASES.

The *Hahnemannian Monthly* for August quotes the following from the *Centralblatt fuer die Medicinischen Wissenschaften*, No. 11, 1895:

"Dr. W. Nissen has found this urinary reaction always present in measles, which, therefore, offers a reliable means of distinguishing it from rubeola and miliaria, where it is never observed. It is most often noticed on the day of the appearance of the eruption, though it may delay from one to three days or even precede it by one to two days; it generally disappears shortly before final defervescence. In scarlatina during the first one or two days it is not to be looked for. The same conditions hold good in children as in adults with regard to typhoid fever. It may be quite distinct on the fourth day of the fever, and is, as a rule, quite pronounced from the sixth to the eighth. It is only absent in very slight and abortive cases. In croupous pneumonia the reaction may be either present or entirely lacking. In phthisis its behaviour is quite important. It may appear, and then disappear, or be noticed persistently. Sudden and persistent appearance and persistence with loss of strength are characteristic of acute miliary tuberculosis. In chronic caseous pneumonia, it is either absent or but slight. In tuberculous meningitis it is only present when the disease is but a complication of a general miliary tuberculosis. In non-tuberculous forms it is wholly absent. Finally in all cases where the test is remarked, one may be certain that bacterial products of metabolism are being excreted through the urine."

THE INTERNATIONAL ALCOHOL CONGRESS AT BASLE.

At the fifth or last International Congress on the Abuse of Alcoholic Drinks, held at Basle early in September last, several Continental Medical Scientists, such as Professor Forel of Zurich University and Asylum for the Insane, and Dr. Bode of Dresden, avowed themselves to be abstainers. Dr. Gaule, Professor of Physiology at Zurich, declared as a result of his own experiments, that the admission of alcohol into the system tends directly to lower the vitality of the most minute organisms, disturbing first the more complex, and after the simpler. Dr. Smith of the Marbach (Lake Constance) Home for Inebriates explained by diagrams the results of a number of experiments made in the Heidelberg University Physiological Laboratory to ascertain the effects of alcohol, in various doses, on the mental processes of (1) learning by rote, (2) simple arithmetical calculations, (3) the association of ideas. All the experiments showed that the consumption of alcohol, in small or larger doses, exhibits a tendency to paralysis of the mental faculties. Dr. Fürer of Heidelberg corroborated these statements, and explained how, by an electrical clock dividing the minute space into 1,000 parts, he had ascertained that the ingestion of even 7 grammes of alcohol suspended or tended to paralyse muscular activity. The sleep from alcohol did not act as a mental tonic, but left the mind next day weaker. Dr. Legrain of the Ville Evrard Lunatic Asylum, when treating of 'Alcohol and Mental Disease,' laid down that insanity in France has increased in proportion

to the amount of alcohol consumed; that the chief cause of the increased insanity has been drink, the increase in the number of admissions into lunatic asylums having been most marked where there has been the greatest alcoholic consumption." The close connection between inebriety and insanity, receives fresh confirmation in the fortieth report of the Commissioners in Lunacy. "For the five years ending 1893, alcoholism was the predisposing or exciting cause in 20·8 per cent of male and 8·1 per cent. of female lunacy. Intemperance is credite dwith 25·6 per cent. of male and 19·9 per cent. of female general paralytics."—*Brit. Med. Jour.*, Sept. 14 and 21, 1895.

A CASE OF CONGENITAL ABSENCE OF THE RECTUM.

Mr. W. M. Woodhouse, Senior Assistant Medical Officer, Kensington Infirmary, furnishes the following details of the case which is reported in the *Lancet* of Sept. 21, 1895:

"A woman aged thirty years was admitted into the Kensington Infirmary three days after the birth of her first child—a male. The mother, a thin, weakly looking woman with a bad family history of phthisis, stated that her child had been constantly sick since six hours after birth, when she first nursed him, and although abundant urine had been passed the bowels had never acted. A purgative powder, obtained from a local druggist had been administered without effect. On examination shortly after admission Mr. Woodhouse found that the child was thin and puny, repeatedly crying out and exhibiting evident symptoms of pain. The abdomen was much distended and tympanitic. The anus was absent, nor was there any evidence of its presence in the normal situation beyond a slight depression close to the median raphe. There was no impulse or bulging in the perineum when the child cried. It was decided to at once make an attempt to relieve the child and establish patency of the rectum, which it was thought would probably be within a short distance of the surface. The patient having been placed under chloroform, Mr. Woodhouse made an incision an inch long in the middle line in the normal situation of the anus cutting upwards and backwards, and keeping close to the sacrum. From time to time the little finger was introduced into the wound, but nothing indicating gut could be felt even at the depth of an inch and three-quarters. He then proposed to perform inguinal colotomy, but the anæsthetist considered it inadvisable to continue the chloroform owing to the exhausted condition of the patient. The wound was then dressed with boracic acid powder and salicylic wool. The patient gradually became weaker and succumbed five hours after the operation. The post-mortem examination revealed the fact that the intestines were much distended, but otherwise normal, until a point was reached close to the brim of the pelvis in the left iliac fossa, when the sigmoid flexure abruptly terminated in a cul-de-sac. The peritoneum was intact, and showed no signs of peritonitis. All the other pelvic organs were normal. The pelvis itself was smaller than usual and the tuberosites of the ischium much closer together."

SOLITARY KIDNEY.

Ballowitz. (*Virchow's Archiv*, August 5th, 1895) has collected as far as possible all the recorded cases of congenital absence of one kidney. Excluding cases of fused kidney, and of partial atrophy of one kidney, he finds 213 cases of complete absence of one kidney, upon which he bases the following conclusions: Such deficiency occurs almost twice as often in males as in females, a fact which may, however, be partly accounted for by the greater frequency of necropsies on males. As to age, 23 occurred in the fœtus or newly born, most having some other congenital deformity, especially imperforate anus; the rest were about evenly distributed up to 70 years of age, after which only 7 cases occurred. Taking all cases together, the deficiency is more common on the left than on the right side; but while in males the left kidney is far more commonly absent than the right, in females the two sides show the defect equally. The renal vessels were generally absent, as also the ureter, on the abnormal side (the latter in all except 15 cases); the suprarenal was missing in 31 cases. The solitary kidney was almost always normal in shape and position, but much enlarged. Microscopically the enlargement would seem to be due rather to hyperplasia than to hypertrophy. The bladder, except for absence of the opening of one ureter, was generally normal. In a large number of cases there were associated deformities of the organs of generation, especially of the female organs, and these were almost invariably on the side of the renal defect; they affected the conducting portion much more than the glandular portion—that is, uterus, vagina and Fallopian tubes in the female, and vas deferens or vesiculæ seminales in the male, rather than the ovaries or testicles. Finally he points out the practical bearing of the subject—for example, the probability of calculus causing sudden suppression of urine in such cases, and also the danger of surgical interference; and suggests the possibility of diagnosing the condition by ascertaining the absence of the opening of one ureter in the bladder by means of the cystoscope; and also the likelihood of its occurring where any abnormality of the genital organs is found, especially if this be unilateral.—*British Medical Journal*, September 7, 1895.

CASE OF CAMPHOR POISONING.

Mr. Maurice Craig, Assistant Medical Officer, Bethlem Royal Hospital, London, had under his care the following case of pure camphor poisoning. The case is that of a gentleman, who was in the hospital suffering from hypochondriasis and who had taken about 3 drachms of pure camphor. The patient thus described his feelings during the next three-quarters of an hour:

"About half an hour after swallowing the camphor I was seized with giddiness and nausea. On rising from the chair on which I was sitting I staggered a good deal and expected to fall every moment. I went to the lavatory with a strong inclination to vomit but was unable to bring anything up. I took a little water, which relieved me at the time, and there lay down on the couch with a drowsy singing in my ears. I was quite free from pain. When the dinner bell rang

at 1 P. M. (three-quarters of an hour after taking the camphor) I got up feeling very queer, but nausea and giddiness had gone. I had an extraordinary sensation as though I must be taken from my feet and carried through the air. I sat down and began my dinner; then quite suddenly a blank ensued, and I have not the faintest recollection of what happened until I found myself lying on the bed with two attendants watching me. Then ensued horrible agony, restless irritation, with fever and chills strangely combined. My feet and legs were like ice, whilst my head throbbed and burned. The doctor had a hot bottle put to my feet, and I swallowed some brandy and milk. This soon brought relief, and I felt a strong inclination to sleep but could not. At night I had a succession of strange dreams and fancies (he does not usually have visions or visual hallucinations,) but no pain. 'On waking up in the morning I felt no pain, but from time to time I had singing in my ears."

Mr. Craig says, "I saw the patient within two minutes of the 'fit' commencing. Convulsions (which had been general) had just ceased, except for some twitching of all the limbs. There was no deviation of the eyeballs; the pupils were equal, and small, but did not react to light. The knee-jerks, usually sluggish, were exaggerated. Breathing was rapid and he was cyanosed. The pulse was rapid, but regular. As the cyanosis passed off he became intensely pale. Absolute unconsciousness did not last beyond five minutes, as he began to resist and opened his eyes upon his name being called. At this time it was not known that he had taken the camphor and there was no odour of it in the breath. He was put to bed. He gradually became colder and more collapsed. Hot flannels and hot water bottles were freely used, and a hypodermic injection of 5 minims of brandy given. At 2-30 P. M. (two hours and a quarter after taking the camphor) he vomited copiously. The vomited matter consisted of mucus, camphor, and some food, but no blood. From this time consciousness rapidly returned, and he became warmer. His memory was most markedly affected for about an hour after. He had no retention of urine commonly observed in such cases."—*Brit. Med. Journ.*, Sept. 14, 1895.

THE LATE DR. STEPHEN YELDHAM.

The *Monthly Homœopathic Review* for September last contains a biographical notice of Dr. Stephan Yeldham, who breathed his last on the 10th of the previous month, in his 85th year. Born in 1810 at Halstead, Essex, and having received his general education of which we have failed to obtain any information, he was articled to Mr. Rees, a surgeon practising in that neighbourhood, for a stated period, during which he devoted himself to the study of diseases, and the management of sick people. To the experience thus gained he attributed much of his subsequent success in life. He seems to have been next attached to what were then described as the United Hospitals of Guy's and St. Thomas. After going through the usual course of study, he was admitted a Licentiate of the Society of Apothecaries in 1832, a Member of the College of Surgeons in 1833, and a Licentiate of the Royal College of Physicians of Edinburgh in 1834.

On becoming qualified he joined in partnership a surgeon practising in the neighbourhood of Stamford Street where his professional work was "large and engrossing;" and was soon after appointed surgeon to the South London Dispensary, and was, about the same time, placed on the medical staff of the Royal Maternity Charity.

In 1844 he is said to have been induced by a non-medical man to look to homœopathy, and read a popular treatise on the subject which produced no effect on his mind. A few months afterwards he read in an old number of the *Lancet* a paper by the late Mr. Kyngdon containing reports of cases of toothache, faceache, &c., cured mainly by *Chamomilla*, and tried the remedy himself in his dispensary practice with great success. He now entered upon the deliberate study of homœopathy, and took notes at the bedside of 1,000 cases during the five years he devoted to the enquiry, the results of which he published in 1849, in a book entitled *Homœopathy in Acute Disease*.

He now resigned his appointment in the South London Dispensary and the Royal Marternity Charity, and assisted Drs. Quin and Hamilton, Messrs Cameron, Leadam, Reynolds and others in establishing the London Homœopathic Hospital, to which he was appointed surgeon. Owing to his conversion to Homœopathy, his practice suffered greatly for a time, but he soon recovered the lost ground, and gained extensive practice again.

In the same year that he published the book just mentioned, he joined the British Homœopathic Society, five years after its foundation, and remained an active member of it, filling the office of Vice President from 1861-64, and again in 1877, and its President in 1880.

Besides his work on *Homœopathy in Acute Disease*, he published a little book entitled *Homœopathy in Venereal Disease* in 1862, and contributed several papers to the pages of the *Monthly Homœopathic Review* and the *British Journal of Homœopathy*. He "advocated the use of the pilule (which a few years previously had been introduced into practice by the late Dr. Norton, of Chester) as a substitute for the globule." The two subjects, which he considered to be of the greatest importance to the progress of homœopathy, were the revision of the *Materia Medica* and the question of the dose. The first question has for the present been settled by the publication of the *Cyclopædia of Drug Pathogenesy*. On the second, his views differed somewhat from time to time. In 1880 he declared that the infinitesimal dose is not *necessary* to homœopathy and urged the general adoption of the "palpable non-physiological dose by which I mean the dose in which medicines can be detected, but practically the mother tincture and dilutions up to the third decimal."

During his long life, he was in full vigour, suffering only now and then from slight attacks of gout. In the last year of his life he suffered much from renal, culminating in vesical calculus. On the 1st August he went to St. Leonards to recruit, though suffering from considerable pain in the left leg. His condition soon became graver than was anticipated. On the 8th he looked much better. On the 9th he became unconscious, and passed away quietly on the following day.

According to the Journal from which the particulars given above have been derived, Dr. Yeldham was kind and affable, "scrupulously honourable in all his relations with professional brethren," devoid of ostentation and when differing in opinion from others, he was careful to state his views with clearness, firmness and honesty, but in a manner which could not give offence to any one. "In his dealings with his patients he was a pattern of kindness, gentleness and sympathy;" and these features of his character were as markedly manifest during a consultation as they were felt by his own patients.

THE LATE DR. JOHN SYER BRISTOWE AND HOMŒOPATHY.

We regret very much to see, in the *British Medical Journal* of August 31st last, an obituary notice of Dr. Bristowe, who breathed his last on the 20th Idem. Born in 1827, he was entered as a student at St. Thomas' Hospital in 1846, of which he continued to be the consulting physician to the day of his death, and obtained the degree of M B. of the London University four years after. He was connected with the St. Thomas' Hospital during the best part of his life, and delivered lectures on Botany, Materia Medica, General Anatomy and Physiology, Pathology and Medicine. He also held the post of Medical Officer of Health for Camberwell from 1856 until his death, and for upwards of thirty years was Physician to Westminister School, where he had the opportunity of studying occasional epidemics and could satisfy himself of the non-identity of measles and rotheln. He had the reputation of being a fair and impartial examiner, and many were his contributions to the medical literature of the old school.

According to his friend and colleague, Dr. J. F. Payne, Dr. Bristowe was "a man of remarkable independence," of close observation and "veracity of mind;" one who "saw the value of the microscope in pathology when it was much less used than it is now," and had the reputation of being a very eminent pathologist and physician, and "one who was a zealous and successful worker in the great task of basing medical science on the solid ground of anatomical fact." And the following is the encomium which the *British Medical Journal* has passed on this great pathologist:

"Dr. Bristowe achieved his greatest successes as a writer, pathologist, diagnostician, and clinical teacher.....His patients learned to appreciate his honesty and candour, and greatly benefited from his skill in diagnosis. Those who knew him best valued him most. His pupils were greatly attached to him, and followed his teaching with enthusiasm. His clinical clerks were always the best men of their year, and he took great trouble to instruct them. He had a profound acquaintance with pathology and clinical medicine...He paid great attention to physical signs, and was most skilful in auscultation and percussion. His diagnosis in difficult thoracic and abdominal cases nearly always proved to be correct, when an opportunity was offered of a *post mortem* examination. As a neurologist he had one of the highest reputations in London, and added much to our knowledge of the more obscure cerebral and spinal affections."

We take this opportunity of reproducing below the opinion on

Homœopathy of such an eminent member of the old school, and so highly honored by his colleagues. The passage is taken from his well-known address delivered before the British Medical Association in 1881:—

"There is a natural tendency among us still to look upon homœopathic practitioners as knaves or fools. But surely this view is a wholly untenable one.....It is quite impossible that a large sect should have arisen, homœopathic schools and hospitals have been established, periodicals devoted to homœopathic medicine be maintained, and a whole literature in relation to it have been created, if it were all merely to support a conscious imposture.....The whole history of the movement and its present position are amply sufficient to prove that those at any rate who take the intellectual lead in it are men who believe in the doctrine they profess, and in their mission, and who practice their profession with as much honesty of purpose, and with as much confidence in their power to benefit their patients, as we do. That all homœopathic practitioners are men of ability and education, it would be absurd to maintain; but it is absolutely certain that many men of ability and learning are contained within their ranks. If you care to dive into homœopathic literature you will find in it (however much you may differ from the views therein inculcated) plenty of literary ability; and I have perused many papers by homœopaths on philosophical and other subjects unconnected with homœopathy, from which I have derived pleasure and profit. Again, I will not pretend that even a considerable portion of homœopaths are deeply versed in the medical sciences; yet they have all been educated in the orthodox schools of medicine, and have passed the examinations of recognised licensing boards, so that it must be allowed that they have acquired sufficient knowledge to qualify themselves for practice, and some among them possess high medical attainments.....I ask you, gentlemen, to forbear with me, if I push my arguments to their logical conclusion, and venture now to express an opinion which many, perhaps most, of you entertain. I do not ask you to agree with it; still less do I ask you to adopt it. But I ask you to consider it; and I am content to believe that, if it be just, it will ultimately prevail. It is that, where homœopathists are honest and well-informed and legally qualified practitioners of medicine, they should be dealt with as if they were honest and well-informed and qualified.....It is more conducive to the maintenance of true dignity, to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries and enlarge the borders of our garments, and wrap ourselves up, in regard to them, in Pharisaic pride." (*Brit. Med. Journ.* Aug. 13, 1881.)

A few more honest and out-spoken members in the old school, like the late Dr. Bristowe, and the distinction between old and new will cease in no time for the good of the profession and of humanity.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

119. INDIGO.

Constipation:

1. Bowels remained obstinately constipated, instead of being relaxed.
2. St. indolent during the whole proving.
3. St. delayed, scanty, hard, for several days.

Diarrhœa:

1. Slight D. which ceases spontaneously when the Indigo begins to be more easily assimilated with digestive organs.
2. Constant D.
3. Sts. of semi-fluid consistency and of blue-black color with slight gastro-enteric pains. They begin when inclination to vomit has ceased.
4. Vomited frequently without straining or derangement of digestive organs; followed by D., accompanied by slight colicky pains. The purging diminished, the matter passed assumed a fluid character, without appetite or digestive organs being injured. Diarrhœa *after* subsidence of vomiting.
5. Evacuations in morning followed by tenesmus without pain in abdomen.
6. St. with violent pressure, though it was soft, and after a short time a loose st.
7. Liquid st. without any symptoms either before or after.
8. Urging followed by liquid evacuation.
9. Urging to st., liquid st., flatus, chilliness all over skin, cold hands. 10. Vomiting with D.
11. Griping about umbilicus and urging to st., followed by D., with griping in abdomen; after st. griping ceases.
12. Griping and rumbling in abd. as if diarrhœa would follow; afterwards a soft stool with emission of much flatus.
13. Griping in whole abd., about 5 a. m., awakened by it, followed by urging and profuse semi-liquid st. with cessation of pain.
14. Twinging in abd. in morning in bed, followed by usual st. and cessation of pain.
15. Griping in right lower abd. at 7 p. m. followed by soft st. and disappearance of pain.

Aggravation:

1. Morning. 2. Afternoon and evening.

Before St:

1. Griping about umbilicus. 2. Urging.
3. Griping and rumbling in abd.

During St:

1. Colic. 2. Pressure. 3. Emission of flatus.

After St:

1. Prolapsus ani. 2. Griping ceases. 3. Tenesmus.

Rectum and Anus:

1. Dull sticking in rectum.
2. Urging to st. 3. Prolapsus ani after each st.

General Symptoms :

1. Sad, discontented, ill humoured, retired in himself.
2. Great anxiety. Illusions of sensation, thinks she has a large goitre. Sensation of distension in middle of brain.
3. Violent headache with chilliness. Dull headache in evening. Frontal headache.
4. Pressure in eyes for several days. Spasmodic twitching of right lower lid. Pain in left eyeball in evening.
5. Pressure and roaring in ear. Violent tearing in right ear. Violent tearing in bone behind left ear.
6. Bleeding from nose in morning. Bleeding from right nostril in cool weather and without apparent cause.
7. Frequent sneezing, especially violent at 11 P. M., often followed by great irritability of nose.
8. Frequent rush of blood into face, with burning in cheeks.
9. Pressive pain in teeth; toothache after dinner and supper. Tearing in lower front incisors. Pains in teeth worse after warmth, better after motion of body, after nux v., after cold air for the moment.
10. Profuse secretion of saliva; expectoration of bloody saliva.
11. Metallic taste on tongue, with contracted feeling in pharynx.
12. Feeling in œsophagus almost like heart-burn. Contractive sensation externally in forepart of throat.
13. Increased sensation of hunger. Appetite increased. No inclination to drink.
14. Eructations bitter; sour; tasting like ink; sweet uprisings in stomach. Hiccough after dinner.
15. Nausea soon after breakfast. Nausea with evacuation of gas. Vomiting takes place without much strain, suffering or fatigue. Vomiting of mucus colored with indigo. Women vomit more easily than men.
16. Uncomfortable feeling in stomach, with nausea and eructations of air lasting a long time.
17. Cardialgia with intestinal colic. Severe cutting pain in stomach with excessive flatulence. Violent pressure in stomach, aggravated by external pressure and with distension in epigastric region.
18. Painful stitch in right hypochondriac region, as large as palm of hand, with a stitch extending to front of shoulder joint, while sitting, disappearing on moving about. Unusual flatulence and urging to stool. Gastro-enteric pains during nausea, retching and diarrhœa. Violent colic with flatulence and urging to st. Violent cutting in stomach, with great flatulence, urine turbid, pain in bladder when urinating.
19. Peculiar itching in urethra and on scrotum.
20. Urine increased and passed more frequently than usual. Urine turbid; clear; dark violet hue; colorless.
21. Respiration short and difficult, with oppression of chest and anxious sensation in heart and short beats of heart, worse during rest, better when walking.

22. Palpitation with oppression of chest.
23. Subsultus tendinum in all limbs. Weariness. Pain worse after meal. Tearing pain in joints of hands and feet.
24. Rheumatic heaviness of lower limbs.
25. Indescribable pain extending from middle of thigh to knee in bone, disappearing when walking and returning during rest in afternoon.
26. The whole face and also the whole body covered with pimples. Itching vesicle on back first of left, then of right hand. Small boil on right side of neck; a large boil on left nates. Itching of all the limbs; violent itching in various parts of body, especially in right elbow joint.
27. Great sleepiness, whole day. Falls asleep late in evening. Dreams of flying, of riding, of quarrels and fights; frightful.

Remarks: Indigo is a very little used medicine in our school. We take the following from Pereira (*Elements of Materia Medica*, 4th Ed.) to show what the old school does or did with it, and how we can gain by the pathogeneses developed by their reckless doses. "Indigo has, of late years, been employed as a Medicine. Its physiological effects, according to Dr. Roth, are as follows: — Shortly after taking it, the patient experiences a sensation of constriction at the fauces, and the impression of a metallic taste on the tongue. These are followed by nausea, and frequently by actual vomiting. The intensity of these symptoms varies in different cases. In some the vomiting is so violent as to preclude the furthur use of the remedy. The matter vomited presents no peculiarity except in its blue color. When the vomiting has subsided, diarrhœa usually occurs, the stools are more frequent, liquid, and of a bluish or blackish color. The vomiting and diarrhœa are frequently accompanied by cardialgia and colic. Occasionally these symptoms increase, and the use of the remedy is in consequence obliged to be omitted. Dyspepsia and giddiness sometimes succeed. The urine has a brown, dark, violet color, but Dr. Roth never found the respiratory matter tinged with it. After the use of Indigo for a week, twitchings of the muscles sometimes were observed, as after the use of strychnia. It has been employed principally in spasmodic affections—viz., epilepsy, convulsions of children, chorea, and hysteria. In epilepsy it has been tried by Von Stahly, &c., with good effect. Some of the successful cases were of very long standing. Roth says, that at the commecement of the treatment the frequency of the paroxysms was invariably increased. I have tried it in a considerable number of cases at the London Hospital, but without deriving the least benefit from it. The dose of Indigo should be as large as the stomach can bear! In the beginning it may be a few grains; afterwards this quantity should be increased to drachms, or even to an ounce or more every day. Some of the patients above referred to, took from ℥ss to ℥1 daily, for three or more months!" What wonder that the patients, instead of deriving benefit from these heroic doses, should have had their digestive and other systems seriously deranged by them?

Indigo has produced both constipation and diarrhœa, and may,

therefore, be useful in both these conditions when found in association with other symptoms. Some of the diarrhœaic symptoms are characteristic in themselves, and alone may point to INDIGO. Thus it may act curatively in morning diarrhœa when the patient is awakened at about 5 a. m. by griping in the whole abdomen followed by urging and profuse semi-liquid stools with cessation of the griping. It may be useful in diarrhœa which is preceded by urging and accompanied by passage of flatulence, chilliness all over the skin, and cold hands. It may be useful in diarrhœa preceded and accompanied by vomiting, the character of the vomiting being that it is easy, especially in the case of women. Who knows that it may not be useful in the very incipient stage of cholera, when the vomiting is *followed* by diarrhœa, and before the ejecta have assumed the watery character? How to diagnose such cases? Not very difficult, we think, in epidemic seasons. A great character of the Indigo diarrhœa is that the pains, colic, griping, cutting, pinching-sticking, &c., which *precede* the stools, cease *after* they are passed.

Dr. Teste has "employed INDIGO with great success in *worm fevers*. The children were from ten to twelve years old, lymphatic, apathetic, peevish, and ate a good meal. The symptoms which these cases presented were the following:—chilliness, catarrhal cough, coming in paroxysms of long duration, in the evening; sour and foul breath; large but soft abdomen; small diarrhœaic stools, like a grayish pap, of a sour smell, two or three stools in twenty-four hours; ascarides in the rectum, which even crawled out during sleep." He has also "used INDIGO successfully in a case of semi-liquid diarrhœa without colic, (from three to four stools a day, which came on, especially after exercise,) in the case of a stout old man, who was frequently given to excesses of eating." Schüssler has cured prolapsus ani with it. It will be seen that INDIGO has not, so far as provings go, developed either ascarides in the rectum, or prolapse of the gut. Further clinical experience alone can show whether the cures effected by Teste and Schüssler were accidental, or in actual conformity with the unrevealed pathegenetic effects of the drug.

Gleanings from Contemporary Literature.

FILTERS.

Faith in filtration is growing in one direction while losing ground in another, and it is the disturbing influence of bacteriology which is responsible for the alteration of the landmarks which chemistry had provisionally defined. Filters are supposed to purify water in at least three different ways: by straining off suspended particles in a mechanical fashion, by oxidising and destroying the organic matter in solution, and by removing some of the more objectionable of the dissolved mineral substances. Hence filtered water is, or ought to be, clearer, brighter, and organically purer than it was before filtration, and freed from such impurities as lead in solution. So far we are on perfectly safe chemical ground, and beyond question all this can be done, if the filter is of a proper kind and properly looked after. But of late we have come to recognise that the most serious danger of all is dependent upon minute organisms, which must not too hastily be supposed to rank *qua* filtration, either with the coarser suspended particles, which are intercepted mechanically, or with the dissolved organic matter which is oxidised. It has, therefore, become necessary to take our bearings afresh, and to find by experiment whether filtration under given conditions does or does not afford security against the pathogenic microbes of enteric fever and the other water-borne scientific diseases.

Water companies deriving their supplies from large rivers have to face the fact that among the impurities carried by the stream to their intake is sewage from towns and villages higher up, and that in all human probability a consignment of typhoid sewage will now and then arrive with the rest. It is sought to meet this risk by the same means which serve to purify the water in other respects—namely, by filtration through sand, coupled, of course, with the exclusion of the turbid and impure flood-waters as far as possible. The water passes slowly down through the filter-beds, leaving its suspended impurities on the surface of the sand, and losing much of its organic matter in transit, and comes out bright and palatable, if all has gone well. By degrees the surface sand becomes choked, so that the water percolates more and more slowly, and, after an interval, which varies with the character of the water, it is necessary to cleanse the filter —that is, to skim off the superficial layer of sand and replace it by clean material. Not long ago it was thought—very naturally from a chemical and physical standpoint—that this cleansing process was an unmixed benefit, and that the oftener it was repeated the more efficacious must be the filtration. But this, as it now appears, was reckoning without the microbial host. Sand filtration, under favourable conditions, can remove nearly all the microbes present in the unfiltered water. The sterilisation is never quite complete, for there are harmless aquatic microbes which flourish even in the deeper layers of the filterbed itself, and these can scarcely be

prevented from passing into the filtrate. The conditions of efficiency are, first, that the speed of filtration shall not exceed a certain maximum—about four inches per hour, or two gallons per square foot of filter-area per hour; and, secondly, that the sand surface shall *not* be too fresh. At first, in a "clean" filter-bed, the water-borne bacteria pass freely through the comparatively coarse interstices of the sand and appear in large numbers in the filtrate, but presently a gelatinous organic film forms on the surface, which, while lessening the freedom of percolation, forms a barrier against the passage of microbes, including those which are pathogenic. Possibly the latter perish under such conditions in the struggle with saprophytic bacteria; but at all events, they do not pass through into the effluent water.

So far as straining and chemical purification are concerned, newly-cleaned filters are excellent, but if they are to be relied on for arresting the germs of disease, a period of seasoning must be allowed for the formation of the protective film before the water is safe for distribution for drinking purposes. And further, the film ceases to be protective if the filter is overtaxed as regards speed. The efficiency of filtration, from this point of view may be determined by counting the number of microbes of all kinds in the filtrate, which should not (according to Koch) exceed one hundred per cubic centimetre. This is, of course, an empirical standard, based upon experience gained at Hamburg and elsewhere, and is irrespective of the number present in the original water.

These conditions, it may be thought, present no great difficulty. It is easy to regulate the speed, to allow time for the film to form, and to watch the filtrate bacterioscopically, if on those terms an effective barrier can be erected and maintained against the passage of enteric fever from the Thames, Ouse, or Dee into the water-mains of London, York, and Chester. But there is a further condition implied, that the efficiency is to be uninterrupted, and herein lies the difficulty. Averages will not do, for the same reason that makes them inadmissible with regard to the strength of fortifications or flood-gates. The strength of the whole is the strength of the weakest point. The barrier is broken if one filter out of a dozen goes wrong, although the mixed filtrates may appear all right.

Observations of speed alone do not afford the assurance of safety, for when the surface of a filter is clogged, water passing freely through fissures may escape proper filtration, and yet not raise the yield of effluent to a suspicious volume; but under such circumstances, the number of microbes would be so excessive as to give ample warning of danger, if looked for. Leakage of this kind may be often repeated or long continued without impairment of the public health if no typhoid germs happen to be carried to the damaged filter, for they are by no means always present in the water of polluted rivers. The danger is that the accident of their presence there may now and then coincide with the accidental breach in the fortifications, so that the way is open for them to pass into the water-mains and thus to the consumers. If this should happen, and give rise to an outbreak of enteric fever upon a large or a small scale, there would be little prospect of

verifying the channel of infection by finding the pathogenic microbe in the water, for two or three weeks would elapse after the accident before the mischief could be recognised clinically, and, meanwhile, the character of the water would have had ample time to change over and over again. Perhaps the best-known example of such an epidemic in this country is that which occurred in Stockton and Middlesborough in the winter of 1890-91, and was traced by Dr. Barry to the filtered water of the Tees supplied to the inhabitants of those towns. This was on a huge scale, but it would be unreasonable to suppose that every water epidemic must of necessity attain conspicuous proportions, even if the area of distribution of the water be large, for the infective matter may be minute in amount, and may fail to bring about the expected degree of poisoning of the whole supply owing to such conditions as infinite dilution, or imperfect diffusion, or being hurried through the pipes to a limited section of the consumers. Experience teaches that water epidemics of enteric fever are not often virulent in type, however wide their diffusion may be; and if the cases be few and mild, there may be little to attract attention to the water supply, even if it be actually at fault. Probably many little water epidemics escape notice altogether.

All these considerations point to the necessity for a close and constant supervision over the arrangements and working details of public water supplies taken from rivers. In this matter the Germans are far ahead of us, and their zeal has been stimulated by disastrous experiences of faulty filtration during the late cholera visitation. It is not yet the practice of English water companies to observe the full precautions, or even to maintain the continued and detailed observations which recent experience has proved to be essential to safety. Too much reliance is placed upon periodical chemical examination of the water in bulk, without regard to the dangers of which such analysis could afford little warning, even if so timed as to deal with samples of a water potential for harm. Trade interests are in question, and vendors of water, like vendors of milk, are not disposed to welcome newfangled suggestions that their wares are liable to convey disease in ways not recognised and provided for.

Sewage, too, is filtered on the large scale before being discharged into streams, and no process of purification is regarded as complete which does not include filtration of some kind. But here the aim is rather different. What is desired is the oxidation of the abundant organic matter which makes the sewage foul, and whether there be many or few microbes in the effluent is not a point to which importance is usually attached. The oxidation is chiefly effected by nitrifying organisms which require a plentiful supply of oxygen to enable them to carry on their work. Hence the filter is used intermittently, in order to bring about aëration, and the surface is kept clean.

But what of the domestic filters, all of which, according to the unbiassed testimony of advertisements, are able to do so much to protect the public health against risk of water-borne mischief? They can do a good deal to improve an impure water, but against infection most of them afford little

safety, as Dr. Sims Woodhead and Dr. Cartwright Wood have lately taught us. A good filter will remove lead or iron. It will render a turbid water clear, aërate it, and bring about oxidation of some or all of the organic matter in solution. It will obviate the risk of swallowing parasites or their ova in drinking-water. Where a supply open to such drawbacks has to be used household filters are very valuable, but with few exceptions, to be mentioned presently, they are leaky to enteric fever and cholera. One of the exceptions, the Pasteur-Chamberland filter, is composed of unglazed porcelain. Owing to the excessive minuteness of its pores, water passes very slowly through this medium, and although little chemical change is effected, all suspended particles, including even microbes, are arrested, so that the filtrate is sterile. Next in order of efficiency among those known in this country, and similar in principle, is the Berkefeld filter made of a softer and more readily pervious material, a compact silicious earth, which, however, in time, ceases to maintain a complete barrier against the passage of germs. It seems that in the course of a few days ordinary harmless aquatic microbes grow through the substance of the Berkefeld filter, but, happily, typhoid and cholera germs do not share this facility, the difference being, perhaps, due to the need of the latter for more concentrated organic pabulum than a water intended for drinking purposes is likely to afford. The Mallie *(porcelaini d'amiante)* filter is very like the Pasteur-Chamberland model. These three filters, if free from accidental flaws, may apparently be regarded as impervious to the germs of disease. Water passes very slowly through them, and it is convenient to employ them as high-pressure filters—that is, to attach them to the tap or pipe so as to accelerate the flow by means of the pressure in the main.

With regard to ordinary filters, it is well to bear in mind the unpleasant possibility of their becoming not only dirty, but infected. If pathogenic microbes pass through into the filtrate, others will probably remain in the filter, and may be fruitful and multiply, thus actually increasing the danger instead of removing it. It is hardly necessary to say that this is a danger which ought never to arise, and, perhaps, does not often become real, for our public water supplies are supposed to be properly safeguarded in other ways against infection. Moreover, we cleanse our filters now and then in theory at all events, and rely upon our servants never to bring unfiltered water to table. But if anyone thinks that he has made his household additionally secure from risk of enteric fever by the purchase of a filter, and by diligent cleansing and use of it, let him turn to the second volume of the *British Medical Journal* for 1894 and learn the facts from Dr. Sims Woodhead and Dr. Cartwright Wood.—*The Practitioner*, July 1895.

FILTRATION OF CITY WATER SUPPLY.

By Prof. William Main.
Brooklyn, N. Y.

The ideal filter must remove particles which may be as small as one twenty-five thousandth of an inch in diameter, it must not breed bacteria in itself and must deliver water at a rapid rate. If used in the household, it must do its work notwithstanding neglect and stupidity; if used in filtering city supply it must give uniform results and handle millions of gallons per diem, within reasonable limits of space and cost. I can give but an outline sketch of the various lines of approach to these ideal results ending with that which appears to have come the nearest to them. In going over the ground we will come across some facts not as yet generally known.

Commencing with the smaller filters, we are all familiar with various contrivances for straining out suspended matter. The straining media may be classified into the fibrous, the granular, and porous solids. All of these must of necessity become clogged and require cleansing; all must become breeding grounds for organisms unless frequently cleaned or sterilized in the most thorough manner.

A host of such filters have been put upon the market, each claiming to be the best. Each will accomplish something in removing the larger particles, especially if managed with care, but we know that as a rule they find their way, after a very limited period of apparent usefulness, into the lumber room or the scarp heap.

If the removal of visible particles is imperfect, what can we say of bacteria? or, even if the filtrate is clear to the eye, what is likely to be its biological condition after passing through the layer of putrefying filth, to be found in the filtering medium, as it must ordinarily be used.

The most direct information which I have found in this line, is contained in a paper read by Dr. Chas. G. Currier, before the American Society of Civil Engineers, Nov. 5th 1890. I give briefly the net results of a large number of carefully conducted experiments, quoting his words as far as possible.

In the first place the fibrous materials experimented with were, sponge, prepared cotton, asbestos, cloth of various kinds, and combinations of these substances.

In regard to sponge he says:

"When a large mass of fine sterilized sponge is closely packed, the first few ounces of hydrant water that pass through may have a very small percentage of bacteria, but the proportion soon increases; while if the sponge mass be considerable and loosely packed, it may, even in the beginning and under exceedingly slight pressure of water, keep back no more than 15 per cent. of the bacteria of the original water. This freshly sterilized sponge can, at the end of the first day of ordinary use, cause the water then flowing through it to contain ten times as many bacteria as the Croton water poured in." "When the flow is sluggish and when it stops entirely at times because of all the water supplied having passed through, the sponge sub-

stance favors the increase of the bacteria to a greater extent than is the case with sand. The sponge within twenty-four hours after sterilization, may, under these conditions, cause the water first running through after the intermitting of the flow, to have five hundred times as many bacteria in each cubic centimeter as are found in the water supplied for filtration." The only way really to cleanse such a filter, is to remove the sponge and boil it. Then the process repeats itself. In a few hours after unsterilized water moistens it, the mass of sponge is again teeming with bacteria."

In regard to paper and prepared cotton, he says :

"Filter paper, as used in laboratories, is useful in separating precipitates and sedimental particles from water, but at least 50 to 70 per cent. of the bacteria in Croton hydrant water go through with the water filtered, even if the pressure be exceedingly slight. The paper which I employed in the trials was, of course, carefully selected, and the folding was cautiously done, so as to prevent any break in the substance. Only single sheets were tested. Prepared cotton, cleaned as for surgical dressings, and so made absorbent, removes considerably fewer of the impurities of the water than does the filtered paper. Two-thirds of the bacteria pass through when the cotton is at its best, freshly sterilized and carefully packed. If enough be used it will usually render the water clear; but, as it has been lauded as a filter, I ought to add the statement of my observation, that when left moistened with water, as in the intervals of filtering through it, the bacteria of the original water can multiply over one hundred and fifty times, and all kinds can pass through it."

Asbestos when new and tightly packed, he found more efficient than cotton, but subject to the same disadvantages, though in a lesser degree.

Of cloth he says :

"Closely woven cloth (such as thick dense flannel), when only a slight pressure is exerted by the water, may stop 10 per cent. of the bacteria in the water poured upon it. It is easily cleansed and if very often changed and boiled before using, serves excellently as a simple strainer, without the disadvantage in this respect of ordinary filters, in whose substance the increase of bacteria may be enormous."

Passing to filters of solid porous material, he experimented with carbon cylinders. With a freshly sterilized cylinder using Croton water under slight pressure, 5 to 8 per cent. of bacteria pass through, the percentage rising with increased flow. If used under ordinary household conditions, by the second day and thereafter, there are more bacteria in the filtered than in the unfiltered water.

After comparing water set aside in flasks covered with cotton, with that coming through the carbon, he says :

"This water, examined at the same time with that coming out of the filter, showed that the bacteria appear to multiply much more rapidly in the substance of the filter than outside in separate flasks kept at the varying temperature of the laboratory, as it then was. The water poured in rarely contained as many as 225 bacteria in each cubic centimeter, and yet

in from one to three days from the time when the freshly sterilized filter had begun to be used, the water after passing through the carbon showed several thousand in every case, and at times more than 25,000 bacteria in each c. c. All sorts of bacteria appeared to pass through, and not alone water species. The bacillus of typhoid fever will not only pass through, but in two of my trials I found that it had increased. For such special tests I used sterilized Croton water, into which bacteria were introduced from pure cultures. For artificial typhoid water, the bacillus of typhoid was added from agar and potato cultures. Harmful bacteria can pass through such filters, can possibly increase in them under certain favorable conditions and from parallel tests, seem to retain their vitality longer when in the substance of the filter than when in the glass vessel beside it."

Filters of the best porous stone gave at first a sterile filtrate, but: "After some hours of use a few bacteria had insinuated themselves into the stone or were drawn through with the water. Within twenty-four hours the water flowing through and collected in sterilized receptacles contained many bacteria, which numbered regularly from seven to fourteen times as many as were in the original hydrant water supplied during these trials. After several days the number of bacteria had so multiplied in the stone, that the first water running through after the stone had remained for several hours without any flow through it, (as happens constantly over night in domestic use), showed in each cubic centimeter of this filtered water over one hundred times as many as the average water poured in for filtration."

Dr. Currier made many experiments with porcelain cylinders of the Pasteur type, using the best that he could procure, both in Paris and America. All bacteria were kept back at first, but the porcelain wall is in a short time charged with organisms. He says:

"My first sixteen tests of various ones of these cylinders gave sterile water. Then, attached to a basement faucet, with a direct flow from the hydrant under a pressure never exceeding 15 pounds, (except that on Sunday nights it was for a few hours 3 pounds higher) the filter, after several days of intermitting use, gave over 3500 bacteria in each cubic centimeter, and all the water examined (two samples per day) for four days, showed an increasing number of bacteria. On the third and fourth days after the first passage of bacteria through the porcelain wall of the cylinder the number in each cubic centimeter varied above and below 400,000. The filter was then sterilized by steaming for five hours, as was also done between the second and third series of tests. These tests bore out the results of the former observation."

The Doctor also says:

"Of the various forms of filters used upon faucets, I feel bound to warn against those rotating within an outer shell. Whether packed with charcoal, sand, or any other material, and even if the water go through the filtering mass and not around it, the filter has the great drawback of various irregularities and depressions on the interior which retain organic matter,

and allow bacteria, both harmful and harmless, to increase in it, and maintain their vitality for a longer time than in ordinary filters. This conclusion I am led to by the results of various experiments and observations. In a recent epidemic in a large New England city this form of filter appeared to play an active part in continuing the infection, for cultures, in every respect like those of the germs of typhoid fever, were derived from several of these suspected filters. I have found that the typhoid bacillus lives much longer in the sediment collected from filters than in pure water.

In like manner granular filtering media were tried and found wanting. Not only Currier but many others have experimented with sand, charcoal, magnesia, and other substances, either singly or in combination. A certain amount of straining effect may result, but biologically more harm is done than good, unless these filters are constantly purified.

In the records of the National Board of Health, published in 1882, we find the report of Pumpelly and Smyth, on the Filtering Power of Soils. Elaborate experiments are given in detail, bearing upon the retention of disease germs in soils and granular matter of various kinds. They make this statement :

"It was found that, while closely compacted asbestos, clay, and very fine animal charcoal possess a very slight filtering capacity, sand, no matter how fine, presented absolutely no resistance to the passage of spores, even when the filter was a column of 100 feet of sterilized sand of the finest grain."

This line of evidence might be greatly extended, but enough has been said to prove the inefficiency of any household filter which depends upon a simple straining action.

Turning then to the state of the art of filtration on a large scale, such as that upon which towns or cities must be supplied, we find that webs or woven fabrics, or porous solids are out of the question Sand is the only filtering medium which is commercially available, when millions of gallons must be handled daily.

Sand filter beds are used in a number of European cities, and in America in the city of Poughkeepsie. The results of sand filteration on a large scale, are better than might be expected, judging from experiments like those which I have quoted. Water may be delivered of good quality to the eye, and, with careful management, with a removal of 95, or even 99 per cent., of the bacteria.

These filter beds are in the form of enclosed basins, many acres in extent. The basins are subdivided by partition walls, so that separate sections of the filtering reservior may be drained and cleansed without interfering with others. The bed itself is made of fine sand two or three feet in thickness, resting upon gravel, and this again upon broken stone, coarser at the bottom, making in all a total thickness of from five to seven feet.

The results referred to can be attained only by the most careful management, and while water is passed through at a very slow rate. Frankly made beds effect but little, requiring weeks to get into good working order,

The reason for this was not known until some three or four years ago, when the philosophy of sand filtration began for the first time to be understood.

The city of Berlin takes its water supply from the river Spree, which is turbid during a part of the year, and always well charged with bacteria. The filter beds are run with special reference to the biological results, of which daily tests are made.

Prof. Thos. M. Drown, chemist of the Massachusetts Board of Health, in a paper read before the Boston Engineering Societies, gives an account of results in Berlin. What follows is from Prof. Drown's paper.

"Piefke has given us the clearest conception of the action of sand filters in removing the suspended matters, including bacteria, from surface waters. The chemical effect is very slight, as might be supposed when one reflects that the duration of the passage of the water through the sand, seldom, if ever, exceeds five and one-half hours, and since the filter is kept constantly covered, there is no oxygen present but that dissolved in the water. But the mechanical effect in removing suspended matter, mineral and organic, is very great. The Spree water, which forms part of the supply of Berlin, contains as high as 100,000 bacteria per cubic centimeter at times, and the number in the filtered water rarely exceeds 100, that is, the reduction of bacteria may reach 99.9 per cent. The thickness of the sand layer is generally from 2 to 3 feet, and this rests on a layer of coarser gravel, which is without any effect on the filtration. The size of the sand is seldom finer than one-fiftieth of an inch, which leaves channels between the grains that 500 micro-organisms could pass abreast. Smaller still are the particles of clay which gave a milkiness to the water, and yet when one of these sand filters is working well, both clay and bacteria are held back in the sand. It takes a new filter about two weeks to get to its maximum efficiency, and if the sand be first carefully cleaned and sterilized by heat, then it takes much longer, many weeks, before the filter works well.

On examining with the microscope, the surfaces of the particles of sand, when the filter is in perfect working order, they are found to be coated with a greasy slimy substance, which is a mass of bacteria jelly. It is to this coating of bacteria jelly that Piefke attributes the efficiency of these filters, and until the jelly forms in sufficient amount to completely envelop each particle of sand, the filters work imperfectly. This then is his explanation of the fact that minute micro-organisms and particles of clay of infinitely smaller size than the channels in the sand, are stopped in their passage through it; they are simply caught in this slimy coating and cannot get further.

A filter of this kind is, like that used in intermittent filtration, a very delicate instrument, and it is very easy to disarrange it. Disturbance of the sand, or suddenly increasing the pressure of the water may have, as a consequence, a rush of bacteria into the filtered water. Quite regular working is the essential condition of success. The rate of filtration is on an average only four inches vertically an hour, so that in the passage of the

water through the sand, one-third of which is interstitial space, its rate is three time as great, or twelve inches an hour, and the sand layer being two feet thick, the water is in contact with the sand only two hours. In very turbid waters or waters very high in bacteria, the filtration is often decreased to one-half this rate, or even less, and in comparatively clear water with low bacteria, the rate may be doubled. The working of the filters in Berlin is governed entirely by the number of bacteria in the filtered water, this being the simplest way of judging of the efficiency of the working. One hundred bacteria per cubic centimeter in the filtered water is considered a good result on the Spree water, which contains always many thousands. To give practically sterile water would require a diminished rate, say to one vertical inch an hour which would be impracticable without enlarging the filter plant."

It appears then that the sand filter beds, when in good order have worked on the "dog eat dog" principle. Bacterium devours bacterium, and provided we do not dislodge the devourers from their perch on the rocks, where they lie in wait, the result is satisfactory. It would seem as if we had but to go "and do likewise."

But in America our climatic conditions are wholly different. In winter heavy fields of ice clog the beds and prevent cleansing operations. The heat of our summers causes rapid growth of algae, which spread over and choke the surface of the sand in the filter basins, which are of necessity shallow. This vegetable growth imparts an unpleasant fishy, or other odor or taste, and must be removed from time to time, with considerable labor. It is in fact often peeled off the sand and rolled up like a great mat.

Labor costs more in this country. The cleaning of the sand is expensive, and take it altogether, the city of Poughkeepsie, after many years experience, would hardly again construct its expensive imitation of European practice.

This brings us to an American discovery, based on well-known chemical principles, combined with the mechanical ingenuity of a number of inventors and practical hydraulic engineers.

From time immemorial coagulants such as alum, or the juices of certain plants, have been used to clarify water.

If the coagulant is added in sufficient quantity, it causes after a short time, a gathering together of the suspended matter in flocks, which will settle to the bottom, leaving the fluid in a greatly improved condition, so far at least as appearance goes.

It has, however, been found that to clarify water by sedimentation, a larger amount of alum must be added than is desirable for drinking purposes, and it has been only under stress of circumstance that water has been doctored in this manner.

About ten years ago, Isaiah Hyatt, after experimenting unsuccessfully with plain sand filters, discovered that the addition of an exceedingly small quantity of coagulant such as alum or the persalts of iron, caused a sand bed to become remarkably efficient.

Based upon this discovery the art of mechanical filtration has assumed large proportions.

The so-called mechanical filters are cylinders, usually of iron, containing a bed of sand several feet in depth. They are provided with devices for feeding into the inlet water a small but perfectly regular supply of alum, which has always whatever ratio is determined to the volume of fluid. They work with wonderful rapidity. The rate of filtration is from forty to one hundred times as fast per square foot of surface as would be admissible with the open sand beds before described, yet the results are equal to the best ever attained by such beds, and far more uniform.

The common explanation of the working of these filters, is that coarse flocks are formed by coagulation, and that then it is easy to strain them out. But this is not the case. The alum solution is used in almost homœopathic proportions and has no time to produce flocculence even if there were enough of it. It is added by drops to a large stream of turbid water, as it is forced rapidly on by a powerful steam pump. There is absolutely no change in the appearance of this water, and but a few seconds may elapse before it passes into the filter bed, from which it comes out with a crystalline clearness and yet the most delicate test will not reveal in the filtered water even a fraction of the small amount of coagulant used. One part of alum in from one to two hundred thousand of water is sufficient and sometimes even less than this is enough. If the apparatus is used without the coagulant hardly any effect is produced, the water will run through the sand with little if any improvement.

The results are surprising to any one who witnesses them for the first time, most so to those who have had the greatest practical experience in the filtration of fluids.

Now the cause is very simple, when once understood, and yet no chemist would have anticipated such a rapid and perfect precipitation of an exceedingly small amount of chemical, from such a volume of fluid, nor that it would be attended with such remarkable mechanical results. The sulphate of alumina added is decomposed by the carbonate of lime already in solution, any ordinary water containing enough to effect the reaction. The carbonate of lime becomes sulphate, remaining in solution as before, while gelatinous hydrate of alumina is precipitated. But this precipitate tends to form on surfaces of any kind rather than by itself, consequently every particle of suspended matter is coated, as it appears, at once, with a thin sticky film. The sand grains of the filter bed become coated in like manner just as we have seen that in the open sand filters they become coated with bacteria jelly. In this case, however, it is a pure and harmless material instead of a living slime. The greater tenacity of hydrate of alumina as compared with the bacteria jelly, is the reason that high rates of filtration can be attained, also the fact that the particles pass into the channels of the filter bed already coated.

Imagine the filter bed magnified until the sand grains appear like cobble stones. We should find but a small proportion of the floating matter

(similarly magnified) so large or fibrous as to lodge across the spaces between the blocks of stone. This small proportion would appear like lumps or sticks, but the majority would be like grains of wheat or even smaller and would stand no chance of being detained, were it not that they are sticky and the stones also are sticky ; so that as they go eddying downward striking constantly against the sides of these crooked and jagged channels, there is little chance of escaping permanent lodgement. Or we may change the comparison by imagining sticky flies driven through crooked flues lined with fly paper. Few if any would get through.

Now this, as I have ascertained by many carefully conducted experiments, combined with microscopic examination, is the real action of a sand bed when used in connection with a small amount of coagulant. It is not that a continuous layer or film of hydrate is formed across the top of the sand bed, as many have supposed. When this happens, the filter is choked and needs washing out by reversed current. The action is not that of a common strainer but is due to adhesion and this explains why it is that a bed of open and comparatively coarse grained matter can retain the finest sediment.

There is also an important practical difference between the surface action of a strainer and that of a sand bed working as described. The empty spaces between the grains amount to about one-third of the total space occupied by the sand. These spaces will become partially filled to a considerable depth before the filter is choked, whereas had the sediment been concentrated in a single layer on the top, the filtering capacity would be much less, the filter quickly choked and in filtering muddy water constant washings would be required.

Washing the sand is effected by reversing the current. The grains are boiled up from below, cause to roll and scour against each other while the dirty water flows off from the top. The bed is thoroughly cleansed in a few minutes. The operation requires only the manipulation of a valve and may be repeated at such intervals as to prevent putrefaction and the growth of bacteria.

The numerous biological tests which have been made on the water passing through these filters during their ordinary operation, have shown in every case of which I have heard a reduction of bacteria to an insignificant fraction and in some cases the filtrate has been found absolutely sterile.

The controversies of the baking powder men have given the public a horror of alum, but the amount used could not affect health even if it were not precipitated at all. As a matter of fact, I have found that even two or three times as much as is necessary to secure clear water, may be used without a trace passing through, so that there is no narrow limit to be observed. Water which is practically sterile may be obtained by a slight excess of the coagulant over that needed simply for clear water, while the usual results are as stated. In cases of doubt or of epidemic, the proportion of coagulant might be slightly increased without a chance of harm. It is only a question of a slight additional expense.

The New York Filter Co., has put up city filtering plant to an aggregate capacity of ninety million gallons per diem. The largest is at New Orleans with a capacity of 14.000.000 gallons, filtering Mississippi river water and supplying the entire city. Smaller plants for factories and public buildings are very numerous and have given entire satisfaction so far as my private information has gone.

In these days of advertising, it is difficult to mention a process or a corporation with favor, without being suspected of selfish motives. In this case as said before, I have not the slightest interest in the New York Filtering Co., or any other, but have wished to put before medical men, the facts as I have found them in reference to the art of filtration combined with coagulation.

It appears to me to be one of the most important advances made of late in sanitary science.—*The North American Journal of Homœopathy*, August.

Acknowledgments.

The Monthly Homœopathic Review. London, Sept. Oct. 1895. (April not recd.)
The New England Medical Gazette. Boston, Sept. 1895.
New York Medical Times. Sept. 1895. (May 1894; May and June 1895 not received.)
Indian Medical Record. Calcutta, Oct. 1 and 16, 1895.
The Medical Reporter. Calcutta, Oct. 1st and 16th, 1895.
American Medico-Surgical Bulletin. New York, Sept. 1st and 15th 1895. (June 15th not received).
The Homœopathic World. London, Sept. and Oct. 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, Sept. 1895.
The Medical Visitor. Philadelphia, Sept. Oct. 1895. (July 1894 not recd.)
The Medical Century. Chicago, Sept. 1st, 15th and Oct. 1st 1895. (Aug. 15th not recd.)
Southern Journal of Homœopathy. Baltimore, Aug. 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Juillet and Aout 1895. (May and June not recd.)
The Hahnemannian Monthly. Philadelphia, Sept. and Oct. 1895.
Homœopathic Envoy. Lancaster, Sept. 1895.
The Homœopathic Physician. Philadelphia, Aug. 1895.
The Clinique, Aug. and Sept. 1895.
Revue Homœopathique Belge. Mai 1895.
The Journal of the British Homœopathic Society. July 1895.
L'Art Medical. Sept. 1895. (No. for July not received.)
Journal of Orificial Surgery. Chicago, Aug. 1895. (March not recd.)
North American Journal of Homœopathy. New York. Oct. 1895, (Sept. not recd.)
The Medical Advance. July 1895.
Indian Homœopathic Review, July 1895.
Medical Mission and Herald from April to Sept. 1895.

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **Nov. 1895.** [NO. 11.

PROVING OF ACALYPHA INDICA.

WE have great pleasure in laying before our readers the following provings of Acalypha Indica, which we had expressed a hope in a previous number to be able to do. They are the first instalments of the first systematic provings undertaken in India.* We are watching these provings with the care and attention which all provings deserve. The provers themselves call on us almost every day, and submit to our scrutiny the reports of the symptoms as they are developing in their persons. As will be seen from the following record the sufferings they are undergoing are real and considerable, so much so sometimes as to oblige them to discontinue the proving for a time. They are,

* We speak of these provings as the "first systematic" in India advisedly. It is true, in point of fact, a few drugs,—some of which at our own instance, such as Wrightia antidysenterica (vide *Cal. J. Med.*, May 1873), Asclepias gigantea, and Daboia Russelli, and others, such as Azadirachta Indica, at the instance of and by Dr. P. C. Majumdar,—were before taken up for proving; but these were not persevered with, and consequently the results obtained were not such as to lead to any confident therapeutic application. Our friend and colleague, Dr. Hem Chandra Ray Chaudhuri, who began proving of the Daboia Russelli with the 6th and 4th dilutions, could not go on with it because we were not able to procure the fresh poison. He has promised to resume the proving of this deadly serpent poison as soon as we can supply him with a quantity.

however, heroically resolved to continue and complete the work they have so zealously begun. They are intelligent and earnest, have a good knowledge of the principles of homœopathy, and have a sufficient experience of its practice and its marvellous results to be convinced of its truth. We cannot be too thankful to them for their self-sacrificing devotion to its cause. We hope ere long to have others to join them in this noble work calculated to advance the most beneficent science which can engage the the attention of mankind.

It is yet premature to define the sphere of action of Acalypha. So far as observed, in the moderate doses taken by both the provers, it has acted on the alimentary canal, on the respiratory apparatus, on the fifth nerve, on the joints, on the skin.

Its action on the alimentary canal is extensive, commencing at the mouth and ending with the anus. It increases the secretion of the salivary glands. It produces decided pains in the teeth, which seem to be of a nervous character. It produces burning in the pharynx, œsophagus, stomach, and intestines. It produces nausea, and in sufficiently large doses would produce vomiting. Under its action there is development of gas in the intestines, and this might be due to its action on the liver, causing a deficiency of the biliary secretion, or to its action on the mucous membrane of the whole intestinal canal. It produces diarrhœa, the result probably of indigestion in the first instance, and of over-secretion of the intestinal mucous membrane and of its glandular structures. The diarrhœa is characterised by spluttering from the escape of noisy flatus.

Its action on the respiratory apparatus has not yet been observed to extend beyond the pharynx. It produces a sort of catarrh in the nose, which soon settles in the pharynx, causing it to secrete abundance of mucus of a darkish color like that of tarnished lead and which is hawked or coughed up in lumps with considerable froth. Stethoscopic examination did not reveal any affection of the trachea or bronchi or the air-cells. The probability seems to be that if the provings are pushed further, these parts of the respiratory apparatus may get involved in its action.

Its action on the fifth nerve has produced a sort of neuralgic pains in the temples and frontal region. Its action on the skin has produced itching and circumscribed furuncle-like swellings.

The therapeutic applications of the drug may be inferred from what we have said above, and especially from a careful study of the whole proving. For the present at least we may safely use it in diarrhœa when accompanied by rumbling in the intestines and emission of noisy flatus, and certainly deserves a trial when *Nat. s.*, *Thuja*, and *Arg. n.* fail. It may be used also in the characteristic catarrh and cough which it has produced. It may be used in neuralgic (and perhaps also catarrhal) headache (temporal and frontal) and toothache.

PROVING BY BABU JOYKISSEN GHOSAL.

Health History.

Prover, an Assistant in the office of Comptroller, Post Office, aged 34, born of healthy parents, who are both living. Father aged 62, mother 55. Of seven brothers and three sisters, four brothers and all the sisters are dead. Three brothers died of malarious fever, one committed suicide, one sister died of malarious fever, one of dysentery, and one from the effects of a burn. Prover had cholera when 3 years old; malarious fever and enlarged spleen when 10 years old. Since then enjoying good health, except suffering occasionally from malarious fever. At the time of proving, is in very good health, though he lives in a malarious village. He is of regular and sober habits. Constitution slightly bilious. Disposition mild and quiet.

Proving.

Sept. 3, 1895. At 10 A.M. took 5 drops of the mother tincture in an ounce of water in the presence of Dr. Sircar. A few minutes after reaching my lodgings in Calcutta, passed water once, probably due to my having taken some liquid at an unusual hour. Half an hour after began to experience thirst and a little dryness of the throat which lasted for about half an hour and disappeared after bathing in cold water at 11 A.M.

About a quarter of an hour after the bath I experienced a peculiar sensation of dryness of the tongue and throat, and as if mucus had collected in the throat, especially felt during empty deglutition. Had my breakfast at 11-45 A.M. after which all the symptoms seemed to pass away for an hour. At 1 P.M. while I was reading the last named symptom reappeared and lasted for hours.

At 5 P.M. I took another dose of 5 drops of the mother tincture.

This time no dryness of the throat or tongue occurred, but the throat seemed to be more full of mucus with symptoms of a slight cough now and then. A little heaviness of the lower bowels followed by griping was felt which, however, was relieved after passing somewhat offensive flatus several times (flatus not usually offensive with me).

Sept. 4. On waking in the morning I experienced a little dryness of throat. Had my usual morning stool (I generally have one easy stool in the morning).

At 8-30 A.M. took 10 drops of the medicine, the smell of which made me somewhat sick this time. Went out to see some patients but had to return earlier than usual on account of a desire for st.; had a soft stool at 9-30 A.M. of a reddish-brown color, accompanied and followed by spluttering noise. Bathed at 10 A.M. and sat to breakfast when I felt nausea and sickness which continued for nearly the whole day.

At 12 A.M. began to feel a dull headache which originating in the frontal region gradually settled in the left eye-brow. The pain then seemed to circulate round the external margin of the orbit preventing me from fully opening the eyelids. This troubled me for more than an hour, then began gradually to pass away, and after 3 hours was entirely gone; the nausea, however, persisted the whole day. I could not venture on a repetition of another dose in the evening. I was summoned at night to my native village about eight miles north of Calcutta, to attend some members of my family who were ill; having had to go in a hurry I left the drug by mistake in my lodgings at Calcutta, and so could not take any the whole of the next day.

Sept. 5. No medicine. I felt as fresh as ever, had no disturbance of the stomach, the throat or the head; had my stool as usual, excepting that it was a little soft; took my meals with my usual appetite and had a good night's rest.

Sept. 6. At 0-30 P.M. took 15 drops about 3 hours after breakfast and many of the previous symptoms recurred in the course of the day, viz., griping in the bowels, development of flatulence, dull frontal headache, feeling of lassitude and weariness with diminished appetite and nausea.

Sept. 7. Urgency to stool on leaving bed; stool diarrhœaic, and was accompanied by flatus.

At 8 A.M. took a dose of 15 drops; half an hour after felt a dull sensation in head and a pressure in the stomach followed by nausea and eructations. Bathed at 9 A. M. At 9-30 A. M. experienced a tickling sensation in the throat which brought on cough with sticky sputa accompanied by dryness and burning of the throat which made me uneasy the whole day; experienced great weariness towards evening with burning in the eyes, and felt a great desire for acid fruits and sugar water.

At 6 P. M. took another dose of 15 drops; about 7 P.M. passed frequently noisy flatus of offensive smell; felt little or no appetite at the time of nightly meal; sleep was disturbed by dreams.

Sept. 8. Morning stool not clear and easy; abdomen seemed full; passed wind, head and eyes seemed dull and heavy, inclination to lie down, felt sleepy but could get no sleep, fullness of the stomach followed by eructations with an inclination to vomiting, brought out a quantity of bitter fluid while washing my mouth and teeth in the morning, cough also was noticeable now and then, throat seemed loaded with mucus which could be easily brought out.

At 8 A.M. took a dose of 20 drops and felt soon after an indescribable feeling of nausea with loathing of food and this persisted even after my cold bath at 9 A.M.

At 10 A.M. took my breakfast after which I rested for some time and felt sleepy but could not shut my eyes on account of an oppressive frontal headache.

At 11-30 A.M. felt very thirsty and drank a tumblerful of water.

At twelve began to sneeze and found that nasal catarrh had set in with a thin watery discharge from nose and eyes, dull and heavy headache with stiffness of the neck troubled me, went to bed with these symptoms but sleep was fitful and not at all refreshing.

At 3 P.M. got up from bed and began to experience a very bad griping of the bowels; had a stool which eased me somewhat.

At 4 P.M. another stool, watery, warm, passed with flatus, last portion containing mucus.

At 6 P.M. another stool, watery, mucous, frothy, warmer than the previous one, color at first reddish or brownish and then greenish; felt very thirsty after stool, took some sugar water. Could not venture on another dose and so medicine was stopped this

At 8 P. M. again felt an inclination to stool, more urgent; the stool was now entirely liquid, and gushed out in torrents, sat for some time at stool and frequently passed wind with frothy mucus. Felt very weak afterwards.

At 9 P.M. took plain sago and went to bed; an hour after was roused by an urgent desire to stool but passed only a little thin watery stool of offensive and nauseating smell. Sleep was disturbed by dreams.

Sept. 9. No medicine. Got up from bed in a weak state in the morning, took a cup of milk some time after, bathed and felt somewhat refreshed. At 9 A.M. took my breakfast had no more trouble with the bowels, but a slight catarrh remained which was got over in 2 days.

Sept. 22. Resumed proving to-day after having allowed the system a few days' rest to render it free from the effects of the previous experiment with the drug. I may here mention that I abstained all the while from all sorts of indulgence, sexual or otherwise, and restricted myself to my usual diet.

At 7 A. M. took ten drops in an ounce of water, and at 8 A. M. began to experience a slight dryness of the throat and nausea which was relieved by taking a cup of sugar water with a little lemon juice. I then passed water and felt better, especially after my cold bath at 9-30 A. M.

At 10 A. M. took my meal and no symptoms worth noting appeared during the day.

At 5-30 P. M. took another dose of 10 drops which brought on soon after a feeling of nausea and fullness of the stomach followed by flatulence and dullness of appetite. At 9 P. M. took my nightly meal and a good night's rest followed.

Sept. 23. A feeling of languor was experienced on waking; my morning stool was not clear and was passed with noisy flatus. Head and eyes seemed heavy and appetite dull.

At 8 A. M. took 10 drops and felt nausea and had eructations half an hour after. At 9 A. M. I was dull and rather thirsty, and had an inclination to take acidulated drinks.

At 9-30 I bathed and soon after sat to breakfast but could eat only a little and that too with disrelish. After breakfast I felt sleepy and disinclined to do anything.

At 11 A. M. had eructations and heart-burn. Stomach and

abdomen seemed very full and loaded and remained in that state for about 5 hours.

Between 4 and 5 P. M. experienced a great dullness and yawned several times, the eyes became watery and mouth full of saliva.

At 5 P.M. took another dose of 10 drops which brought on sickness and my appetite continued as bad as it was in the morning.

At 5-30 took a walk but soon felt thirsty and on reaching home took a cup of warm milk.

At 6 P. M. felt intestinal griping and a desire to stool followed. The stool was small, diarrhœaic and attended with noisy flatus. This however eased me somewhat.

At 9 P. M. took my nightly meal and retired soon after to bed; sleep was disturbed by dreams.

Sept. 24. Rose as early as three in the morning; felt thirsty and drank a glass of water; felt quite out of sorts, and went to bed again with heavy eyes. On waking up again at 6 A. M. I felt a toothache with swelling of the gums which pained me much during the whole day.

6 to 8 A. M. Felt no desire for stool but passed water more than once and frequently passed offensive noisy flatus. Had watery discharges from nose and eyes and felt very uncomfortabe. Sat to stool at 8 A. M. but passed only a little diarrhœiac stool which brought no relief. I did not bathe nor did I take any medicine this morning.

At 9 A.M. took a cup of warm milk and rested for an hour when no other symptoms than occasional yawnings appeared. At 10 A.M. took my breakfast which consisted only of a handful of boiled rice and some warm milk. Though I eructated several times after breakfast yet no signs of heart-burn appeared to-day. I felt sleepy and slept for 2 hours at noon which did me good. The toothache and swelling of the gums seemed much less. The discharges from nose and eyes were almost gone but they gave place to additional symptoms of headache and a cough.

At 4 P.M. took a dose of ten drops which soon after brought on eructations and nausea which, however, were got rid of by smelling a lemon.

At 5 P.M. I began to feel griping of the intestines which induced an evacuation of the bowels which though diarrhœaic gave me great relief. Barring the cough which was somewhat distress-

ing I was very well that evening and ate my dinner with relish: sleep was slightly disturbed by dreams.

Sept. 25. On awaking I felt an early desire for stool which was first watery and then soft coming out in lumps followed by passing of wind. Toothache and swelling of the gums were almost gone but cough with dryness of the tongue and throat troubled me much. Sputa came out like small shots roundish in form, of ash or lead colour.

At 8 A.M. took a dose of ten drops and sometime after experienced a little burning in the throat and soft palate with a desire for acidulated drinks. Had my bath at 9 and breakfast at 9-30 after which I was engaged in reading and no symptoms of any note save a few eructations appeared for 4 hours. But notwithstanding this the stomach remained full till late in the afternoon and there was much rumbling in the abdomen, which seemed loaded with gas, and I felt great lassitude and dullness and yawned several times towards evening. I scarcely had any appetite at dinner. Sleep was much disturbed by dreams and a nocturnal emission occurred.

Sept. 26. Had an urgent desire for stool on rising from bed; it was diarrhœaic, mucous, passed with flatus, with griping in the bowels. Cough was also distressing; the throat seemed, as it were, choked with mucus, which was brought out in small darkish (lead-colored) lumps.

At 8 A.M. took a dose of 10 drops; its smell was sickening, as also the eructations which generally followed its administration.

At 9 A.M. I bathed and had my breakfast. As I was writing a letter I felt a headache on the left side which troubled me a good deal for two hours and then gradually passed away. No other symptoms than the fullness of the stomach and rumbling in the abdomen were marked during the day.

In the afternoon I was called to an adjoining malarious village to see a very bad case of dysentery in a child over whom I had to keep incessant watch for three days and nights. This brought on high fever which confined me to bed for more than a week. Since then I have been suffering off and on from fever, and hence the interruption in the proving for the present.

Proving by Babu Gopal Chandra Datta.

Health History.

The prover is Manager of Messrs. Berigny & Co's Homœopathic Pharmacy. He is aged 40, of bilious constitution and sanguine temperament. No constitutional disease in the family. Father lived to 60 years. Mother living, aged nearly 60. Two elder brothers died in infancy: one of small-pox and another of cholera. A younger brother died, also when an infant, of hæmaturia. Of two deceased younger sisters one died of cholera at the age of about 5 years and another died when about 15 or 16 of low remittent fever. Prover, when a child of about 5 years, suffered from looseness of bowels, and when 7 years old from aphthous mouth. About the age of 10 years suffered for nearly a year from malarious fever and enlargement of spleen. In 1883 suffered from dysentery which was the result of abstinence from animal food (fish). Since then his health has been tolerably well, with the exception of occasional fever. He is of regular and sober habits.

Proving.

September 5, 1895. 1 P.M. Took 10 drops of Acalypha Indica in ʒiv of plain water. Soon after felt a sensation of burning in the throat which travelled to upper part of pharynx, which gradually became less, and was replaced by a sort of tickling or rather acrid sensation which provoked cough. Coughing relieved the tickling instantly, which however soon reappeared and made me cough again. Towards the tip of the tongue felt a sort of pleasant sensation, such as is produced by peppermint. 2-15 P.M. Momentary sensation of heat radiating all over the body from the region of the heart. Sneezing.

4-40 P. M. Took 15 drops. Slight dull aching of both temples. Burning of the œsophagus, felt most at cardiac orifice, it radiated towards the heart. Aching of the right temple, ceased in a few minutes; that of the left persisted, but now and again ceasing to be felt; nose feels as if it would run, though no actual running; burning in throat.

12 midnight. On awaking felt thirsty and took a glass of water. The aching of both temples returned, and then there came on a sort of nausea with tendency to vomiting: this sick feeling, the few minutes it lasted, made me wretched, but I soon fell asleep and did not notice anything until I awoke again

at about 1-40 A. M. when I felt both the right and left temples aching, soreness in throat such as is caused after taking cold, and nausea. In a few minutes I had a fit of several sneezes, which over, the nausea and aching of the right temple seemed to cease, but the left temple continued aching, this time very slightly. Dull aching pain of the upper abdomen such as is caused by indigestible food. This pain kept me waking, it was followed after a short time by a burning pain of the same region. Then cough preceded by tickling of the throat. This cough continued by fits. I now sat up in bed to note down these symptoms and found that the burning pain in the upper abdomen had gone. Slight coryza in the left nostril, but at 2-40 A. M. it shifted to the right, which I had to wipe and clear. Tickling continued in the throat giving rise to cough and I laid myself down again. On lying down both nostrils became involved, and I had to wipe them from time to time. *After* the bowels moved in the morning a dull griping pain was felt under the umbilicus.

Sept. 6, 2 P. M. 20 drops. Tickling of throat and cough. 2-25 P. M. Fits of sneezing. 5-10 P. M. 20 drops. Nothing of mark except sneezing at times.

Sept. 7. 25 drops at 7-30 A. M. No symptoms. After 25 drops in the evening, sneezing, slight nasal catarrh, tickling in throat and cough, accumulation of lumpy but not tough mucus in the throat which is expectorated easily.

No medicine taken from the 8th to the 19th. During which there were tickling of throat and cough at times.

On the 13th in addition were noticed: Flatus moving about in the lower abd. and passed during stool. Aching of left temple on waking, after sleep, in the morning.

On the 14th accumulation of mucus in the throat no more felt, tickling and cough getting less and less.

Sept. 20. 5 drops in two drachms of plain water at 5 P. M. Felt tickling, or rather acrid feeling, (better expressed as কুটকুট in Bengali) in the throat and a rough feeling; necessitating hemming and hawking to clear the throat. Sensation of acidity at night.

Sept. 21. During usual morning stool some flatus. At 7 A. M. after stool took 5 drops.

Sensation of burning, felt mostly at cardiac orifice and throat,

lasting till 8 A. M. Wind seems to be generating in the lower bowels and passing up to the upper. Inclination to pass flatus. Cough with small expectoration. Hot feeling in the forehead. Pressure in the right upper eyelid lasting a few seconds. Evanescent pressure in right temple, coming and going. Pressure and heaviness in the chest. Disposition to clear the throat and cough.

Although I took even less than ½ the usual quantity of my food at night my abdomen felt full.

Sept. 22. On awaking from sleep early in the morning expelled flatus and belched, feeling of indigestion as if the food was lying heavily on the stomach, boring in the left temple; acidity; tickling in the throat and cough; stool insufficient.

At 7-30 A.M. took 5 drops. Cough for a few minutes immediately after. 7-45 A.M. Sensation of burning in the fore part of tongue, hard palate, throat and chest. Flow of water into the mouth. 8 A.M. Heaviness of chest. Burning of the whole alimentary canal, most painful at cardiac orifice. 8-20 A.M. Wind collecting in the lower abdomen. Disposition, or rather desire to expel flatus. 8-40 A.M. Dull aching of the left ankle and left shoulder joint, also of left knee-joint. Pressure of the left temple. Dull aching of the right knee and right elbow joint. Flatus generating in the sigmoid flexure moving towards the right, two fingers breadth under the navel and then taking a downward course. Aching of the right wrist, croaking noise in the lower abdomen starting from under the last false rib. Fits of sneezing at 5 P.M. with thin watery running from the left nostril. Aching pain in the left hip joint at 6 P. M. Offensive flatus, movement of flatus with subdued croaking noise in the left intercostal region, four fingers breadth below left nipple. Aching of the left lower limb from knee up. Flatus while making water. Dull aching pain in the middle of the abdomen. Dull aching of the abdomen and fœtid flatus. Small furuncle in the right hip. This felt tender when washing, another small furuncle inside the margin of the upper lip. Both disappeared without suppuration on stopping medicine.

Sept. 23. Took 5 drops at 7 A.M. Immediately cough. 8-10 A.M. Dull pain in the centre of the abdomen, the pain darting right and left towards the nipple, dry feeling in the throat. Watering of the tongue. Throbbing aching of the left temple. Offensive flatus.

Oct. 2. Took 25 drops at 1-25 P. M.

Pressing down pain in the left upper eyelid. 3-30 P.M. Sensation of fullness of abdomen. 4 P.M. Pressing aching of the left temple, belching, hemicrania, fullness of abdomen continues; discharge of flatus, which was noisy.

November 22. Sixth day of the moon. Resumed proving. At 3 P.M., that is, three hours after breakfast consisting of rice, dall and vegetables, state of health normal, took gii of the medicine in one ounce of plain water. 3-25 P.M. Sensation of roughness in throat. Burning in precordial region. Hot feeling in lower abdomen. Tingling in tip of tongue as if from contact of peppermint. Boring in left hypochondrium. Dryness of tongue. Sticking pain in precordial region. Slight heaviness in right occipital region. Biting sensation in small spots of tongue such as is caused by touch of salt in ulcerated and raw surfaces, and watering of the tongue. Dull aching of precordial region. Dull aching of right upper molar teeth, the pain radiating to right temple. Aching of left temple. Aching of upper incisors. Heaviness of the occiput. Aching along the occipito-parietal sutures. Aching of the left upper molar teeth. Heart burn. Burning of the upper part of lower abdomen. Pressing down pain in the right upper eyelid. Aching of the right lower bicuspids. 4-25 P.M. The head and teeth symptoms abated. Unsuccessful desire to belch. Pressure of wind towards the anus. Burning in epigastric region. Aching of upper abdomen as if from indigestible food. Sensation of distension of abdomen without actual tympanitis. Pricking pain in lower abdomen. Smell of the tincture of Acalypha Indica. 5 P.M. Head and teeth symptoms no more felt. Loud eructations, which relieved the sensation of puffiness of the abdomen. Sense of thickness in throat with inclination to hem and hawk. Burning in throat. Aching pressing down pain of the right supra-orbital region.

7-40 P.M. Took 10 drops in one ounce of plain water. Heavy pressing down pain in supra-orbital region. Pressing inwards of both temples. Irregular aching, rather erratic, of different teeth, now one again another. Tasteless eructations. Dull burning aching of the lower abdomen. Emission of noiseless flatus. Took meal (hand-made bread and some vegetable curry) at 8-40 P.M. At 9 P.M. irritation of the right nostril such as is felt before sneezing,

subdued gurgling noise (খল খল) in the lower abdomen with dull griping pain. Emission of noisy flatus. Noisy flatus sometimes passed with effort. Boring pain in the right temple. Eructations and passage of flatus almost simultaneous. Pricking pain in abdomen aggravated at 9-15 P. M. Flatus passed without noise. Aching of right upper molar. Sleepy at 9-25 P. M. Head (frontal region) felt queer in the morning such as is felt after a sleepless night, though I had slept heavily, sleep having come on irresistibly at an earlier hour.

Nov. 23. 7-15 A. M. Took 20 drops in ʒiv of plain water while fasting. 7-50 A.M. Thick feeling in throat and disposition to hem and hawk to clear the throat. Sensation of burning in different parts of the chest and abdomen. 8-30 A. M. Burning of the lower abdomen, with a sense of goneness there. Pain in left molar teeth, better by pressing the teeth together. Dull pricking pain here and there in the whole abdomen. 9-15 A.M. Took 20 drops in ʒiv of water. Cold wet feeling in the anus. Frequent emission of noiseless flatus after breakfast at 11 A.M. which consisted of ordinary dishes, (rice, dall and vegetable curries). 1 P.M. Sensation of fullness of abdomen. Emission of flatus now and again. Dull aching of the abdomen. Unsatisfactory (not free) belching which did not relieve the sensation of distension of the abdomen. Pressing down pain in the right upper eyelid. Pressing down pain in the left upper eyelid. Sticking pain in the right chest near the articulation of the 5th rib with the sternum. 2 P. M. 20 drops in ʒiv of water. Expectoration of mucus from the throat, which again soon accumulated there. Flatulent distension of abdomen. Flow of water into the mouth which on swallowing induced nausea. Cutting pain in abdomen as if caused by a blunt instrument. Dull aching of both temples. 7-10 P. M. Belching which relieves the distention of the abdomen. Frequent emission of noiseless flatus. The relief afforded by belching and passage of flatus did not last long, for the abdomen puffed up again before long. 8-30 P. M. Aching of the right upper molar teeth which was intensified by cold water. Aching of lower front teeth. Gurgling noise under the left false ribs (posteriorly) after supper which was taken at 8-35 P.M. The supper consisted of hand-made bread and vegetable curry. Accumulation of mucus in the throat, dislodging easily. Noisy flatus followed by eructation. 9 P. M. Gnawing aching of

the left arm. Eructations. Aching of the left lower extremity from the loins downwards.

Nov. 24. Sneezing early in the morning at 5. 8-15 A.M. Heaviness of the chest when walking, accumulation of mucus in the throat as soon again as expectorated. The expectoration is not so easy as yesterday, it leaves a scraping sensation. 8-30 P. M. A fit of sneezing with titillation of left nostril. 10-30 P.M. Easy expectoration of mucus from the throat after the usual cold bath. Nausea after meal, proceeding from precordial region, with flow of water into the mouth. Aching of right lower molar teeth. Pressing down pain in the right upper eyelid. Some distension of abdomen after meal about 2 P. M. or about 3 hours after meal. Gnawing aching of the left leg and left shoulder. Constricting dull cutting pain with hot burning flashes in the whole abdomen, the hot flash extending upwards towards the chest. Anxious feeling in the heart. Nausea with flow of water into the mouth. Heaviness in chest and anxious feeling about the heart. 5 P. M. A fit of sneezing. Aching of right supra-orbital region. 5-20 P.M. Pricking pain in the abdomen above umbilicus as if by some blunt instrument, somewhat relieved by emission of flatus which was noiseless. Frequent emission of flatus. Much of the distension of the abdomen was taken away by the emission of flatus with great relief of the pricking pain. 6-30 P.M. 20 drops in 1 oz of plain water. Dryness of tongue at 6-50 P. M. Blunt sticking pain below the left nipple. Aching under the false ribs. Colicky pain in the upper abdomen. 8-20 P. M. Eructations but not loud. Took usual meal at 9 P. M. On waking from sleep at 4 A.M. felt dull cutting pain in the lower abdomen, slight aching of the edges of the upper front teeth. Urging to stool an hour earlier than usual, which, however, I could and did defer, but this led to frequent emission of noiseless flatus.

Nov. 25. 7-45 A.M. Cutting pain in the lower abdomen as if by a blunt instrument, with nausea and rising of water into the mouth. Anxiety in precardial region and urging to stool. A fit of sneezing. 8-40 A. M. Flatulent up-heaving of the lower abdomen with dull aching. Noise in abdomen as if from fermentation. Easy expectoration of tough blackish mucus from the throat without cough.

3 P.M. 20 drops in ½oz of water. 3-40 P.M. Obtuse cutting

pinching pain in the lower abdomen which seemed to be reflected to the upper abdomen, with hot sensation as of a flame emanating from the ileo-cœcal region passing upwards towards the sternum. Flatulent crampy pain. Burning in pit of stomach. 4 P.M. Slight aching of the lower incisors. Sneezing with dislodgment of a lump of blackish mucus from the throat, involuntarily, in the act of sneezing. Cutting pain in the upper abdomen with sensation of warmth. 7 P. M. Frontal headache, relieved after meal at 8 P. M. Itching crawling at the anus. Sensitiveness of the right upper molar teeth, cold water producing aching in them. Hot burning sensation in upper abdomen. On the following morning at the usual hour the stool, which was soft, passed with a smarting feeling in the anus, but after washing that feeling was gone. Since waking from sleep a sort of depression came on.

Nov. 26. 7-45 A. M. Took 25 drops in ½ oz of water. 8 A. M. Short intermittent throbbing (more like snapping) of a blood vessel above the right ear. Dull burning of the chest and abdomen. Expectoration of a blackish lump of mucus, without cough, from the throat. 3-30 P.M. 25 drops in ½oz. of water. Pulsating pain as above, coming and going in quick succession, above the right ear. Aching of the right half of the supra-orbital region. 3-40P.M. Burning of the chest; pressing pain in the right molar teeth. 4 P.M. Boring in the left temple. 5-15 P.M. Aching of the outer portion of the left supra-arbital region, with hot feeling all over the body and desire to throw off the clothes. Aching of the left lower teeth. Cutting pain in the lower abdomen relieved by passing flatus. Tongue feels dry and thick as if covered with fur. Flatulent distension of abdomen. Fermenting noise in abdomen. Aching of the right supra-orbital region, the pain seemed reflected to the right upper eyelid.

Nov.27. Took at 7-15 A.M. 30 drops in ½oz. of water. 7-20 A.M. Dull obtuse sticking in a small spot in precordial region. 7-30 A. M. Titillation in the left nostril followed by a fit of sneezing. Swinging of the head with nausea and hot feeling of the whole body with desire to undress. Collection and lodgment of mucus in throat which is expectorated easily in lumps of a dark colour as if touched with ink (same as above), and each time it is expectorated, a scraping sensation is felt in a small spot in the throat. 8-40 A.M. Frequent emission of noiseless flatus. After break-fast emission of

flatus continued. Cutting pain in upper abdomen with urging to stool. 1 P. M. Great itching of the hips with fleabite like elevations (or eruptions). Scratching aggravates the itching. Dry itching in the small of the back, a fleabite like nodule on the dorsal region which itches the more it is scratched.

28th. Stopped medicine on account of the continuance of the itching and swellings of the skin. Expectoration several times of lumps of dark coloured mucus from the throat, which came off easily. 7 P. M. Intense itching of the palm of the left hand a little below the middle. Itching of the hips less. Sensitiveness of the right upper molars and lower incisors; contact of water makes them ache.

29th. No medicine. Expectoration of lumps of mucus from throat, colour less dark. Itching of the hips almost gone. Several times noiseless flatus after breakfast. 3-45 P.M. Slight frontal headache. Burning of the stomach about the cardiac orifice. 5 P.M. Burning of the lower abdomen, whence a flame seems to extend up to the sternum. 6 P.M. Creeping in the rectum as if by worms, and flatulent distension of abdomen. Heart-burn. All symptoms disappeared at 6-25 P.M. except the heart-burn. Taste in the mouth such as is felt sometime after taking sugar of milk.

30th. No medicine. Burning of the anus during stool in the morning. 7-45 A. M. Burning in epigastrium. Tough mucus of blackish colour (same as above) expectorated easily from the throat. 3-30 P.M. Frequent emission of noiseless offensive flatus. 4-40 P.M. Griping pain in lower abdomen. 8-30 P.M. Noiseless flatus after supper.

The Diseases of the Liver: Jaundice, Gall-stones, Enlargements, Tumours, and Cancer: and their Treatment. By J. Compton Burnett, M. D. Second Revised and Enlarged Edition. Boericke & Tafel. Philadelphia. 1895.

We have to acknowledge with thanks the receipt of the above work from the publishers. We will review it in our next.

EDITOR'S NOTES.

THE PROPOSED COATES MEMORIAL MEDICAL COLLEGE.

At the usual monthly meeting of the Medical Association of India, held at No. 165, Bow Bazar Street, on the 29th November, the following resolutions, which were passed by the Executive Committee, in connection with the Coates Memorial Fund, were confirmed.

1. Resolved, that the time has arrived for giving effect to the object of the Coates Memorial Fund, *viz.*, the opening of a College of Medicine for English and Vernacular classes.

2. Resolved, that the Memorial be named the "Coates Memorial College of Physicians and Surgeons of Bengal."

3. That the President and Honorary Treasurer be authorised to secure a building on a monthly rental not exceeding Rs. 100, and to take such further steps which they think necessary to give effect to the object in view.

4. That Dr. Juggobundo Bose, M.D., F.C.U., President of the Association, be the President of the College, and that Dr. Lawrence Fernandez, M.D., L.R.C.P. and S.E., Editor of the *Indian Lancet*, be the Secretary of the College.

We have our say on the subject, and we shall say it in our next.

POISONOUS EFFECTS OF BORAX.

The extensive use of compounds containing borax, which under various names are sold for preserving foods, lends a special interest to some observations of Dr. Ch. Féré of Paris, who has used borax in the treatment of intractable cases of epilepsy and with success in certain cases. It is true that for this purpose it was necessary to give large doses for long periods, but in the course of the trial he met with a considerable number of persons who were peculiarly susceptible to borax. In them, loss of appetite was succeeded by burning pain in the pit of the stomach, dryness of the mouth, and eventually by nausea and vomiting. Borax produces also a remarkable dryness of the skin which is found to favour, if not to cause, various skin disease, especially eczema. The hair also becomes dry and may fall out, causing complete baldness. The most dangerous result of the use of borax, however, is its power of producing kidney diseases, or of converting a slight disorder of the kidneys into a fatal malady.—*Brit. Med. Jour.*, Oct. 5, 1895.

INSANITY AMONG SILK SPINNERS.

M. Spratling has recently published notes of 57 cases of insanity occurring in six years among silk spinners. All the cases occurred in the same town, which has a population of less than 100,000 inhabitants. This large proportion of insane in a calling followed by comparatively few persons, is a fact worthy of note. Moreover, there appears to be a connection between the position daily assumed by the workers, and their excessive mental tension, and the development of

insanity. Half of the insane were predisposed by hereditary influence. Alcoholism was a factor in only 4 cases. All the 57 cases studied by M. Spratling at the Morris-Planis Lunatic Asylum were very serious. 14 were cured, 5 were greatly improved, 6 remained stationary, 6 died, 26 are still in the asylum, and are considered incurable. All forms of insanity are more severe among silk spinners than among other patients. M. Spratling also observed that insanity among silk spinners becomes more and more frequent; this he attributes to the machinery, which becomes more and more complex, necessitating constant and unremitting attention in those who have to work it. Mental overstrain from this cause, and positions causing severe bodily fatigue are believed by M. Spratling to be the source of insanity among the silk spinners.

SUBCUTANEOUS CAMPHOR INJECTIONS.

Schilling (*Münch. med. Woch.*, September 17th, 1895) refers to the means of overcoming collapse by ether, musk, and camphor administered subcutaneously. Ether has a markedly evanescent effect. The tincture of musk, although a valuable cardiac stimulant, is not constant in its composition. Hence camphor is very generally employed. The author maintains, however, that the doses of camphor used are not large enough. He says that as much as 1 g. of camphor may be employed. The effect of 0.5 g. on a thready and almost imperceptible pulse is well marked, but that of 1 g. is often astonishing. The solution of camphor used is camphor 1, olive oil 10. He gives one ordinary syringeful to children, seldom three, and mostly five to ten to adults. These large doses of camphor are well borne. No ill effects on the skin, brain, or lungs have occurred. Fear of fat embolism should scarcely exist, since hardly a case of the kind has been put on record. The author then refers to the small doses recommended in the recognised text books. Probably large doses of camphor act differently in animals than in man. Even in cases with cerebral symptoms the author has used these large doses without any increase in those symptoms. Camphor leaves the body within a couple of hours, and has no cumulative action.—*Brit. Med. Journ.* Oct. 19.

THE USE OF VINEGAR FOR THE ARREST OF VOMITING AFTER THE ADMINISTRATION OF CHLOROFORM.

Lewin (*Rev. de Chir.*, September, 1895) has obtained very good results with regard to the prevention of sickness after the administration of chloroform by immediately replacing the inhaler by a linen cloth steeped in vinegar, and allowing this to remain over the patient's face for at least three hours after the completion of the operation. He points out that chloroform, which is eliminated almost exclusively by the lungs, is decomposed in the presence of the inspiration into formic acid and chlorine. The latter agent when set free irritates the larynx and trachea, and thus is one of the chief causes of the vomiting induced by chloroform. On the application of vinegar in the above-described manner the chlorine is taken up by acetic acid, and thus rendered

harmless. The author further points out that in order to prevent the desiccating action of chloroform on the tissues it is necessary for the patient to inspire, after the operation, air that has been rendered humid. Acetic acid, both from the water it contains and from its energetic capacity of dissolving fibrine, serves to prevent coagulation of the blood. The beneficial action of vinegar in cases of anæsthesia by chloroform may also be explained by the fact that acids in general stimulate the respiratory passages. It is very unnecessary, the author thinks, to attempt to explain this favourable influence of vinegar by a hypothetical action of acetic and other acids on the vomiting nerve centre through the vasomotor nerves.—*Brit. Med. Journ.* Oct. 19.

A PRECOCIOUS CRIMINAL.

An inquest was held last week on the body of a male infant four months old, who had been brought in dead into Charing Cross Hospital, its death being due to suffocation caused by pieces of coarse blue paper, such as sugar is wrapped in, pushed down its throat; these were at once removed, and every effort made to restore the infant, but without avail. The mother testified that she had gone out for a few minutes, leaving in the room with the baby an older child of three years, who had often betrayed jealousy of the infant. On her return she found the infant choking, and at once brought it to the hospital. Subsequently the child accompanied her parents to the mortuary, and on seeing the body of the infant, pointed to it, and said, "I done it," and there can hardly be a doubt that this spontaneous confession of hers conveyed the truth. The jury wisely returned an open verdict; the only alternative, indeed, would have been for them to have found the mother guilty of causing the death by neglect. We are reminded of a similar instance where a three-year-old girl, jealous of the twins who recently arrived, took the opportunity, when the nurse was out of the way, to pull them both from their cradle, and proceeded to drag them downstairs, holding them by their long clothes, so that their heads were almost reduced to a pulp by the time she got to the foot of the stairs. It is needless to add that the infants did not long survive the ill-usage. Children of this age are apt to be very jealous of those who have come in to share with them the affection of their parents, and are wont to be excessively cruel sometimes, and of course until they are old enough there is no prevention possible except by watchfulness on the part of mother or nurse.—*Brit. Med. Jour.*, Oct. 19, 1895.

PRESENT POSITION OF THE BACTERIOLOGY OF CHOLERA.

During the past few years, study of the cholera question has taught us, says Dr. M. Gruber, that the problem of the ætiology of cholera is not so simple as it first appeared. Though there is no doubt that the cases of Asiatic cholera are characterised by the presence of the comma bacillus in the dejecta, and that these vibrios are at least participators in the production of the disease, yet a something else is necessary, a something which influences either the production or the absorption of the poison. Perhaps this may be another germ which has hitherto

escaped observation. A special difficulty arises from the resemblance between the cholera vibrio and the numerous other vibrios, both as to their cultivation characters and their microscopical appearance; and according to the author, many of the criteria, such as the number of flagella, the form and appearance of the young colonies, or the cholera red reaction have no specific value, and are only to be regarded as group characters. The experiments on man and animals show that the cholera vibrios are capable of producing the disease provided the other unknown conditions are present, and they further seem to show that the disease is rather an infection than an intoxication. There is no reason to suppose that the poison secreted by the cholera vibrio is specifically different from poisons formed by other bacteria; and as to its exact nature we are still in the dark. After pointing out that experiments on animals have quite failed from a diagnostic point of view, the author sums up by affirming that the present position of the bacteriology of cholera is that we know with certainty that the vibrios occurring in the cholera process call forth the morbid phenomena, but that we cannot diagnose these vibrios as a definite species with certainty. No definite opinion can be expressed as to whether in all true cholera cases, the vibrios belong to one or to several species, nor whether they are different from our endemic vibrios or are identical with them.—*Journal of the Royal Microscopical Society*, Oct. 1895.

CAUSES OF DEATH IN MEDICAL MEN.

A study of the mortuary records of four hundred and fifty physicians who lived in New York, Brooklyn and vicinity, has been recently made. The average age of death was 54.6 years, and the mortality was 25.53. This mortality is only exceeded by saloon keepers, butchers, quarrymen, and poor factory operatives. Clergymen have a mortality of only 15.93, and lawyers 20.23, so that the practice of medicine is far more hazardous and perilous as an occupation.

Among the causes of death, suicide is four times more common among physicians than other adult males. This includes many cases of accidental poisoning, such as an overdose of some drug used by the victim, either addicted to the drug, or using it for some special purpose. Others died from bullet wounds of the head, the motive of which was not clear. Consumption was a very small factor as a cause of death, reaching only 10 per cent., while the ordinary death rates among adult males in New York are 19 per cent. of the whole number. Physicians have less than half the usual mortality from this cause.

Deaths from the latest fad, appendicitis, were one thirty-seventh of the whole, showing that physicians are not suffering from this trouble in the same ratio as other people. Typhoid fever appears to be exceptionally high as a cause of death; 4½ per cent. died from this cause. The usual rate among adult males is 1½ per cent. Pneumonia furnishes a high death rate, 13 per cent.; in the adult male population mortality is 14 per cent. Bright's disease, apoplexy and various forms of heart disease are grouped together as all having common

pathologic conditions, viz., arterial sclerosis and degeneration of the muscular fibres. The mortality from these causes was 35 per cent., whereas the usual death rate from these causes among all male adults is only 25 per cent.

The conclusion is clear that these are the most common diseases that prove fatal among medical men. Arterial sclerosis was the cause of over a third of all the mortality.—*The North American Journal of Homœopathy*, Oct. 1895.

A NEW THEORY OF DIGESTION.

Although Freirichs came to the conclusion a number of years ago that salivary digestion continued in the stomach, yet his work was practically lost sight of. Now Dr. J. H. Kellogg, of the Battle Creek Sanitarium, has just published the report of some extensive experiments in his Laboratory of Hygiene on starch digestion. Dr. Kellogg examined the contents of the stomach after a test meal in 4,875 cases. In 669 of these cases he found the starch had been completely converted into sugar. Only in 1.8 of the cases did he find there was little or no conversion of the starch. This certainly must be accepted as conclusive and hereafter we must teach that the digestion of starch takes place in the stomach by the aid of the saliva ferments. Clinically this will be of great value and must result in a number of changes in our ideas of diet. We now know that nature herself is digesting our starchy foods in the stomach, and that if these digested starches, or if this glucose, could in any way cause diabetes we would ere this have been a race of diabetics.

For a long time there has been a growing sentiment throughout Germany that diabetes has not been properly treated. Hirschfeld says he believes that diabetic coma is favored by the exclusion of carbohydrates in the diet. Schmitz allows his diabetic patients a small quantity of albumen, while he orders the free use of food containing starch, and fat in large amount. Gruge impregnates the system with the carbohydrates. Williamston, of Manchester, says that home-made bread is much better than especially prepared diabetic bread. A number of American physicians are following out this line of treatment with better results than they have had heretofore.

In the light of all this, we must conclude that saliva continues its action on starchy foods in the stomach until nearly, if not all, the starch is changed into glucose; that glucose is simply a normal product of digestion, and no more injurious than a digested proteid; and that the treatment of diabetes is bound to undergo a marked change in the near future.—*The North American Journal of Homœopathy*, Oct. 1895.

ARE COLLIERS EXEMPT FROM CANCER?

Mr. T. Law Webb, of Ironbridge, whose labours to elucidate the cause of cancer are well known, in an interesting paper on this subject states that he has practised for twenty-five years in a district overlying the Shropshire coal-field, and during that time he has been surgeon

to two collieries, yet he has never seen a single case of cancerous disease in a collier who was working in the pits. "Moreover," he says, "an examination of the books of the district registrar shows that of all persons whose deaths are registered as due to malignant disease during the past thirty years, only two are described as 'coal miners.' Of these one I know positively had long retired from the arduous occupation of coal-getting, and had for many years followed the more gentlemanly occupation of rat-catching. The other died in the workhouse, and had not worked in the pit for some time. It should be borne in mind that in this same locality cancer is very common, and is often seen amongst the furnacemen, moulders, iron-workers, and general labourers." Another practitioner living in the same district is also unable to recall the case of any collier suffering from cancer. The immunity, however, does not extend to sarcoma. The explanation lies partly, Mr. Webb thinks, in the habitual cleanliness of the collier who "tubs" daily as soon as he comes home from the pits, partly in the fact that his habits rarely lead him to drink water from casual sources. He goes to work early, and habitually in his working hours carries with him a quart can containing cold tea or coffee without milk. He always returns home to dinner, at which he usually drinks tea, or, if he can get it, small beer, whilst his supper consists of bread and cheese, with sometimes an onion and a pint of beer. The colliers in Shropshire are a temperate, peaceable, law-abiding class not given to excesses of any kind. Though they are often seriously injured in their dangerous occupation, they survive the most extensive wounds and fractures, and although they look pale and anæmic they are in reality a healthy set of men. It would be extremely interesting if the surgeons, who practise in the great coalfields of the North and in the South Wales colliery district, would give their experience upon this point of the alleged unequal distribution of cancer mortality in the population of coal-mining districts. If it is a fact that men working underground and not drinking much water are more exempt from cancer than those in a similar state of life working above ground and drinking from casual water supplies, we shall have a more tangible reason for suspecting cancer to be a waterborne disease than is afforded by any of the present theories or statistics.—*Brit. M. J.* Oct. 19.

BICYCLING FOR WOMEN.

We take the following from the August number of the *Practitioner*. We are not against any gentle exercise which will promote healthy circulation in the body and thus promote healthy development, but what we are against, is the "go-ahead" fashions of modern times. There are several forms of healthy exercise by which ladies may profit, but bicycling indeed is not one which is suited to the fair sex. The report of cure of retroversion, enlargement and prolapse of the uterus, does not seem to have been made upon a broad basis of actual facts. Cycling has become a common practice amongst the western people, and the fair sex can not check the pride of competing with the sterner sex, and hence the bycicling mania amongst the ladies.

"The average British daughter of the present day is half a head taller than her mother, and not unfrequently overtops her father. This "propagation of procerity" (if I may speak *ore Johnsoniano*) is doubtless a result of the awakening of the athletic spirit in the female breast which is one of the signs of the times. "Bicycling for Women" is now one of the questions of the day. The ladies have pretty well settled it for themselves; but the fact that a thing is fashionable among the fair sex is very far from proving that it is admirable either from the hygienic or from the æsthetic point of view. It would be deplorable if girls whom lawn tennis has made, like daughters of the gods, divinely tall, should be made humpbacked by the bicycle. There are dangers of another kind for women in this form of exercise, if indulged in to excess or at wrong seasons. On the whole, however, if only the ladies will temper their athletic zeal with some measure of discretion, bicycling seems to be not only unobjectionable but useful. Dr. Charles W. Townsend, an American physician, recently published (in the *Boston Medical and Surgical Journal*) the results of a series of enquiries addressed by him to a number of lady doctors practising in Boston and Massachusetts. Eighteen replies were received, which may be summed up as a chorus of approval—with only one dissentient voice—of the use of the bicycle by average women under proper conditions. Nine had seen no instance of harm arising from the exercise. Single cases of injury (in the form of ovarian inflammation, bleeding from the kidney or womb, displacement and miscarriage) had come under observation. On the other hand, a number of cases were cited in proof of the beneficial effects of bicycling in retroversion, enlargement and prolapse of the uterus. The advantage of the bicycle as a means of exercise for women to whom walking is difficult or impossible was dwelt on by several of the witnesses. The question "Would you advise the bicycle in any form of uterine disease?" was answered in the affirmative by all but two. Dr. Townsend is careful to point out that the favourable verdicts were not received from bicycle enthusiasts, only one of the lady doctors to whom the questions were addressed having herself used a bicycle. The greatest source of danger to women in bicycling seems to be in the saddle, which, as usually made, is not well adapted to the female anatomy. The construction of a perfect saddle for women is a problem that still awaits solution."

THE CRYING BABE IN UTERO.

"When carrying little George" (her fourth child) she said, "I could hear that child cry in my womb." "Did you really?" said I with apparent astonishment—"that is something very uncommon—something that I have never heard of before, and of which I never found any mention in the many medical works that I have perused in my day. May it not be possible that you by mistake took some other sound or noise for the cry of your unborn babe?" "No, indeed not," she replied, "I could not have been misled by anything since I heard that cry not only once or a few times, but very often and at different times through the day, as well as by night. In the night especially

when quiet reigned around us, we could hear it most distinctly, and my husband would hear it too, and he is ready any time to bear witness to the truth of my statements." "What kind of a cry was it, and what did it sound like?" she was asked. "It sounded like the cry of any very young infant," she replied, "rather soft and low, as the cry of a weak baby, and muffled, as it were, under a cover." "How far were you advanced in pregnancy when you first noticed that cry?" "Passed seven months," she said. "From that time I heard the cry pretty often until up to full term." "Is that child living?" she was asked. "Yes, he is living—is about eight years of age now, is a big, healthy boy and very smart too. But, oh how he did cry the first few months of his life. He would cry and whine most all the time without our ever finding any cause for it. At last he outgrew it, so to speak, stopped his crying spells and behaved like any other children do, when young." This is in brief that mother's story about her crying babe before its birth.

Seeing no reason why I should doubt the truth of the woman's story, I concluded that there must be some cause for this very uncommon occurrence and I therefore inquired as to her condition of health, during this particular gestation, whether or not she had sustained any mental shock from fright or otherwise. This she answered in the affirmative and related the following accident: "I was frightened most terribly by a big and very ugly looking dog, that came running toward me when passing his master's premises one morning. In a wild rage he leaped upon me before I knew it and bit me very severely on my arm, scaring me terribly and almost throwing me into spasms. I was so terrified that I could hardly stand and was trembling like a leaf all over. Immediately after that fearful attack, the dog was chased by several men who had witnessed my mishap, and who cornered him and caught him with the sling of a rope and shooting a ball through his head killed him on the spot, and all that in my presence before my eyes. Oh, it was a terrible sight for me to look at. From that time I was in constant fear and apprehension of what might happen to myself and to my unborn babe. I could not help crying and I cried a great deal and especially when left to myself, and my own sad apprehensions."—*The Clinique*, Sept. 15th.

We have heard of no such thing before this, and as far as we know there is perhaps no record of such a thing having ever happened. We have searched the oldest Sanskrit medical works, but we have not come across like what is related here. There is no air in the lungs of the fœtus, and it is inconceivable how the vocal cords can vibrate without it. Even if they could, the liquor amnii would enter the mouth no sooner the fœtus would attempt to cry, and choke it. It is to be understood that the case cited above differs from a few that have been reported of the child crying *in utero* during delivery. In these cases there is possibility of air entering the lungs, and thus we have a rational explanation of the cry.

CLINICAL RECORD.

Cases by Dr. Brajendra Nath Banerjee, M.D.

1. A case of Varicocele: Babu J. N. C. came under my treatment for varicocele on the left side, in August 1893. He was for several months before under allopathic treatment. An eminent surgeon of this city had advised ligature of the veins. Farrington's "sore bruised feeling" was present and this guided me to prescribe *Hamamelis* 6th, twice daily. Improvement set in in three days, and in a week the congested veins began to decrease in size. Before the end of August he was almost cured of his complaint.

2. A case of Colic and Diarrhœa: A school boy was suddenly attacked on the night of the 12th September 1894 with vomiting, colic and diarrhœa. The colicky pain in the abdomen was situated under the navel, but when the pain travelled upwards it produced vomiting and when downwards diarrhœaic stools. The pain, though aggravated by pressure, was of a crampy and clutching nature. A single dose of *Colocynth* 6th put the patient to sleep. Though the pain was aggravated by pressure, the crampy and clutching nature of the pain guided me to select Colocynth which relieved the patient almost instantly.

3. A case of Whooping cough: A girl aged 8 years came under my treatment for an attack of whooping cough. She was under allopathic treatment for about a month without the least benefit. The symptoms were very severe spells of cough day and night but more so in the night, and the fits would not cease until all foods eaten were vomited. Two doses of *Drosera rotundifolia* 30th cured her perfectly. The little cough that remained for a few days required no other prescription.

4. A case of Flatulent Colic: A lady aged 19 had been suffering from flatulent colic pain in upper part of the abdomen for several years. Came under my treatment in February 1894. Her symptoms were extreme flatulence and she had to stretch the body to get relief. The pains were of a twisting and tearing nature, and the patient would not allow any one to touch her abdomen. There was perceptible amelioration from passing flatus and belching. *Dioscorea villosa* 3rd relieved her within half an hour. The colic recurred two or three times but were of a mild nature. Dioscorea every time relieved her. She is now over one year quite free from colic; she is now only suffering from acidity for which she sought relief lately.

A Case of Night-Blindness, cured by Nux Vomica.

UNDER THE CARE OF DR. M. L. SIRCAR.

In April last, when I was at Baidyanath Junction on the East Indian Railway (Chord Line), Babulal, a servant of mine, complained of Night-blindness. The blindness used to set in as soon as the sun used to set, and would continue till day-dawn when he could see again. There was no pain in the eye, nor any visible change in it. There was no other complaint. I could not trace it to any cause, except that after his morning work he used to go for his meals to his village, about a couple of miles from where I was living, at about noon, and come back to his duty a couple of hours after, so that he had to expose himself to the heat and glare of a powerful sun.

We have a reputed remedy by which I was myself cured when I had the disease in my boyhood, and by which I have cured several similar cases. This is the liver of the goat, which is directed to be eaten after being fried in ghee (clarified butter). A couple of days' use of this pleasant remedy or rather food has been enough to cure the disease. I have succeeded with it after failure with treatment by drugs. I was, therefore, anxious, before giving the patient any drug, to try this plan of treatment. But unfortunately I could not procure the liver of the goat. I waited three days, and still the thing could not be had. Then thinking that the remedy cures the disease by acting upon the liver, I thought of *Nux vomica*, and gave him pilules moistened with the 6th dilution. The improvement reported on the following day was not satisfactory. I thought this was due to the small size of the dose, and I, therefore, gave him drop doses of the same dilution. The improvement was rapid and remarkable, and in a couple of days he was all right. There was a slight relapse in June next, and the same remedy, in the same dilution and dose, was efficacious as before.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

120. INDIUM METALLICUM.

Constipation:

1. Hard st., with blood and violent pain in head when straining.
2. Small hard st., followed later by uneasy feeling in bowels and pappy st.

Diarrhœa:

1. Pasty st., brownish yellow, very fetid, with particles of undigested food, preceded by colic below umbilicus.
2. Pain in bowels, followed by dark pappy st.
3. Involuntary slight st., when urinating, after colic.
4. D. with pressing as far as navel.
5. D. with headache on right side.
6. D. aggravated by drinking beer.

Aggravation:

1. From drinking beer.

Before St:

1. Colic below umbilicus. 2. Uneasy feeling in bowels.
3. Pressing in bowels. 4. Pain in bowels.
5. Burning in anus and rectum.

During St:

1. Pressing as far as navel. 2. Emission of blood.
3. Violent pain in head when straining in constipation. Headache on right side in diarrhœa.

After St:

1. Burning in anus and rectum.
2. Tenesmus and pain in anus. 3. Uneasy feeling in bowels.
4. Burning, tenesmus, and pain in anus.

General Symptoms:

1. Depression of spirits without cause. Cannot fix thoughts on anything. Cross and irascible, feels stupid and careless.
2. Dull headache in temples and forehead with sleepiness and nausea. Dull headache, better after eating. Beating, throbbing headache, head hot, face red.
3. Eyeballs feel hot and pressed. Lachrymation with headache. Profuse watering of eyes when in open air.
4. Increase of catarrh from nose. Obstruction of nose, with thin watery discharge. Watery discharge from nose, with weakness and thirst. Nose bleeds whenever blown or touched. Violent attacks of sneezing. When sneezing, feels as if he would tear himself to pieces.
5. Lips dry and parched. Dryness of lips with headache. Face red and hot.
6. Tongue pale, coated yellowish white on back part, moist, pale and clean on edges, papillæ on tip elevated and reddened. Tongue moist, with fever and sore throat; coated white; papillæ raised and blood-red.
7. Bad taste in mouth on waking. Mouth tastes flat and nasty. Dryness of mouth with headache and hot palms. Mouth

full of water with dry sore throat. Smell from mouth very offensive as from fever.

8. Uvula enlarged, back part of pharynx covered with thick, yellow, tough mucus, which could be moved but not removed by the probe. Mucus could neither be hawked up nor swallowed.
9. Left tonsils swollen, pain and difficulty in swallowing. Destructive ulceration of uvula, soft palate and tonsils, with thick yellow secretion in ulcers. Sore throat. Frequent desire to take deep breath when lying down.
10. No appetite. Can eat but no relish for food. Nausea with headache. Thirst, with coryza and weakness. During breakfast, sudden nausea and loss of appetite, obliging him to leave the table; hungry again later in forenoon.
11. Fulness and pressure at stomach, with soreness.
12. Eructations with stitches in liver. Colic in lower part of abdomen from umbilicus downward. Feeling as if diarrhœa would set in, with sore, sharp, continued pain, around and below umbilicus. Sensation of impending looseness of bowels.
13. Horribly offensive smell of urine after standing but a short time. When urinating loss of power in sphincter ani, so that a small portion of fæces escaped.
14. Increase of sexual desire. Lascivious dreams. Emission with amorous dreams; very stupid on waking. Testicles tumefied and very tender to touch; drawing pain along spermatic cords. Prolonged use of the drug produces diminution of sexual desire and power.
15. Severe backache. Aching of back in morning, as if it had lain unsupported. Soreness of whole left side of body better after continued motion. Frequent pressing pains here and there all over body. Stiffness of neck and shoulders.
16. Felt as though he were twice his natural size during fever.
17. Sleepiness with headache and nausea.
18. Restless, cannot sit still, must walk about.

Remarks: Indium is likely to be useful in both constipation and diarrhœa: In constipation, when the stools are hard with blood from the rectum, passed with much straining during which there is violent pain in the head. In diarrhœa when the stools are yellowish brown, fœtid, contain undigested matter; or when involuntary during micturition. The diarrhœaic stools are preceded by colic and headache, accompanied by pressing in abdomen as far as umbilicus, followed by burning and tenesmus in anus and rectum. Some of the general symptoms are sufficiently characteristic to differentiate it from other drugs. Iodium, like Aloes, has insecurity of the anus when urinating, and would be useful when this condition is present.

121. IODIUM.

Constipation:

1. C. whole day. C. of long duration. Obstinate C.
2. Evacuation of hard fæces accompanied with great pressure.
3. St. difficult to evacuate.
4. Hard st. after considerable straining. Hard, knotty, dark-colored sts.
5. Irregular sts.; at times constipation, at times diarrhœa,—sometimes attended with distension of abd., rumbling and tormenting flatulence.

Diarrhœa:

1. Evacuations from bowels increased in number and quantity.
2. Profuse D., of watery, frothy, whitish mucus, with griping about umbilicus and pressure on vertex.
3. Profuse, even bloody D.
4. Most violent attacks of D. with violent colic.
5. Frequent evacuation of soft fæces followed by burning in anus.
6. Several whitish sts. during day softer than usual.
7. St. soft and easy. Pasty evacuations.
8. Diarrhœa adiposa from pancreatic affections. Sts. whey-like; fatty.—*Hering.*
9. St. of a peculiar odor, earlier than usual in morning.
10. Frequent urging and pressure to evacuate bowels, apparently in consequence of increased peristaltic action of intestines, with frequent evacuation of liquid fæces.
11. Vomiting and purging of yellowish fluid containing flocculi.
12. Alvine evacuation pappy and increased in quantity, though not in frequency.
13. Urging to st. followed by liquid sts., accompanied with more than usual feeling of movement in intestines but without actual pain.
14. Movements in intestines, accompanied by cutting in umbilical region, followed by pappy evacuation.
15. Severe cutting in abdominal region, with perceptible forcing downwards in intestines and in rectum, flatus and fæces being evacuated with ease in considerable quantity.
16. St. accelerated, of peculiar smell; pain in hæmorrhoids comes before and remains after st.
17. Burning and pain in fauces and later in abdomen, especially in stomach., followed by vomiting and liquid sts.
18. Sts., with colic and urging, they are liquid and reddish brown with great odour of iodine.
19. Fatiguing D. St. every half hour.

Dysentery:

1. Sts. bloody, slimy and very scanty, but at first had been copious and fæculent.
2. St. thin, liquid, reddish brown, with colic and urging.
3. St. contained much pure blood.

Aggravation:

1. In morning. 2. After cold milk.

Amelioration:
1. After eating (pain in stomach).

Before St:
1. Pain in hæmorrhoids.

During St:
1. Great pressure. 2. Griping about umbilicus.
3. Colic. 4. Urging. 5. Pressure on vertex.

After St:
1. Burning in anus. 2. Pain in hæmorrhoids.
3. Smarting in rectum.

Rectum and Anus:
1. Itching, painful hæmorrhoids, pain before st. and remaining afterwards.
2. Burning pain within rectum.
3. Burning in anus in evening.
4. Pressure in rectum in evening in bed.
5. Itching in anus as from thread worms.
6. Frequent smarting, itching and burning in anus.
7. Desire for st. without evacuation, which occurs easily and without exertion after drinking cold milk.

General Symptoms:
1. Excitement, together with unusual heaviness, indolence and ill-humour. Excitement in afternoon; more sleepy than usual in evening. Sadness. Low spirits. Great anxiety and depression. Aversion to work. Stupor.
2. Confusion of head, with great aversion to earnest work. Vertigo, with weakness in morning. Headache as if a band were tightly bound about head. Headache in forehead and top of head, aggravated by every noise or by talking. Sharp pressive pain in upper part of left side of forehead. Drawing pain in left side of head, extending into teeth. Great falling off of hair.
3. Inflamed eyes. Large black rings around eyes. Whites of eyes dirty yellow, with injected vessels. Redness and swelling of eyelids, with nightly agglutination. Profuse lachrymation. Pupils dilated. Dimness and weakness of vision. Disturbance of vision. Sparks before eyes. Dark rings float down before eyes, at sides and near visual axis.
4. Difficult hearing. Frequent noises in ear, as in a mill.
5. Increased secretion of mucus in nostrils. Fluent catarrh, like water.
6. Melancholy or anxious expression. Face red and flushed. Sallow, distressed countenance. Bluish lips, with swelling of superficial veins. Face pale yellowish or greenish.
7. Teeth covered with much mucus in morning, became yellow, and easily blunted by vegetable acids. Bleeding of gums.
8. Tongue, dry; furred; brown. Aphthous eruption in mouth, obliging him to stay in bed. Offensive odor from mouth, even in morning when fasting immediately after rinsing with water. Copious secretion of saliva. Taste bitter; saltv:

sweet on tip; nauseous sweet.

9. Deglutition so difficult that a considerable pause was required between each act. Neck becomes thick when speaking loud. Dryness, burning, and constriction in throat. Swelling and elongation of uvula, with much spitting of saliva. Spitting of white frothy mucus, sometimes of a ropy fluid.
   Epiglottis, pharynx and œsophagus down to stomach covered by false membrane.
10. Increased appetite. Remarkable and continued increase of appetite. Ravenous hunger, she can not be statisfied. Scarcely waits for his meals, and eats very much. Loss of appetite. Aversion to food. Great thirst day and night.
11. Nausea in morning immediately after rising, with cramp like pain in stomach. Vomiting and liquid stool. Serous vomiting continuing whole day and night. Violent pain in stomach. Burning in pit of stomach. Pain in stomach in morning, disappearing after eructations.
12. The left hypochondriac region is hard and acutely painful to pressure. Violent cutting in umbilical region. Rumbling in intestine without desire for st. Incarceration of flatulence in left side of abdomen. Frequent emission of flatulence. Noisy flatulence. Pain in abdomen extending to spine. Pain in abdomen especially along colon. Heat and burning in abdomen.
13. Urine on analysis contained iodine and albumen. Copious and frequent micturition. Involuntary micturition. Polyuria. Suppression of urine. Urine dark reddish brown; bright yellow; red and turbid; turbid and milky of ammoniacal smell.
14. Tickling and itching of the glans penis. Increased sexual desire in men. Violent erections, and subsequently feeble erections. Vigorous activity of the testes, increased secretion of semen. Great diminution in size and power of the testes. Retraction of one testis into abd.
   Excites activity of the uterus and causes slight hæmorrhage. Delaying and retention of menses. Barrenness. Atrophy of mammæ.
15. Pains in larynx, with desire to cough. Painful pressure mingled with stitches in region of larynx and sublingual glands, returning several times during day. Voice hoarse. Broken voice. Aphonia. Copious bloody expectoration. Croupy cough. Dry hacking cough increased by movement. Respiration, especially inspiration difficult. Tightness of respiration. Pleurisy, constriction of chest. Atrophy of mammary glands.
16. Great precordial anxiety, obliging him to constantly change his position. The pains were sharp, quick, piercing, and moveable, but a heavy oppressive pain constantly in region of heart. Palpitation of heart. Palpitation increased by movement. Frequent accelerated pulse. Small, thready, pulse.

17. Extreme emaciation even to skeleton. Atrophy of glandular tissues, breasts, testicles, thyroid gland. Weakness. Loss of strength. Great debility. Prostration. Great collapse with sunken face. Trembling of limbs especially of hands. Cramps and convulsive jerking of arms, back and legs whith scarcely cease for a moment. Hysteria. Catalepsy. Chorea Paralysis.
18. Restlessness. Sitting in bed with great restlessness, but with perfect consciousness. Skin brown as if smoked, had before yellowish tint.
19. Sleeplessness. Restless sleep at night. Sleep full of dreams. Anxious dreams of dead people. Nightmare.

Remarks: Hahnemann's experience with IODIUM in bowel disorders did not go beyond its utility in constipation. But the symptoms as given above point to it as a remedy eminently calculated to be useful not only in constipation, but also in diarrhœa and dysentery.

The experience of our school with IODIUM, subsequent to that of Hahnemann, has been more in the direction of diarrhœa than of constipation. Thus Hempel, in his *Materia Medica*, says: "In the *Diarrhœa of scrofulous children*, with thin fœtid discharges, distension of the bowels, pinching and cutting pains, Iodine has been used with advantage. Let me recall to your attention the fact that the provers of Iodine have established the dependence of certain abnormal conditions of the digestive tube upon certain abnormal conditions of the brain. Frontal headache, equivalent to venous engorgement, was succeeded by pain in the bowels and liquid stools, equivalent to abdominal venous congestion. We have availed ourselves of this sympathetic affection as a valuable indication for Iodine in certain forms of cholera infantum, described by pathologists as *Cholera Encephalitica* which speedily leads to marasmus and death from cerebral exhaustion. The discharges may be thin, fœtid, or even bloody and purulent, accompanied with pains and pressing, and symptoms of cerebral derangement, boring of the head into the pillow, rolling of the head, comatose drowsiness interrupted by sudden screams."

Dr. Hughes, in his *Manual of Pharmacodynamics*, says: "Iodine is not a leading remedy in affections of the mucous membrane of the alimentary canal, though it will often control these—as the diarrhœa of phthisis and marasmus—when given for the diseases of which they are an accompaniment."

IODIUM is likely to be very useful in the diarrhœa of tabes mesenterica, and also in diarrhœa due to want of proper digestion of fatty foods from affections of the pancreas.

Post mortem examination has revealed inflammation and ulceration of the gastric mucous membrane, and also inflammation and incipient sloughing of the intestinal mucous membrane, under its abuse. Hence it may be useful in dysentery where these conditions exist or are threatened.

Gleanings from Contemporary Literature.

HAHNEMANN AND MODERN PATHOLOGY.

Being the Presidential Address to the Annual Homœopathic Congress, held at Leeds, on 19th September.

By Ed. M. Madden, M.B.

It is always a difficult matter to fix upon a suitable subject for such an address as that which must be given at the opening of a Medical Congress, and the difficulty is largely increased when the responsibility of the choice falls upon any one, like myself, who has made no special subject the object of prolonged research, or study, and who has not been accustomed to the delivering of lectures or the writing of treatises.

I have had no experiences which have not been the common lot of all of you who have been engaged in the practice of our common profession, in accordance with the rule of treatment which we all acknowledge, and in which our confidence and reliance only deepen with the extent of our experience and the faithfulness with which we follow its dictates.

I feel, therefore, that I have nothing new to teach you, and that there is no need, even if I had the power, to attempt to strengthen your trust in the truth and practical usefulness of our rule *similia similibus*.

Still less do I feel myself able to do that which was the ambitious dream of my youth, viz., to give to the world, with all the authority which the position as your President affords me, such a convincing proof of the sweet reasonableness of our doctrine and the infinite superiority of our practice as would convert our opponents, whom we would fain call our colleagues, and persuade them one and all to share in the advantages we possess; unfortunately there is no power of conviction in mere words, on such a subject, and only experience, which they persistently reject, *can* give confidence in a method of practice which from their student days upward they have been taught to look upon as delusive humbug and not worth serious examination; so though we pipe unto them never so sweetly they will not dance but will rather stop their ears and continue deaf charm we never so wisely.

On looking round, then, for some suitable subject for my address, I naturally turned to the addresses given in former years by the occupants of this chair, and could not but be struck by the prominence which, especially of late, has been given to the importance of pathology for the fullest practical developments of our therapeutic doctrine. Such a prominence is all the more noticeable when we remember that it has for long been one of the popular fallacies, accepted by the public at large and by our professional opponents in particular, and unfortunately more or less adopted by some of our own apologists, that homœopathy not only can be, but is, practised with a sublime disregard to pathology altogether, and may safely be practised by those wholly ignorant of it. Against this belief we cannot too often, nor too strongly, protest; it neither is, nor ever could be, true.

In saying this, however, one must always guard against misapprehension

by drawing a clear line of demarcation between pathological facts and pathological theories; it is the former only, the facts, which neither we nor any other practitioners can, or can even wish to, shut our eyes to; to the theories on the other hand we, like any other, may keep an open mind, and while they are intensely interesting, and often most useful to enable us to draw a clear mental picture of disease to ourselves, we should ever recognise that another generation may annihilate the theories at present most popular just as surely as we have discarded the humoral or phlogistic theories of the past. And it is one of the boasts of homœopathy that, while the self-styled "rational" practice shifts and changes with every new theory put forth from the pathologist's laboratory or the professor's study, it has, in all essentials, remained the same as when first given to the world by Hahnemann, the reason for which is clearly that it is founded solely upon observed facts, on the one hand of the effects of disease, both objective and subjective, and on the other of the effects of poisons, and these two series of observations, if carefully and honestly carried out and accurately reported cannot possibly be falsified by any change of theory, however radical.

They may, however, be, and constantly are being, extended in both fields of observation, especially in the microscopical and biological directions, to an extent almost inconceivable and therefore undreamed of in the days of Hahnemann, and it was largely to this extended series of observed facts, and their importance to homœopathy, that my predecessors rightly drew our attention.

I thought then that it might possibly be interesting and instructive if I could examine and compare the knowledge of Hahnemann on the facts of pathology, and the theories he held concerning them, with those of the acknowledged authorities of the present day. For this purpose I re-read the *Organon*, but had not got very far before I was struck by the remarkable parallelism of thought, as it seems to me, between some of the latest conclusions of pathological workers and the line of reasoning followed by Hahnemann, especially in that part of his work which he has devoted to the explanation of how and why drugs should act according to the law of similars in curing diseases.

And it is to this parallelism, rather than to the larger comparison, that I wish to draw your attention to-day.

I shall best be able to do this, I think, and shall in any case be following the natural chronological sequence, by considering first the views of Hahnemann.

Now Hahnemann knew as well as any one that the truth or falsehood of his doctrine "*similia similibus*" could in no way depend upon the explanation he could give of its *modus operandi*, any more than the truth of Newton's law of gravity can depend upon the explanation, usually accepted, as to the action of waves of ether: but he recognised, and no doubt felt himself, the universal human demand for an answer to the questions How? and Why? with reference to phenomena, and especially such as appear to act in a contrary way to what one would naturally expect.

Let us see, says he in effect, how nature acts when, as is not uncommonly seen, one disease is removed by the appearance of another.

This is never seen, he tells us, when the new infection is of a different kind from the already existing one, for in such a case (of which he gives many examples) either the two diseases run a concurrent course with complex symptoms, or the stronger infection for the time being suppresses the weaker and runs its course unimpeded in any way, and when this has come to an end, the weaker infection resumes its course unaltered by its temporary suspension. "Totally different, however" to quote his own words, "is the result when two similar diseases meet together in the organism, that is to say when to a disease already present a stronger, similar one is added. In such cases we see how a cure can be effected by the operations of nature, and we get a lesson as to how we ought to cure."

Of this he then proceeds also to give numerous examples, amongst others the marked effect of cow-pox, or vaccination, in modifying an attack of small-pox coming on while the cow-pox is near maturity.

"Nothing," he then adds, "could teach the physician in a plainer and more convincing manner what kind of artificial morbific potency (medicine) he ought to choose in order to cure in a sure, rapid and permanent manner, agreeably to the process that takes place in nature."

He then argues that the morbific effects of medicines are essentially more powerful on the human frame than what he calls the "natural morbific irritations" which start all diseases whether infectious or otherwise; because, while each one's receptivity to disease is entirely conditional on the state of his health at the time of his exposure to its attack, "it is quite otherwise," to quote the master's words, "with the artificial morbific potencies which we term medicines. Every real medicine, namely, acts at *all* times, under *all* circumstances, on *every* living human being and produces in him the symptoms peculiar to it (distinctly perceptible if the dose be large enough) so that evidently every human organism is liable to be affected, and, as it were, inoculated with the medicinal disease at any time and absolutely (unconditionally), which, as before said, is by no means the case with the natural diseases."

In favour of the advantage to be gained by exchanging a natural for an artificial (medicinal) disease is the much shorter duration of the effects of the latter, which always tend to a spontaneous limitation, when not absolutely lethal, when the administration of the drug is stopped, and the absolute control of the dose in the hands of the physician.

To sum up this argument in his own words once more, Hahnemann's first suggestion as an explanation of homœopathy was that "When a homœopathic cure is accomplished by the administration of the medicinal potency selected on account of an accurate similarity of symptoms, a somewhat stronger, but similar, artificial morbid affection is brought into contact with, and as it were, pushed into the place of the weaker natural morbid irritation, against which the instinctive vital force now merely (though in a stronger degree) medicinally diseased, is then compelled to direct its in-

creased amount of energy, but on account of the shorter duration of the action of the medicinal potency that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now freed from the artificial (medicinal) one, and hence is enabled again to carry on healthily the vital operations of the organism."

This is at all events a lucid and comprehensible theory, capable of being laid down in the form of a few short logical aphorisms as follows :—

1. When in nature two diseases affecting the same organs in similar manner meet together in the same person, the stronger disease overcomes and drives out the weaker.

2. Medicines are capable of affecting the same organs and producing the same symptoms as natural diseases in very many cases.

3. The artificial diseases produced by drugs are stronger than similar diseases produced in other ways.

4. Therefore, when in a case of natural disease a medicine is given capable of producing the same disease artificially, the medicinal disease will drive out and take the place of the natural one.

So far all seems plain sailing enough, provided you grant the premises—rather a large "If" I allow—but one the discussion of which is outside my present purpose.

But when, to this conclusion, Hahnemann added the corollary that for the purpose of cure it was in all cases sufficient to give the smallest possible dose of the correctly chosen drug, of which perhaps massive doses had been required to produce the artificial imitation of the disease being treated, he stretched the third aphorism as to the greater strength of medicinally produced diseases compared with natural ones almost to the breaking point, if not beyond it ; and it would almost seem as if he had himself felt that this link in his chain could not stand the strain he had put upon it, because in later years he published another and different explanation of the action of homœopathic medicines, and one much less difficult to reconcile with the action of small or even infinitesimal doses.

He premises first that "our organic force by itself only suffices to preserve the vital operations in good order as long as the individual is not morbidly deranged by the inimical influence of morbific potencies." When diseases attack it therefore "*by itself*, it is not a match for them ; it opposes them with a power scarcely equal to the attacking force, and that with various indications of suffering on its own part (which we term symptoms of disease), but by its own power it could never overcome the chronic-disease enemy as it cannot conquer even acute diseases without considerable loss of portions of the organism," *i.e.*, loss of weight and strength, "if it were to remain without resistance from without." "*With a scarcely equal* opposing power, I repeat, the vital force advances against the hostile disease, and yet no enemy can be overcome except by a superior power"—of course we Englishmen know that this superiority does not necessarily consist of size or numbers ; but to continue—"of itself, this principle that animates us,

this vital force, merely organic, only designed for maintaining undisturbed health, opposes to the advancing hostile disease only a weak resistance, and as the disease progresses and increases in intensity, a greater resistance but (at best) one that is only equal to the hostile attack, in delicate patients not even equal, often only weaker; for it is incapable of offering an overpowering opposition without self hurt or suffering."

"But if, by means of the action upon it by homœopathic medicines, we physicians can represent and oppose to this instinctive vital force its enemy the disease, as it were, increased—however little increased—and if in this manner we magnify to the preception of the vital principle the picture of its enemy the disease, by homœopathic medicines that produce an imitation of the original disease or illusive resemblance to it, we therefore by degrees cause and compel this instinctive vital force gradually to increase its energy and to go on always increasing it more and more, until at length it becomes much stronger than the original disease was, so that it can again become the autocrat in its own organism, can again take the reins and direct the organism on the way to health, whilst in the meantime the apparent increase of the disease produced by the homœopathic medicines disappears spontaneously, whereon we, witnessing the re-established preponderance of the vital power, that is to say, the re-established health, cease to administer these remedies;" since finally "it is the organic vital force of our bodies which itself cures natural diseases of all kinds," and it is enabled to do this "in a direct manner and without sacrifices, whenever by means of the proper (homœopathic) medicines it is placed in a position to conquer."

I must ask your kind indulgence for the length of the quotations I have found it necessary to make while giving the foregoing accounts of Hahnemann's two suggested explanations of the cure of disease by drugs chosen homœopathically; but, in the first place, I could not in any shorter or more condensed form have given full justice to his views and the chain of argument by which he sustained them; and, in the second place, there is to the present generation a quaint, old-fashioned style about much of his phraseology, and there will be to all time a sterling ring of unshaken conviction and evidence of a predominating will in the words of the master which could only be spoiled, if not entirely destroyed, by any attempt at paraphrasing or modernising it. All I have done therefore has been to choose, arrange and piece together, with a few words of my own, such portions of his writing as seemed to me best calculated to give in a clear and concise form the gist of his arguments. And those of you who best know the *Organon* will know that I have left out many large portions which, though germane to, did not seem to be essential to the argument; for Hahnemann, with the true spirit of his time, was not only a luminous but also a voluminous writer.

At first sight one is inclined to think that these two views, if not indeed necessarily mutually exclusive, are at all events so widely different that they cannot both be true. On further consideration I believe they will be found both to contain a truth, and an important truth, and that their difference is not so much inherent in themselves as a difference in the point of view,

Of all the views of Homœopathy, I must confess that the first one put forward by Hahnemann has to me far the most fascination, for the simple reason that it is in such absolute analogy with so many undeniable natural phenomena capable of scientific proof and demonstration whenever it is demanded. This is not the time and place to enter into this enquiry, which indeed has been done by several of our body already, among whom I may be permitted to mention the names of my late father, Dr. H. R. Madden and Dr. Butcher.

It will be sufficient to recall to your minds the instances they brought forward, among others, of the repulsion of the positive pole of one magnet for the positive pole of another, the black line in the spectroscope of sunlight when passed through the vapour of sodium, for example, in the exact position of the bright line produced by a light resulting from the combustion of sodium; the absorption of all sound when a musical note has to pass over wires tuned to vibrate to the same note, and the calm produced at the points of intersection of two waves of equal lengths in water, thus showing how the same law holds good in all the varied manifestations of natural force, and why not therefore in the realm of vital force too?

For if it is true that,

"One fire burns out another's burning,"

may we not have full confidence in following the advice contained in the last lines of the same quotation from our immortal Shakespeare:

"Take thou some new infection to the eye
And the rank poison of the old will die."

But what I wish specially to point out to you is that, whether consciously or not, these ideas of Hahnemann are fundamentally the same as those which underlie much of the work and thought of our modern pathologists.

Reference has already been made to vaccination, which Hahnemann clearly claims as an example of *similia similibus*, and it is openly confessed that the work of Pasteur and his followers is only the carrying out into other departments, and with infinitely varied detail, the work of Jenner already done in regard to small-pox. So much is this the case that it is quite common, though etymologically absurd, to talk of "vaccinating" for hydrophobia, charbon, cholera or what not. We note that in the production of an artificial immunity against any specific disease great care is taken in various ways to modify, and not alone in strength, the original virus, so that the artificial disease produced is never an exact full reproduction of that against which it is intended to protect; and it cannot fairly be claimed, except in a few cases perhaps, that where true immunity is produced it is because the man or animal operated upon has practically had an attack of the original disease, but it may very fairly be claimed that he has had an attack sufficiently resembling it to be called a simile if not a similimum. Thus, for example, in vaccination itself, either the virus of an idiopathic case of cow-pox is employed, or the true small-pox virus is modified by being passed through the calf, and no one who has ever seen true small-pox will contend that vaccination produces anything but a very mild imitation

of it, yet there are very very few practical physicians who even now, in spite of the vigorous anti-vaccination crusade, doubt that so long as the system is affected by the one it remains practically immune to the attacks of the other.

In Pasteur's inoculations again, not only is the original virus passed through the system of another animal, which by experiments has been proved to develop the disease in a less virulent form than others, but the poison itself has been first most carefully diluted and exposed to various modifying influences before these intermediate "subjects" are inoculated. One must admit that hitherto this line of work, so far as it relates to the treatment of disease already begun, at all events in the human subject, has not been crowned with the success which had been hoped and expected; probably, before we can get the full benefit of this treatment in disease we shall have still further to modify the doses given in the manner familiar to all who practise homœopathically, and already there are a sufficient number of thoroughly competent and honest observers who have published satisfactory results from the use of disease viruses, or nosodes as we call them, administered in somewhat infinitesimal doses, to make one look for a great development in this direction; while the universal use since Hahnemann's own time of the venom of insects, serpents, &c., is all on the same plane. On the other hand, there have been undoubtedly magnificent results obtained among the lower animals by Pasteur's inoculations for the warding off of several most fatal and widespread epidemic or endemic diseases, results which are said to have saved thousands, if not millions of lives, and which in themselves, even if they stood alone, are a sufficient answer to those who doubt whether experiments on living animals are justified by the ends attained.

Quite recently, too, there have been made experiments still more exactly following out Hahnemann's line of thought, as to whether it is possible to produce an artificial immunity to a disease by rendering an animal insusceptible to poisoning by a substance which produces as nearly as possible an exact imitation of the disease.

I quote from the Epitome of Current Literature in the *British Medical Journal*, p. 35. Vol. 1, 1894, headed "Immunity to infections Produced by Establishment of Tolerance to certain Drugs."

"Rummo (*Rif. Med.* January 10th, 1894) gives some information on this point, having special regard to the antagonism between a tolerance to *strychnine* and susceptibility to tetanus.

"Tolerance to nearly all poisons can in a greater or less degree be set up in animals and also in the human subject, as witness the indifference of the Styrian peasants to large doses of *arsenic*, which is even transmitted to their offspring. Tizzoni and Cattani have demonstrated that immunity to tetanus toxins is in a measure transmitted, and Ehrlich has established similar facts with regard to several less known poisons of vegetable origin. It is generally admitted that immunity to the action of bacteria following preventative inoculation is due, principally at least, to a protective action

of the corresponding toxins. Starting from these accepted facts, Rummo has sought, by establishing a tolerance to *strychnine* a substance producing physiological effects much resembling those of tetanus, to protect animals against that disease. With considerable difficulty the author was able to produce a fair amount of tolerance to *strychnine* in a small series of guinea-pigs, so that they resisted a dose of 3½ milligrammes when introduced into the stomach. All these, as well as several controls, were then inoculated with a culture of tetanus. The controls all died in from six to ten days: some of the less saturated guinea pigs developed slight symptoms of tetanus, from which however they recovered; those in which a maximum degree of tolerance had been set up did not develop any sign of the disease. 'Mithridatism," therefore, as it is called, must also be added to the means available for producing immunity against certain diseases."

Here, then, we see Hahnemann's idea carried out literally—the production of an artificial drug disease holding at bay one of the most violent and fatal natural diseases; and it seems to me that "Mithridatism" may fairly be called an example of pure, though certainly crude, homœopathy.

Nor is this the only, or the first, instance of the same experiment; for some years ago when a case of small-pox appeared on board a crowded emigrant ship, the surgeon, not having a supply of vaccine lymph on board and knowing that antimony produces an eruption as nearly as possible the same as the vaccine vesicle, inoculated the whole ship's company with antimonial ointment, and with complete success, not a single other case of small-pox having appeared.

This is a direction well deserving of, and which will no doubt receive, further development; and it is difficult to believe that it will not, sooner or later, dawn upon the minds of our orthodox colleagues that they are all examples, each tending more and more to confirm the rule of *similia similibus*, at all events in the department of preventive medicine.

I will ask you now to glance with me at another field of the work of modern investigators into the causes of disease and how they may be prevented or resisted.

It has long been known to histologists that one constant phenomenon in the process of inflammation is a gathering together, at the seat of infection or injury, of large numbers of white blood corpuscles, or leucocytes, and certain other similar cells, which are all endowed with amœba-like powers of contraction, expansion and independent motion by means of which they are enabled to pass through incalculably small openings in the walls of the blood-vessels and collect together outside them. Why they did so, long remained unsatisfactorily explained, but in 1884 Metchnikoff demonstrated that another amœboid faculty which they also possessed, viz., that of surrounding or swallowing, so to speak, other smaller particles of animal matter and acutally digesting them, so that they became incorporated into their own substance, was, in the case of inflammation and certain contagious infections, made use of for the imprisonment, and ultimate destruction, of the microbic organisms of contagion which would, if left at liberty, have set

up septic processes in the wound or other seat of invasion, if not in the general system.

This phenomenon has been called by its describer phagocytosis, and though much discussed, and in some ways modified since his original communication on the subject, it remains still an article of faith to this day among pathologists and bacteriologists.

Many wonderfully ingenious and surpassingly interesting experiments have been made by Metchnikoff and others in the course of the investigations on this subject—chiefly with the infection of erysipelas, the well-known streptococcus—and though they are probably well known to you all, perhaps you will pardon me if I recall to your memories one or two of them somewhat in detail.

It had been shown many years ago by Volkmann and Stendener that in erysipelas the inflammation spreads along the course of the blood vessels and intercellular spaces, and that in the skin, where the process can be easiest followed, it produces a raised border, which can be felt by the finger and seen as a reddened zone. By investigating the fluid obtained from this zone, by tapping with a perforated needle, it was demonstrated that the congestion and swelling was due to exudation of liquid containing leucocytes in great numbers, which in process of time were disintegrated and absorbed. Lukomsky, guided by the consideration that the cause of this condition of inflammation was likely to be found, if at all, in the area of apparently sound skin immediately outside the spreading zone, was able to demonstrate that the first stage in the process of erysipelas—the stage that is just in advance of the visible inflammation—was the choking of the lymphatic channels of the corium with micrococci.

Koch and Fehleisen carried the examination one stage further when they showed that while, as Lukomsky had already shown, the cocci abound in the apparently healthy skin just outside the zone; at the edge of it, where inflammation is commencing, the leucocytes abound, but the cocci are very much fewer, and those that are there are altered so that they can no longer be stained, while further in still they have disappeared altogether. Right here, as our American friends would say, come in the observations of Metchnikoff, who showed that in those cases where the inflammation was running a favourable course many of these leucocytes were filled with streptococci, although many others were found free from them also; while in cases which were "going wrong" hardly any leucocytes were found containing the incorporated microphytes, and indeed the leucocytes were not present in any unusual excess at all; hence he drew the natural conclusion that the cause of the disease-bearing germs gaining the victory in the latter case was that there was not sufficient inflammation, which he has thus taught us to look upon as a natural measure of protection.

Among many other experiments confirmatory of the above conclusion, the following is a typical example: It has been found that splenic fever, so fatal to rabbits, is, under ordinary circumstances, incommunicable to the frog. When a small piece of the liver or spleen taken from a rabbit suffering from this diseases is introduced under the skin of a frog and examined again after the interval of two or three days, it is found to be completely coated by a gelatinous exudation; on submitting this exudation to microscopical examination, it is found to be largely made up of leucocytes, which are crowded with bacilli in all stages of degeneration, and in the end the frog remains none the worse. But if the same experiment is repeated, and the frog is kept at a temperature of 38° C., which paralyses the activity of the leucocytes, the natural immunity of the frog is abolished and it invariably dies.

By a series of remarkably delicate and carefully devised experiments it has been shown that the imprisoned micrococci do not by any means lose their capacity for producing disease as soon as they are swallowed by the

leucocytes, in other words they are not killed before being eaten, for certain leucocyte cells have been separated from their surroundings, the contained cocci set at liberty and cultivated in a suitable medium and afterwards introduced under the skin of mice, guinea pigs and rabbits, when they have been found to produce their natural poisonous effects as powerfully as if they had never been submitted to phagocytosis.

One other point, which is of especial interest to us in particular, is that it has been found that the protective inflammation and arrest of the poisonous effects of these micro-organisms is much more certain and powerful when a small dose only of the poison is introduced, a large dose often apparently paralysing the leucocytes in their endeavours to arrest the progress of the invading force.

Further investigations by Dr. Nuttall and others, both in the living body and in cultures outside it, appear to prove that the fluid lymph and other tissues possess the power of disintegrating and therefore destroying the micrococci of disease, and it has hence been concluded that it is due to a natural antidotal poison,—supposed to be chemical in its action—possessed by the whole organism and shared in by the leucocytes, that the invasion is arrested rather than by the phagocytic action alone, but no one doubts that this does exist and is a most important element in arresting the advance of infection, even if only by the mechanical imprisonment of the micrococci, and hence the inflammatory process by bringing the leucocytes in large numbers to the seat of invasion is a directly protective process on the part of the organism against diseases of this class.

It has come therefore to be accepted that the acute symptoms of fever and inflammation are in many cases to be looked upon as an evidence of the strength of nature's struggle against the disease rather than the product of the disease itself, and that it is in the highest degree detrimental to the patient to attempt to arrest them, even if we should not rather encourage, and if possible increase these natural efforts ; the latest expression of which views may be found with almost unqualified approval in the opening addsess to the section of medicine this year by Sir W. Broadbent at the meeting of the British Medical Association, though in another part of the same address he speaks with the utmost contempt of homœopathy as "still haunting, like a belated ghost, the dawn of scientific medicine." How hard it is to make a man see that which is before his very eyes, if he would only look at it fairly !

But to proceed, the last example of modern research to which I wish to draw your atttention partakes more or less of both classes of experiments which we have already considered ; I refer, of course, to those in reference to the production of an artificial immunity to diphtheria and the use of antitoxin diphtheria in the treatment of the acute disease.

In the course of experimenting on this subject it was soon found, by numerous observers, that a cultivation of the pathogenic microbes of this disease could be filtered in such a way that all the micro-organisms were left behind, and yet still an injection of this filtrate set up all the symptoms of the disease as surely as an injection of the living bacilli, hence it was at once evident that the method by which these particular germs, at any rate, produced disease was by the production of a poison in the medium, whether inside the body or out of it, in which they lived and multiplied.

In point of fact this poison, or toxin, has been separated and examined when produced outside the body, and has been found in the tissues of an animal infected by the disease, and has been shown to be of the nature of a ferment.

It was further shown that by repeated weak doses of this pure toxin a condition of immunity could be produced, not only against a fatal dose of this same toxin, but also against a fatal dose of the bacilli themselves.

But the most important and sensational discovery was that made by

Behring and his fellow workers, viz., that the blood or blood serum taken from an animal thus made immune to either diphtheria or tetanus, and injected in certain proportions into other animals, made them also immune to the same disease, or acted as a curative agent in those already affected by it. And from these experiments there has arisen the whole theory and practice of treatment by the so-called anti-toxin injections for the cure of diphtheria, tetanus and some other diseases. It has been suggested by some that these injections of lymph taken from immunised animals act curatively, because they contain attenuated doses of the original toxin and not in virtue of any anti-toxic element it is supposed to contain, and that they are thus examples of unconscious homœopathic practice. Such a conclusion, however gratifying it might be to us, I fear cannot be maintained, as it has been shown that the anti-toxin lymph destroys the vitality and morbified power in the bacilli which are introduced into it outside the body as well as within, so it is no longer possible to doubt that a real anti-toxic element does exist in such lymph. Two theories only have been so far advanced to account for the formation of this anti-toxin; one, by Buchner, that the toxin itself which is produced by the bacilli in the infected body is by the action of the tissues converted into its own antidote; the other, by Behring and Roux is that it is the product of the tissues themselves stimulated by the presence of the toxin, and is thus produced or secreted in self defence, in almost exactly the same way as we have seen to be the case in regard to the streptococcus of erysipelas, and the balance of evidence is decidedly in favour of this conclusion.

Such then, in brief, is the history of some of the most recent investigations, and the conclusions or theories founded upon them in the province of bacteriology and pathology, and the parallelism which they present to Hahnemann's later speculations as to the resistance of nature to the onslaught of disease, and our duty therefore to endeavour to assist this resistance rather than to oppose the disease *per se*, is so self-evident as to need no punctuation on my part.

Whether the precise methods by which our allopathic brethren are endeavouring to put these indications into practical use will stand the test of time or not, is no part of my present purpose to discuss, though there are not wanting indications that they will have to be considerably modified to avoid the manifold dangers with which they are at present accompanied; but the conclusive evidence these investigations afford of the manner in which such diseases attack the organism, and the way in which nature attempts to free itself from their invasion, will remain for all time, being as they are, the result of the surest of all methods for arriving at truth, careful inductive experiments.

Whether also Hahnemann, with his intense humanitarian sympathies, whose proudest boasts were that he had given to the world a system of therapeutics which had robbed the healing art of the terrors it had hitherto possessed for the sick and the suffering, and that he had been one of the first to recognise the wicked cruelty and uselessness of the system of treating the insane, universal in his day, and to put into practice the humane system which is universal now—whether he, I say, could ever have looked with approval upon experiment such as we have been considering, and which necessarily involve the deliberate infliction of disease, pain and death upon a large number of our dumb fellow creatures, may well be doubted; still less can we think of him as taking part in them.

For all this it can only be a matter of congratulation to us to see that these researches, conducted by the most highly trained scientific experts of the present day, and by methods impossible and undreamed of in his lifetime, do, so far as they bear upon the subject at all, entirely confirm Hahnemann's conclusions based only upon his observations of disease and its cure: nor, indeed, can this be a matter of surprise, but rather the contrary, for we

know that he was one of the most careful and accurate observers of nature and had one of the keenest intellects, trained as highly as was possible in his day; we believe, too, that the physiologists of to-day are the same, and knowing as we do that Nature through all her many phases yet remains the same, working on the same plan, by means of the same laws, and using the same forces to all her varied ends, it would be impossible for any true students of the workings of Nature to reach conclusions out of harmony with one another.

I will conclude with one more quotation, which gives in the most perfect poetry of the present age some of the later thoughts of my address.

"Yet I doubt not thro' the ages one increasing purpose runs,
And the thoughts of men are widen'd with the process of the suns."

"For knowledge is of things we see,
And yet we trust it comes from Thee,
A beam in darkness—let it grow."

Gentlemen, it depends upon us, on our work and our enthusiasm for it to quicken and extend the growth of that beam of light thrown by Hahnemann across the chaotic blackness of the therapeutics of his day, for though it has done much already, much still remains to be done by us or our followers before we can claim to have reduced the chaos to order and turned the darkness of chance or tradition into the clear light of a fixed law. Let us one and all use our utmost endeavour, each in his own way, to "let it grow."—*The Monthly Homœopathic Review*, Oct. 1, 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, Nov. 1895. (April not recd.)
The New England Medical Gazette. Boston, Sept. 1895.
New York Medical Times. Oct.. 1895. (May 1894; May and June 1895 not received.)
Indian Medical Record. Calcutta, Nov. 1 and 16, 1895.
The Indian Lancet (late *Medical Reporter*). Calcutta, Nov. 1st & 16th, 1895.
American Medico-Surgical Bulletin. New York, Oct. 1st and 15th 1895. (June 15th not received).
The Homœopathic World. London, Nov. 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, Oct. 1895.
The Medical Visitor. Philadelphia, Nov. 1895. (July 1894 not recd.)
The Medical Century. Chicago, Oct. 15th 1895. (Aug. 15th not recd.)
Southern Journal of Homœopathy. Baltimore, Aug. 1895. (Aug. 1894 not received.)
Journal Belge d'Homœopathie. Bruxelles, Sept. and Oct. 1895. (May and June not recd.)
The Hahnemannian Monthly. Philadelphia, Sept. and Oct. 1895.
Homœopathic Envoy. Lancaster, Oct. 1895.
The Homœopathic Physician. Philadelphia, Sept. and Oct. 1895.
The Clinique, Oct. 1895.
Revue Homœopathique Belge. Juin 1895.
The Journal of the British Homœopathic Society. Oct. 1895.
L'Art Medical. Oct. 1895. (No. for July not received.)
Journal of Orificial Surgery. Chicago, Sept. 1895. (March not recd.)
North American Journal of Homœopathy. New York. Oct. 1895. (Sept. not recd.)
The Medical Advance. July 1895.
Indian Homœopathic Review, Aug. 1895.
Medical Mission Herald from April to Sept. 1895.
Report on the Administration of the Salt Depart during the year 1894-95.
Report on the Administration of the Customs Department, in the Bengal Presidency for the official year 1894-95.

LAHIRI & CO.,

WHOLESALE AND RETAIL } Homœopathic { CHEMISTS AND DRUGGISTS,

BOOK-SELLERS AND PUBLISHERS,

IMPORTERS OF HOMŒOPATHIC DRUGS AND SUNDRIES

FROM

ENGLAND, AMERICA AND GERMANY,

DEALERS IN COUNT MATTEI'S ELECTRO-HOMŒOPATHIC REMEDIES.

HEAD ESTABLISHMENT:

101, College Street, Calcutta.

BRANCH PHARMACIES:

1. *SHOVABAZAR BRANCH*—282, Upper Chitpore Road, Calcutta.
2. *BARABAZAR BRANCH*—226, Harrison Road, Calcutta.
3. *DALHOUSIE SQUARE BRANCH*—1, Old Court House Corner, Calcutta.
4. *BANKIPORE BRANCH*—Chowhatta, Bankipore.
5. *PATNA BRANCH*—Chowk, Patna City.
6. *MUTTRA BRANCH*—Hardinge's Gate, Muttra, N. W. P.

Fresh and genuine Homœopathic medicines of every potency, all kinds of Electro-Homœopathic remedies, medical publications, and Physicians Requisites of all sorts always kept on hand.

JUST RECEIVED THEIR FOURTH QUARTERLY INDENT (1895) OF HOMŒOPATHIC MEDICINES AND BOOKS.

GENERAL RATES.

	Per Drachm. Rs. As.		Per Drachm. Rs. As.
Mother Tinctures ...	0 6	Crude Drugs ...	0 12
Dilutions up to 12th ...	0 4	Triturations up to 6 ...	0 8
„ up to 30th ...	0 6	„ up to 24 ...	0 12
„ up to 200th ...	1 0	Tinct. Triturations ...	0 6
Rubini's Spirits of Camphor ½oz. As. 8, 1oz. Re. 1.		Camphor Pilules and Triturations ½oz. Re. 1, 1oz. Rs. 2.	

GENERAL RATES.

Price List free on Application.

THE

CALCUTTA JOURNAL

OF

MEDICINE

VOL. XIV.] **Dec. 1895.** [NO. 12.

PROVING OF ACALYPHA INDICA.

BABU GOPAL CHANDRA DATTA, as will be seen from our last number, was so troubled with itching and flea-bite like eruptions produced by the drug that he was obliged to discontinue taking it from the 28th November. The skin symptoms continued till the 3rd of the present month, and ceased thereafter. As however the other symptoms, abdominal and respiratory, continued, we advised him not to resume the proving till he was well again. He accordingly has abstained from taking the drug the whole of this month. And yet, as the following record of symptoms experienced by him during this period shows, the derangement of the digestive apparatus and of the first part of the respiratory apparatus produced by the drug continued for upwards of a month since taking the last dose. But more than this. Some symptoms developed themselves, which were not observed while taking the drug. These were the stool symptoms. It will have been seen that Babu Gopal Chandra Datta did not, like his brother prover, Babu Joy Kissen Ghosal, suffer from diarrhœa during the actual proving; but diarrhœaic symptoms, though not to the same extent as in the latter, made their appearance a full week after the cessation

of the taking of the drug, and there is no sign yet, as Babu Gopal Chandra fears, of their ceasing soon. The symptoms of the first portion of the air-passage seem to have ceased for good. The teeth symptoms ceased immediately with the cessation of the drug.

Proving by Babu Gopal Chandra Datta.

(Continued.)

Dec. 1, 1895. Expectoration of tough blackish mucus from the throat in the morning. 2-30 P. M. Repeated noiseless fœtid flatus. 7-30 P. M. Slight headache which lasted till midnight. Itching of the nates inducing scratching of the parts.

Dec. 2. Dislodgment of tough blackish mucus from the throat in the morning. Sensation of goneness in the stomach from 7 to 8 30-A. M. with warmth of the whole body and swinging in head which compelled me to keep quiet for a short time. 10 A. M. Fulness of abdomen with urging to stool. 3 P. M. Cutting pain in abdomen. 7-45 P. M. Headache. Emission of noiseless flatus. Itching of the nates producing fleabite like eruptions on scratching, in bed the itching was very annoying.

Dec. 3. Easy expectoration of lumps of tough blackish mucus from the throat. Insufficient stool. 3 P. M. Taste in the mouth such as is left by sugar of milk. Intense itching of the lower extremities at night in bed.

Dec. 4. 3 A. M. Cutting pain of the lower abdomen. Urging to stool at 4 A. M. 6 A. M. Cough with slight nasal catarrh. Expectoration of blackish tough mucus in the morning leaving a scraping sensation in the throat. 0-30 P. M. Cough with a little bright-red blood from the throat. Fulness of abdomen after breakfast, frequent belching. Feeling of emptiness in chest. Aching of the lumbar region. 2 P. M. Griping in abdomen, sense of weakness in chest. Heaviness and oppression in the precordial region. Irritation in throat and cough with a small blackish expectoration. Dull aching of the left chest down to a little below the nipple. Pressing down pain on the top of the head. 5-50 P. M. Headache, cough with expectoration of blackish mucus and a sensation of scraping in the throat. 7-30 P. M. Sense of distension of abdomen with emission of noiseless flatus which, however, does not lessen the feeling of distension. Aching of the occiput. 7-35 P.M.

Noisy flatus with partial relief for an instant, the abdomen filling again as before. Burning in eyes. The inside of the mouth feels as if thickly covered with fur and as if the mouth was not rinsed for days.

Dec. 5. 5 A. M. Cough with expectoration of tough blackish mucus from the throat. Fulness of abdomen two hours after meal. Heart-burn. 3 P. M. Aching of the left supra-orbital region. 6-45 P. M. Dull cutting aching pain in the upper abdomen, pressure of the hand over the part causing nausea and a feeling of tenderness. Pricking pain in the right hypogastrium with flow of water into the mouth which tastes saltish and which, when swallowed, produced nausea. Sense of weakness in the precordial region with heaviness of breath. Desire to clear the throat which necessitates hawking. 7-30 P. M. Sensation of distension of abdomen and emission of flatus which does not remove the feeling of distension. Fermentation in abdomen with emission of noiseless flatus. 7-50 P. M. Pressing down pain in both the right and left supra-orbital regions involving both the upper eye-lids. Dull aching of both temples, sense of weakness in the precordial region, aggravated by a sort of dull sticking pain there. 8 P. M. A peculiar taste in the mouth such as is caused by eating sugar. Burning on the top of the head.

Dec. 6. Stool at the usual hour, but it was thin with spluttering, and insufficient. Taste in the mouth as that left after taking any thing intensely sweet. Frequent easy expectoration of tough blackish mucus without cough. 7 A. M. Accumulation of wind in the bowels. 8 A. M. Pricking pain in the left side of the lower abdomen and sticking in the chest under the right nipple at the same time. 11 A. M. Sensation of distension of abdomen within an hour after breakfast and urging to stool. Frequent emission of flatus without relieving the feeling of distension. 4-45 P. M. Cutting pain in abdomen. 7-15 P. M. Crampy pain in the upper abdomen followed by incomplete eructation.

Dec. 7. Expectoration of tough mucus from the throat, not so dark as previously. Since yesterday the accumulation of mucus seems taking place further lower down the throat. Frequent emission of fœtid flatus. 1-45 P. M. Darting (চিড়িক) pain above the upper angle of the left groin followed by emission of noiseless flatus. 2-15 P. M. Abdomen full of wind. Slight heart-burn.

Dec. 8. Thick nasal mucus. Thin stool in the morning coming out all at once. Expectoration of mucus from the throat but not of dark color.

Dec. 9. 4 A.M. Frequent emission of flatus with urgency to stool. Expectoration of tough mucus in the morning but not of dark color. Collection of wind in the abdomen within half an hour of breakfast and emission of flatus. Frequent incomplete eructation. 2 P. M. A fit of sneezing.

Dec. 10. On awaking from sleep found that I had catarrh at night and that the nasal secretion was thick. Soft but insufficient stool in the morning. Sensation of distension of abdomen after breakfast and frequent emission of flatus.

Dec. 11. Thick nasal secretion from morning till noon. Hard insufficient stool in the morning. Fulness of abd. after breakfast and emission of noiseless flatus. I had another stool which was soft.

Dec. 12. No stool. After supper between 9 and 10 P. M. frequent emission of noisy flatus.

Dec. 13. No stool at the usual hour in the morning; scanty stool after breakfast.

Dec. 14. No stool in the morning. Late in the day at about 11 A.M. a bullet shaped stool passed after pressing of the abdominal parietes.

Dec. 15. Good, formed stool in the morning at the usual hour.

Dec. 16. Soft stool, with spluttering, at the usual hour. Within half an hour, tendency to another stool, and sense of insecurity in the rectum felt for the first time.

Dec. 17. Diarrhœaic stool, twice.

Dec. 18. One soft stool.

Dec. 19. One soft scanty stool.

Dec. 20. Soft but very scanty stool.

Dec. 21. Insufficient but not soft stool.

In this way I continued to suffer from derangement of the bowels to the end of the month, my stool never becoming, what it was before the proving, healthy, free, and taking place after rising in the morning. In place of this the stool has become soft, sometimes diarrhœaic and then attended with spluttering, invariably scanty and insufficient, and sometimes being altogether absent. There does not appear to be any likelihood of my regaining the normal state of my bowels for sometime to come.

ON THE ACTION OF MEDICINES IN HEALTH IN RELATION TO THE LAW OF SIMILARS.

(Translated from the French of Dr. P. Jousset in *L'Art Medical* for Nov. 1895, by the Editor.)

And first, does the action of medicines in healthy individuals differ from their action in diseased individuals? Strange question. From the time of Hahnemann to our day, every school of homœopathy affirms that the action of a medicine in a diseased man is the opposite of its action in healthy man. And it is because these actions are opposite that by virtue of the law of similars we give to patients a medicine which produces in the healthy man a state analogous or similar to what we wish to destroy. It would therefore appear useless to waste one's time in occupying oneself with a question unanimously settled till now. But everything, which concerns the action of medicines and the law of similars, has such a great importance that as far as it depends upon us we do not wish that a doubt, a hesitation should exist upon this point, and as the objection has been made, it is necessary to reply to it. Listen to the sophism:

What has led to the belief in the contrary action of medicines in the healthy and the sick, holds uniquely when one employs small doses for the sick. Now it is an unquestionable law of pharmacodynamics, that the same medicine produces opposite effects according as it is administered in large or small doses. Thus, Morphia, in moderate doses, accelerates the respiration and the pulse, elevates the temperature, augments the quantity of urine, and in stronger doses slows the pulse and the respiration, lowers the temperature, and diminishes the quantity of urine. Similarly rhubarb constipates in small doses, purges in large ones. If then Morphia is an *eupneique* medicine (producer of normal respiration) par excellence, if it cures dyspnœa which, in medium doses, it produces in the healthy, it is not because it produces opposite effects in the sick and the healthy, but simply because you administer a dose, which in healthy man diminishes dyspnœa. If rhubarb cures diarrhœa, it is not because it produces in the sick an action contrary to what it produces in the healthy, but because it is administered to the sick in a small dose. Therefore it is the difference of action of small and large doses which is

the cause of the illusion of homœopaths. Every medicine has two opposite actions as well in the healthy as in the sick.

All this display of reasoning rests upon very exceptional facts, upon certain symptoms which present in diseases a double action of which one is opposed to the other. Thus diarrhœa and constipation, anuria and polyuria, insomnia and somnolence, convulsion and paralysis. But if one sorts out these few examples in order to approach the domain of medicine, the sophism will have no more foundation.

Thus Cantharidis produces nephritis and cures it; Sulphate of Quinine determines Menière's vertigo and cures it; healthy man poisoned with Phosphorus has symptoms of purpura hæmorrhagica and Phosphorus is the principal remedy in this disease. A dose of Strychnine, capable of producing convulsions, cures intoxication without producing convulsions. The same with Ipecacuanha in its relations to asthma and hæmorrhages, with Corrosive Sublimate to dysentery, with Picro-toxine to epilepsy, with Arsenic to cutaneous affections. We could enumerate the whole materia medica, and we then would have the demonstration that medicines cure diseases which they produce in the healthy; that consequently, it is an incontestible truth that medicines act differently, we say in an opposite manner, in health and in disease. It should not be attempted to escape from our argument by speaking here of large and small doses. But although we should think that small doses, and often even infinitesimal doses, may be preferable, clinical experience teaches us that most medicines cure homœopathically, even in strong diseases. Thus, Lancereaux treated parenchymatous nephritis with doses of five to six drops of the mother tincture of Cantharidis. Charcot and a great many allopathic physicians prescribe 1 to 2 grammes, and sometimes more, of Sulphate of Quinine in the treatment of Menière's vertigo. Strychnine is administered in alcoholism in doses which produce convulsions in the healthy animal. Ipecacuanha, Mercury, and Arsenic are prescribed in ponderable doses in asthma, dysentery, and diseases of the skin.

We can then conclude that medicines produce opposite effects in health and disease; and now we proceed to prosecute our study of the actions of medicines upon healthy man in their relation to the law of similars.

We recall some of the laws of pharmacodynamics.

1. A medium dose of a medicine administered once to a healthy man produces successively two opposite effects.

These opposite effects may alternate several times during the duration of action of the medicine.

2. The stronger the dose of the medicine, the less marked is the primary action. If this dose is excessive the secondary action only is developed.

3. With very small doses the primary effects dominate, and the secondary effects are often absent.

Because a medicine produces two alternating opposite effects, it has been concluded that every medicine was at once allopathic and homœopathic, and that the law of similars was without value. If, in fact, Aconite produces elevation of temperature as its primary action, and lowering of temperature as its secondary action, one cannot say that Aconite cures fever by its primary hyperthermic action by virtue of the law of similars, since this medicine lowers the temperature in its secondary action; and that it can never be proved that it may not be this secondary action which cures fever after the law of contraries. Similarly, if Strychnia is a convulsion-producer in its primary action and a paralyzer in its secondary action, who can affirm that Strychnine cures convulsions by its primary or by its secondary action according to the law of similars or that of contraries?

This argument is very specious, but it does not stand a deep examination of the laws of pharmacodynamics and of clinical observation.

We remark in the first place that for physicians who employ infinitesimal doses, it is the law of similars which is the rule of indication.

The third law of pharmacodynamics, which we have cited, says in effect that when the medicine is given in a very small dose, and consequently in infinitesimal doses, the primary effect only is produced. Now, the effect which Hahnemann calls primary is precisely that which we oppose to an analogous symptom presented by the patient. For example, Nux Vomica contains in its pathogenesis neuralgias with shootings; here we have one of the primary effects of the medicine, and by virtue of the law of similars Nux Vomica in infinitesimal dose will be the medicine for

this species of neuralgia. Therefore, there is no doubt in the employment of the law of similars when it acts in infinitesimal doses.

But the question is more complex, and clinical experience demonstrates that there are medicines which are homœopathic in *all doses*. Thus the primary effects of Aconite indicate this medicine against the febrile movement, and it succeeds in the 6th dilution and in doses of 20 to 30 drops of the mother tincture. Bryonia and Ipecacuanha have primary effects which correspond to the symptoms of broncho-pneumonia and of pneumonia. A large number of homœopathic physicians treat their patients with success with the 6th and the 12th dilution. Others prefer drop doses of the mother tincture.

Cantharidis has for its primary symptoms signs of inflammation of the genito-urinary sphere. We prefer the 3rd and the 6th dilutions in the treatment of these diseases, but we have seen that Lancereaux treated parenchymatous nephritis with drops of the mother tincture.

These examples suffice and they prove that the action of medicines in health, called primary, is truly characteristic for the homœopathic employment of a medicine.

But we will go further. We believe that physicians may utilize, in cases evidently limited, the knowledge of contrary actions produced by large doses and by small doses of the same medicine, in opposing after the law of similars the symptoms produced by large doses to analogous symptoms observed in patients, and symptoms produced by small doses to analogous morbid symptoms. For example, small doses of digitalis in cardiac excitation and strong doses in asystole; because small doses of this medicine excite the heart and large doses paralyse it, notwithstanding what Prof. Frank has said. Similarly rhubarb, which purges in large doses, may be administered against diarrhœa in ponderable doses, and the infinitesimal doses of this medicine which bring on constipation will be reserved to combat this symptom.

This third paragraph of our demonstration is, we know, subject to contestation, and we give it only to guide the physician in the choice of the dose, but we will consider the two first paragraphs as absolutely demonstrative of the truth of the law of similars.

Thus it is an absolute error to teach that medicines have the same action in the healthy and the sick; the truth is that the actions are opposed to each other.

It is a sophism to teach that a medicine having two opposite actions, it is impossible to know which of these two actions it is that cures, and, consequently, whether it is the law of contraries or that of similars which ought to guide the physician. It is the *primary action* of medicines which cures when it is applied after the law of similars, always with infinitesimal doses and often with ponderable doses.

THE FORTH-COMING INTERNATIONAL HOMŒOPATHIC CONGRESS.

At the last meeting of the British Homœopathic Congress held at Leeds on the 19th September last the following recommendations of the International Congress Committee, presented by their Secretary, Dr. Richard Hughes, were accepted:

That the meetings be held in London at some suitable place during the second week in July—Monday, 13th, to Saturday, 18th, inclusive.

That on the Monday evening the President and officers shall hold a reception at the hall of the meeting or other suitable place, to which all members of the Congress, with their ladies, shall be invited.

That the general meetings of the Congress shall be held on Tuesday, Wednesday, Thursday and Friday afternoons, from 2-30 p. m. to 5-30 p. m.; sectional meetings to be held on the following forenoons, by those especially interested in the subject of the day or for any other purpose it may be desirable to assemble together.

On the Tuesday the President's address shall be delivered, and followed by a discussion on "The Present State and Future Prospects of Homœopathy, with the best Means of Furthering its Cause, as suggested by the Reports from Different Countries;" Wednesday, "Institutes of Homœopathy and Materia Medica;" Thursday, "Practical Medicine, with Diseases of the Eye, Ear and Throat;" Friday, "Surgical and Gynæcological Therapeutics;" Saturday at 2, the concluding meeting for any supplementary business.

The following office-bearers were elected :—

Dr. R. Dudgeon	Honorary President.
Dr. Alfred C. Pope	President.
Dr. Dyce Brown	Vice-President.
Dr. Galley Blackley	Treasurer.
Dr. Hawkes Mr. Dudley Wright	Joint Secretaries.

We wish the Congress the success which the cause, for which it will meet, deserves. This success will depend upon the number and the quality of the papers that will be presented to it, and upon the number of homœopathic practitioners of the British Isles, and of representatives of homœopathy from different countries that will assemble at it. We trust that our country will not be wanting in its duty to contribute its share towards the achievement of that success. The number of practitioners in India, who recognise the Hahnémannian reform is, indeed, very few. But we believe that we do not fall short of any of our confrères throughout the world in our zeal and enthusiasm for the most glorious and beneficent truth that has ever been discovered. We trust that some one of our colleagues here will represent Indian homœopathy at the Congress, and that a goodly number of papers will be sent on one or more of the various subjects mentioned above in the programme of business. We have promised a short history of Homœopathy in India since 1891, and we shall be thankful to receive information on the subject from all our friends, professional and lay.

REMARKS ON THE UNRESTRICTED SALE OF POISONS IN INDIA WITH SPECIAL REFERENCE TO A RECENT CASE OF ARSENIC POISONING.

By Dr. Hem Chandra Ray Chaudhuri, L.M.S.

Arsenic and many other poisonous drugs are sold in the market in this country without any restriction. There is no law which can prevent any man from selling any kind of poison. Opium is sold by licensed sellers, and though the quantity, which they can sell to any individual, is not more than five tolas or 15 drachms, a much less than that quantity is quite sufficient to prove

destructive to life. There are only a few houses in Calcutta in which opium is not used. The very common use of the drug here has given rise to the idea that it is more easily procurable than others. Accordingly there are more cases of death from opium than from arsenic or other poisons. Opium is generally used for the purpose of committing suicide, but arsenic is used for suicidal as well as for homicidal purposes. Generally with suicides the prevalent practice is to add lime to arsenic in order to increase its effects. Lime corrodes the inner coat of the stomach, facilitates the absorption of the arsenic, and thus brings about almost certain death. Yellow arsenic or *harital* is also used, but white arsenic or *sankhia* is preferred as more certain. Possessing no unpleasant taste its administration is not detectible; nevertheless for fear of being detected it is often given with sweet-meat and sometimes with *sherbats* or sweet drinks. Strangely enough opium is generally used with oil and seldom with alcohol to facilitate its absorption, though it stands to reason that oil rather retards the process.

In this country, it is very difficult to enact any law restricting the sale of poisons, for then it would act prejudicially on the income derived by Government from opium. India holds a unique position as respecting the consumption and sale of opium. Here the Government is the seller and a large number of its subjects are the consumers. The income derived from *abkari* is large and so it is difficult to lose such an income, specially at the present critical moment due to the fall of exchange. Arsenic, strychnine, dhatura, &c., can be prohibited from being sold except on medical certificate. The sale of opium cannot be so restricted. Those who are in the habit of using it daily would suffer a great deal from such prohibition. Medical certificate can restrict its sale, but then what would be the condition of the daily consumers? The Government has to face a great moral question. The sudden withdrawal of opium from easy reach of the habitual consumers would result in making them miserable sufferers, and therefore the prohibition to be practicable must be gradual. The prohibition of other drugs than opium can be made by legislation, but that would increase the sale of opium, and then the suicide and the murderer would be able to carry out their intention with it alone in the absence of other poisons.

In attempts to commit suicide by opium, generally the pretext put forward to cover the crime is, that it was an over dose, the person having been a sufferer from some kind of pain and was in the habit of taking it. For homicidal purposes the possession would prove nothing, as it is commonly used and can be found in many households.

Instances are not rare where arsenic and other poisons have been detected in the stomach of the dead and in the possession of the alleged criminals. But the easy procurability of poisons makes it difficult to prove criminal intention, in asmuch as they are used for other than criminal purposes, such as killing rats, mice, &c. In the Burrabazar Shikh arsenic poisoning case, the poison was detected in a box in the possession of the accused, and the stomach of the deceased was found to contain arsenic, and yet the prisoner was acquitted. In the case cited below, the administration of the drug could not be definitely proved though there was strong suspicion, indeed, "the very gravest suspicion," as the presiding judge remarked, against the wife of the deceased.

Ellen Wagner was charged with having, on the 28th of January last in Calcutta, committed murder by causing the death of one W. H. Wagner. W. H. Wagner was a German, who for many years before his death was employed by Messrs Walsh Lovett & Co. of this city, as a plumber. He was married to the accused, a native Christian, thirteen years ago and had three children by her. Mrs. Wagner had a criminal intimacy with one William Cray, another native Christian, which was discovered by the husband and she was prohibited from holding any communication with him. The charge against her was that she had poisoned her husband in order to be free to renew her intimacy with Cray, who, it was alleged, had procured and given her poison for the purpose of administering it to her husband. The occurrence took place on the afternoon of the 28th of Jan. last. Wagner was at work on that day at Talla till one o'clock, and then returned, as usual, to his house No. 5, Carey's Church Lane, to have his dinner. He was perfectly well at that time. In the afternoon he was visited by one Deborah, sister-in-law to Mrs. Wagner, when he was lying in his bed and suffering from attacks of vomiting and purging. The following morning one D'Cruz, a friend of the family was called in by Mrs. Wagner and he was told by her that "I want you to come in and see my husband as he is sick. He would not take any food or medicine from my hand as he suspected me of giving him poison." D'Cruz went in and saw him either asleep or unconscious and advised Mrs. Wagner to take him to the Medical College Hospital. Before this was done, a native doctor was called in on the afternoon of the 29th. He prescribed a certain medicine which contained a small quantity of arsenic, treating the case for cholera, and directed that the ejections should be kept. But this was not done. After taking two doses of the medicine and finding no relief Wagner refused to take any more.

On the 31st he was admitted to the hospital and died at about 2 o'clock, within three hours after his admission. From the hospital the

following certificate was given: "Certified that Mr. Wagner, of 5 Carey's Church Lane, was treated in the Medical College hospital from the 31st of January 1895 to the 31st of January 1895 for cholera, and that he died on the 31st of January 1895." This certificate was signed by F. J. Drury, and bore the date of 31st January 1895. Immediately after the funeral the first prisoner (Mrs. Wagner) took the second prisoner (Cray) to her house to live with her. To this her relatives naturally objected, and Cray turned out. Lukhun, Mrs. Wagner's brother, accused her of having poisoned her husband, in the presence of several witnesses, and threatened to have the body exhumed. The body was exhumed on the 4th of February for *post mortem* examination. Autopsy and chemical examination proved that the deceased had died from arsenical poisoning, and that although one-fifteenth of a grain of arsenic was found in the body, a considerable quantity of the poison must have been voided in his ejections during his illness.

The facts above related leave no doubt in the mind that Wagner must have fallen a victim to poisoning by arsenic, whoever might have administered it to him. It is true that the native doctor, who was called to treat the patient at his house, did prescribe arsenic, taking the case to be one of cholera. But the quantity prescribed, even if it were in doses ordinarily prescribed by the old school, could not have been large enough for the chemical analyser to be able to detect so much as 1-15th of a grain of it in the stomach after death, and after a great number of purgings and vomitings which the patient had. Besides, as a fact, the deceased had these purgings and vomitings before, and for which, the arsenic was prescribed.

The chief point of interest in this case to us of the new school consists in the fact that a pure case of arsenical poisoning was mistaken for a case of cholera both by the doctor who was called in to treat the patient at his house, and by the authorities of the Calcuta Medical College. Unfortunately this was not a singular case in this country. It was one of many which have come to our knowledge. These cases very forcibly show how arsenic can produce symptoms which greatly resemble those of cholera, so much so as to be mistaken by even experienced practitioners for those of the actual disease. A collection of such cases would be invaluable, as they would show the total of exact symptoms which arsenic can produce, and the variety of symptoms it can produce in different individuals, and thus enable us to prescribe the drug in cases of the natural disease with the precision which the law of similars demands.

These cases have other lessons to teach than what we have pointed out. The fact of their not merely possible, but pretty

frequent, occurrence and the consequent failure of justice ought to put the medical practitioner on his guard whenever he is called in to treat cases alleged to be cases of cholera. He should always bear in mind that poisoning by arsenic may simulate cholera. He should, therefore, never neglect to ascertain the cause of the patient's complaint. If the history of these cases are minutely and scrupulously taken, it will be possible to trace the symptoms to something which the patient had taken as food or drink or both. If it is some irregularity of diet calculated, especially in epidemic seasons, to give rise to the purging and the vomiting, he will be the better able to treat the case. If, however, the case be one of actual poisoning, suicidal or homicidal, he will find that the patient himself, or his relatives or those in attendance on him, will attempt to deny altogether that food or drink had anything to do with the disease. This fact should induce him to institute more searching inquiries, and if he is a good observer of human nature, the manner and the countenances of those concerned will, in nine cases out of ten, reveal to him the actual state of things. He should then examine the ejected contents of the stomach and bowels or have them examined by competent chemical experts. In this way the guilt, if there be any, may be traced to the guilty, and, then, there will be less failure of justice than there is now.

A word about the certificate which was given from the Medical College Hospital. It transpired at the trial that the certificate was signed by the resident physician without his knowing anything about the case, it being the practice in the hospital for the subordinate physician in attendance on the patient to send the death certificate to the resident physician for signature, and the signature is attached as a matter of form. Justice Norris is reported to have very strongly condemned the certificate and the practice of giving certificates without actual knowledge. "It is," his lordship said, "a medical certificate upon which burials take place. It is to all intents and purposes a certificate of the cause of death. Anything more reprehensible than that a medical man should certify the cause of death in a case of which he has no knowledge, it is impossible to conceive." We trust the reprehensible practice will cease, especially when cases of poisoning may simulate natural disease.

EDITOR'S NOTES.

HOMŒOPATHY IN HOLLAND.

At the last reunion of the Association for the Propagation of Homœopathy, held at Gonda, it has been decided to found a Faculty of Homœopathic Medicine. Perhaps it would be the first of its kind in Europe.—*Revue Hom. Belge*, July.

A NEW SUBSTITUTE FOR IODOFORM.

The *Medical Times and Hospital Gazette* of November 23rd notice the use of Loretin (meta-iodo-ortho-oxyquinoline-ana-sulphonic acid) in preference to Iodoform. It is a yellow crystalline powder, like iodoform in appearance but completely odourless and without toxic effect. It possesses granulating and healing power without the evil effect of ecsematous development of iodoform. All hypersyllablic compounds from chemical laboratory are now on the front rank of the old school practice. The reputed old drugs are generally forsaken for the new curiosities and at the risk of endangering human lives. Anti-pyrin and anti-febrin having played the deathly role for a time and has given up the field to the no less dangerous phenacetin.

MEDICAL CHARACTERS IN NOVELS.

The *Practitioner* of December 1895, takes the trouble to review Dr. Conan-Doyle's novel, "The Stark Munro Letters," published by Longmans, Green & Co. The real interest lies in showing better medical characters than what has been portrayed by Ouida in her "Toxin" of Fredric Damer. Ian Mac Laren's "William Maclure" and Conan Doyle's "Round the Red Lamp" have also been mentioned as giving pictures of realistic colour. In "Stark Munro Letters" two opposite characters have been introduced. Dr. Stark Munro is of an ordinary type of medical man, whereas Dr. James Cullingworth is of an impetuous character. "In mind he is a volcano, blazing out in eruptions of the most daring originality, in which he showers forth brilliant flames of invention and a lava-flood of burning enthusiasm that for the moment carries all before it." Being in the same field of practice Stark was swept away as if in the tail of a comet to a region of cyclone and cataclysm. Dr. Cullingworth is also a prince of quacks and violated almost all the rules of decent practice. For this reason he has been spoken of as "the Napoleon of quacks as Sherlock Holmes is the Newton of detectives."

CINERARIA MARITIMA IN CATARACT.

This is the latest remedy for the restoration of impaired vision from cataract. It was first brought to the notice of the profession by Dr. Mercer, of Port of Spain, who in a letter published at the time, narrated the marvellous effects of the juice of Cineraria Maritima upon a cataract from which he personally suffered.

The first manifestation of the disease was only a slight impairment of vision, but later developed into the "soft lenticular" variety. It

grew gradually worse, affecting both eyes, and in 1882 the left eye, which was the better, was operated on, but unsuccessfully. The eye sight grew constantly worse, till 1888 was urged to try Cineraria Maritima. After some persuasion he was induced to permit the instillation of two minims of the juice into each eye three times a day. Four days after a faint glimmer of light could be perceived by the right eye, and gradually was able to discern figures and distinguish faces by this organ. The left eye, which had been operated upon, did not improve so fast.

The juice of Cineraria Maritima seems to cause a dispersion or rather an absorption of the cataract, and has been used in a number of cases with the most favourable results. After much difficulty, we have been able to obtain this remedy.—*The Homœopathic News*, Sept. 1895.

PASSIFLORA INCARNATA IN CONVULSIONS.

Dr. F. H. Boynton, Chariton, Iowa, has reported the following case in the *Homœopathic News* of September: I was called on Friday, January 30th, to see a seven months' old bady, who had been having spasms for over two weeks, until the baby and parents were about worn out. He had been under allopathic treatment during all this time, with the result that he was getting rapidly worse. The child has a very large head and is light complected. The discharges from the bowels were loose, frequent, and of a greenish color. I concluded that the spasms were caused by dentition, and I prescribed at different times Calc. carb., Mag. phos., Bell., Ign., Gels., Cham., all of which seemed to do no good, and the baby was getting worse all the time. During Sunday night it had five spasms. I finally decided to give him Pass., of which I gave him five drops of the tincture at eight o'clock Monday night, with instructions if he did not rest well or had any indications of spasms to repeat the dose. I must say the results were most gratifying to the parents, and especially to myself, as the child has had no more spasms up to this date, February 7th, 1891. He has had the medicine only once or twice since, and outside of the irritable condition and bowel trouble, for which he is receiving Calc. phos., he is doing nicely.

CALENDULA AND HYPERICUM *vs.* THE ANTISEPTICS.

Prof. Gilchrist has issued a report of the experiments made by him in the Homœopathic department of the State University of Iowa. It clearly points out the preference of Hypericum and Calendula over all others. The following summary from the *Homœopathic Recorder* of November will justify the assertion.

"One class treated all wounds, or rather left them practically to the vis medicatrix; using silk sutures, no antiseptic or aseptic precautions, and no medicated dressings, in the way of vulneraries, etc.

"Another used the ordinary *Bichloride* technique; another *Iodoform*; another used *Hypericum* for immediate dressing, followed by *Calendula*. The wounds were of all kinds, divided into series. One

series were accident wounds as they occurred in practice; another series were operation wounds. The third series were made in cuts of uniform size, made in the thigh, and as nearly as possible alike in all essential particulars. The results were stated as to time consumed in healing, amount of suppuration, if any; range of temperature and kind of scar resulting. The following are the figures:

"*Iodoform*—Convalescence, twelve and one-half days; suppuration, fifty per cent.; scar, good in seventy per cent.

"Vis Medicatrix—Convalescence, eleven days; suppuration, fifty per cent.; scar, good.

Bichloride—Convalescence, nine and four-sixths days; suppuration, two per cent.; scar, good.

"*Hypericum* and *Calendula*—Convalescence, seven and three-fifths days; suppuration, one per cent.; scar, good."

THE SANITARY REFORM OF THE TOWN OF NATOR.

Nator, a chief town of the Rajshahi district in Northern Bengal, had, like many cities of that part of the country, long enjoyed the notoriety for unhealthiness. And no wonder, as the drinking-water supply was from filthy tanks and moats surrounding the Rajbati, which the Sanitary Commissioner had truly described as reservoirs of sewage; and accordingly the Government order to flush it from the river Narad was carried out. To prevent the moats from silting up, the Raj family of Nator succeeded in getting a decree restraining the local municipality from keeping open the channel that had been cut, but no regard was paid to this order for five years, and during this period the health of the town was better than before. In 1887, however, the Raj family maintained their rights and closed the channel, and from that time Nator had the misfortune to suffer again. The Sanitary Commissioner once more interfered, and recommended the flushing of the moats from the Godai river instead of from the Narad. Though the Raj family agreed to this project, nothing was done till 1893. The Municipal Act was at last enforced and the work has been completed this year. The expense of supervision costs Rs. 275 annually, and the whole improvement was carried out at a cost of a little over Rs. 7200. Thus it has taken fourteen years to accomplish a simple sanitary project.

The resolution of the Bengal Government on the working of the Municipalities in Bengal has thus taken notice of this important improvement. "The works for supplying fresh river water to the moats around the residence of the Nator Raj family and the Laldighi, a tank in that town, on which nearly the whole population of the town depend for their water-supply, were completed during the year at the cost of the Raj, and their maintainance will be supervised by the District Engineer."

SCIENTIFIC TEACHING AS TO ALCOHOL.

Evidence as to the action of alcohol upon the human body has been collected, not by hysterical prohibitionists, but gathered from the laboratory, the autopsy room, and the bedside. One series of facts

opening a decidedly new field has been obtained through the works of the experimental psychologists. Through the efforts of some of these gentlemen—and we may mention particularly the work done at the Heidelberg University—it seems to be established that alcohol has an effect in dulling simple mental processes, such, for example, as learning by rote, simple arithmetical calculations, and the simpler association of ideas. Another series of facts which tend to show the evident effects of alcohol is that which have been collected by students of heredity, particularly the relation of heredity to degeneration in families. The French alienists, in particular, have shown that one of the most prominent of the factors in leading to the development of mental and physical degeneration is the use of alcohol, and it is further urged by these investigators that alcohol has more than an individual or family effect, that it produces serious deterioration of the human race.

Of course, the effects thus claimed are all due to the abuse and excess of alcohol. Whether a further and more careful investigation would show that a moderate use of alcohol leads, eventually, to somewhat similar results, we cannot say. As regards the evidence against alcohol furnished by clinicians and pathologists, there has really been nothing particularly new added in late years. But if one take an unbiased survey of the position of medical knowledge and of medical men toward alcohol, and compare it with that held by them fifteen years ago we feel sure that he will see that the feeling against the use of it is much stronger. This is because there has been a gradual accumulation of facts carefully ascertained and thoroughly proved, demonstrating the ill effects of the drug. It is for the reason that the position of medical men regarding the use of alcohol has been always conservative and never fanatical that the present slight shifting of the front deserves the attention of our law makers and of all of those citizens who are interested in good government and in the problems of the day.—*Scientific American*, Nov. 30, 1895.

DR. ARNDT ON SCHOOLS OF MEDICINE.

"Schools" are a necessity of this day, as they were of the days that are gone. The most brilliant results achieved in medicine are directly, and indirectly the result of the keen rivalry between them. This rivalry, often going beyond the limits of good judgment and fairness has advanced the profession, has helped the world. What is the Homœopath but a physician who believes that the essential principle of homœopathy, the so-called law of similars, is a law of nature, and who in practical therapeutics, becomes a specialist? His special practice as a therapeutist may not always be an *exclusive* practice; in fact, as any specialist by the consensus of the entire medical profession should also be a general practitioner, so the skillful homœopath, as a specialist in therapeutics, should by all means possess perfect familiarity with the broad field of general therapeutics, and should be ready to utilize, and does utilize, all there is of advantage in the latter. To deny him this right, because he is a homœopath, is not so much the height of folly as it is the essence of professional meanness.

Homœopaths, on the other hand, will do well to attend closely to

their own business. Idle pretence of superior success; haughty assumption of exclusive ownership of all there is true in therapeutics; foolish confidence in vague statistical reports; sentimental appeals to prejudice wellfounded or unfounded—all these are unworthy of nineteenth-century men. What of it if these are the very weapons which have been so wickedly used against us? They have done us no harm. Then instead of wasting energy and strength on these sham issues, let there be cultivated an honest, rugged faith in the therapeutic principle upon which we stand, both tempered and strengthened by a knowledge of *all* the means that may be used for the healing of the sick. Make our young graduates absolutely self-reliant and intellectually honest, and then let the future take care of itself. Whatever the out-come, honest and earnest endeavour will do more toward the development of truly scientific medicine, as the devoted handmaid of the broadest humanitarianism, than can be accomplished by arrogant assertions, idle pretense, or windy discussions.—*Pacific Coast Journal of Homœopathy*, Oct. 1895.

CHOLERA IN GERMANY IN 1894.

A report has been published by the conjoint labours of Dr. Von Esmarch, Dr. Flugge and Dr. E. Fraenkel, while a general introduction has been furnished by Dr. Kubler. It is asserted that out breaks of cholera in East and West Prussia were due to their close proximity to Russia and Galicia, while in the districts bordering on France, Belgium and Holland, hardly any cases of cholera occurred. West Prussia, being intimately connected by the Vistula with Russia, had a great chance of catching the infection on account of the traffic along the water-ways; for this reason special surveillance had to be kept, which proved satisfactory by its result so that not a single case occurred in Hamburg and only six in the whole Elbe district. In 1893 certain regulations were drawn up by the German Cholera Commission and by strictly carrying them out the epidemic of cholera did not take place. Dr. Flugge has furnished statistics of Oberschlesien from 1831 to 1894 proving the comparitive immunity by observing these regulations.

In spite of the prevalence of cholera in East and West Prussia army manœuvers on a large scale were held and no case of cholera did take place. Among the troops the following restrictions were observed:—no eatables were allowed to be taken, casks of boiled drinking water were supplied as also infusion of tea, clothings coming in contact with Vistula water were sent direct to the disinfecting station, and after each drill the men were to wash their hands with soap and spring water on the parade ground. Dr. Kubler is also of opinion that members of a cholera stricken household, though themselves not affected, may yet transmit the infection to others who are susceptible to the poison, as in diphtheria or other zymotic diseases, and this has been confirmed by bacteriological investigations. For this reason, the isolation of the suspected persons is an important measure in helping to restrict the cholera infected areas.

The disposition to be attacked by cholera varies according to the

season of the year, and the consensus of opinion, derived from all parts of Europe, speaks of the late summer and autumn, as the period when the chances of infection are greatest, though no definite reasons can be assigned for this seasonal predisposition, and there is a great diversity of opinion on the subject. Dr. Flugge recommends a thorough training in the practice and technique of disinfection, in as much as owing to the control of disinfection being left in the hands of untrained police officials, numerous grievous mistakes are made and much unnecessary damage done to property.—*Nature*, Nov. 21, 1895.

REMARKABLE SURGICAL OPERATIONS.

In recent years surgery has made wonderful progress. The operations on the brain and abdomen have occupied a place never dreamt of before. For the extraction of pistol balls or other foreign substances from the brain due to accident successful surgical operations have been performed. In the *Scientific American Supplement* of the 2nd November, some cases of great interest have been given from which we take the following:—In an epileptic boy who had five thousand fits in ten years, an extraneous growth of nearly an ounce was removed from the right parietal region, by Dr. Keane of Philadelphia, with great success.

In one of the hospitals of Paris, a little girl exhibited almost an utter absence of intelligence, with mournful look, lack-lustre eyes, and want of total interest even in dolls. On account of premature coalescence of the cranial bones, her brain received a checking influence from its natural growth, and the thorax having stopped its development she breathed with difficulty. Lannelongue made a long and narrow incision in the middle of the skull near the left side, which was more depressed than the right and removed a substance of tissue bone nine centimeters long, six millimeters broad. The dura mater was not touched and the superficial wound was united. Within three days after the operation the child smiled and became interested in objects around her. A similar operation was performed by a surgeon in Cincinnati with complete success.

A housemaid, on gradually showing signs of exceptional stupidity, was dismissed from service and she went to her sister an employee in a New York hospital. As she often complained of suffering from severe headaches a house physician of the hospital examined her head and found that the bones of the skull had not properly united. A Surgeon operated and succeeded in closing the aperture After a few days she regained all her former intelligence and was taken back by her former employer, and she was soon acknowledged as one of the most accomplished housemaids.

A boy had suffered from ear trouble for two years. He suffered from such violent headaches, that, as he said, it seemed at times that the skull would come off. Sometimes he would fall suddenly limp and apparently lifeless. In the midst of a sentence he would lose the power of speech. The fits of unconsciousness were followed by delirium with roaring and talking nonsense. Then after sleep he would be restored mentally but remained exhausted physically. After his admission in

the Presbyterian Hospital of New York, an operation was performed. The ear illuminated by an electric search lamp showed a high state of inflamation. The drumhead was loosened from the auditory plate. The mallet and anvil-shaped bones showed signs of decomposition and were removed at great hazard. Near the Eustachian tube a shining point was observed and when it was taken out, it was found out to be a small brass pin, to the amazement of all. A pin in the drumhead has very rarely been seen, but it has been so in this instance.

Cancer of stomach was actually closing the passage of the food into the small intestines, and the patient was threatened with death from starvation. In a Philadelphia hospital the growth was partially extirpated, for it was too extensive for total removal, with the effect of prolonging the patient's life for a time.

A sea-faring man had jaundice on account of "baked" liver. The hardened portion of the liver was taken away by an Italian surgeon with great success.

In a New York hospital a man was operated for suppurating abscess in a floating kidney. The whole organ was extirpated and he is living with one kidney.

A Brooklyn man was attacked by thieves and got fracture of the skull. Though he recovered under treatment yet he was a changed man; he could not talk straight, he lost his memory and his reason; he became an imbecile. After eleven years a surgeon removed a fragment of bone from the brain and the patient recovered his speech and reason. But the occurrence of eleven years before the operation was all blank to him. His moral character was now completely changed. He had been mild mannered and trustful but became sullen, irritable with violent outbreaks of temper. He was sober before, but now became a habitual drunkard, and in a drunken quarrel he stabbed an aquaintance.

A farmer, who had tried to shoot his wife, was arrested, sent to the reformatory, subsequently showing great irritability, and finally becoming insane. An insanity expert found that he had a fracture of the skull which had not been closed by bony union. The surgeon discovered, and drew off, a quantity of diseased fluid. The patient regained his senses, became robust in health, and, what was most remarkable, level-headed.

CLINICAL RECORD.

A Case of Strychnia Poisoning cured by Belladonna.

By Dr. Hem Chandra Ray Chaudhuri, L.M.S.

W. S. , aged 70, an Eurasian gentleman, was seen by me at about 7½ A. M. on the 6th November 1895.

Previous history:—The patient, a stout built man of advanced years, has been suffering from nervous weakness for a long time, which has increased since the death of his wife, about a year and a half ago. For an impending apoplectic attack eight months previously, he was under my treatment and from that time he has been suffering from extreme nervous weakness.

Present Symptoms:—I saw him suffering from severe muscular spasms, principaliy of the upper and lower extremities. He was in his bed, but the legs and forearms were being thrown into such rapid and violent convulsions that it was difficult to stop them. If the extremities were not grasped powerfully by the hands, he would go on beating the bed incessantly with them. The spasms were confined principally to the flexor muscles of the hands and feet. He called for assistance to straighten his fingers and toes when they were spasmodically flexed. Sometimes the muscles of the arm or forearm, at other times those of the thigh and feet, were affected. The beating of the bed was done more with the feet than with the forearms. Rubbing could not give any relief. Grasping firmly by the hands was the only means that gave him some ease. The perspiration was so profuse, that he looked as if he was bathed in cold water from head to feet. He had also spasms of the muscles of the chest and back. Quick feeble pulse and pain caused by the spasms were the other symptoms. The fits were not tetanic; he had no lock-jaw. The extremities and the tip of the nose were icy cold.

On asking him about the cause of his fits, he only said that he did not know what happened to him after coming from the closet. On asking the other members of the family as to what could have been the cause of his complaint, I was told that he used to get attacks of somnambulism. On the early morning of that day, after coming out from the closet he was found in his bed in that peculiar condition with imperceptible pulse and profuse perspiration. On questioning further, a search was made for a phial containing a mixture of liquor strychnia, which his son-in-law used to take for his his locomotor ataxy prescribed by a well known physician of the old school. I was told that similar fits were observed to happen to the son-

in-law from the accidental administration of an over dose of the same medicine. The phial of the mixture was at last found in a drawer hidden under some clothing, and it was ascertained that he had taken about thirty-five minims of liquor strychnia. The fortunate circumstance was that he had not taken the whole quantity contained in the phial.

Bell. 30 was administered. Hot bottles were applied to the extremities. In my presence a large quantity of urine was passed after the administration of the medicine.

At 1 P. M., I saw the patient again. He was much better than before and had passed urine twice since my last visit. Hands and feet were warm, and perspiration was absent. The pulse was firm and steady though a little hurried. Slight spasms were taking place at long intervals. The medicine was continued.

7th. The report received was that he was doing well and has passed a usual stool. Medicine was discontinued. He has continued well since.

Remarks.

This was a peculiar kind of strychnia poisoning; there was neither lock-jaw nor tetanic fits. The somnambulism, if there was any, had a peculiar character. He recollected the fact of his having gone to the closet, but forgot everything that happened from that time till the occurrence of the fits. He answered questions intelligently. What was his motive in hiding the phial containing the liquor strychnia could not be ascertained. He had no reason to keep the matter a secret, if he knew that he had taken it by mistake. Possibly he took the medicine in the hope that it would give him power to get over the nervous debility from which he was suffering. He knew well the mischief it was capable of doing, as it had done already to his son-in-law from an over-dose of the mixture. The action of infinitesimal Belladonna in subduing the spasms and bringing about a complete recovery was remarkable.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

122. IPECACUANHA.

Diarrhœa:

1. Sts. diarrhœic, as if fermented.
2. Frequent thin sts., with weak sensation in abdomen.
3. St. soft.
4. Thin st., with burning shooting pain in rectum and anus.
5. Sts. lemon yellow. 6. Sts. porraceous (of leek-green color).
7. Grass green sts. 8. Sts. offensive; putrid smelling.
9. Nausea rising from stomach with hiccough, disappearing after several pasty sts., after smoking tobacco as usual.
10. Vertigo and nausea relieved but griping continued and increased; large st. of watery character with some fæcal matter; felt very weak and lay down on bed; griping less.
11. Sts. greenish yellow and spotted over with little bits of thready white mucus.
12. Watery sts. passed unconsciously in bed.
13. St. spurting out with much flatus. *(Hering)*
14. Sts. pitch like or like frothy molasses.
15. Frequent fluid sts., with qualmish feeling in abdomen.

Dysentery:

1. Bloody St.
2. Fæces covered with red bloody mucus.
3. Sts. frequent of greenish mucus.

Aggravation:

1. After cold. 2. From motion (colic).

Amelioration:

1. From rest (colic). 2. After stool (nausea and hiccough).

Before St.:

1. Griping. 2. Colic, nausea, vomiting. 3. Urging.

During St.:

1. Burning sticking pain in rectum and anus. 2. Griping.
3. Colic, nausea, vomiting. 4. Tenesmus.
5. Lassitude, coldness, paleness of face.

After St.:

1. Griping less, but felt very weak. Relief of nausea, hiccough.
2. Lassitude. 3. Tenesmus. 4. Twitching of face.

Rectum and Anus:

1. Shooting, cutting, burning pain on border of anus as in obstinate hæmorrhoids. 2. Violent stitches in anus.
3. Crawling in anus, as if thread worms would come out.
4. Burning and shooting in rectum and shooting in abdomen with urging to st.
5. Hæmorrhoids bleeding profusely.

General Symptoms:

1. Child cries and screams violently and incessantly; sticks its fist into its mouth; its face is pale and body rather cool. Extreme impatience. Aversion to literary work; ideas fail him.
2. Vertigo while walking. Headache as from bruise of brain

and skull which pierces through all cranial bones into root of tongue with nausea. Pressure in head and forehead as if brain were compressed by two tables.

3. Inflammation of eyes. Pain in eyes like that in head, eyeballs seemed forced out of their orbits and objects seemed befogged. Dilatation of pupils.
4. Pressive pain extending from concha into drum, then to occipital protuberance. Dulness of hearing in right ear with pressure in it.
5. Paroxysms of sneezing, almost sufficient to throw from saddle. Catarrh with drawing pains in all limbs. Feeling of dry catarrh in nose, as if nostrils were too dry. Nosebleed.
6. Countenance anxious and livid. Face, pale and puffed; pale sunken; pale with blue rings around eyes, and great weakness, as after prolonged severe illness. Appearance quite yellow. Corners of mouth sore.
7. Paroxysmal pain in teeth as if they would be torn out. Burning in tongue and upper lip. Dryness and rawness in mouth, especially in pharynx.
8. Peculiar burning indescribable sensation in mouth, fauces, throat and bronchia with considerable dyspnœa. Profuse accumulation of saliva with nausea and tendency to vomiting. Constantly obliged to swallow saliva.
9. Taste, flat; in throat as from rancid oil, while swallowing. Beer tastes flat. Customary tobacco has a nauseous taste when smoking and causes vomiting.
10. Dry burning sensation in fauces almost to suffocation. Dry, raw and sore pain in pharynx relieved by swallowing saliva or usual drink. Swallowing difficult as from paralysis of tongue and pharynx. Pain on swallowing as if from swelling in pharynx.
11. Eructations with rumbling in abdomen. Nausea, as from stomach with empty eructations and great flow of saliva; with qualmishness and efforts to vomit; and convulsion but ineffectual efforts to vomit; distressing.
12. Inclination to vomit. Vomiting, and feeling as if he would fall down, on stooping; followed by great inclination to sleep; of food on stooping; of large masses of yellow or grass green or mucus; of offensive mucus; of every thing swallowed. Empty retching.
13. Stomach, rumbling in; warmth in; sensation of emptiness and laxity in; sensation as if hung down relaxed with loss of appetite; excessive pain in; violent griping in; dull sticking pain in pit, as from sharp stick; extremely sore feeling in.
14. Pinching pain in both hypochondria and in pit of stomach. Cutting pain in umbilicus with shivering. Colic in umbilical region aggravated by pressure. Distension in abdomen. Clawing griping in abdomen as if grasped by hand so that each out-stretched finger pressed sharply upon intestines, relieved by rest, extremely aggravated by slight motion. Colic with

rumbling in intestines. Flatulent colic. On coughing pain in abdomen as if obliged to urinate and urine could not pass, as in retention of urine.

15. Urine, purulent with biting pain; scanty with frequent desire; ineffectual with inclination; frequent of straw-yellow color, with great burning and urging before discharge, without subsequent tenesmus; red scanty; bloody; turbid with brick dust sediment.
16. Rattling noises in air passages during respiration.
17. Respiration, wheezing. Spasmodic asthma, with great constriction in throat and chest, with which peculiar kind of wheezing noise is heard.
18. Oppression of chest after eating.
19. Indescribable aching about heart. Palpitation. Rapid pulse.
20. Creaking and cracking in joints. Pains in joints such as usually occurs when limb goes to sleep. Pain as if bruised in all bones. When wishing to sleep, feels shocks through all limbs.
21. Body of child stretched out stiff, where upon spasmodic contraction of arm follows. Opisthotonus and emprosthotonus. Extreme weakness.
22. Cramp in fingers of both hands. Great toe, feet, calves and neck (sterno-mastoid especially) spasmodically flexed. Extremities cold. General perspiration. Voice depressed.
23. Sleep full of restlessness and sobbing. Sleep interrupted by frequent waking and frightful dreams. Starts up in sleep. Vivid unremembered dreams with frequent waking, as from wakefulness at night.
24. External coldness with internal heat. Shivering with eructations. Febrile paroxysms, first shivering, then chilliness, with coldness, without thirst about 4 P. M.

Remarks: IPECACUANHA has not been observed to produce constipation, and it has never been used in this state.

It has produced both diarrhœa and dysentery, and it has accordingly been used in both these affections in our school with remarkable success whenever the selection has been made with a due regard to the characteristic symptoms it develops in the healthy.

The characteristics of the Ipecacuanha diarrhœa are: the stools, as regards color, are generally yellow or green or greenish-yellow, or even blackish like pitch; as regards smell, they may be offensive and putrid; they may be like fermented or frothy; they may spurt out with much flatus; they may be involuntary, being passed unconsciously in bed.

The same are also the characteristics of the dysenteric stools. The mucus may have all shades of color from yellow to green, may be mixed with froth, may have a putrid offensive smell, and may be passed involuntarily.

Hahnemann has severely criticized the old school for using it blindly in dysentery, on the ground that "it cannot produce anything similar." Nevertheless it has, in our hands, proved almost a sovereign

remedy in dysentery, having aborted many cases which would have developed into the most severe forms of the disease. Hahnemann himself admits that the pathogenesis of Ipecacuanha, as given by him, is not "complete." And yet the symptom "fæces covered with red bloody mucus," together with the frightful gripes and colics, is fully competent to show that if the drug had been proved sufficiently further, it would have developed well-marked ordinary dysentery in which the mucous membrane alone of the colon is engaged in the morbid process. Whether it can give rise to the graver forms of the disease which culminate in sloughing and gangrene, future provings alone can determine. The probability is that it cannot.

The general symptoms of IPECACUANHA are some of them very characteristic, and ought to help in its selection. But we are not to be deterred by their absence from prescribing it when the stool symptoms are present. We have even found it beneficial where there was not the slightest nausea so characteristic of the drug.

As may be seen from the case of Ipecacuanha poisoning we gave in this Journal (Vol. vii, p. 449), this drug would prove an admirable remedy in cholera infantum, and even in the diarrhœaic stage of true cholera where there is nausea but no vomiting, where there are severe cramps of the extremities and of the neck, and where the stools are attended and followed by severe griping and colic. In cases of *painless* stools it is plainly not indicated.

123. IRIS VERSICOLOR.

Constipation:

1. C. for several days.
2. Sts. lumpy, brown, and offensive. 3. Hard, lumpy st.

Diarrhœa:

1. D. with rumbling and cutting in lower part of abdomen.
2. Thin watery st., continuing through day.
3. Sts. succeeded by pain in umbilical region.
4. D. after breakfast, with subsequent pain in epigastrium.
5. D. after supper.
6. Soft painless sts., with great rumbling in bowels.
7. Greenish black sts., with burning at anus.
8. Soft papescent st., with pain in umbilical region.
9. Soft, yellow, papescent st., without pain but rumbling in bowels.
10. Violent urging with sensation as if wind were forcibly distending rectum; no wind was discharged, but relieved after greenish dark matter, attended with severe burning in anus.
11. Awoke at 4 A. M. with great rumbling and distress in umbilical and hypogastric regions, and with great desire for st., followed immediately by copious, thin, watery st., which could not be retained a moment without much pain. Copious discharge of thin water from bowels gave no relief.
12. Epigastric distress increasing, very restless, could not be still a moment, felt as if he could not live, much frightened, copious discharge of thin water from bowels gave no relief.

13. Large st. of water tinged with bile running from bowels in continuous stream till nearly two quarts had passed with great rumbling but no pain, this gave relief from epigastric distress.
14. Fœtid flatulence followed by greenish black st., with burning at anus.
15. Griping in bowels, with profuse light-colored D., so prostrating that he was obliged to discontinue proving.

Dysentery:

1. Dysenteric sts. during night, with pain and rumbling in lower part of abdomen.
2. Watery st. followed by straining with passage of blood and mucus.
3. Mucus streaked with blood, with great tenesmus.
4. Mucus and water with great straining, great tenesmus and rumbling.

Cholera:

1. Large watery st., burning in pancreas (?) is fearful to endure.
2. Watery st. with colicky pains in epigastric and umbilical regions.
3. Copious watery st., with great rumbling in bowels preceded by great pain and distress in bowels.
4. Watery st., anus feels on fire.
5. Watery st., with disposition to strain and bear down.
6. Rumbling in bowels, followed by profuse watery st., followed by great straining with passage of mucus.
7. Copious st. of water and undigested food, with great straining, much exhaustion, eyes deeply sunken, very hoarse, urine very scanty of deep reddish color.

Aggravation:

1. After breakfast. 2. After supper. 3. Morning.

Amelioration:

1. Colic by bending double and pasing flatus.

Before St.:

1. Colic in epigastric and umbilical region. 2. Urging.
3. Pain and distress in bowels. 4. Rumbling in bowels.
5. Burning in epigastric region. Distress in epigastric region.
6. Great rumbling and distress in umbilical and hypogastric regions. Fœtid flatulence.

During St.:

1. Colic. 2. Rumbling in bowels. 3. Pain and rumbling in lower abd. 4. Burning in anus. 5. Colicky pain in epigastric and umbilical regions.
6. Pain and distress in epigastric region (continues).
7. Anus feels on fire. 8. Straining. 9. Tenesmus.
10. Epigastric distress has no relief during st.

After St.:

1. Severe burning in anus, diminishing after each st.
2. Pain in umbilical region.
3. Pain in epigastrium. 4. Straining.

Rectum and Anus:

1. Constant distress in anus feeling as if it were prolapsed.

2. Anus feels sore or as if sharp points were sticking in parts in morning. 3. Disposition to st., with burning at anus.
4. Mucous membrane of anus prolapsed with great smarting pain.

General symptoms:

1. Great depression of spirits with headache. Despondency, thinks he is going to be very sick, then disposition to laugh at his fears, which however soon return. Disposition to feel displeased with every thing and every body which gives place to liveliness and activity.
2. Immediate dizziness, with pressure in forehead. Headache, pain shot like electric shock from right temple to left part of occiput, with great depression of spirit and general debility. Pustules on top of head.
3. Eyes sunken. Redness of conjunctiva as if from cold. Profuse flow of tears.
4. General appearance of anguish; flushed face; dry cracked lips.
5. Awoke with neuralgic pain in right face; with darting stitches in two carious teeth, pain affects chiefly infra-orbital nerve. Facial neuralgia involving all branches of trigeminus, began after breakfast, with stupid or stunning headache, with great severity.
6. Toothache. Teeth feel too long and sore. Swelling of gums on inner surface of left side of lower jaw, under molar teeth.
7. Tongue, coated white; tongue and gums greasy or slimy in morning; feels thick.
8. Burning and smarting of palate and fauces. Mouth and stomach feel on fire. Soreness of hard palate. Mouth and tongue feel as though as they had been scalded. Profuse flow of saliva. Constant discharge of ropy saliva from mouth during conversation.
9. Taste, flat; bad; sweetish; acrid, of the plant: so acrid that it was difficult to get breath.
10. Rough throat, running saliva. Burning in throat, palate, and tonsils, increased by expiration, diminished by inspiration. Sore throat. Tonsils, uvula and soft palate bright red, with engorgement of larger vessels.
11. Spasms of œsophagus, with inability to swallow; food sticks in throat, with choking and gagging, requiring several efforts to swallow. Burning extends down œsophagus to stomach.
12. Loss of appetite. Frequent eructation of tasteless gas; of sour gas. Stomach very sour. Food rises very sour. Heart-burn, hot cramplike sensation rises upward from pit of stomach.
13. Nausea, straining and belching of wind. Nausea and vomiting of thin watery fluid of exceedingly sour taste. Frequent and violent efforts to vomit, with enormous discharge of air, moving off stomach in great force.
14. Uneasy feeling in scrobiculus cordia, with rumbling in lower part of abdomen, increased until lower part of sternum seemed protruding.
15. Great burning distress in epigastric region, cold water does

not seem to reach it. Great pain and distress in stomach, awful to bear; not sharp pain but awful burning distress, appears deep in region of pancreas. Fulness of stomach relieved by eructations of wind.

16. Great commotion and rumbling in bowels above seat of pain, but little or none below, with no desire for stool. Fœtid flatulence. Faintness as if intestines were being revolved in wrong direction.

17. Pain in abdomen relieved by discharge of flatus. Sharp griping pain in bowels. Colicky pains during evening and night, obliging him to bend forward for relief, attended with loss of appetite and great restlessness, relieved by *Nux v.*

18. Pain in right kidney, cutting and sticking in urethra when making water, with coldness and itching over genitals, itching worse on scratching. Sharp cutting pain in urethra on commencing to urinate.

19. Urine, frequent, copious, perfectly limpid, strong disagreeable odor; scanty, of strong odor, very dark and thick in morning, passes without force, and only after straining but without pain; very scanty, red, and burning whole length of urethra after voiding it.

20. Glans penis inflamed, swollen and red. Discharge of semen with amorous dreams. Menses late and scanty.

21. Rattling of mucus in chest, not to be raised by hawking. Expectoration with sweetish offensive taste. Obstruction and catarrhal soreness of air passages.

22. Cramp in left side under ribs; followed by darting pains in bowels.

23. Action of heart increased in force and frequency. Pulse, accelarated; feeble, frequent.

24. Stiffness in back increasing on sitting down; back pains severely worse from walking. Stiffness in trapezius muscle causes constant shrugging of shoulders and desire to twist head from side to side. Crampy pain in lumbar region, causing sweat to break out. Painful tearing in lumbar region on rising, making it impossible to straighten body into erect posture. Stiffness in latissimus dorsi of right side on moving, but not to touch or pressure.

25. Tensive, momentary, constantly recurring pains in all joints mostly smaller, which shift rapidly about mostly in evening from supper to bed time. Sciatic pains as if left hip joint were wrenched or forced to remain long in an awkward position.

26. Great languor. Faint and exhausted. General malaise with neuralgia.

27. Sleepiness with great chilliness, only feeling comfortable near a very hot fire and even then cold; chilly sensations are felt down back, unusual restlessness during night; sleep disturbed by startings.

28. Dreams, of snakes and every thing bad; of digging up dead

people and falling into grave awaking, with fright; of suffocation and fire; of dissecting a woman, who was hanging up by heels, awoke very much frightened, made several attempts to get up to shut door, but could not, it was a real night mare.

Remarks: IRIS VERSICOLOR has produced constipation, diarrhœa and dysentery and has been used successfully in all these complaints.

It was, however, very little, if at all, used in our school for constipation before Dr. Claud, of Paris, drew attention to its efficacy in this condition. According to Dr. Claud, "the constipation which is the province of IRIS VERS. does not demand a special temperament like *Nux Vom.*, a constitutional alteration like *Sulphur*; it does not present any marked preference for a season like *Bryonia*, of for sex like *Pulsatilla* or *Sepia*. It has rather something of the inertia of *Opium*, and when it yields it does so after a resistance which is not very prolonged. Very often, but not always, it is accompanied by a migraine not aggravated by light, noise and motion (motion may even ameliorate) and is often ushered in by the following premonitary phenomenon: 'Spots before the eyes, veil before the eyes'."

The diarrhœaic stools of IRIS have all degrees of consistency from soft papescent to watery like that of cholera. The color of the stools may be all shades of yellow and green, even to dark and blackish. The quantity is profuse, often running out in continuous stream. The frequency is very great. The stools may contain undigested matter and are aggravated after eating (breakfast and supper). A great characteristic is that they are almost always attended by great burning of the anus and rectum which feel as though they were on fire. This burning very often extends throughout the whole length of the alimentary canal, from the mouth to the anus. The burning of the anus continues after stool, though it diminishes after each stool. The stools are generally preceded and accompained by rumbling and distressing pains in the intestines. There may be prolapsus of the anus and rectum as in PODOPHYLLUM. From its action on the pancreas we may safely infer that IRIS would prove a valuable remedy in diarrhœa dependent upon a diseased state of this organ, in which fatty foods disagree.

Though IRIS has not the icy coldness and profound collapse of VERATRUM to justify its use in cases of severe cholera, yet the exhaustion produced by its copious stools is sufficiently great, being marked by sunken eyes and hoarse voice, to indicate it in cases of cholera where the thirst is absent. It has proved exceedingly useful in such cases.

The dysentery to which IRIS is homœopathic is what may be called dysenteric diarrhœa, in which the stools are at first watery followed by mucus and blood passed with great tenesmus. The stools are generally in the night, and attended with pain and rumbling in the intestines. The characteristic burning in the anus would be an additional indication for the drug.

Gleanings from Contemporary Literature.

THE HARVEIAN ORATION
ON
HARVEY AND THE RISE OF PHYSIOLOGY IN ENGLAND.

Delivered before the Royal College of Physicians of London on Oct. 18th, 1895.

By W. S. CHURCH, M.D.Oxon., F.R.C.P.Lond.,
Senior Physician to St. Bartholomew's Hospital.

Mr. President,—In obeying your request that I should undertake the delivery of the Harveian Oration I am painfully sensible of the gravity of the task you have imposed on me. For 239 years, with but few intermissions, the College has, in obedience to Harvey's own wishes, assembled to commemorate its benefactors, and if we can no longer precisely follow Harvey's directions and "commemorate all the benefactors of the said College by name, and what in particular they have done for the benefit of the College," the remainder of his words are still applicable, for part of the Harveian orator's duty is "to exhort others to imitate those benefactors, and to contribute their endeavours for the advancement of the society according to the example of those benefactors." This annual office has been filled during the years that have elapsed since Harvey's institution of it by some of the most illustrious Fellows on our roll—by Garth (1697), Arbuthnot (1727), and Akenside (1759); by Mead (1723), Heberden (1750), and Warren (1768), not to mention others of more recent date, men whose names will ever remain fresh in the history of the literature and medicine of our country. I have no claim to be associated with these great names, nor with the many learned and eloquent men who have addressed you in recent years, and I should have shrunk from attempting the task your favour has imposed on me had I not felt that in asking me to undertake it you were mindful of the position which it is my lot to hold in connexion with the great hospital to which the immortal Harvey was thirty-four years physician, in which he exercised an influence over its governing body that remains to this day, and where his memory is yet held in reverential remembrance. I wish it were possible for me to bring forward from the records of St. Bartholomew's Hospital any new facts illustrating either Harvey's life or works; but many years ago Sir James Paget, in his "Records of Harvey," exhausted all that is known of him from the journals of our hospital. In the fragmentary notices of him which we there meet with he is seen as the trusted adviser to the governing body and as the maintainer of the dignity of his order rather than as the physician. In his "Prælectiones Anatomicæ Universalis" we obtain glimpses of his work in the wards of the hospital, and had his "Medical Observations" come down to us there can be little doubt that in them much would have been found which emanated from the wards of the hospital and the dissections of patients who died whilst under treatment there.

Foremost among the benefactors to our college present to the mind of Harvey when he established this annual Oration must have been Dr. Richard Caldwell and Lord Lumley, who together founded and endowed in 1581 the Surgery Lecture which, under the name of the Lumleian Lecture, Harvey held from 1615 until 1656, and in the course of which he demonstrated to the College his immortal discovery. I have failed to find out the nature of the connexion, if any, between Caldwell and Lord Lumley.

The latter succeeded his father, Lord Arundel, as High Steward of the University of Oxford in the year 1558, the year before Caldwell appears to have completely severed his connexion with the University. Of Lord Lumley, Camden says "that he was a person of entire virtue, integrity, and innocence, and in his old age a complete pattern of true nobility." By the kindness of our registrar my attention has been drawn to the very interesting notice of Caldwell in Hollinshed's "Chronicles," where an account is given of the first lecture delivered under the terms of this bequest by Dr. Richard Forster, "which was celebrated by a goodlie assemblie of Doctors, Collegiate and Licentiate, as also some Masters of Surgerie, with other students, some whereof had been Academical. Dr. Caldwell, his white head adding double reverence to his person, notwithstanding his age and impotencie, made an Oration in Latin to the auditorie, the same by occasion of his manifest debilities unfinished at the direction speciallie of the President: who after a few words shortlie and sweetlie utered, gave occasion and opportunity to Dr. Forster, then and yet the appointed Lecturer, to deliver his matter." It is impossible for me to mention the long list of those who, by their munificence or by the honour which their lives and labours have bestowed on the College, have to be commemorated as benefactors since the days of Harvey. Within the present year we have had a notable example, not only of the generosity, but what is still more to be desired, of the brotherly feeling which Harvey desired should exist among us. No one among our Fellows has during the last fifty years been a brighter ornament to this College or a greater benefactor to his country or the world at large than Edmund Alexander Parkes. It must be a source of gratification to us all that Dr. Hermann Weber, when generously endowing the college with the magnificent sum of £3000 for the furtherance of original research on the "Prevention and Cure of Tuberculosis," should have associated Dr. Parkes's honoured name with his own. The triennial prize which the college has decided to found with this bequest, will tend, let us hope, not only to keep fresh in the memories of many generations of Fellows the genial and liberal donor and his valued friend, but may accomplish the object of the giver and lead to future discoveries by which the ravages of tuberculous disease may be controlled and abated, if not altogether prevented.

It may interest the College to know that the subject selected for the first competition is "The Means, Prophylactic or Curative, deemed by the Author to have value in the Control of Tuberculosis, especial Regard being had to their Application to Human Tuberculosis." I should like to pause here to set before you at somewhat greater length the useful, pure, and unselfish life of Dr. Parkes and to recall to your memory the excellence of his scientific work in connexion with the ingestion and elimination of nitrogen in the system, as well as to draw your attention to the benefits which our naval and military services and the general public have received from his labours in the field of hygiene; but I must pass on now and content myself with thus briefly alluding to the munificent gift to Dr. Hermann Weber and the memory of Edmund Alexander Parkes.

Harvey's fame is immortal, and he is to be placed in the same category with Hippocrates, Aristotle, Archimedes, and Newton, who by their genius may be looked upon as not so much the exponents as the founders of their respective branches of knowledge. Aristotle was the the first, and in a sense the greatest, of biologists. Harvey was the founder of physiology. Harvey himself was an Aristotelian, educated in all the learning of the schoolmen; and in attempting to estimate his genius and originality it is almost impossible for us in these days of independent thought to realise the crushing influence which authority then exercised on the minds of men; in the words of Dryden, they

"betrayed
Their freeborn reason to the Stagyrite
And made his torch their universal light."

As in medicine, although there must have been practitioners before the days of Hippocrates, he is to be taken as the starting point, so in biology, notwithstanding the labours of Parmenides, Empedocles, and others of still earlier date whose writings are known to us but by fragments. Aristotle stands alone as the originator of biological science. He, together with his immediate successors, took, as has been observed by Professor Huxley, "the broadest view of the subject and man assumed his place as neither more nor less scientifically interesting than his fellows." Harvey's admiration of Aristotle is profound; he calls him the supreme dictator in philosophy, and in the introduction to the "De Generatione Animalium" says: "Foremost among the ancients I follow Aristotle; he is my leader." Dr. W. Ogle, in the preface to his excellent translation of Aristotle's work "On the Parts of Animals," says most justly: [The biological treatises of Aristotle are more often quoted than read, and, it may be added, much more often misquoted than correctly quoted." The prominent feature of Aristotle's biological writings, as, indeed, of his philosophy generally, is classification, in which respect his writings contrast strongly with the poetical and imaginative treatises of his forerunner Plato. From the time of Aristotle to that of Harvey no advance was made in physiological knowledge; in truth it had receded, overwhelmed by the glosses and erroneous interpretations so often put on Aristotle's writings.

In attempting to estimate Harvey's merits as a discoverer it is necessary for us as far as possible to realise the state of knowledge at the commencement of the seventeenth century, and the nature of his surroundings. Subsequently to the time of Aristotle, who was very imperfectly acquainted, as he himself admits, with human anatomy, the Alexandrian school where the two rivals, Erasistratus and Hierophilus, practised human dissection, had considerably advanced human anatomy; their observations and discoveries were made use of by Galen, who added to anatomical knowledge by his accurate dissections of the lower animals including apes. The anatomical facts thus observed were of comparatively little use through their being treated as disjointed observations; thus there can be no doubt that Erasistratus observed the lacteals in the mesentery of sucking kids hundreds of years before Aselli rediscovered them in dogs; and Aselli's observations would have proved as barren as Erasistratus's had Pecquet not traced the lacteals to the receptaculum chyli and thoracic duct, which vessel had many years before been noticed by Eustachius in the thorax of a horse, and described by him as the vena alba thoracis. With the revival of learning human anatomy began to be studied on account of its obvious bearing on medicine and surgery, and by Harvey's time, owing to the labours of Mundinus, Sylvius, Eustachius, Vesalius, Fallopius, and others, the details of the bodily structure of man observable by the unassisted eye were for the most part discovered. In physiology, on the other hand, there had been no advance whatever, unless the very imperfect knowledge of the lesser circulation be considered as having a claim to be so regarded. It in no way detracts from Harvey's merit or originality that Servetus, Columbus, and Cesalpinus all had an idea of the lesser circulation, without, however, comprehending it or seeing to what it led, or that Fabricius had demonstrated beyond doubt the existence of the valves in the veins. Dugald Stewart has remarked: "In the sciences the observations and conjectures of obscure individuals on the subjects which are level to their capacities, and which fall under their own immediate notice, accumulate for a course of years, till at last some philosopher arises who combines these scattered materials, and exhibits in his system,

not merely the force of a single man, but the intellectual power of the age in which he lives." Regard must also be paid to the spirit of the times, and the remarkable uprising of independent thought and inquiry which characterises the century immediately preceding Harvey's birth.

Bacon is frequently spoken of as the founder of inductive philosophy and the destroyer of the syllogistic reasoning which had been all-powerful before his day. This may be true when applied to moral philosophy, but is certainly not so when we consider physical or natural philosophy. In his biological writings Aristotle makes constant use of the inductive process, and he points out that it is absurd to suppose that syllogistic reasoning could lead to the discovery of any new principles; and again he says, still more definitely, "that reasoning is naturally prior and more known that proceeds by syllogism, yet is that more perspicuous to us which is based on induction." Aristotle's inveterate custom of specifying a final cause for every structure and organ which he came across in the animal body not only led him into many absurdly erroneous conclusions, but—joined with the oft-quoted maxim of Bacon, "Causarum finalium inquisitio sterilis est, et tanquam virgo, Deo consecrata, nihil parit"—has led to the wonderful work he did in biology being less thoroughly appreciated by us than it deserves. Bacon's objection to the consideration of final causes in physics was owing to his belief that it "banished the study of physical causes; the fancy amusing itself with illusory explanations derived from the former." That Bacon was wrong in this view is proved by Harvey himself, for we have it in his own words, as reported by Boyle, that it was from studying the valves of the veins, and believing "that so provident a cause as nature had not placed so many valves without design," that he was first induced to think of a circulation of the blood. Equally false is the belief very generally held that Bacon was the first to revolt from the tyranny of the Aristotelian school. The alliance which had taken place between the Papal Church and the Aristotelians caused those who at the Reformation refused to recognise the infallibility of the Church of Rome also to throw off their allegiance to the tenets of the schools. Luther and Calvin, not to mention lesser men, declared that no man could be an Aristotelian and a Christian; and St. Paul's warning, "Beware lest any man spoil you through philosophy and vain deceit after the tradition of men," was a favourite text for the ministers of the Reformation to expound. The same spirit of inquiry which broke down the tyranny of the Church also freed men's minds from the trammels of the dogmas of the current philosophy. The physicists, by questioning the accepted doctrines of the nature of the universe, were the first to commence this healthy movement, and the widespread popularity of Ramus's teaching very greatly expedited the change which occurred. Ramus, from the commencement of his career, disputed the authority of Aristotle, and may be said to have spent his whole life in opposing the orthodox philosophy of the times, and perished a martyr to his opinions and the rancour of his opponents in the massacre of St. Bartholomew's Day (1572). Harvey, when at Padua, must have been in the midst of the conflicting theories and bitter controversies of the Aristotelians and their opponents. His even and well-balanced mind prevented his joining either party. Throughout all his writings he pays the greatest respect to Aristotle, and takes him as his main guide in his work, "De Generatione Animalium." He makes also constant references to him in his "Prælectiones Anatomicæ Universalis"; and when Aubrey asked him what he should read bid him go to the fountain head and read Aristotle, Cicero, and Avicenna. The same authority tells us that Harvey, whilst esteeming Bacon much for his wit and style, was not enamoured of his philosophy. It would be interesting to know how intimate Harvey was with the Lord Chancellor, and whether their communications merely partook of the character of

physician and patient, or whether Harvey discussed philosophical questions with the older man.

My predecessors in this office have so fully vindicated Harvey's claim to the discovery of the circulation against the attempts which have been made within recent years to deprive our countrymen of this honour that I will pass on, merely thanking Sir Edward Sieveking and Sir George Johnson for the able and triumphant manner in which they have refuted the statements put forward in favour of Cesalpinus as the true discoverer of the circulation of the blood. Neither Servetus, Columbus, nor Cesalpinus in any way anticipated Harvey, who not only discovered the greater circulation, but demonstrated it and explained the true motion of the heart. He, and he alone, recognised the muscularity of the heart's wall, and perceived and demonstrated that it was the contractile power of the heart which was the primary cause of the pulse and of the circulation of the blood through both systemic and pulmonary vessels. Harvey, by a chain of close and acute reasoning drawn from direct experiments and from observations on the pulsation in aneurysms and in vessels distal to aneurysmal dilatations and to portions of rigid and calcified arteries, demonstrated once for all that the motion and contraction of the heart was the main, though not the only, cause of the pulse. Leaving thus the "Excitatio Anatomica de Motu Cordis et Sanguinis," I wish to consider that which Harvey's discovery rendered possible—the rise of physiology—more especially in England, and the part which Harvey himself took in founding it.

It must be always borne in mind that but a portion of Harvey's work has come down to us. We gather from his extant writings that he had collected materials for, if not composed and completed, the following treatises: "Observationes de Usu Lienis," "Observationes de Motu Locali," and "Tractatum Physiologicum de Amore Libidine et Coitu Animalium." We do not know how far advanced his "Medical Observations," to which he makes frequent references; his disquisitions on the "Cause, Uses, and Organs of Respiration"; his "Medical Anatomy," or "Anatomy in its Application to Medicine," may have been. Harvey announces, in his first disquisition to Riolanus, his "intention of putting to press this last work," and it must be regarded as an irreparable loss that the world should have been deprived of the material he had collected, for one cannot doubt that his "Medical Anatomy" would have displayed the same master mind as is shown in his other works, and that morbid anatomy would have been advanced to the position it was placed in a hundred years later by Morgagni. As it is, we have to collect Harvey's general views of physiology from scattered passages in his works. Next to his "Exercitatio Anatomica de Motu Cordis et Sanguinis," his most important work is "De Generatione Anamalium." This is an unfinished work. Harvey had probably intended to publish a larger and more complete treatise, but had failed to satisfy himself on the subject of generation, and what he was persuaded by Sir G. Ent to entrust to him for publication were but the exercises from which Harvey had intended to compile his work. Possibly the loss of his "Observations on the Generation of Insects" prevented his undertaking the larger work; but no one who reads the treatise will come to the opinion that Harvey was prepared to publish it in the shape in which we now have it. In the exercises we find much repetition both of words and ideas, much speculative matter on which he expresses no opinion. Not having satisfied himself as to the facts of generation he allows himself to be under the influence of the

"Master Sage of those who know"—

and permits himself to wander off from observed facts into the shadowy but enticing realms of fancy and metaphysics. It is no detraction from Harvey's merit that he failed in understanding the nature of generation. The neces-

sary means were not in existence; the simple magnifying glasses used for the inspection of the *punctum saliens* were unable to show him his error in supposing that the male element did not enter the uterus—a conclusion he came to after repeated inspections. Writing of the uterus of the doe after copulation he says: "I began to doubt, to ask myself whether the semen of the male could by any possibility make its way by attraction or injection to the seat of conception; and repeated examination led me to the conclusion that none of the semen reached this seat" (Exercise LXVII.); and in another place (Exercise L.) he asks "whether the conception of the uterus be of the same nature or not with the conceptions of the brain, and fecundity be acquired in the same way as knowledge—a conclusion in favour of which there is no lack of argument"; and in his essay on Conception he gives us what I imagine was his final conclusion: "The woman, after contact with the spermatic fluid *in coitû*, seems to receive an influence and become fecundated without the cooperation of any sensible corporeal agent in the same way as iron touched by the magnet is endowed with its powers." The aphorism *Omne vivum ex ovo* is ascribed to Harvey, and often quoted as if he made use of the expression. It is true that at the end of his consideration of the development of the egg he concludes by quoting Aristotle with approval: "All living creatures, whether they swim, walk, or fly, and whether they come into the world in the form of an animal or of an egg, are engendered in the same manner." But it is quite evident from many passages in his treatise that Harvey did not unconditionally reject the doctrine of spontaneous generation. In Exercise LXIII., after stating "Now we at the very outset of our observations asserted that all animals were in some sort produced from eggs," he goes on to explain his meaning more fully: "An egg is a conception exposed beyond the body of the parent whence the embryo is produced. Let us therefore say that that which is called *primordium* among things arising spontaneously, and seen among plants, is an egg among oviparous animals; the prime conception in viviparous animals is of the same precise nature"; and earlier in Exercise XLV., when discussing the difference between epigenesis and metamorphosis, he says: "Some animals are born of their own accord, concocted out of matter spontaneously." Harvey showed that the mode of development and growth was the same in the embryos of viviparous and oviparous animals, and maintained that in creatures said to arise spontaneously or to take their origin from putrefaction, filth, &c., the same developmental changes occurred; but nowhere expresses an opinion as to the origin of the ova themselves, although it is probable that he inclined to the belief that they were "propagated from elements and seeds so small as to be inconspicuous (like atoms flying in the air) scattered or dispersed here and there by the winds" (Exercise XLIII.). In the same way he expresses no opinion as to the origin of the animalcules generated in our bodies, and of the worms produced from plants and their fruit or from gall-nuts, the dog rose and various other galls, contenting himself with remarking that the living principle of the animals thus arising cannot have existed in the plants on whose juices they live (Exercise XXVII.).

Though misled from the want of proper means for observation in the fundamental facts of generation, there is much touching general physiology scattered through the treatise which is extremely interesting. Harvey remarks that he was the first to note that the bronchia or ends of the trachea in birds open into air sacs in the abdominal cavity (Exercise III.), an observation which, so far as I know, attracted no attention and did not receive confirmation until John Hunter demonstrated these air sacs afresh, and showed that the bronchia in birds were continuous also with the hollow spaces in their bones. In exercise LVI. he has anticipated Darwin's explanation of sexual adornments, remarking: "Ornaments of all kinds, such

as tufts, crests, combs, wattles, brilliant plumage, and the like, of which some vain creatures seem not a little proud, are most conspicuous in the male at that epoch when the females come into season, and whilst in the young they are still absent, in the aged they also fail as being no longer wanted." Hereditary likeness did not escape him, or that form which is spoken of as atavism, for he asks, "Why the offspring should at one time bear a stronger resemblance to the father, at another to the mother, and at a third to progenitors, both maternal and paternal, further removed" (Exercise LXII.). After the circulation of the blood and the mysteries of generation the subject which appears to have had most attraction for Harvey was that of "innate heat"—*calidum innatum*—the *therme emphyte* of Aretæus, a term by which more was meant than the temperature, although that was the sensible evidence of it. Harvey distinguished the *anima*—soul or vital principle—from the innate heat. To the consideration of the latter he devotes Exercise LXXI., and treats at length of the former in Exercises XXVI, and XXVII. It would take me too long to attempt to give a sketch of his views of the *anima;* it is clear that he himself was dissatisfied with his own conception of the vital principle or *anima* for he says in Exercise XXVIII., speaking of the way in which the egg is produced, "leaving points which are doubtful and disquisitions bearing upon the general question (that is, on the *anima*), we now approach more definite and obvious matters." Animal heat before the knowledge of the production of heat by chemical union was an inscrutable mystery which not even the genius of Harvey could penetrate. The maintenance of animal heat was supposed to be the gift of the heart to the blood ; the belief that the heart was the source of heat was universally held by the ancients, Aristotle saying "that its wall is thick that it may serve to protect the source of heat." This Aristotlelian doctrine Harvey dissented from and destroyed by reasoning little less cogent than that by which he demonstrated the circulation although he was unable to account for the presence of animal heat and imagined that it was inherent in the nature of blood and of divine origin. His words are so grand and poetic that I may be permitted to quote them at length : "I say that innate heat and the blood are not fire, neither do they derive their origin from fire. They rather share the nature of some other and that a more divine body and substance. They act by no faculty or property of the elements ; but as there is something inherent in the semen which makes it prolific, and as in producing an animal it surpasses the powers of the element—as it is a spirit, namely, and the inherent nature of that spirit corresponds to the essence of the stars—so there is a spirit of certain force inherent in the blood acting superiorly to the powers of the elements, very conspicuously displayed in the nutrition and preservation of the several parts of the animal body ; and the nature, yea, the soul in the spirit and blood, is identical with the essence of the stars" (Exercise LXXI.). This outburst of Harvey is most striking, so unlike his usual manner, and one cannot but be astonished at his inconsistency, for it occurs in the same exercise as the following shrewd and calm remark : "We are too much in the habit, neglecting things, of worshipping names. The word blood, signifying a substance which we have before our eyes and can touch, has nothing of grandiloquence about it, but before such titles as spirit and *calidum innatum*, or innate heat, we stand agape," for assuredly the substitution of the phrase that the nature inherent in the blood was responsive to the essence of the stars is not less calculated to set us wondering than is the term "*calidum innatum.*" Harvey, nevertheless, disproved for once and all the doctrine that the heart was the source of heat ; he showed how animal heat was dependent on the due circulation of the blood and that the belief that the functions of the lungs were to cool the heated blood was absurd. He says : "The blood, instead of receiving, rather gives heat to the heart,

as it does to all parts of the body; and it is on this account that the heart is furnished with coronary arteries and veins; it is for the same reason that other parts have vessels—namely, to secure the access of warmth for their due conservation and stimulation, so that the warmer any part is the greater its supply of blood, or otherwise—where the blood is in the largest quantity there also is the heat the highest." The "Prælectiones" are but notes to assist Harvey whilst lecturing, and it is therefore impossible to know what interpretation to place on them, but I think it highly probable that in the course of years Harvey, as his physiological knowledge increased, modified his views of the connexion between animal heat and the heart, for in the "Prælectiones" he speaks of the heart as the *fons totius caloris*, and calls it *arx et domicilium caloris* from which it appears that in 1616 he still held the Aristotelian opinion as to the heart as the source of heat. No portion of the "Prælectiones" shows more strikingly the closeness of Harvey's observation, the amount of his knowledge, and the acumen of his reasoning than that relating to the exposition of the anatomy and the functions of the lungs. In his description of them and the pleuræ he makes constant references to their morbid anatomy and their embryonic condition. He is evidently in doubt whether the lungs expand and contract from their own movements or merely follow the movements of the thorax—a question which was afterwards fully investigated and explained by Mayow. The immediate followers of Harvey naturally turned their attention to the subjects on which he had thrown so much light—the circulation and respiration. Most notable among them were two distinguished Cornishmen, Richard Lower and John Mayow; the former is the best known from his experiments on the transfusion of blood, which attracted the attention of the general public, but those experiments are by no means the most important of his physiological researches; in addition to demonstrating in many ways that the red colour of arterial blood was due to the action of the air, he calculated the force of the heart and the quantity of the blood passing through it. He showed also by demonstrations on dogs that œdema of the parts distal to the heart followed ligature of the veins, and produced ascites by tying the vena cava in the thorax. Lower also was the first to show the dependence of the heart's action on nervous influence and to demonstrate the moderating effect of the pneumogastric nerve on the heart.

Mayow, though recognising that there was an interchange between the blood and air in the lungs, still thought that the source of vital heat was in the heart, "not that it contained a biolychnium (that is, a vital torch) flaring within it, but that from its perpetual motion for carrying on the circulation the nitro-aerial and sulphureous particles in it must be in a state of perpetual effervescence, and that necessarily remarkable heat must be excited." Mayow thought that air was impregnated with a certain universal salt, which was of the nature of nitre, and with vital spirit, and with fire; notwithstanding this erroneous view of the nature of air, it is remarkable how closely his explanation of the action of this imaginary salt on the blood agrees with the actual action of oxygen, and he sums up his conclusions as to the uses of respiration as follows: "Life consists in the distribution of animal spirits which must be supplied for the pulsation of the heart. In very truth it is highly probable that the aerial salt is necessary for any muscular movement, so that without it no pulsation of the heart is possible." In his essay "De Respiratione Fœtus in Utero et Ovo" he correctly infers that the blood of the fœtus obtained through the umbilical arteries not only nourishment, but also aerial salts which oviated the necessity of functional activity in the lungs during intra-uterine life, and states definitely that the placenta should not be regarded as an amplified liver, but as a uterine lung. It is not for his chemico-vital theories alone that Mayow deserves to be remembered; he first accurately described the action of the

intercostal muscles and diaphragm, and showed that inflation of the lungs depended on atmospheric pressure. It was not until upwards of a hundred years later, when Black had shown the presence of carbonic acid in expired air and investigated the phenomena of latent and sensible heat, when Priestley had isolated oxygen, and Cavendish and Lavoisier had completed the analysis of atmospheric air, that any real progress could be made in the study of respiration and animal or vital heat. Even now we are by no means fully acquainted with this most complex and difficult subject. Your Croonian Lecturer pointed out a few months ago some of the many difficulties which still have to be surmounted before we can arrive at an adequate knowledge of how and where the interchange between the oxygen of the air and the tissues takes place, and how our systems accommodate themselves to the changes of pressure and temperature in the air, so as to maintain the animal heat at a uniform level.

I have endeavoured, very imperfectly I fear, to set before you the rise of physiology in England. Before the discovery of the circulation of the blood a right understanding of the means by which life is carried on was impossible, and Harvey's discovery should rank on the same level as Newton's discovery of gravitation. In both cases others had to a certain extent prepared the way and may have had glimpses of the truth, but to them the truth was revealed, and they might say with Tennyson's Holy Sage,

"Idle gleams to thee are light to me,"

and the light which their genius led them to perceive enabled their successors to reveal what we now know of the mysteries of animate and inanimate nature. We know very little of Harvey's practice as a physician; what little we can gather from his writings show him to have been fertile in resource and skilful in the management of gynæcological cases. We cannot doubt that one who showed such acumen in deciphering the problems of life, and who speaks so wisely of the necessity for the study of morbid anatomy, must have been far ahead of the rest of his contemporaries in the application of his knowledge to clinical work; and the disparaging gossip of Aubrey merely reflects the opinions of those too ignorant and too bigoted to appreciate him.

I have already spoken of the overpowering authority of Aristotle over the minds of the students of nature, but the completeness of his dominion was not to be compared to the overwhelming influence of Galen in the medical world during the sixteenth and early part of the seventeenth centuries, and it needed yet another than Harvey to enable men to throw off the benumbing mantle of Galen. Our College annals recount, as pointed out by our learned librarian in his Roll of the College, that in the year 1559 Dr. Geynes was refused the Fellowship because he had ventured to doubt the infallibility of Galen; and in our annals it is stated that Dr. Hoek was not granted admittance to the examination for the licence because he had the honesty to say that he had not read Galen. The revival of anatomy had by Harvey's time somewhat undermined the authority of Galen, which was still further impaired by Harvey's own discoveries. Nine years after Harvey's death appeared Sydenham's "Methodus Curandi Febris, Propriis Observationibus Superstructa," &c., and the world became aware that one had arisen who brought independent thought, unbiased by the traditions and views of the various schools of medicine, to bear on the study of disease. Our ignorance of the details of Sydenham's life renders it difficult to express an opinion as to the position he occupied in society or among his professional brethren in the year 1666, when the "Methodus" first appeared. He had then been settled in Westminster for ten years, and his intimacy during his Oxford life with Locke and Boyle, to whom he dedicates the work, makes it probable that from his first arrival in town he must have mixed with those bright and

inquiring minds who instituted the Royal Society; be that as it may, his treatise at once attracted their attention, and in the same year in which it was published we find it reviewed in the "Philosophical Transactions of the Royal Society," then in the second year of its existence. I will not stay to consider how great or how small were Sydenham's literary acquirements, or whether he wrote his works in Latin or whether they were translated from the vernacular by Dr. Mapletoft and Mr. Havers; the subject is fully treated of by Dr. Latham in his "Life of Sydenham," and I know of no fresh evidence that has been obtained. Whatever may have been the amount of Sydenham's scholarship, no one who reads his works can fail to see from his frequent allusions to Horace, Lucretius, Seneca, and others that he was intimately acquainted with the Latin classics, and, like Dr. Latham, I should be sorry to consider that his admiration for Hippocrates—the divine old man—was taken at second hand. As to the other disputed point, whether Sydenham served as an officer in the Parliamentary army, the question has been set at rest by the discovery in the Record Office of a petition to the Lord Protector signed by Thomas Sydenham and endorsed "Captain Sydenham's Petition."

Nurtured during the Civil War, the rough and turbulent early life of Sydenham left, perhaps, its stamp upon his character—a thoroughly upright, honest, God-fearing man, but somewhat intolerant of opposition, and of singular independence of mind. He had not the sweet nature of Harvey, which appears to have enabled that gifted man to have lived in peace with all men; but we must, I think, receive with caution the few contemporary anecdotes which have come down to us concerning him. It is pretty certain that Sydenham thought Sir Richard Blackmore a pedant and prig—an opinion shared by many, for, besides Dryden's well-known castigation of Sir Richard Blackmore, we have the following description of him by a contemporary:—

> "By Nature formed, by want a pedant made,
> Blackmore at first set up the whipping trade:
> Next quack commenced when fierce with pride he swore
> That toothache, gout, and corns should be no more.
> In vain his drugs as well as birch he plied,
> His boys grew blockheads and his patients died."
>
> Col. Coddrington.

The oft-quoted story of the advice Sydenham gave him to read "Don Quixote" was probably only passing on that which Locke had given Sydenham, for the former says: "Of all the books of fiction, I know none that equals Cervantes's 'History of Don Quixote' in usefulness, pleasantness, and constant decorum." And it may also have contained a covert allusion to the fictitious character of most medical writings. Sydenham's independence of mind is the key to his position in medicine. The opening paragraph in the preface to the first edition of the "Methodus Medendi" exhibits to us the serious and lofty view that Sydenham took of the physician's duty, whilst in the greatly expanded preface to the third edition he instructs us as to the means by which the science of medicine was to be advanced. It was his determination to study diseases as they presented themselves to him, keeping the peculiar and constant phenomena apart from the accidental and adventitious, and laying aside all hypotheses as to their nature, which enabled Sydenham to draw up those pictures of gout, dropsy, and fever which will remain classical for all time and justly entitle him to be called the modern Hippocrates. From Harvey's physiological teaching, and from clinical observations carried on in the spirit of Sydenham, our present knowledge of disease became possible. Harvey's work and writings had no direct influence on Sydenham; the latter makes no reference anywhere to Harvey, nor does he seem, in his treatise on "Dropsy," written in 1683, to have seen the bearing which Lower's experiments, made fourteen years

previously, of ligature of the veins had on dropsy. Sydenham considered "weakness of the blood" to be the sole cause of dropsy, and throughout his writings he nowhere alludes to the physiology of the tissues. He quotes Hippocrates with approval, as blaming those who in their exceeding curiosity and officiousness busied themselves in speculations on the human frame, and, whilst admitting that more than one valuable medicine had been obtained from the chemists, blames those who thought that medicine could be promoted by the new chemical inventions of his day; and he further on says: "The whole philosophy of medicine consists in working out the histories of diseases and applying the remedies which may dispel them; and experience is the sole guide." Yet Sydenham himself had his theories, and, viewed by the light of our present knowledge, very incorrect ones, which were not in advance of those of his predecessors. Without theory—or, in other words, general principles—experience is a blind and useless guide. Rational theories of disease and its treatment can only be founded on physiological knowledge, and until, comparatively speaking, a very few years ago the knowledge of physiology and the knowledge of medicine were inseparably connected, for, with very few exceptions, the former was cultivated by medical practitioners alone, and may, without disrespect, be said to have been parasitic on medicine.

This is no longer the case, for using the term in its widest sense, as embracing the study of life, whether under normal or abnormal conditions, it has become the largest division of the natural sciences, throwing out like a gigantic tree huge branches from its main trunk, which depend more or less for support on chemistry and physics, and embracing within its ample boughs a vast series of subjects with whose rapid growth it is beyond the powers of any man to keep abreast. What is to be the future relation of it to medicine, or, rather, I should say, of medicine to physiology? The old position is reversed, and medicine—that is, the study of the manifestations of disease, its origin, course, and the means of alleviating its effects or preventing its occurrence—may be regarded as a branch of physiology, and one not less scientific than the observation of physiological phenomena in the laboratory. The practitioner of medicine turns to the physiologist, the bacteriologist, the chemist, and the physicist for aid in unravelling and explaining the symptoms he observes and has to deal with, and so long as they work together in the spirit which influenced Harvey and Sydenham—the pursuit of truth—the world must be the gainer.

The very brilliancy of recent discoveries and the vast increase in our knowledge may for a time react prejudically on the art of medicine. Are we not in danger of being carried away by our enthusiasm? And may we not fall into the predicament, described many years ago by Buckle, of our facts outrunning our knowledge and encumbering our march? More especially does this difficulty arise in the training of our students; so vast is the range of subjects bearing on medicine, and so important does each appear to those best acquainted with them, that there seems to me danger lest, in endeavouring to secure an acquaintance with them all, we may forget that the future life of the majority of those entering our profession is to be spent in ministering to the victims of accident or disease, and that for the due recognition and treatment of sickness and injury experienced and trained clinical observation is absolutely necessary; no amount of laboratory training will enable a man to recognise the nature and proper mode of reduction of a dislocation, or know scabies when he sees it, and the words of Sydenham to his dear friend Dr. Mapletoft, "The art of medicine can be properly learned only from experience and exercise," will always hold good. There is no need to urge on the Fellows of the College another of Harvey's directions to the Orator of the day "to search out the secrets of nature by way of experiment," for at no period during the existence of our College have they manifested greater activity in that direction than at the present.

The great scientist who has recently passed away in the fulness of years and fame has opened to us new and most fascinating fields for future research, pregnant, I believe, with an abundant harvest of which he himself was permitted to see the first fruits; working out with scientific patience and accuracy the clue afforded by Jenner's discovery of the efficacy of vaccination in small-pox, Pasteur not only threw light on the darkness which surrounded the communicability of specific diseases, but placed in our hands a means to fight them. Pasteur has gone to his rest surrounded with all the honours a grateful nation could pay to his memory, and I know not that I can bestow a higher tribute to his genius than by saying that he will worthily be placed in the Temple of Fame by the side of our Harvey, both men honoured alike for the blameless character of their lives and the brilliancy of their discoveries. If we, as a nation, have not been able, through the action of our Legislature, to bear our full share in the furtherance of Pasteur's discoveries, we have at least the satisfaction that Lister was the first to recognise their bearing on morbific processes and to introduce new principles into surgery, which have added a hundredfold to its powers. The later developments of Pasteur's discoveries in the hands of Koch, Behring, Roux, Klein, and a host of equally earnest inquirers, have had in medicine a correspondingly important and beneficial effect on our conceptions of disease and its treatment. Remarkable as has been the nineteenth century in the development of science and its application to the needs of mankind in no direction has it been more remarkable than in the progress of medicine. The introduction of anæsthetics marks the middle of the century, and its close will in the future be ever memorable as the era in which we commenced to have a truer and fuller insight into the causation and nature of disease than the world had yet seen. Let us all, then, strive to work after the examples of Sydenham and Harvey, in the confident hope that as our knowledge advances we shall obtain greater powers of control over disease in all its forms and become provided with new and more potent means for the mitigation of pain and suffering.—*The Lancet*, Oct. 26, 1895.

Acknowledgments.

The Monthly Homœopathic Review. London, Dec. 1895. (April not recd.)
The New England Medical Gazette. Boston, Oct. 1895.
New York Medical Times. Nov. 1895. (May 1894; May, June 1895 not recd.)
Indian Medical Record. Calcutta, Dec. 1 and 16, 1895.
The Indian Lancet (late *Medical Reporter*). Calcutta, Dec. 1st & 16th, 1895.
American Medico-Surgical Bulletin. New York, Nov. 1st and 15th 1895.
The Homœopathic World. London, Dec. 1, 1895.
The Homœopathic Recorder. Philadelphia and Lancaster, Nov. 1895.
The Medical Visitor. Philadelphia, Nov. 1895. (July 1894 not recd.)
The Medical Century. Chicago, Nov. 1st 15th 1895. (Aug. 15th not recd.)
The Hahnemannian Monthly. Philadelphia, Nov. 1895.
Homœopathic Envoy. Lancaster, Nov. 1895.
The Homœopathic Physician. Philadelphia, Nov. 1895.
The Clinique, Nov. 1895.
Revue Homœopathique Belge. Juillet 1895.
L'Art Medical. Nov. 1895. (No. for July not received.)
Journal of Orificial Surgery. Chicago, Oct. 1895. (March not recd.)
North American Journal of Homœopathy. Nov. 1895. (Sept. 1895 not recd.)
Indian Homœopathic Review, Sept. 1895.
Medical Mission Herald Oct. 1895.
The Medical Current, Nov. 1895.
Arnold & Sons' *Instrument Catalogue*, 1895. London.